

There will be a meeting of the **Forth Valley NHS Board** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW** on **Tuesday 30 May 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 28 March 2023** Seek Approval
4. **Matters Arising from the Minute / Action Log** Items 1 to 4  
10.30am-10.35am
5. **Patient/Staff Story** 10.35am-10.50am
6. **FOR APPROVAL**

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  - 6.1 **Draft Healthcare Strategy Outline** Seek Approval  
(Paper presented by Mrs Cathie Cowan, Chief Executive) 10.50am-11.10am
  - 6.2 **Clinical Governance Strategic Implementation Plan 2022-2026** Seek Approval  
(Paper presented by Mr Andrew Murray, Medical Director) 11.10am-11.20am
  - 6.3 **Prevention Update** Seek Approval  
(Paper presented by Mrs Cathie Cowan, Chief Executive) 11.20am-11.30am
7. **BETTER CARE**

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  - 7.1 **Healthcare Associated Infection Reporting Template** Seek Assurance  
(Paper presented by Prof Frances Dodd, Executive Nurse Director) 11.30am-11.40am
  - 7.2 **Performance Scorecard** Seek Assurance  
(Paper presented by Mrs Cathie Cowan, Chief Executive) 11.40am-11.55am
  - 7.3 **Person Centred Complaints and Feedback Report** Seek Assurance  
(Paper presented by Prof Frances Dodd, Executive Nurse Director) 11.55am-12.05pm
  - 7.4 **Whistleblowing Standards and Activity Report** Seek Assurance  
(Paper presented by Prof Frances Dodd, Executive Nurse Director) 12.05pm-12.10pm

**BREAK**
8. **BETTER VALUE**

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  - 8.1 **Finance Report** Seek Assurance  
(Paper presented by Mr Scott Urquhart, Director of Finance) 12.10pm-12.20pm
  - 8.2 **National Principles for the Management of Agency Workforce Supply to NHS Scotland Health Boards** Seek Assurance  
(Paper presented by Prof Frances Dodd, Executive Nurse Director) 12.20pm-12.30pm

## 9. BETTER GOVERNANCE

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| <b>9.1 Escalation Update</b><br>(Paper presented by Mrs Cathie Cowan, Chief Executive)  | Seek Approval<br><u>12.30pm-12.50pm</u>  |
| <b>9.2 Mid-Year Review Letter</b><br>(Paper presented by Mrs Cathie Cowan, Chief Executive)   | Seek Assurance<br><u>12.50pm-12.55pm</u> |
| <b>9.3 Data Protection Officer Report</b><br>(Paper presented by Mr Andrew Murray, Medical Director)  | Seek Assurance<br><u>12.55pm-13.05pm</u> |
| <b>9.4 Clackmannanshire and Stirling HSCP Assurance Report</b><br>(Paper presented by Mrs Cathie Cowan, Chief Executive)  | Seek Assurance<br><u>13.05pm-13.15pm</u> |
| <b>9.5 Governance Committee Minutes</b>   | Seek Assurance<br><u>13.15pm-13.35pm</u> |
| <b>9.5.1 Clinical Governance Committee Update: 23/05/23</b><br><b>Clinical Governance Committee Ratified Minute: 21/02/23</b><br>(Paper presented by Dr Michele McClung, Committee Chair) |  |
| <b>9.5.2 Escalation Performance &amp; Resources Committee Ratified Minute: 05/04/2023</b><br>(Paper presented by Mr Martin Fairbairn, Committee Chair)                                    |  |
| <b>9.5.3 Performance &amp; Resources Committee Draft Minute: 28/04/2023</b><br>(Paper presented by Mr Martin Fairbairn, Committee Chair)  |  |
| <b>9.5.4 Staff Governance Committee Ratified Minute: 17/03/2023</b><br>(Paper presented by Mr Allan Rennie, Committee Chair)  |  |
| <b>9.6 Advisory Committee Minutes</b>   | Seek Assurance<br><u>13.35pm-13.45pm</u> |
| <b>9.6.1 Area Clinical Form Ratified Minute: 16/02/2023</b><br>(Paper presented by Mrs Kirstin Cassels, Committee Chair)  |  |
| <b>9.6.2 Area Partnership Forum Ratified Minute: 21/01/2023</b><br>(Paper presented by Mr Robert Clark, Committee Co-Chair)   |  |
| <b>9.7 Integration Joint Board Ratified Minutes</b>   | Seek Assurance<br><u>13.45pm-13.55pm</u> |
| <b>9.7.1 Clackmannanshire and Stirling IJB: 01/02/2023</b><br>(Paper presented by Mrs Cathie Cowan, Chief Executive)  |  |
| <b>9.7.2 Falkirk IJB: 18/11/22</b><br>(Paper presented by Ms Gail Woodcock, Acting Director Falkirk HSCP)   |  |
| <b>9.8 Assurance Committee Annual Reports 2022/2023</b>   | Seek Assurance<br><u>13.55pm-14.15pm</u> |
| <b>9.8.1 Audit &amp; Risk Committee</b><br>(Paper presented by Cllr Fiona Collie, Committee Chair)  |  |
| <b>9.8.2 Clinical Governance Committee</b><br>(Paper presented by Dr Michele McClung, Committee Chair)  |  |
| <b>9.8.3 Performance &amp; Resources Committee</b><br>(Paper presented by Mr Martin Fairbairn, Committee Chair)   |  |
| <b>9.8.4 Staff Governance Committee</b>   |  |

(Paper presented by Mr Allan Rennie, Committee Chair)

**9.9 Advisory Committee Annual Reports 2022/2023**

Seek Assurance  
14.15pm-14.20pm

**9.9.1 Area Clinical Forum**

(Paper presented by Mrs Kirstin Cassells, Committee Chair)

**10. ANY OTHER COMPETENT BUSINESS**

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**10.1 Emerging Topics**

**11. DATE OF NEXT MEETING**

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Tuesday 25 July 2023 at 10.30am

**Closed Session Agenda**

Item of business	Grounds for consideration in Closed Session as detailed within the Code of Corporate Governance
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<ul style="list-style-type: none"> <li>Minute of the NHS Board Closed Session held on 28 March 2023</li> </ul>	<p>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.</p> <p>The business necessarily involves reference to personal information and requires to be discussed in private in order to uphold the Data Protection Principles.</p>
<ul style="list-style-type: none"> <li>Minute of the NHS Board Closed Session held on 14 April 2023</li> </ul>	<p>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.</p> <p>The business necessarily involves reference to personal information and requires to be discussed in private in order to uphold the Data Protection Principles.</p>

**FORTH VALLEY NHS BOARD**

TUESDAY 30 MAY 2023

**For Approval**

**Item 3 – DRAFT Minute of the Forth Valley NHS Board Meeting held on Tuesday 28 March 2023 at 10.30am**

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

**In Attendance:** Jonathan Best, Acting Acute Services Director  
Susan Bishop, Head of Efficiency, Improvement and Innovation  
Elsbeth Campbell, Head of Communications  
Linda Donaldson, Director of Human Resources  
Pauline Donnelly, Person Centred Manager  
Sinead Hamill, Board Secretary (Minute)  
Jonathan Horwood, Area Infection Control Manager  
Kerry Mackenzie, Head of Policy and Performance  
Sarah Mackenzie, Corporate Risk Manager  
Jackie McEwan, Corporate Business Manager  
Jonathan Procter, Director of Facilities & Infrastructure  
Gail Woodcock, Head of Integration, Falkirk Health and Social Care Partnership (MS Teams)

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**1. Apologies for Absence**

The Chair welcomed everyone to the meeting.

Apologies were noted on behalf of Kirstin Cassels, Graham Foster, Andrew Murray, Patricia Cassidy and Annemargaret Black.

**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 31 January 2023 was approved as an accurate record.

**4. Matters Arising from the Minute / Action Log**

There were no matters arising.

## **5. Patient/Staff Story**

Prof Frances Dodd, Executive Nurse Director introduced this patient story. The Story focused on a patient who had a poor experience whilst visiting the Emergency Department (ED) at NHS Forth Valley Royal Hospital.

The patient through a video story shared their experience from presenting at ED after being referred by the GP to have an X-ray as a result of a fall. The patient was asked to present initially to the Minor Injuries service and on attendance was then redirected to ED.

The patient having presented at ED was made to feel unwelcome and having to wait 6 hours in ED became unwell and despite this was made to feel stupid and referred to the nurse as being unfriendly.

Kirsty Meikle, Clinical Nurse Manager from ED at Forth Valley Royal Hospital apologised to the patient for their poor experience. Kirsty wished to provide assurance to the patient that their concerns had been acknowledged with learning agreed and adopted. This included first impressions training for all staff within ED. Board members noted that improved signage was also developed for the waiting area to keep patients apprised of waiting times for those patients triaged as non-urgent.

Prof Dodd wished to reassure patients and families that this level of care is not the standard in which NHS Forth Valley wishes to deliver or aspire to achieve. Board members noted that the ED Team is working together to strengthen interactions with patients when the department is under significant pressure.

Mr Best wished to highlight how busy and challenged ED continues to be as illustrated in this patient's care and treatment experience with working as a system and as a team to improve flow also a key learning point. Mrs Cowan thanked Prof Dodd for sharing this story, a story that was in two parts - a very poor patient experience that was not acceptable and a system issue that again illustrated the system challenges including communication to be addressed. Prof Dodd agreed and pointed to the learning and implementation of change as a measure to look back on.

Cllr Collie highlighted the impact on patients when empathy was lacking and how this affected patient experience and perceptions of the overall service and care. Prof Dodd in summary agreed that the patient neither received the right care or the psychological help she required. Board Members as part of this discussion agreed that this illustrated a lack of system working and a need to review pathways from referral to discharge. It was agreed that Prof Dodd would follow this up with Dr Scott Williams. Mr Best highlighted that 95% of patient care is positive but it is important to take cases like this one and to work on them to deliver sustainable improvements.

Ms McCusker highlighted the need for this work to be taken into the appropriate committees. Board Members apologised unreservedly to the patient.

## **6. FOR APPROVAL**

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### **6.1 Escalation Improvement Action Plan (the Plan)**

The NHS Board considered a paper 'Escalation Improvement Action Plan' (the Plan) presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan referred to the progress update to the Board at its January meeting and the assurance sought by Board Members on the leadership/direction to support and govern the implementation of the actions and changes needed to deliver sustainable improvement.

The updated Plan (version 2) being presented for approval today focuses on the medium to longer actions as set out in the Plan (version 1) and new actions e.g., development of a Measurement Framework to measure the actions using a leadership, governance and culture lens and how we align our purpose and Plan to our culture or ways of working to support sustainable improvement.

Mrs Cowan also referred to the attached:

- 18-week HIS Improvement Action Plan for Board Members to seek assurance on the actions being progressed to address the requirements.
- Out of Hours performance updates to Government colleagues in the primary care division continue and to date the Assurance Board has noted progress in the 12 recommendations - Improvement Plan. Workforce and fill rate continues to be an area of challenge and the Out of Hours Team are developing a number of new ways of working or roles to support the service.
- Performance metrics set out within the paper and in particular the focus on 12-hr waits (reduction 649 to 318 breaches from Dec to March) and closing of contingency beds.
- Integration and completion of the transfer of operational services, staff and budgetary responsibilities to the Chief Officers with Board investment in additional management capacity.

Mr Fairbairn sought clarity on the integration actions and the impact on IJBs. Mrs Cowan confirmed the IJBs have to date exercised their strategic planning, commissioning and oversight role for the functions delegated as set out in IJB Strategic Commissioning Plans. The operational transfer would have no impact on IJBs. The impact was more on Chief Officer's capacity, and management capacity has been addressed by investing in additional management capacity in Primary Care, Out of Hours and Specialist Mental Health services.

Prof Dodd provided an update on NHS HIS recommendations and referred to the most recent HIS Improvement Action Plan submission to NHS HIS. Clarity was provided on the separation between governance – Prof Dodd's role and operational delivery and Mr Best being responsible for ensuring the actions relating to the acute site were being implemented and monitored to ensure sustainable improvement. Board Members also discussed the risk assessment for patients admitted to contingency beds as part of HIS improvements and patient needs being met. Mr Best referred to the reduction in contingency beds open including 16 beds being closed in Endoscopy.

Mr McAllister referred to integration and the change in management of Psychological Therapies to Ms Black. Mrs Cowan assured Board Members that Dr Jennifer Borthwick would continue to manage the service and leadership/management oversight had moved from herself to Ms Black.

Mr Rennie referred to the Cabinet Secretary and reference to Out of Hours in Parliament. Mr Best confirmed the acute team currently manage this service and that

there were no issues being highlighted from the Out of Hours Improvement Action Plan.

**The Forth Valley NHS Board:**

- ***Considered progress to date and proposed assurance level.***
- ***Approved V2 of the Escalation Improvement Plan.***
- ***Noted the 18-week Improvement Action Plan - submitted to NHS HIS.***
- ***Noted the work underway to develop and agree a Measurement Framework.***

## **6.2 Strategic Risk Register - Quarter 3 Update**

The NHS Board considered a paper 'Strategic Risk Register - Quarter 3 Update' presented by Mr Scott Urquhart, Director of Finance. Mr Urquhart invited Mrs Sarah Mackenzie, Corporate Risk Manager to present the Update. Mrs Mackenzie confirmed that since the Quarter 2 review by the NHS Board in January two changes had 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)

Board Members noted if these changes were approved the Strategic Risk Register would comprise of 12 risks: 7 very high and 5 high.

Board members were assured that all strategic risks continue to be reviewed and updated and Mrs Mackenzie confirmed three 'deep dives' had taken place during the quarter 3 review period, these included cyber resilience and urgent and unscheduled care assessed as 'reasonable assurance' and workforce planning with an assessment of 'limited assurance' and an increase in risk score from 16 to 20. in. Board Members noted the work underway to address gaps in workforce planning. It was noted the Staff Governance Committee would be seeking assurance on the work underway.

Dr McClung highlighted the twenty-three actions due to be completed in Quarter 3 with nineteen actions currently overdue. Mrs Mackenzie confirmed these actions were being worked through to establish if the actions are completed or require new dates. Dr McClung wished to know if this would address those actions outstanding. Mrs Mackenzie highlighted a large proportion are related to SRR016 and would be addressed as part of the assurance deep dive due to be carried out in Quarter 4, and for those actions requiring new target dates, reasons for any delays will be captured.

**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 3 2022/23.***
- ***Considered and was content with the proposed level of assurance.***

## **6.3 Financial Plan 2023/2024 to 2026/2027**

The NHS Board considered a paper 'Financial Plan 2023/2024 to 2026/2027' presented by Mr Scott Urquhart, Director of Finance.



Mr Urquhart reminded Board Members that he had at the January NHS Board meeting set out the approach underway to develop the Financial Plan and the associated timetable.

Board Members were informed that in line with this development timetable the draft financial plan had been taken to the Performance and Resources Committee in February and had been shared with the Scottish Government.

Mr Urquhart highlighted a number of key issues for Board Members to consider, including the scale of the financial challenge over the next three years and the risk to delivery of financial balance given current operating context. In 2023/2024, based on current working assumptions, the financial gap before savings was reported as £40.6 million with a similar level of pressure anticipated in the years thereafter. Savings plans continued to be developed and a paper providing further detail on cost improvement schemes with named delivery leads would be presented to the Performance and Resources Committee at its meeting in April.

The need for workforce and whole system redesign to address longer term financial sustainability needed to be a key feature in the work underway to develop a future Healthcare Strategy during the summer 2023.

Mr Urquhart identified that there is limited scope and flexibility on the capital budget for 2023/24 which will add to pressures on future capital investments going forward. Board members noted that a balanced Capital Plan had been set out.

Mr Fairbairn in noting the scale of the challenge sought clarity on the position of other NHS Boards. Mr Urquhart identified that he is aware from a national perspective that all NHS Boards are facing financial challenges as referred to in the most recent Auditor General's report. Mr Urquhart was not able to confirm that the challenges faced by other NHS Boards were all the same however it was likely that workforce costs would be a key contributor.

Dr McClung sought clarity on financial break even and what would happen if this was not met. Mr Urquhart confirmed this was a statutory requirement and should the Board not be able to meet this requirement a loan or brokerage would be sought from the Scottish Government. It was therefore important the NHS Board took all steps to ensure this was not required. It was noted that good engagement with Scottish Government through the Directors of Finance Group and with individual NHS Boards was in place to ensure adequate oversight.

Mr Stuart raised the issue of staff absence and what would be different to reduce this. Miss Donaldson confirmed this was key area of work supported by the Area Partnership Forum. A number of steps including improved absence management was being progressed. An action plan to improve absence management had been reported to the previous Staff Governance Committee, this Committee would provide the scrutiny to oversee improvements in absence. Board Members noted that Miss Donaldson and her HR Team was developing a dashboard which would be shared with Board Members at a dedicated planned Board seminar. Prof Dodd identified that the impact of Cost of Living on absence was also being looked into.

Mr Johnston identified the need to be serious about system transformation to support financial balance. Mr Johnston sought clarity on the increases in rates and the outstanding response from Government on prison healthcare. Mr Urquhart agreed that transformation was needed to support sustainable solutions. Funding to support the three national prisons and changes specifically in Stirling had not yet been

confirmed, it was noted discussions were ongoing. Regarding the increases in rates Mr Urquhart agreed to look into this and report back. Mrs Cowan in acknowledging the financial challenge noted the need to move from a focus on operational management of Covid-19 coupled with significant temporary funding to a renewed focus that takes account of financial sustainability and financial grip whilst balancing operational activity and workforce demands, this was supported.

**The Forth Valley NHS Board:**

- ***Noted the financial planning assumptions underpinning the proposed 3-year revenue and capital plans.***
- ***Noted 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.***
- ***Noted 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 28<sup>th</sup> April 2023.***
- ***Noted that the draft Financial Plan has been shared and discussed with Scottish Government colleagues.***
- ***Considered and agreed the proposed assurance level, noting that a refreshed deep dive review on the strategic Financial Sustainability risk is currently in progress.***
- ***Approved the Financial Plan 2023/24 to 2025/26.***

## **9. BETTER GOVERNANCE**

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### **9.2 Corporate Objectives**

The NHS Board considered a paper 'Corporate Plan - Corporate Objectives' presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan by way of introduction referred to the Corporate Plan and highlighted the Board's 2023/2024 priorities in response to Scottish Government strategic direction and locally to the Integration Joint Board's Directions. The Plan also refers to the NHS Board's purpose and promises to patients and their families and staff and the Board's expectations of staff in return. Mrs Cowan referred to Page 7 and highlighted the proposed corporate objectives which the Board has agreed to review annually.

Board members noted two new corporate objectives one relating to governance and other to capture the Board's role as an Anchor institution. In seeking approval Mrs Cowan also referred to setting a Board minimum Objective and Personal Development Plan compliance target of 75%. Board members stated that there would be an expectation that all Senior Managers promote the uptake of PDP and objective settings as part of the Board's commitment to develop its workforce and hold staff to account for the delivery of care and services. Dr McClung sought clarity on the 75% target. Mrs Cowan when proposing the target considered staff on maternity leave etc. Dr McClung was satisfied that this was a minimum target.

**The Forth Valley NHS Board:**

- ***Approved the Corporate Plan which also sets out the Health Board's corporate objectives.***

## 7. BETTER CARE

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### 7.1 Healthcare Associated Infection Reporting Template

The NHS Board considered a paper 'Healthcare Associated Infection Reporting Template' presented by Professor Frances Dodd, Executive Nurse Director. Prof Dodd Invited Mr Jonathan Horwood to present the HAIRT report.

Mr Horwood informed Board members that there had been an unexpected rise in Escherichia coli Bacteraemia (E coli) for February 2023, the most common causes of E coli are from complications arising from urinary tract infections gall bladder infections and/or urinary tract infections. Ongoing work to identify causes are underway including antibiotic prescribing for urinary tract infections in the community. Board members were assured the rise had now returned to normal.

Mr Horwood also identified that in February there had been an unexpected increase in Covid outbreaks - Omicron variant reported and had been attributed to 4 areas - Ward 4, Ward 22 and Ward B32 at Forth Valley Royal Hospital and an outbreak in Ward 2 at Clackmannanshire Community Hospital.

Board members were informed that a review of HAI targets was ongoing and the AOP targets had been further extended to March 2024. Mr Horwood highlighted that Mr Murray had previously mentioned that Hand Hygiene had recently been removed to improve reporting; Board members noted that this will be added into the next HAIRT report. Mr Horwood reminded Board members that he will be presenting the HAI Reporting Template in detail at the Board Seminar scheduled for 11 April 2023.

Ms McCusker highlighted the estate and cleaning compliance and the amber status of Bellsdyke and Falkirk Community Hospital with an 88% compliance rate for both facilities – green being above 90%.

#### **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.***

## 9. BETTER GOVERNANCE

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### 9.5 Falkirk IJB Update

The NHS Board considered a paper 'Falkirk IJB Update' presented by Ms Gail Woodcock, Head of Integration.

Ms Woodcock informed Board members that there was an appendix missing from the paper which will be circulated to Board members after the meeting.

Board members noted this to be the first Falkirk IJB Update presented to the Board which provides an update on progress on adult requirements. Ms Woodcock identified that the timescales throughout the update do not align but this will improve going forward. Mrs Cowan thanked Ms Woodcock for the update and for her contribution to whole system improvement.

Dr McClung asked Ms Woodcock if there were areas of concern relating to service delivery that the NHS Board need to be concerned about. Ms Woodcock confirmed that areas of concern would be routinely reported through ELT and, on this occasion, there were no issues or risks to bring to Board Members attention.

Mr Best asked for an update on Falkirk's position on delayed discharges. Ms Woodcock highlighted that no delayed discharge is acceptable. Issues relating to guardianship was an ongoing challenge. Board Members noted that changes in a Falkirk Council care home focus to support rehabilitation and to the Interim Care at Home Team.

Ms Woodcock identified that this approach would allow people to go home at an earlier stage. A slow but steady improvement in delayed discharges was identified. Board members noted that there are 59 Falkirk delayed discharges. Board Members also noted 39 transfer delays on the acute site.

**The Forth Valley NHS Board:**

- ***Noted the progress report on improvement actions.***
- ***Noted that updates will be presented to the NHS Board biannually.***

## **7. BETTER CARE**

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### **7.2 Performance Scorecard**

The NHS Board considered a paper 'Performance Scorecard' presented by Mrs Cathie Cowan, Chief Executive and the reasonable assurance assessment.

Mrs Cowan by way of introduction referred to a shift in focus from remobilisation to recovery and need to deliver sustainable improvement across all eight reported standards. Mrs Cowan invited Mr Best to provide an update on Unscheduled Care. Mr Best in providing an update referred to hospital staff being clear about their roles and responsibilities and how these align with roles and responsibilities of staff working in the HSCP delivering integrated NHS and Council community services.

Mr Best confirmed he had been working closely with both HSCPs to ensure a sharper focus on improvement. Board members also noted the support been provided from the Scottish Government and that the Government had provided funding to appoint a Project Manager.

Board members were assured that the staff who had returned to their substantive posts on Mr Best's appointment had reaffirmed their roles and responsibilities, and this had created stability within the Directorate. Mr Best confirmed the focus to support the 4-hr Emergency Access Standard (EAS) was on reducing 12-hr waits and closing contingency beds. These were not an ED problem and instead both improvements needed whole system responsibility, to support performance.

Mrs Cowan before inviting Ms Mackenzie to present referred to the need to improve triage and performance in ED flow one performance, this was acknowledged.

Ms Mackenzie informed Board members that the Scorecard continues to be updated on a monthly basis. Board members noted updates had included Out of Hours reporting following the October 2022 visit and update to the Performance & Resources Committee.

Ms Mackenzie confirmed outpatient, day case and inpatient performance activity to support the new long wait targets (by end of March no patient waiting in excess of 12 months, and for day case and inpatients no patient waiting in excess of 18 months by Sept 2023) were on target with only a small number of outpatients exceeding 12 months. However, it was important to note that at the end of February the number of patients on the new outpatients waiting list had increased to 18,572 from 18,235 with 53.7% of patients waiting less than 12 weeks. Day case and inpatient waiting lists had also increased to 4,271 from 4,264.

Board members noted that diagnostic activity continues to perform well but there are still challenges to be addressed and at the end of February 536 patients were waiting more than 6 weeks for imaging and 180 patients waited more than 6 weeks for endoscopy. Cancer waits - for the 31-day standard the Board continued to meet the target, however the 62-day cancer standard remained challenging with key issues in urology affecting the performance. Board members noted that 6 out of 10 pathways had achieved 100% compliance and improvement plans were in place to address those in amber and red (urology).

Board members noted that DNA rates had reduced over 3 Months. Delayed discharges were also noted as reducing. Board Members agreed to also track community health and social care delays which continued to reach 50 plus delays on the acute site. Mr Best agreed and highlighted that transfer waits continue to be static.

Mr Stuart sought more information on the cancer 62-day urology breaches. It was noted that an improvement action plan had been developed and was being implemented. Mrs Cowan highlighted the prostatectomy pathway as an issue and it was proposed that a cancer deep dive be planned for either the Clinical Governance or Performance & Resource Committee, this was supported.

Dr McClung highlighted the Out of Hours percentage rota fill for GPs. Mr Best identified that this is a common feature across Scotland as many GPs are choosing not to work full time. Mr Best confirmed that learning from other Boards was underway and recruitment to other posts - e.g., ANPs was also being pursued to support rota fill.

#### **The Forth Valley NHS Board:**

- ***Noted the current key performance issues.***
- ***Noted the detail within the Performance Scorecard.***
- ***Considered the proposed level of assurance.***

### **7.3 Person Centred Complaints and Feedback Report**

The NHS Board considered a paper 'Person Centred Complaints and Feedback Report' presented by Prof Frances Dodd, Executive Nurse Director. Prof Dodd invited Ms Pauline Donnelly to present the Person-Centred Complaints and Feedback Report.

Board members noted that the number of complaints had increased to pre pandemic levels this was similar to other NHS Boards and was in line with increases in activity. The performance to meet the 20-day working standard had reduced and in January

performance was 71.5%. As of January 2023, - 22, complaints out of 39 cases (April 2022 to Jan 2023) under investigation by the SPSO had not been investigated and 2 investigated had not been upheld.

Dr McClung sought assurance on Stage 2 complaints performance which as reported was 47% at the end of January for the period April 2022 to Jan 2023. Prof Dodd confirmed most complaints came through acute services and improvement in investigation processes was underway. Mr Best in agreement confirmed that a change in managing complaints had been implemented using a more centralist approach was being tested.

Mr Fairbairn sought clarity on the levels of prison complaints and asked if NHS Forth Valley was an outlier. Ms Donnelly referred to the difference in complaint numbers in each of the national prisons. It was noted the high level of treatment/problems with medication prescribing (page 7) was being reviewed by the pharmacy team although the change in prison pharmacy contract may be a contributor.

**The Forth Valley NHS Board:**

- ***Noted the current position of the complaint's performance within the organisation.***
- ***Noted the feedback activity across the organisation.***

**Mr Johnston left the Board Meeting at 13:15.**

## **8. BETTER VALUE**

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### **8.1 Finance Report**

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

Mr Urquhart confirmed that, based on the financial position to 28<sup>th</sup> February 2023, NHS Forth Valley remained on track to meet 2022/23 financial requirements for both revenue and capital, with a break even outturn position forecast. Board members noted that this was subject to a small number of anticipated allocations which remained outstanding, including funding for 2022/23 National Treatment Centre costs.

**The Forth Valley NHS Board:**

- ***Noted the in-year revenue overspend of £0.7m and balanced capital position as at 28 February.***
- ***Noted the year-end revenue and capital projections to 31<sup>st</sup> March 2023 remain at breakeven subject to risks outlined in the paper.***
- ***Noted that the strategic risk on medium to longer term financial sustainability remains very high in light of the current financial environment and operating context.***
- ***Considered the proposed level of assurance***

## **9. BETTER GOVERNANCE**

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### **9.1 Code of Corporate Governance Update**

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

Mrs Cowan referred to NHS Forth Valley's Code of Corporate Governance being based on the UK Corporate Governance Code, the main principle of which was that every institution be headed up by an effective Board responsible for the success of the organisation.

Mrs Cowan referred to previous update in September 2022- to take account of the new Model Code of Conduct and the updated Risk Management Strategy 2022 - 2025.

The independent review of governance led by Prof John Brown has begun with a report on findings expected by the end of June 2023. The annual updated of the Code of Corporate Governance led by Ms Kerry Mackenzie, Head of Policy and Performance will be deferred with an anticipated update in July 2023.

In the meantime, Assurance Committees are currently reviewing their Terms of Reference to ensure these accurately reflect the purpose and remit of the Committee and detailed review of Standing Financial Instructions and Scheme of Delegation is also underway. Board Members were assured by the processes underway and noted the next update being anticipated for Board approval in July 2023.

**The Forth Valley NHS Board:**

- ***Noted an independent review of NHS Board and Assurance Committee governance arrangements is underway.***
- ***Noted it is anticipated that the updated Code of Corporate Governance will be presented to the NHS Board in July 2023 for approval.***
- ***Noted the work underway to review and update the sections within the Code of Corporate Governance including the Standing Orders and the Standing Financial Instructions.***

### **9.3 Anchor and Community Planning Partnership Update**

The NHS Board considered a paper 'Anchor and Community Planning Partnership Update' presented by Mrs Cowan in Dr Champion's absence. Mrs Cowan invited Mrs Bishop in Dr Champion's absence.

Mrs Bishop informed Board members that the first Anchor Board meeting was held Tuesday 13 December 2022. Board members noted that the purpose and membership set out in the Terms of Reference were reviewed and thereafter endorsed. Public Health Scotland's anchor lead at this first meeting set the national context and provided questions for the NHS Forth Valley's Anchor Board to consider in relation to the scope and priorities in the year ahead.

Mrs Bishop referred to the key issues to be considered notably the role of the Board of NHS Forth Valley as an Anchor institution and the work of the Anchor Springboard in its role to drive and support NHS Forth Valley's contribution to local community wealth building. Mrs Bishop shared examples of the work of the Anchor Springboard.

Dr McClung in supporting the work of the Anchor Board looked forward to future updates. Mr Stuart wished to know if the Board would be subject to an external review. Mrs Bishop informed the Board that an external review is not needed.

Mrs Cowan, referred to the NHS Board being asked as part of 2023/2024 national priorities to develop an Anchor Strategic Plan. This Plan would set direction including local priorities for the Board to then monitor and describe the Board's ongoing

commitment also to community planning. Mrs Cowan referred to the level of assurance - as being reasonable and this was noted.

**The Forth Valley NHS Board:**

- ***Noted the update on the newly established NHS Forth Valley Anchor Board first meeting.***
- ***Noted the progress in delivering against the Anchor Springboard milestones for 2022/23 and the planned priorities for 2023/24.***
- ***Noted the key issues currently being planned and addressed in the three local Community Planning Partnerships across Clackmannanshire, Falkirk, and Stirling.***

#### **9.4 Communications Update**

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

Mrs Campbell informed Board members that the paper provides an update on the communications work undertaken during the period December 2022 - March 2023. Board members noted that the update also provide information on the Stage 4 Escalation, HIS report and winter pressures. Board Members acknowledged the level of assurance.

Mrs Campbell informed the Board that they continue to highlight local service improvements throughout the update. Mr Best also wished to highlight the use of social media in supporting recruitment, Board Members noted the activity snapshot and in particular the number of Facebook and Twitter followers (30,529 and 17,800 respectively).

**The Forth Valley NHS Board:**

- ***Noted 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.***
- ***Considered the proposed level of assurance and confirm it is content with the assessment provided.***

#### **9.6 Governance Committee Minutes**

##### **9.6.1 Clinical Governance Committee Ratified Minute: 08/11/2022**

Dr McClung presented the Clinical Governance minute and reported that there had been a Clinical Governance meeting held since the ratified minute of 08/11/2022 where outcomes were considered from the HIS inspection and assurance was sought on the work underway to address each of the requirements. The Committee also using the Vincent Framework methodology considered the Safety and Assurance report for the period July to Sept 2022, the HAIRT quarterly report and the Significant Adverse Event (SAE) report as part of the Committee's commitment to learning and improving.

Ms McCusker sought clarity on the learning and emerging themes from the Patient Safety Walkrounds. Dr McClung confirmed the Walkrounds are being reviewed and an update is scheduled for a future Clinical Governance Committee meeting. Board Members noted that the Committee was planning to have a 'deep dive' into this, with findings shared with the Board.



Board Members took assurance from the additional Clinical and Chief Nurse Managers being trained to become SAE review leads and the positive impact this was likely to have on SAE completion performance.

The NHS Board noted the assurance provided through the minute of the Clinical Governance Committee Meeting 08/11/2022.

#### **9.6.2 Escalation Performance & Resources Committee Draft Minute: 24/02/2023**

Mr Fairbairn informed Board members that good progress had been made to address long waits in both Psychological Therapies (PT) and CAHMS however the impact on RTT performance as reported previously would take longer. Vacancies in PT had also been highlighted by Ms Black as SRO. Mrs Cowan had updated on CAMHS performance on Mrs Morton's behalf. Mrs Morton had confirmed progress in meeting the standard in Quarter 1 if demand and capacity remained at current levels and Mr Murray had set out the unscheduled care high impact changes to support a summer performance of 70%.

Mr Fairbairn referred to the minute and a request to report using the original Improvement Plan which had been supported. Work to agree metrics to report on progress in each of the escalation concerns - governance, leadership and culture was being progressed.

The NHS Board noted the assurance provided through the draft minute of the Escalation Performance & Resources Committee Meeting 24/02/2023.

#### **9.6.3 Performance & Resources Committee Draft Minute: 28/02/2023 Performance & Resources Committee Ratified Minute: 20/12/2022**

Mr Fairbairn informed Board Members that the Committee had received a number of key strategic reports notably the draft Financial Plan 2023 - 2026 which had been presented today for approval and the Digital & e-Health strategy. Board members noted that Committee Members were really interested and supportive of the focus on empowering patients through access to their health records as part of the Digital and e-Health strategy. The further reduction of manual record-keeping was also noted as part of this strategy.

Ms Mackenzie wished to inform Board members that a new format for minutes was trialled at the Performance and Resources Committee which will be used for the Assurance Committees going forward.

The NHS Board noted the assurance provided through the minutes of the Performance & Resources Committee Meeting Draft Minute 28/02/2023 & Ratified Minute 20/12/2022.

#### **9.6.4 Staff Governance Committee Minute Ratified: 23/12/2023**

Mr Rennie identified that there was a Staff Governance Meeting held recently. Board Members noted that staff absences were discussed and a decision for a deep dive to support a reduction in absence rates. A refocus on workforce was also noted.

Mr Rennie highlighted that the ICE report recommendation of papers and volume was being looked at along with the Performance Scorecard. Board members noted that there was a real focus on leadership and culture in relation to escalation.

The NHS Board noted the assurance provided through the minutes of the Staff Governance Committee Meeting 23/12/2023.

#### **9.7.1 Area Clinical Forum Ratified Minute: 17/11/2022**

Mrs Cowan in Ms Cassells absence informed Board members that there was an Area Clinical Forum follow up meeting on the 16 February 2023 which had focused on Escalation and the role of the Forum. Board members noted the work underway as highlighted by the Area Optical Committee to have access to the shared care schemes. The Area Dental Committee had highlighted the work in orthodontics to address a significant backlog. Mrs Cowan referred also to access to NHS dentistry and a decision awaited on GP funding. Board Members noted the ongoing work to fill vacancies to nurse/midwifery and medical committees.

The NHS Board noted the assurance provided through the minutes of the Area Clinical Forum Meeting 17/11/2022.

#### **9.7.2 Area Partnership Forum Ratified Minute: 20/01/2023**

Mr Clark identified that the APF try to meet monthly. Board members noted that the Chief Executive attends Staff Side meetings every two weeks to ensure Staff Side are kept involved and informed in the escalation improvements.

Mrs Cowan acknowledged the contribution of Mr Clark in the escalation process and to deliver sustainable improvement notably around improving staff experience.

Mr Stuart sought clarity on staff absence and steps being taken to improve performance. Mr Clark confirmed in working with Mrs Cowan the APF's focus going forward would be strategic around key themes - absence was a key theme. Miss Donaldson also informed Board members that the action plan on staff absences will be taken to APF.

The NHS Board noted the assurance provided through the minutes of the Area Partnership Forum Meeting 20/01/2023.

### **9.8 Integration Joint Board (IJB) Ratified Minutes**

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

Mr Rennie informed Board Members that financial uncertainty was discussed. Board members noted that a seminar had been held to go through the IJB commission decisions and finance in detail.

The NHS Board noted the assurance provided through the minutes from the Clackmannanshire and Stirling IJB 23/11/2022.

### **10. ANY OTHER COMPETENT BUSINESS**

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

**ACTION LOG: NHS Forth Valley Board**

<b>NO.</b>	<b>DATE OF MEETING</b>	<b>AGENDA TOPIC / ITEM</b>	<b>ACTION</b>	<b>LEAD</b>	<b>TIMESCALE</b>	<b>COMMENT / PROGRESS</b>	<b>STATUS</b>
001	31.01.2023	Performance Scorecard	Performance & Resources Committee to review DNA position.	Jonathan Best	28.04.23	Date agreed with team and on P&RC forward planner	Complete
002	28.03.23	Financial Plan 2023/2024 to 2026/2027	HR dashboard to be shared with Board Members at a dedicated planned Board seminar.	Linda Donaldson	07.07.23	Seminar to focus on workforce arranged for 07.07.23	In Progress
003	28.03.23	Healthcare Associated Infection Reporting Template	Hand Hygiene to be added into the next HAIRT Report.	Frances Dodd	30.05.23	Reported through HAIRT on agenda	Complete
004	28.03.23	Performance Scorecard	Urology cancer pathway to be examined by either Clinical Governance Committee or Performance & Resources Committee (P&RC).	Jonathan Best	To be scheduled on planner of agreed committee	To be examined through P&RC as agreed at meeting of committee chairs and executive leads on 24.05.23	In progress

<https://youtu.be/IFnZk7BjmAQ>

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

## 6.1 Draft Healthcare Strategy - Outline For Approval

**Executive Sponsor:** Mrs Cathie Cowan, Chief Executive

**Contributors/Authors:** Kerry Mackenzie, Head of Policy & Performance, Janette Fraser, Head of Planning and Elsbeth Campbell, Head of Communications

### Executive Summary

Our new Healthcare Strategy for 2023 - 2028 is currently being developed and will take account of the recently published key national healthcare strategies, priorities and targets including those in relation to 14 health and care commitments set out in the Scottish Government's latest policy prospectus [Equality, opportunity, community: New leadership - A fresh start](#) which was published on 18<sup>th</sup> April 2023. The strategy being developed will take account of the Integration Joint Boards Strategic Commissioning Plans.

A period (June to September) will support the development and co-production of an NHS Forth Valley Healthcare Strategy that will guide the Board to achieve the future that we all want. Our Strategy when developed will set out how we will improve health outcomes, patient care, staff experience whilst working collaboratively with our Partners to make the best use of our available resources.


### Recommendation

The Forth Valley NHS Board is asked to: -

- **approve** the approach set out within the attached document
- **note** the engagement and co-production period
- **note** the timetable to present a final Healthcare Strategy draft for approval in November to the Board

### 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

Note the work underway to develop the Healthcare Strategy and the approach set out within the appended paper and the timetable to inform the final draft scheduled to be presented for approval to the Board in November 2023.

## **Implications**

### **Financial Implications**

N/A at this stage of development.

### **Workforce Implications**

N/A at this stage of development.

### **Infrastructure Implications, including Digital**

N/A at this stage of development.

### **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**

The Strategy is intended to address population health, access, workforce, and infrastructure including digital challenges and opportunities.

### **Information Governance Implications**

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

### **Risk Assessment / Management**

The Strategy is intended to take account of the Boards strategic risks currently and future risks notably around workforce.

### **Relevance to Strategic Priorities**

The Strategy will impact on all 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
- Support broader social and economic development
- 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
- Build systems and processes to direct, control and improve our authorising and operating environments
- Demonstrate behaviours that nurture, and support transformational change across our health and care system

The NHS Board were presented with an update (28<sup>th</sup> of March) on the Corporate Objectives as part of the Corporate Plan process - the Corporate Plan was approved.

### **Equality Declaration**

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

### **Communication, involvement, engagement, and consultation**

The document appended sets out our approach to date and it is our intention during the development of the Strategy to build on this.

### **Additional Information**

N/A

### **Appendices**

- Appendix 1: Developing our Healthcare Strategy - Outline 2023

# Developing our Healthcare Strategy - Outline

## 2023 - 2028

*'a great place to work and an outstanding place to receive care'*



# Contents

Foreword

Developing the Strategy - Our Approach

The future NHS Forth Valley

What will be different - our strategic aims and commitments:

- Better Health

- Better Care

- Better Value

- Next Steps

## Foreword

**NHS Forth Valley belongs to the people of Forth Valley.** It is here to **improve your health and wellbeing** whilst supporting you to keep and stay both physically and mentally well. It is here to **help you get better** when you are ill and when you cannot fully recover it is here to **help you stay as well as you can** for the rest of your life. Our Strategy is intended to **guide us to achieve the sort of future that we all want.**

Our Strategy will set out how we will **improve health outcomes, improve patient care, and experience, and improve staff experience** whilst **working collaboratively with our partners** to make the best use of our available resources. It aims to: -

- reduce health inequalities
- improve patient experience and patient outcomes
- improve staff experience
- deliver safe, accessible, and sustainable services
- make best use of our resources
- support a culture of safety, quality, and performance to improve our services and overall system

This document sets out our approach, case for change, and our key priorities for each of the NHS Board's Strategic Aims in response to the Cabinet Secretary's fourteen commitments and reflects feedback from a number of staff, patient and public events and surveys carried out over the 18 months. It will continue to be developed to reflect feedback from our Culture Change and Compassionate Leadership Programme as well as ongoing patient and public engagement work being taken forward across the organisation.

In summary, we want to **build on the commitment of our staff** as demonstrated in their response to Covid-19 and we **thank them for their significant contribution.** There is no doubt **that the challenges we face are complex.** However, there is a confidence that by working together we can address these, using the **real strength of our whole health and care system** and the **experience and skills of our workforce.** By working together, we can **make our desired future a reality.**

**Janie McCusker**  
**Chair**  
NHS Forth Valley

**Cathie Cowan**  
**Chief Executive**  
NHS Forth Valley

## About Us

NHS Forth Valley is one of 14 regional health boards and serves a population of more than **306,000** in a diverse geographical area which covers the heart of Scotland.

The Board controls an annual budget of approximately **£630 million** and employs around **8000** staff. Our modern acute hospital – [Forth Valley Royal Hospital](#) in Larbert – is one of the most advanced and well equipped in Europe, and is supported by a network of four [community hospitals](#), 56 health centres, day centres providing care and support for patients with mental illness and learning disabilities and a wide range of community based services.

We are home to the [Scottish Centre for Clinical Simulation and Human Factors](#), one of the most advanced training facilities of its kind where medical staff are able to hone their skills using computerised mannequins. In addition, NHS Forth Valley has been named in a survey of trainee doctors as one of the top places to be in the UK for medical education and training.

Its purpose, vision, values, strategic aims, and corporate objectives. and corporate is set out below.

<b>Purpose:</b>	<b>Improve outcomes in population health and healthcare whilst demonstrating best value</b>
<b>Vision:</b>	<b>To be a great place to work and an outstanding place to receive care</b>
<b>Aims/Ambitions:</b>	Better Health Better Care Better Value Better Workforce Better Governance
<b>Values:</b>	Be person-centred, ambitious, respectful, supportive, a committed team member and act with integrity.
<b>Overarching Corporate Objectives</b>	Plan for the future Demonstrate behaviours that nurture and support transformational change across our health and care system
<b>Corporate objectives</b>	Protect and improve the health and wellbeing of the people of Forth Valley whilst reducing inequalities. 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.



## Our Approach

Our new Healthcare Strategy for 2023 - 2028 is currently being developed and is taking account of: -

- Key national healthcare strategies, priorities and targets including those in relation to 14 health and care commitments set out in the Scottish Government's latest policy prospectus [Equality, opportunity, community: New leadership - A fresh start](#) which was published on 18<sup>th</sup> April 2023. This sets out the First Minister's vision for Scotland and the outcomes he and his government aim to achieve by 2026. These include specific commitments linked to reduced **NHS waiting times** year-on-year, **drug deaths**, improved **cancer outcomes**, increased capacity through the development of a network of **National Treatment Centres**, including one in NHS Forth Valley based at Forth Valley Hospital, improvements in **workforce planning** to attract and retain a skilled health and care workforce, improved outcomes for people in **primary, community, and social care**, including access to personal health information, **investment in general practice**, including GP practices servicing disadvantaged areas, improved access to **NHS dentistry**, delivery of **National Care Service** legislation, increased **adult social care pay**, improved **mental health and wellbeing** support with **reduced waiting times CAMHS** and ongoing implementation of national **suicide prevention** strategy, introduction of **safe access zones** for premises providing **abortion services**, reduce **alcohol harm** and work to make Scotland **tobacco-free** by 2034 and an increase in **physical activity** through investment in sport and active travel.

There are also a number of key strategic set out below that will also inform our Strategic Aims/Ambitions and in developing future services we would want to be known as NHS Board that is able to deliver sustainable high-quality services, whilst providing a workplace where staff are informed and involved to support our vision 'a great place to work'. Partnership working and being a collaborative forward thinking partner to share best practice and encourage innovation and improvement to make best use of our collective resources.

- Key strategies and plans include the [Scottish Government's mental health strategy, national cancer plan, the NHS Scotland Recovery Plan and the NHS Scotland Climate Emergency and Sustainability Strategy Change](#)
- Key national performance targets and standards
- Key regional priorities across the West and East of Scotland, particularly in relation to cancer services, neurology, trauma pathways and neonatal care
- Key local plans and priorities across hospital, community, and primary care services, including: -

- Staff recruitment, retention, and development - including ongoing investment in advanced practice roles across nursing, AHP and healthcare support worker roles, prison healthcare services and overseas recruitment of medical, nursing and AHP staff.
- Completion of the new NTC inpatient ward at Forth Valley Royal Hospital before the end of 2023
- Development of business case for improvements to primary care premises in Plean, Cowie and Orchard House along with other a range of service improvements across the wider Stirling locality area
- Development of a whole system capital plan for Forth Valley which will incorporate the remaining primary care premises improvement proposals and masterplan proposals for the Falkirk Community Hospital site

## Feedback and Engagement

A wide range of engagement has been carried out over the last 18 months to capture feedback from local staff, patients, members of the public and local communities across Forth Valley on what matters most to them and how they would like to see services developed and improved in the future. This feedback will inform and help shape the aims, objectives and priorities set out in the healthcare strategy, along with the national and regional healthcare priorities for the next five to ten years.

### Staff feedback

- NHS Forth Valley staff events and development sessions (23<sup>rd</sup> and 24<sup>th</sup> June 2023 and 4<sup>th</sup> August 2022)
- NHS Forth Valley - staff experience survey (carried out in 2022), this identified key themes around increased staffing levels, workload training and development as well as highlighting the importance of kindness, compassion and respect
- iMatter survey results - 2022 (2023 survey launched 15<sup>th</sup> May 2023)
- Local staff survey
- Staff engagement carried out to inform the development of our [Quality Strategy](#)

### Patient feedback and engagement

NHS Forth Valley Healthcare Experience Survey - carried out in 2022 to explore what matters most to local people who use our services, how the public expect to be treated by staff along with feedback on local improvements they would like to see. This identified a number of key themes around access, person-centred care, and staff communication.

[Health and Care Experience Survey 2021/22](#) - which asks about people's experiences of accessing and using GP practice and Out of Hours services;

aspects of care and support provided by local authorities and other organisations; and caring responsibilities. Results can be viewed at GP practice, GP cluster, Health and Social care Partnership and NHS Board level.

- Local patient experience surveys being undertaken to inform our response to the HIS report on Forth Valley Royal Hospital
- Patient's complaints and feedback on Care Opinion

### Public Engagement

- Public and partner engagement carried out to inform the development of [NHS Forth Valley's Quality Strategy](#)
- Local public involvement meetings set up to inform our response to the HIS report on Forth Valley Royal Hospital and wider healthcare improvements across Forth Valley
- Public and community engagement carried out to inform the development of Strategic Plans of our two local Health and Social Care Partnerships

[Falkirk HSCP Strategic Plan 2023- 2026 'Creating a Healthier Falkirk'](#) – which was produced following a major engagement programme which gathered feedback from the public, local health and care staff and external partners.

[Clackmannanshire and Stirling HSCP Strategic Commissioning Plan 2023 – 2033](#) – which was developed following extensive stakeholder engagement with residents, patients, services users, unpaid carers, community organisations, local councils, NHS Forth Valley and other partners and informed by data on healthcare needs and disease trends across Forth Valley.

Local public surveys Local public involvement meetings and meetings inform the improvements being taken forward in response to the HIS report on Forth Valley Royal Hospital and wider healthcare services across Forth Valley.

### Work currently underway

A new Culture Change and Compassionate Leadership Programme was launched on 3<sup>rd</sup> April 2023 to capture the views and experiences of staff across the organisation through a combination of focus groups, 1-1 meetings and surveys. Feedback will be reviewed during August and September 2023, along with information already gathered from a number of other sources including incidents reports to identify key themes and issues which will inform the development of our new Healthcare Strategy as well as a Culture Change plan. In addition, the nursing, midwifery and AHP plans and priorities - work is underway to develop new plans and priorities for our NMAHP workforce, led by the Executive Nurse Director.

A local public involvement group set up to inform our response to the HIS report on Forth Valley Royal Hospital and wider healthcare services across Forth Valley continues to meet over the next few months.



## Strategic Aim One: Better Health

NHS Forth Valley, in common with the rest of the country, continues to recover from the Covid-19 pandemic and its impact on local services and staff, notably in the number of people waiting on assessment, care and treatment. This impact is evident across all our services as we readjust to deal with poorer health, widening inequalities and significant backlogs. However, the pandemic also enabled us to deliver significant changes and improvements in how we design and deliver services. Our key priorities over the next five years will be to strengthen and invest in primary and community care including improved access to NHS dentistry, and access to diagnostic tests, reduced waiting times for mental health services and planned operations with a focus on multidisciplinary team working, disease prevention and digital solutions.

Our Commitments	Our Actions	Goal
Increase our screening uptake – e.g., breast, cervical and bowel to detect cancer early.	<p>Utilisation of screening inequalities fund: last 2 years - trauma informed approach to cervical screening Next year, work to increase uptake in those experiencing homelessness.</p> <p><b>Breast screening</b> 3 yearly in establishment using screening van arranged in conjunction with West of Scotland Health board.</p> <p><b>Bowel Screening</b> All appropriate patients receive bowel screening kit as per community and national guidelines and process in place to follow up any patients who do not return kit, discuss reasons for non-attendance and ensure they are fully informed of benefits of screening and what it involves.</p> <p><b>AAA</b> All appropriate patients receive appointment to attend AAA screening. Process in place to discuss reasons for non-attendance and ensure they are fully informed of benefits of screening and what it involves.</p>	<p>AAA screening aim: To reduce deaths associated with the risk of aneurysm rupture in men aged 65 and over by identifying aneurysms early so that they can be monitored or treated.</p> <p>Scottish Government Detect Cancer Early target of increasing early detection of cancer by 25% for breast, bowel, and respiratory cancers.</p> <p>Cervical cancer: To improve survival for people with cancer by diagnosing and treating the disease at an early stage.</p> <p>Diabetic retinopathy screening: To detect referable (potentially sight-threatening) retinopathy so that it can be treated (<a href="https://www.ndrs.scot.nhs.uk/">https://www.ndrs.scot.nhs.uk/</a> )</p>
Preventative action to reduce tobacco.	Smoking cessation support from the Stop Smoking Service.	A tobacco-free generation by 2034.

	<p>Development of a person-centred approach to tobacco as part of a whole systems approach working more collaboratively with community planning partners.</p> <p>Support Scotland's Charter for a tobacco-free generation 2034.</p> <p>Smoking and Mental Health: Understanding the IMPACT programmes.</p> <p>Raising the Issue of Smoking (e-learning).</p> <p>In prisons –</p> <p>All staff complete eLearning modules on alcohol and tobacco harm.</p> <p>Quit your Way pathway.</p> <p>Support whilst in prison with</p> <ul style="list-style-type: none"> <li>- Smoking cessation</li> <li>- NRT</li> </ul> <p>On liberation, appropriate referral to community services to continue support.</p> <p>If appropriate, prescription of medication i.e., antituberculous commenced as per guidelines prior to liberation and community prescription arranged for point of release.</p>	
<p>Increase levels of physical activity in partnership with e.g., Local Authorities, Third Sector and Sporting venues</p>	<p>Plan and deliver a whole systems approach, implementation of actions from this work – working more collaboratively with community planning partners.</p> <p>Physical activity training programmes (online).</p> <p>Specialist movement classes (part of the whole systems transformation project).</p>	<p>Improve physical activity uptake.</p>

<p>Reduce drug deaths and alcohol harms.</p>	<p>Plan to invest in preventative support and develop a Forth Valley wide suicide and drug-related death prevention plan. Community Planning Partnerships working alongside the local recovery community to design services around preventing death related to drugs.</p> <p>Information regarding the risk of prescribing multiple sedative medications, with specific reference to drug deaths, was added to the Depression Guideline and to the Anxiety Pathway.</p> <p>An NFO (Near-Fatal Overdose) Response Team is being established to respond quickly to individuals identified as experiencing a near-fatal overdose. The team will be multi-agency in nature, including dedicated input from Recovery Workers.</p> <p>A Standard Operating Procedure has been finalised with HMP Low Moss to ensure safer transition on liberation.</p> <p>Wider provision of naloxone within Mental Health Services. This includes Community Mental Health Team, including Older Adults, and Primary Care Mental Health Nurses within GP practices.</p> <p>Further injecting equipment provision (IEP) in the Emergency Department and HAT team, along with the continued development of a whole system, preventative approach within Forth Valley Royal Hospital, planned for this year.</p> <p>Police Scotland now contact families on receipt of the Postmortem report and offer referral to SFAD (Scottish Families Affected by Alcohol and Drugs). SFAD will deliver awareness-raising sessions to front-line police officers, and these are planned for early 2023.</p>	<p>The aim of the <a href="#">national mission to reduce drug related deaths and harms</a> is to save and improve lives through:</p> <ul style="list-style-type: none"> <li>- fast and appropriate access to treatment and support through all services</li> <li>- improved frontline drugs services (including third sector)</li> <li>- services in place and working together to react immediately and maintain support for as long as needed</li> <li>- increased capacity in and use of residential rehabilitation</li> <li>- more joined-up approach across policies to address underlying issues</li> </ul> <p>Local aim – A Public Health approach to reducing drug related deaths with the goals of</p> <ul style="list-style-type: none"> <li>• Fewer drug-related deaths.</li> <li>• Families affected by substance use are enabled to overcome issues related to stigma which prevents access to support.</li> <li>• Fewer young people choose to use substances.</li> <li>• Reduced stigma related to substance use.</li> </ul>
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	All staff are being encouraged to add greater detail in the electronic case note to better reflect what is discussed / agreed at MDT meetings.	
Best Start	Implement Best Start.	<p>The future vision of maternity and neonatal services across Scotland is one where:</p> <ul style="list-style-type: none"> <li>- All mothers and babies are offered a truly family-centred, safe, and compassionate approach to their care, recognising their own unique circumstances and preferences.</li> <li>- Fathers, partners, and other family members are actively encouraged and supported to become an integral part of all aspects of maternal and newborn care.</li> <li>- Women experience real continuity of care and carer, across the whole maternity journey, with vulnerable families being offered any additional tailored support they may require.</li> <li>- Services are redesigned using the best available evidence, to ensure optimal outcomes and sustainability, and maximise the opportunity to support normal birth processes and avoid unnecessary interventions.</li> <li>- Staff are empathetic, skilled, and well supported to deliver high quality, safe services, every time.</li> <li>- Multi-professional team working is the norm within an open and honest team culture, with everyone's contribution being equally valued.</li> </ul>

Prison healthcare	<p><b>BBV</b> Opt Out testing. Continuation of opt out testing for BBV on admission this includes an optional STI screen. Follow up annual BBV testing for all.</p> <p><b>HIV</b> Initial consultation on admission with diagnosis of HIV followed by annual review (both in sexual health clinic and with HIV consultant at central sexual health) plus additional appointments based on need.</p> <p><b>HEP C</b> Initial consultation then referral to MDT. Follow up appointments to discuss and commence treatment then end of treatment PCR testing and 3/12 PCR testing.</p> <p><b>Twinrix - Hep A &amp; B Vaccination</b> Offered to all on admission.</p> <p><b>Improvement</b> - Increased use of PGD by PCT team for patient who initially declined, failed to attend appointments or who have transferred and returned without completing course.</p> <p><b>Contraception</b> All options available to be commenced/continued except for caps/diaphragm as not enough uptake to ensure staff competence at fitting (never been requested). Options for period management/control while in prison.</p> <p><b>Menopause</b> Initial diagnosis and treatment available. Complex cases referred to Dr</p>	<p>Ensuring service is equitable to community services.</p> <p>Patients are fully aware of all relevant information, supported to engage in testing and behaviour change to promote health and wellbeing.</p>
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	<p>3/12 review post starting treatment. Annual review required.</p> <p>All staff completing <b>Trauma Informed Training</b> <b>HMIPS standards</b> - Being always inspection ready and embedding standards into daily practice.</p>	
<b>Oral health prevention</b>	<p>Currently, in Forth Valley, for prevention is reflected in the five oral health improvement programmes:</p> <p><b>Childsmile:</b> includes supervised toothbrushing in nurseries and schools, alongside community based oral health promotion, early registration at a dentist and targeted provision of fluoride varnish for children in establishments in the most deprived populations.</p> <p><b>Caring for Smiles:</b> delivers oral health support for older people living in care homes, including training for staff, and also for other services such as care at home. Smile for Life: provides a national programme to educate and support people experiencing homelessness and social exclusion in positive oral health behaviours.</p> <p><b>Mouth Matters:</b> supports oral health promotion activities amongst offenders as part of the Scottish Oral Health Improvement Prison Programme (SOHIPP).</p> <p><b>Open Wide:</b> provides training to a range of professionals and organisations working with adults with additional care needs.</p> <p>These key programmes are augmented by:</p> <p><b>The National Dental Inspection Programme (NDIP):</b> undertakes routine dental inspections of all Primary 1 and Primary 7 children in Scotland. The</p>	Implement Oral Health Improvement Plan.

	<p>basic inspection allows for early detection of oral disease and support to access care, whilst also providing population level health data. The detailed inspection (of a randomised sample) provides national epidemiological data enabling comparison of oral health status year on year and robust monitoring of child oral health improvement programmes.</p>	
<b>Blood borne viruses</b>	<p>Trial a point of care testing initiative within certain marginalised groups – this will bring finger prick results within a couple of hours to reach elimination of BBV in Forth Valley by 2024 as requested by Scottish Government. Clients that require testing now are the hard to reach marginalised groups. The other groups have been diagnosed and treated, so other than the reinfection clients, in a place now to micro eliminate in pockets of Forth Valley where the client groups do not readily access medical care.</p> <p>Harm reduction advice and supply of clean equipment.</p>	Achieve Hepatitis-C Elimination by March 2014
<b>NHS Forth Valley Women's Health Plan 2021-2024</b>	<p>Deliver priorities for the NHS Forth Valley Women's Health Plan to include:</p> <ul style="list-style-type: none"> <li>- Delivery of a sustainable post-natal contraception service.</li> <li>- Development of social media platforms to meet young people's contraceptive advice needs.</li> <li>- Delivering Long Acting Reversible Contraception (LARC) training to junior doctors, nurses, and midwives to widen availability of contraception post abortion.</li> <li>- Increasing availability of specialist menopause services</li> <li>- Development of menstrual patient information for young women and cardiology and obstetrics pre-pregnancy advice for women with cardiac issues.</li> </ul>	Embed within a women's health journey to widen access to services, education and support making informed health choices, whilst addressing inequalities.

## Strategic Aim Two: Better Care

NHS Forth Valley, in common with the rest of the country, continues to recover from the Covid-19 pandemic and its impact on local services and staff, notably in the number of people waiting on assessment, care and treatment. This impact is evident across all our services as we readjust to deal with poorer health, widening inequalities and significant backlogs. However, the pandemic also enabled us to deliver significant changes and improvements in how we design and deliver services. Our key priorities over the next five years will be to strengthen and invest in primary and community care including improved access to NHS dentistry, and access to diagnostic tests, reduced waiting times for mental health services and planned operations with a focus on multidisciplinary team working, disease prevention and digital solutions.

### Key Priorities

Our Commitments	Our Actions	Goals
Strengthen primary and community care	<ul style="list-style-type: none"> <li>• Deliver more care in the community</li> <li>• Enhance the focus on preventative care</li> <li>• Deliver a sustainable GP and primary care Out of Hours service, supported by multidisciplinary teams of healthcare professionals</li> <li>• Optimise mental health and wellbeing by providing access to support and advice at an early stage</li> <li>• Increase early detection and management of respiratory and cardiovascular disease</li> <li>• Support older and more frail individuals with complex health and care needs to prevent hospital admission</li> <li>• Increase infection control and prevention support to GP practices</li> </ul>	<p>Improved access to primary and community care to enable earlier intervention and more care delivered in the community.</p> <p>Improved management of the key cardiovascular risk factor conditions i.e., diabetes, high blood pressure and high cholesterol.</p> <p>Early access to community based mental health and wellbeing services aligned to existing and emerging resources.</p> <p>Increased number of community based services to provide alternatives to hospital admission and reduce delayed discharges</p> <p>Ongoing delivery of safe, high quality care.</p>



Improve equitable access to NHS dentistry	<ul style="list-style-type: none"> <li>• Increase capacity for the provision of in-hours and urgent dental care for unregistered and deregistered dental patients</li> <li>• Increase infection control and prevention support to dental practices</li> </ul>	Equitable access to routine and urgent dental care.
Improve the delivery of mental health support and services: CAMHS and PT services	<ul style="list-style-type: none"> <li>• Reduce the number of very long waits for patients, in line with national targets</li> <li>• Provide innovative and sustainable solutions in the achievement, delivery and maintenance of the 18 week referral to treatment standards Continue to develop and increase capacity within CAMHS and neurodevelopmental services to support children and young people</li> </ul>	Improved and equitable access to services which meet the national standards and agreed specifications. Delivery of the the 18 week Referral to Treatment waiting time standard for psychological therapies and CAMHS.
Improve access to diagnostics and planned care	<ul style="list-style-type: none"> <li>• Maintain the 'Hospital within a Hospital' approach to ensure dedicated inpatient capacity and associated resources are available for people who require planned surgery and day procedures</li> <li>• Continue to work with the National Centre for Sustainable Delivery's specialty delivery groups and clinical networks to reduce variation and ensure best practice across NHS Scotland</li> </ul>	Improved access to and delivery of diagnostics and planned care. Reduced waiting times and achievement of national waiting times standards. More consistency across and between NHS Boards and access to services which meet nationally agreed standards.
Invest in a sustainable cancer service	<ul style="list-style-type: none"> <li>• Embed realistic medicine principles across cancer services ensuring the patient is at the heart of decision making</li> <li>• Working locally and regionally, optimise and expand diagnostic capacity and workforce to support cancer pathways and rapid access to diagnostic tests and treatment</li> </ul>	Improved access to cancer pathways with no delays to appropriate diagnostics, follow-up and treatment. Achievement of the 62-day and 31-day cancer standards. Delivery of the National Cancer Action Plan (2023 – 2026).

Invest in a sustainable cancer service (cont)	<ul style="list-style-type: none"> <li>• Provide robust cancer tracking to actively monitor and manage patients through the cancer pathways</li> <li>• Work across, primary, secondary, tertiary and third sector care providers to ensure joined up care across pathways to support local patients and families</li> <li>• Adopt the Framework for Effective Cancer Management.</li> </ul>	
Urgent and unscheduled care – provide the Right Care, in the right place, at the right time	<ul style="list-style-type: none"> <li>• Provide early advice and access to alternative services, where appropriate</li> <li>• Optimise the use of virtual consultations to provide healthcare advice at an early stage and avoid the need to travel to hospitals</li> <li>• Support early decision making, provide rapid assessment and streaming of patients</li> <li>• Implement effective discharge planning arrangements using the 'discharge without delay' approach</li> <li>• Working with partners, reduce the number of patients delayed in their discharge from local hospitals</li> </ul>	<p>Change the way in which people access urgent and unscheduled care enabling patients to receive the right care at the right time.</p> <p>Inpatient capacity is protected for those in greatest need with alternatives to inpatient care available.</p> <p>Optimal flow through the local health and care system</p>

### Strategic Aim Three: Better Value

NHS Forth Valley is committed to supporting recovery post global pandemic and delivering reform through innovation and has already introduced a number of new ways of working e.g., new advanced practice roles for nurses and Allied Health Professionals (AHPs) to improve waiting times and/or services in primary, community and hospital care whilst making best use of our resources. The use of Artificial Intelligence (AI) and digital will also play a key role in supporting early diagnosis and we will continue to support the use of digital solutions through a partnering with people/patients to design care that meets people's needs.

NHS Forth Valley as an 'Anchor' institution will play an active role in supporting partner organisations and communities to address the physical, social, and environmental factors which can cause ill health - i.e., wider determinants of health e.g., education, employment, income, housing, and access to green space. Our unique University and College Partnership is intended to support social and economic development through widening access to quality work and being a good inclusive employer and creating opportunities for local communities to develop skills and access jobs in health and care especially those experiencing inequalities. Exploring purchasing social benefit and using buildings and spaces to support communities access community spaces. In addition, we remain committed to reducing carbon emissions and consumptions, reduce waste and protect and enhance our local environment whilst working closely with communities and partners to accelerate and increase through collaboration scale and impact.

In summary we will 'be a great place to work' and an employer of choice for anyone seeking to work in health and care. Our focus will be on wellbeing and experience with staff engaged at all levels within and across the organisation as we commit to developing new skillset, roles, and career pathways with opportunities to work more flexibly to support and deliver our vision: 'a great place to work and an outstanding place to receive care.' Being a valued partner and making the best use of our resources will be critical to our success.

## Key Priorities

Our Commitments	Our Actions	Goal
Maximising health outcomes.	Building healthier communities as an anchor institution to better set out our role (NHS) in prevention with our staff and with partners. Building prevention into services and pathways and working with community planning partners to support lifestyle choices - focusing on tobacco, alcohol, and physical activity.	By working as a world class public health service – enable people to make health life choices and improve life expectancy and inequalities
Focusing on safety, quality, and continuous improvement.	Ensure clinical governance mechanisms are in place and effective throughout the local NHS system and services that are commissioned from independent providers and other partner agencies.  Ensure that the principles and standards of clinical governance are applied to the Public Health activities of the Board.  Ensure an appropriate approach is in place to deal with clinical risk management across the system, working within the NHS Forth Valley Risk Management Strategy	Systemwide assurance informed by a floor to board culture.
Investing in a workforce to meet the future needs of our population.	Be an employer of choice for anyone seeking to work in our health and care system and providing first class operating environment for our workforce to grow, develop and succeed.	Develop new skill sets, roles and career pathways supported by training and development with a focus on wellbeing and enhanced engagement of our workforce at all levels.
Investing in partnership working to address	Work collaboratively with partners to share best practice, innovation and using our collective resources to deliver whole system transformation.	Demonstrate the value/add of NHS forth Valley within the health and care system s part of collaborate partnership working.

inequalities and through our 'anchor' work.		
Use data to ensure and inform how we make best use of resources.	Use benchmarking and data analysis to better understand opportunities for reducing unwarranted variation, driving down waste and improving efficiency. Use this information to support delivery of recurring cost improvement.	To support improved use of resources and delivery of financial targets.
Invest in value and sustainability whilst effectively managing our financial resources.	Target resources towards recurring and substantive service and workforce models to optimise value for money, support staff recruitment and retention, and avoid premium short-term costs. Redesign services to support earlier intervention and prevention.	To improve financial sustainability and support sustainable and long-term delivery of care.
Better understand financial sustainability risks and develop mitigating actions.	Undertake a focused review of strategic financial risk to determine factors impacting on risk scores and identify first and second line defence actions to mitigate risks as far as possible.	To understand, mitigate and manage strategic financial risks.

## Next Steps

In summary, we wish to **build a planning culture** that embraces partnership working and co-production. In developing this Strategy, we are committed to a **data driven** and improvement approach and with partners **build a picture of demand and need for services going forward**. To date we have invested in our analytical and improvement capacity to ensure we are better able to deliver services that can adapt and evolve in response to population health needs. **Prevention, primary care, and digital opportunities will feature highly in our Strategy** as we look to **address inequalities** and build **stronger primary and community services** aligned to the needs of the communities we serve. The Integration Joint Board Strategic Plans and Directions will also guide us on this **journey of transformation**.

A Communication Plan to support the development of the Strategy is being developed and will be approved by the Executive Leadership Team in June. This plan will set out the engagement and co-production piece from mid-June to September 2023

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

## 6.2 Clinical Governance Strategic Implementation Plan 2022 - 2026 For Approval

**Executive Sponsor:** Mr Andrew Murray, Medical Director

**Authors:** Mr Andrew Murray, Medical Director; Mrs Lynda Bennie, Head of Clinical Governance

### Executive Summary

The Clinical Governance (CG) Strategic Implementation Plan has been developed to support the implementation of Clinical Governance across NHS Forth Valley (FV) and Health & Social Care Partnerships as a key component of the FV Quality Strategy. The CG Strategic Implementation Plan reflects the work of the Clinical Governance team in supporting safe, effective, person centred care across the wider system.

The draft version was launched at the Quality Programme Board on 31 January 2023 and underwent an extensive consultation process via clinical governance meetings and key stakeholders.


### Recommendation

The NHS Board is asked to:

- **endorse** the Clinical Governance Strategic Implementation Plan approved by the Clinical Governance Committee on 23 May 2023

### Assurance

*Proposed assurance level: Reasonable*

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 this CG Strategic Implementation Plan will support Clinical Governance activities across NHS FV and the H&SC Partnerships.

### Key Issues to be Considered

The aim of Clinical Governance is to increase the organisational safety and assurance which will in turn increase the resilience and sustainability of corporate support. In developing the clinical governance framework and toolkit, measured learning can be achieved within the adverse event reviews, duty of candour and safety improvement work streams. At all levels in the organisation, quality and excellence will be clearly visible and easily understood, evidence based outcomes, metrics and reports. The clinical governance implementation plan has been

developed to support the clinical governance processes across the wider system. The implementation plan contains information on the clinical governance meeting structure and the adapted Vincent framework. The clinical governance framework, clinical governance priorities and the critical success factors which will provide assurance of an effective clinical governance approach that delivers a constantly safe, effective service to the people of Forth Valley.

## **Implications**

### **Financial Implications**

There are no immediate financial implications arising.

### **Workforce Implications**

There are no immediate workforce implications arising.

### **Infrastructure Implications including Digital**

There are no infrastructure implications arising.

### **Sustainability Implications**

There are no immediate sustainability implications arising.

### ***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 Clinical Governance Strategic Implementation Plan will help support staff across NHS FV and H&SC Partnerships to develop systems and processes to provide safe, effective, person-centred care and provide assurance and routes for escalation through the Clinical Governance meeting structures.

### **Information Governance Implications**

There are no Information Governance implications arising.

### **Risk Assessment / Management**

No risk assessment is required.

### **Relevance to Strategic Priorities**

This relates to the Health Boards Quality Strategy.

### **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**

Key stakeholders across NHS Forth Valley and HSCP

**Additional Information**

None

**Appendices**

- Appendix 1: Clinical Governance Strategic Implementation Plan 2022 - 2026

# Clinical Governance Strategic Implementation Plan 2022-2026

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## Executive Summary

The NHS Forth Valley Board is accountable for the quality of care and service it provides to patients, staff and visitors. Assurance is required that the Clinical Governance processes are working as intended. This is provided by the Clinical Governance Committee, to the NHS Forth Valley Board by way of the Committee meeting minutes and the Committee chairperson's annual report, which presents information regarding; good practice, escalation items for improvement and compliance status. For Clinical Governance and assurance of the quality of care, teams at all levels will follow a standardised approach based on the Measurement and Monitoring of Safety Framework from the Health Foundation, known locally as the 'Vincent Framework' (Vincent, Burnett and Carthey, 2013).

Mr Andrew Murray, Medical Director

## Introduction

Patients accessing health care in NHS Forth Valley, Falkirk Health and Social Care Partnership and Clackmannanshire and Stirling Health and Social Care Partnership, should experience high quality, safe, effective, efficient, equitable and person centred care. Healthcare Improvement Scotland defines Clinical Governance as ‘the system through which the NHS works to monitor and improve the quality of the care and services they deliver’.

Patient safety underpins the key principles of Clinical Governance. Patient safety can be defined as ‘The avoidance, prevention and amelioration (improvement) of adverse outcomes or injuries stemming from the process of healthcare’, (Vincent, 2010).

Clinical governance is “a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.” (Scully and Donaldson 1998, p.61)

As patient safety is continually improved via an effective quality programme, we have developed our Clinical Governance Strategic Implementation Plan, to reflect the priorities outlined in the current **NHS Forth Valley Quality Strategy**.

*Our vision for Quality is:*

***‘To improve the experiences of health & care for the people of Forth Valley  
by working together to deliver quality care and support that is  
recognisable and meaningful.’***

As we live in a volatile, unpredictable, complex and ambiguous environment, our vision and aims will be regularly reviewed to ensure they evolve to meet new priorities.

We want to be sure that improvements are focused to ensure care and support is clearly aligned to the six dimensions of quality in healthcare:

- **Safe:** Avoiding harm to patients from the care that is intended to help them.
- **Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-centred:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

## Our Vision for Clinical Governance

The aim of Clinical Governance is to increase the organisational safety and assurance which will in turn increase the resilience and sustainability of corporate support. In developing the Clinical Governance framework and toolkit, measured learning can be achieved within the Adverse Event Reviews, Duty of Candour and Safety Improvement work streams. At all levels in the organisation, quality and excellence will be clearly visible in easily understood evidence based outcomes, metrics and reports.

This will also include operational and strategic plans, and be evident across standards for clinical outcomes for patients, clinical governance, patient and staff experience, performance management and corporate and clinical risk.

Teams, services and departments will have access to meaningful data and will regularly evaluate how they are progressing against the standards they, and the organisation, have set. They will have determined the information they require, how they will collect it and how frequently they review it, to be able to assure themselves and others of the quality of their service, and their improvement progress. That commitment to monitoring quality will be visible to them and others, in team discussions, displays of their service outcomes and reporting.

- Clinical Governance structures are in place to support robust quality assurance, which encompasses the Quality Management System as shown in Figure 1.
- A consistent approach to Clinical Governance is relevant at all levels of the organisation. Information on the population, communication with service users and assurance data is used to develop quality plans which will improve experiences, outcomes and value.
- A robust Clinical Governance system enables learning and the sharing of information.

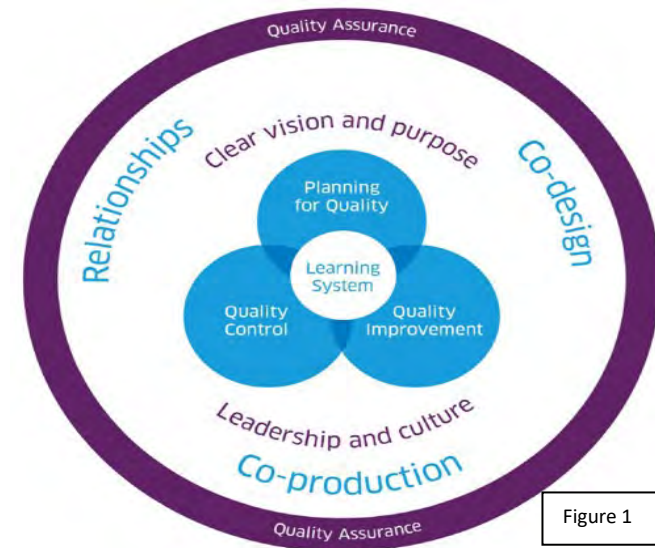


Figure 1

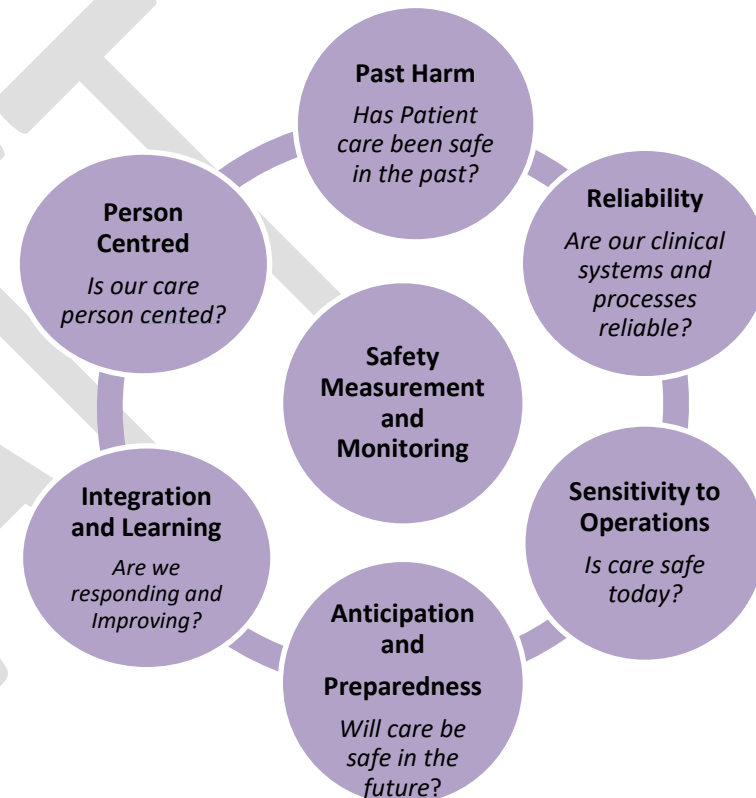
## Clinical Governance Meetings and the Vincent Framework

At NHS Forth Valley, the agreed meeting structure for all clinical governance meetings from service to board level follows a format adapted from the Vincent framework.

The original Vincent Framework did not include 'person centred', however as this is a key component of clinical governance in NHS Forth Valley, we have included it within our framework.

Clinical Governance meetings provide assurance and an escalation process to mitigate the risk of harm, loss or injury. They will include; Terms of Reference, a forward planner, an agenda, minutes, and the chair person's report and action matrix.

*Diagram adapted from Vincent, Burnett and Carthey (2013)*

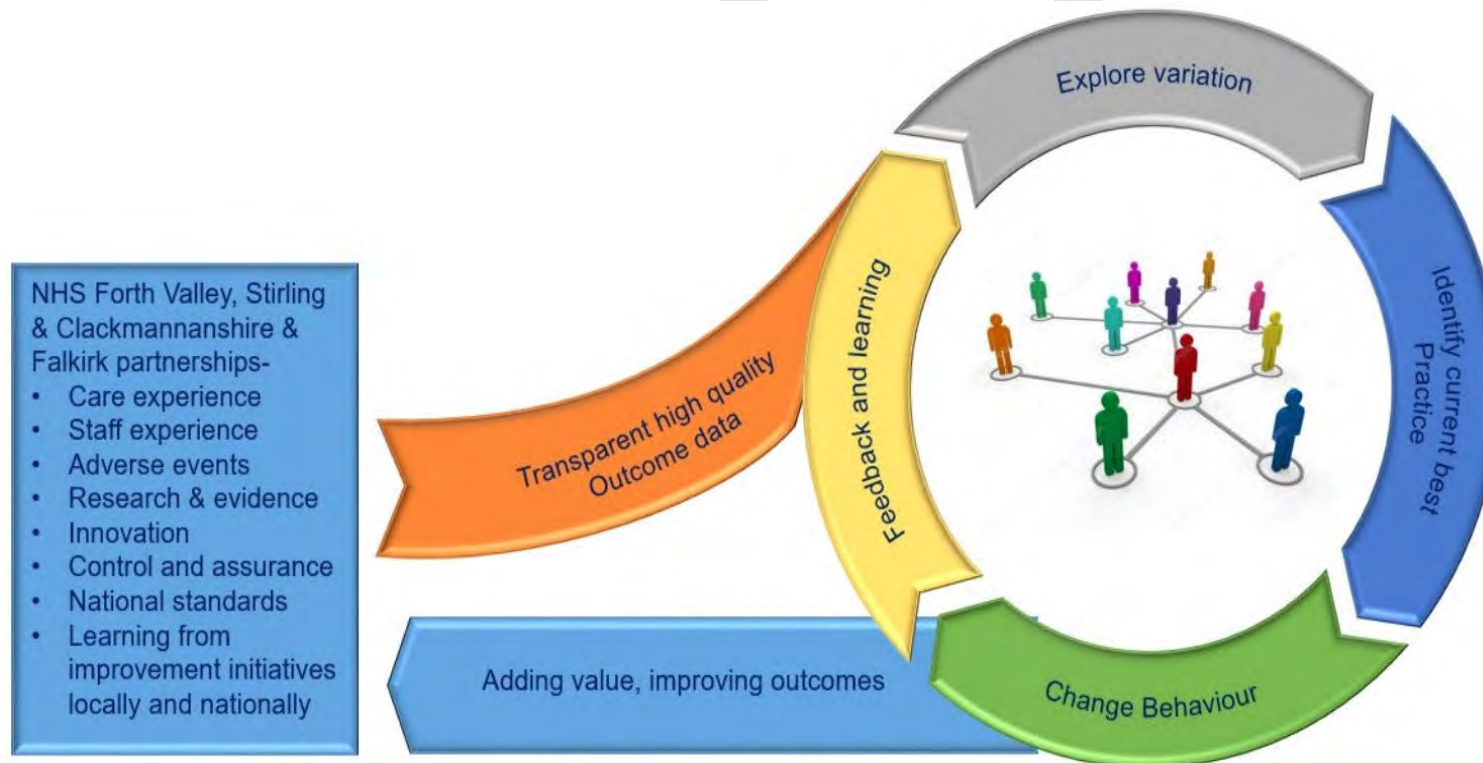




## Our Learning System

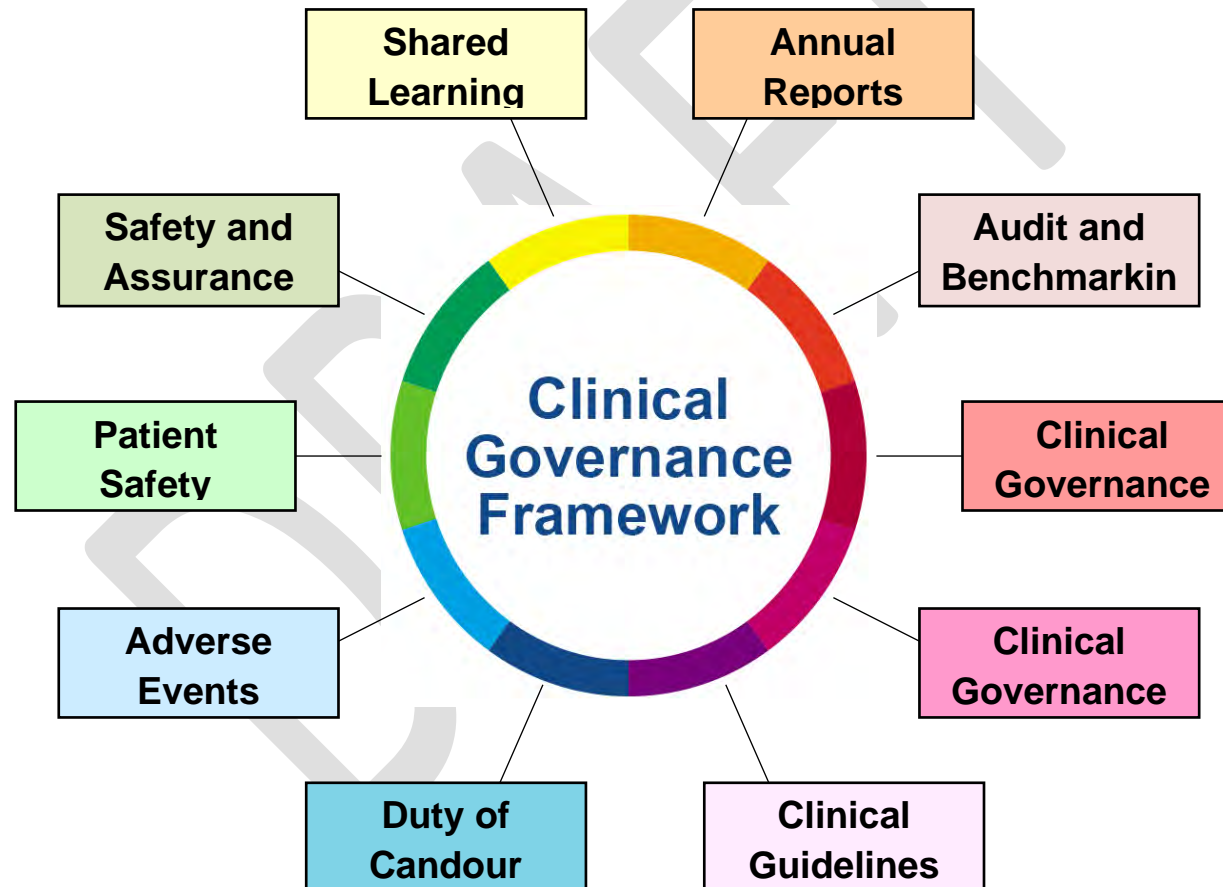
Developing an effective Learning System and applying it is at the core of our quality management system.

Meeting the priorities of this implementation plan will strengthen our current learning systems, bringing together high-quality information from a variety of sources in such a way that we can effectively evaluate information to improve our services via learning and to share across our NHS organisations.



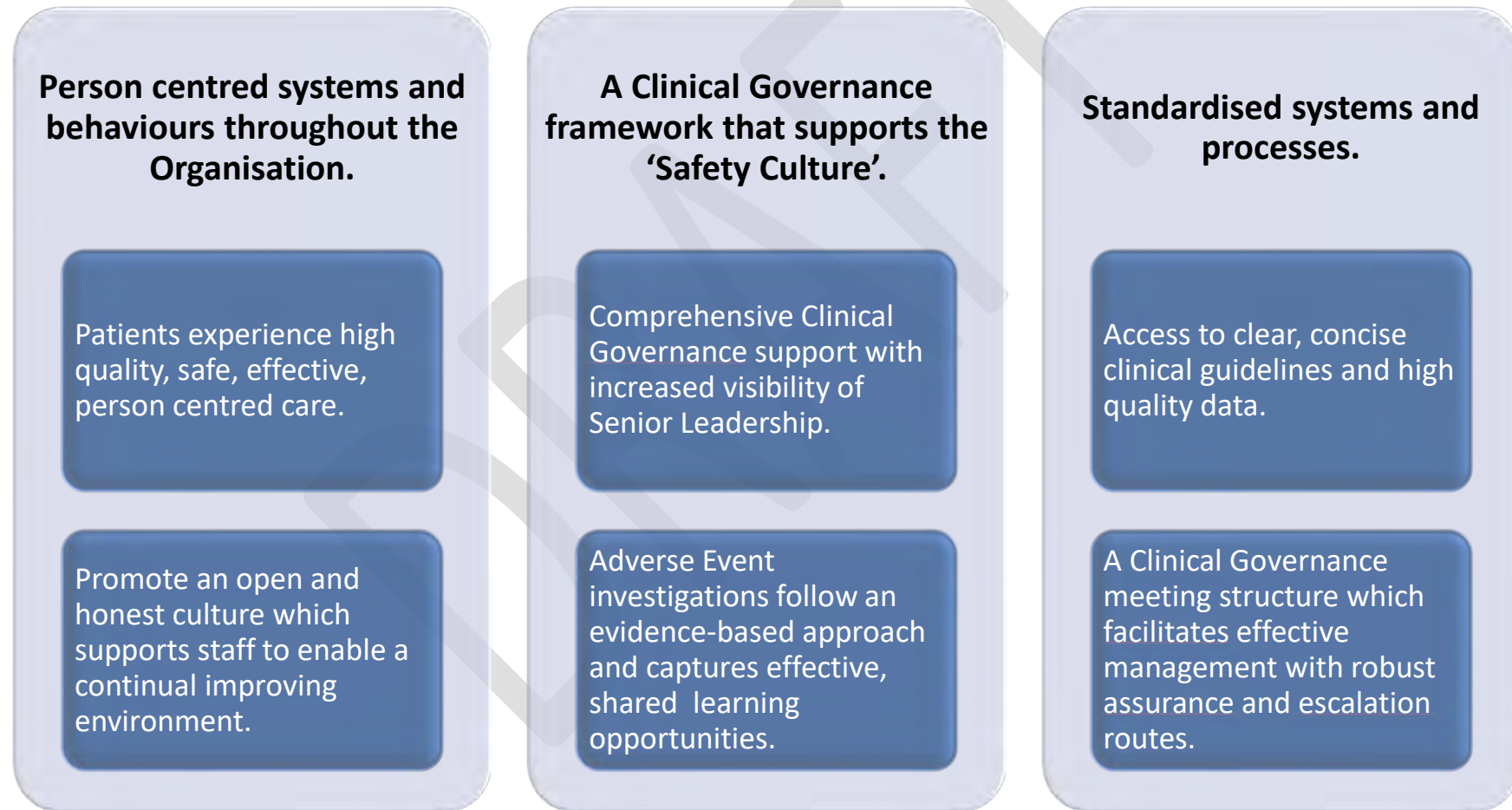
## NHS Forth Valley – Clinical Governance Framework

Clinical Governance is evolving in NHS Forth Valley. There is a drive to build on the existing clinical governance structures, to establish a robust, unified approach towards clinical governance. The Clinical Governance framework and toolkit is the foundation by which NHS Forth Valley plan to practically implement Clinical Governance across the organisation. The framework, illustrated below, reflects the key components:



## Clinical Governance Priorities

The Clinical Governance Priorities have been developed to reflect Organisational Clinical Governance requirements, as well as those identified through departmental gap analysis work streams and elements within the Forth Valley Quality Strategy, to support high quality, safe, effective, efficient, equitable and person centred care.



## How will we achieve our Priorities?

### Person centred systems and behaviours throughout the Organisation.

Patients experience high quality, safe, effective, person centred care.

Promote an open and honest culture which supports staff to enable a continual improving environment.

**Patient Safety Conversation Visits:** The commencement in April 2022 of our NHS Forth Valley Patient Safety Conversation Visits will create an open and honest culture where Senior Leaders and staff in clinical areas can discuss any clinical safety concerns or 'safety and quality' improvements.

**Clinical Governance Webpage:** Development of an accessible information page with links into structures, charts, templates, clinical governance information, education and training resources. The Webpage and documents therein, will be created to support staff and provide them with point of contact to our team.

**Clinical Governance networks across NHS Forth Valley:** Providing advice and assistance with the implementation of the 'Vincent' framework, meeting documentation, escalation and assurance routes. Ensuring all staff within NHS Fourth Valley has access to the same information, training and support.

**Patient and Family engagement:** Effective clinical governance must always have the patient and the family as the focus of the service we provide. Patients and families are integral to our Significant Adverse Events (SAE) and Duty of Candour (DoC) reviews.

Patient representatives are key members of our clinical governance meetings, to ensure patients have a voice.

**Duty of Candour:** The development of a training package will raise awareness to support staff and help them recognise the circumstances in which the Duty of Candour process should be activated.

**A Clinical Governance framework that supports the 'Safety Culture'.**

Comprehensive Clinical Governance support with increased visibility of Senior Leadership.

Adverse Event investigations follow an evidence-based approach and captures effective, shared learning opportunities.

**The Clinical Governance Framework** supports an; Open Culture, Reporting Culture, Learning Culture, Informed Culture and 'Just' Culture to create an organisational Safety Culture across NHS Forth Valley.

**Raising awareness of Clinical Governance** across the organisation: Presenting Annual 'Safety Culture Events', developing and supporting improvement schemes across the organisation.

**Development of a collaborative 'simulated training' package:** This will support the NHS Forth Valley safety culture and Doctors in training.

**Building an effective Clinical Governance Team:** This is achievable by recruitment of several staff, with various skill sets and healthcare experience who are able to develop, review, improve, support, monitor, train and provide assurance of quality systems and processes within the organisation.

**The Adapted Vincent Framework:** Introduction, development and support for the organisation to apply the framework within their governance agendas and shared learning processes.

**An effective adverse event Policy/SOP:** Review, development and relevant training of the policy and associated procedural documents and tracking system will provide a clear, concise, improved method of reporting, investigating, identifying trends and monitoring actions to promote safe practice.

**Duty of Candour and Briefing Notes:** The development of training packages to raise awareness will provide support to staff and facilitate a consistent approach.

## Standardised systems and processes.

Access to clear, concise clinical guidelines and high quality data.

A Clinical Governance meeting structure which facilitates effective management with robust assurance and escalation routes.

**Clinical Guideline work-streams:** Reviewing and revising current policy documents and guidelines to ensure that each stage of the process including; development, content, consultation, approval and accessibility is; clear, concise and appropriate. This is aided by a standardised approach and the provision of support and advice.

**Clinical Governance structure:** Investigating, developing, supporting and monitoring a standardised approach to Clinical Governance meetings across the organisation; ensuring they have robust Terms of Reference (ToR), agendas and work plans in place; offering efficient assurance and escalation routes.

**Electronics systems:** Exploring the use of the 'Pentana' system to provide options for easily accessible information, evidence and assurance data. This would include updating the Clinical Governance meetings structure onto Pentana with clear hierarchical routes and information documentation such as; meeting functions, terms of reference, agendas, work plans etc.; as well as the ability to monitor and produce reports.

Review and revision of the Adverse Events process will capture where potential improvements can be made within the 'Safeguard' system for the reporting, navigation, quality of investigation and identification of any lessons to be learned and shared.



## How have we created the conditions for an effective Safety Culture?

### Year 1:

**Creating the conditions for an effective Governance System to thrive.**

1. Raising awareness of Clinical Governance.
2. Building an Effective Clinical Governance Team.
3. Supporting a robust Clinical Governance Structure that provides 'floor to board' assurance.
4. Developing the Significant Adverse Event Review (SAER) process and tracking system.
5. Considering Clinical Governance workstreams and assessability.
6. Safety Improvement workstreams.
7. Developing a Clinical Governance toolkit.

### **1. RAISING AWARENESS OF CLINICAL GOVERNANCE.**

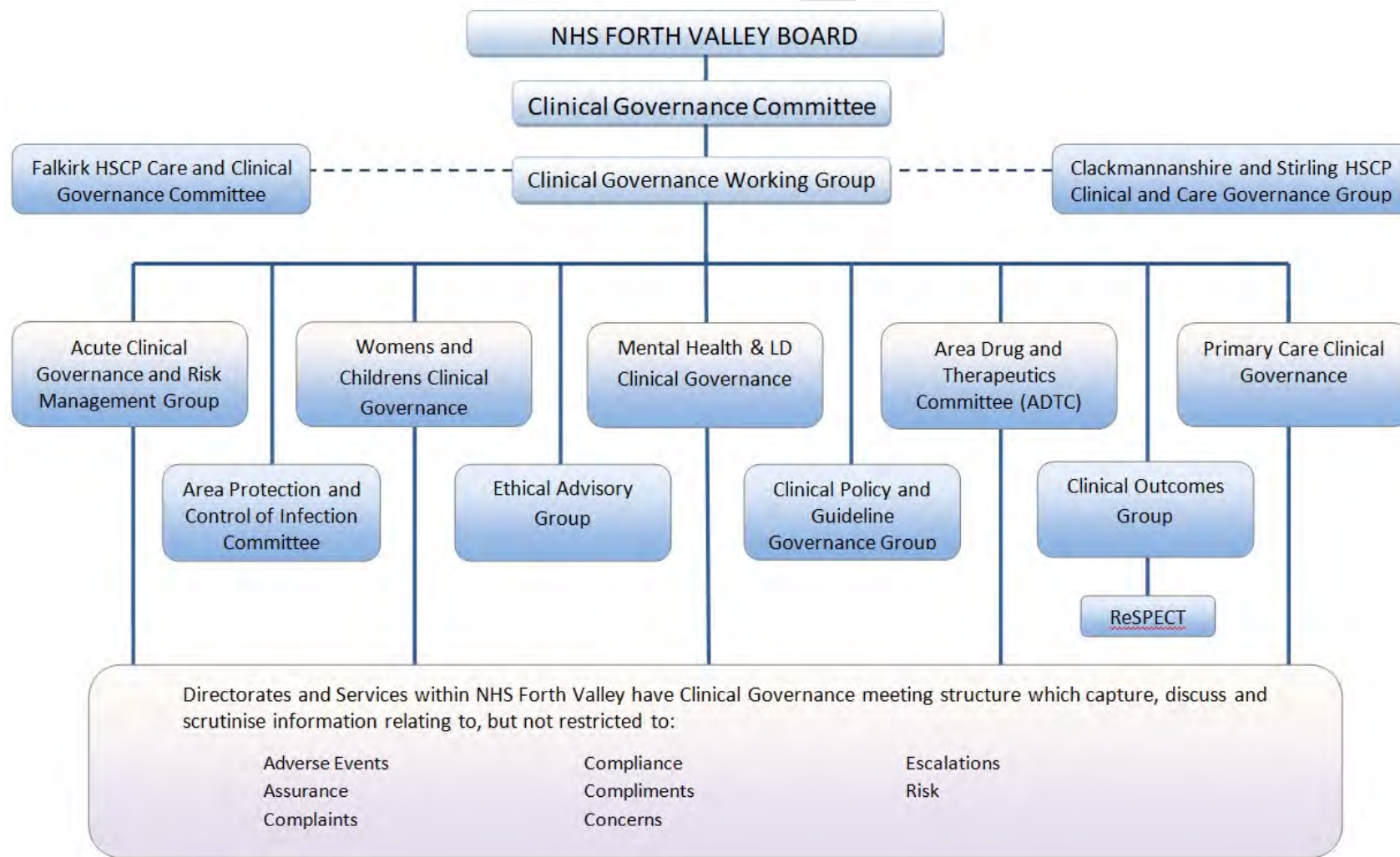
Our first annual clinical governance safety culture event took place in 2021. The event was chaired by the medical director and was open to all staff with an interest in clinical governance and patient safety. The participants included hospital consultants, GP's, senior nurses and clinical staff. It was considered a success, with positive feedback being received. These annual events provide focussed information relating to key aspects of Clinical Governance *including comprehensive review of the adverse events and significant adverse event review process, Duty of Candour, Human Factors and shared learning.*

### **2. BUILDING AND EFFECTIVE CLINICAL GOVERNANCE TEAM.**

- NHS Forth Valley Board considered the requirement for effective Clinical Governance to be key to ensuring patient safety. Funding was approved to support the development of a Clinical Governance team. Appointees to the posts came from a variety of backgrounds and brought a wealth of knowledge and experience.

### 3. SUPPORTING A ROBUST CLINICAL GOVERNANCE STRUCTURE THAT PROVIDES 'FLOOR TO BOARD' ASSURANCE.

#### Clinical Governance Meeting Structure – Board to Directorate





### **Clinical Governance Committee (CGC)**

The purpose of the CGC is to provide the NHS Board with:

- Systems Assurance – to ensure effective Clinical Governance is in place and effective throughout the local NHS system and services and is effective in services that are commissioned from independent providers and other partner agencies
- Public Health Governance – to ensure that the principles and standards of clinical governance are applied to the health improvement and health protection activities of the NHS Board
- Clinical Risk Management – assurance that an appropriate approach is in place to deal with clinical risk management across the system, working within the NHS Forth Valley Risk Management Strategy

### **Clinical Governance Working Group (CGWG)**

The purpose of the CGWG is to provide the Clinical Governance Committee with assurance of a robust system of clinical governance and clinical risk management within the clinical directorates and services.

The CGWG's approach is to discuss and understand past activities, introduce learning into present services, monitor progress with ongoing work plans for improvement and risk mitigation. The format of the agenda headings is adapted from the Vincent Framework.

This is based around key metrics:

- Is care safe today?
- Safety scoreboard for services including performance, key achievements and challenges
- Quality improvement and shared learning
- Safety and Assurance of safe care

The CGWG's agenda provides a structure for presentation and discussion of progress reports and reviews on implementation, assurance, safe, effective and person centred care.

**Directorate Clinical Governance Meetings and Specialist Groups:**

Clinical Governance meetings provide assurance and escalation information to the CGWG, in the form of; minutes, presentations and/or reports.

Directorates have various operational/departmental meetings which supply information into them; providing an overview of all service areas.

**4. DEVELOPING THE SIGNIFICANT ADVERSE EVENT REVIEW (SAER) PROCESS AND TRACKING SYSTEM.**

- Five senior health professionals were appointed in March 2022 to lead Significant Adverse Event Reviews (SAER) in NHS Forth Valley. They are from a variety of specialties and their role includes leading the review of any significant adverse events within the organisation, developing the SAER report and making recommendations for any changes or improvements as a result of the adverse event. They also work closely with colleagues in Clinical Governance and representatives from clinical teams to help support local staff, patients and relatives.
- SAERs have seen a positive increase, demonstrating that Adverse Events are being managed and escalated more effectively.
- The Adverse Event Policy/SOP is currently under review, with consultation ongoing.

**5. CONSIDERING CLINICAL GOVERNANCE WORKSTREAMS AND ASSESSIBILITY.**

- The Clinical Governance team revisited the clinical governance meeting structure in June 2022 and in doing so, facilitated meetings to assist the directorates and the community partnership with the structure of their clinical governance local meetings. This work is ongoing but is aiming to be complete during the 2022/23 period.
- The Clinical Governance team are currently creating Awareness and Training packages for 'Duty of Candour' and the completion of 'Briefing Notes'.

## 6. SAFETY IMPROVEMENT WORKSTREAMS.

### Clinical Guidelines

- A Clinical Policy and Guideline Governance Group (CP&GGG) has been established to steer the development of a consistent approach for the development, consultation, approval and access of clinical policies and guidelines.
- A new Clinical Guidelines Checklist has been created to assist authors.
- Work is underway to develop a clear and concise SOP for Clinical document development.
- Clinical documents are now sent to the Clinical Governance teams as a 'first stage check'.

### Standards and Review Report

The content of the document is collated from various external sources to capture the following key publication:

- New, Updated or Withdrawn Standards and Guidance information
  - Inspection, Review and Accreditation information.
  - Annual Reports.
  - Patient Safety Alerts.
- 
- Following consultation, the report has been updated to ensure it meets the requirements of clinical teams.
  - The Clinical Governance team check the content, filter the distribution list and confirm where actions are required by directorates.
  - The Clinical Governance team undertake a 'deep-dive' where required. This is to identify trends, recommendations and best practice. A report is then created and submitted to the Clinical Governance Working Group to ensure learning is shared.

### Patient Safety Conversation Visits

- Patient Safety Conversation Visits commenced in April 2022 after approval from NHS Forth Valley Board.
- The purpose of the Patient Safety Conversation Visits is to give NHS Board Members and frontline staff the opportunity to have a conversation focusing on patient safety within their local clinical / working environment.
- The visits are facilitated by the clinical governance team and any actions are fed through local Clinical Governance processes.

## **7. STRATEGIC CONSIDERATION OF A CLINICAL GOVERNANCE TOOLKIT.**

- The creation of a Clinical Governance Webpage and Toolkit was considered in 2021; as a means to house information, templates and other relevant supports items to providing valuable information for NHSFV staff.
- Work on the Clinical Governance Webpage and Toolkit commenced in June 2022, with the Webpage information being intended for upload by early 2023.

## Critical Success Factors:

To provide assurance of an effective clinical governance approach that delivers a consistently safe, effective service to the people of Forth Valley.

NHS FV has a learning and safety culture which delivers tangible and measurable improvements in; quality, safety, care and process.

- There is a non-punitive approach to the review and learning of adverse events. It is systems focused, and avoids individual scapegoating.
- Opportunities for staff to highlight safety issues is an everyday activity for all services and teams.
- Formal collaborative meetings with complaints and clinical governance teams to discuss new and historic adverse events and complaints. These will consider new action plans and revisit ones to ensure compliance.
- NHS FV can show how it optimises learning opportunities across the organisation and supports and delivers measurable and sustainable change
- Each service has a multidisciplinary Clinical Governance group with a clear terms of reference that reflects the core objectives agreed for the board.

New developments in clinical care, new guidelines and pathways are safe before implementation, and systems for ongoing compliance are put in place.

- There is a system in place to ensure clinical guidelines and policies are compliant, approved and reviewed, to ensure optimum evidence based safe care for our patients.
- Robust system in place to assure that clinical teams are aware of, and action, new local and national guidelines, inspections, protocols and procedures.
- Process in place to ensure that services comply with current clinical guidelines, policies and procedures.
- Whole system process to ensure communication of clinical guidelines, policies and procedures.
- Process in place to review and assess variation in clinical practice and consistency of practice with Key Performance Indicators (KPI's) reflecting this.

- A system in place which recognises the '[Health and Care \(Staffing \(Scotland\) Act 2019](#)' which will come into force in April 2024, to 'Ensure that in care services in Scotland there are the right people, in the right place, with the right skills at the right time working to ensure people experience the best health and care outcomes.' ([Care Inspectorate](#)).

The effective use and evaluation of data allows demonstration of measurable and sustainable improvements in practice, quality and safety.

- A quality management system gap analysis is undertaken to inform of quality improvement support for safety workstreams.
- NHSFV has a robust system for data collection and analysis with visible measures to direct and monitor quality improvement.
- Baseline audits are performed before improvement intervention and plan approval. Impact measures and analysis are integral components of quality improvement workstreams.
- NHSFV has an active Clinical Outcomes Group (COG) with a remit to identify, prioritise and oversee actions to improve clinical outcomes and ensure Hospital Standardised Mortality Rate (HSMR) is maintained below one.
- Quality improvement and the FV Quality strategic direction is driven by patient safety and the prevention of harms

Engage our service users (patients/carers/the public) in safety and quality improvement projects.

- Patients and Families involved in Significant Adverse Events or events which trigger organisational Duty of Candour are offered the opportunity to be involved in the review and learning.
- Where a quality and/or safety improvement project need is identified, around a clinical pathway, service user/family engagement is considered.
- The boards approach to learning from adverse events ensures the patient/family experience is compassionate and empathetic and that patient/family questions are responded to. Ensuring the patient/family is well informed throughout the investigation process.
- The Clinical Governance Committee meeting of the board and the Clinical Governance Working Group have at least one lay member representing patient views.

- On an annual basis, as part of our NHS Forth valley safety culture, a service user will be invited to share their experience of NHS FV.

Our Clinical Risk Management approach ensures all risk assessments have clear management plans with measureable outputs. There are also departmental risk registers with a clear escalation process up to the Corporate risk register.

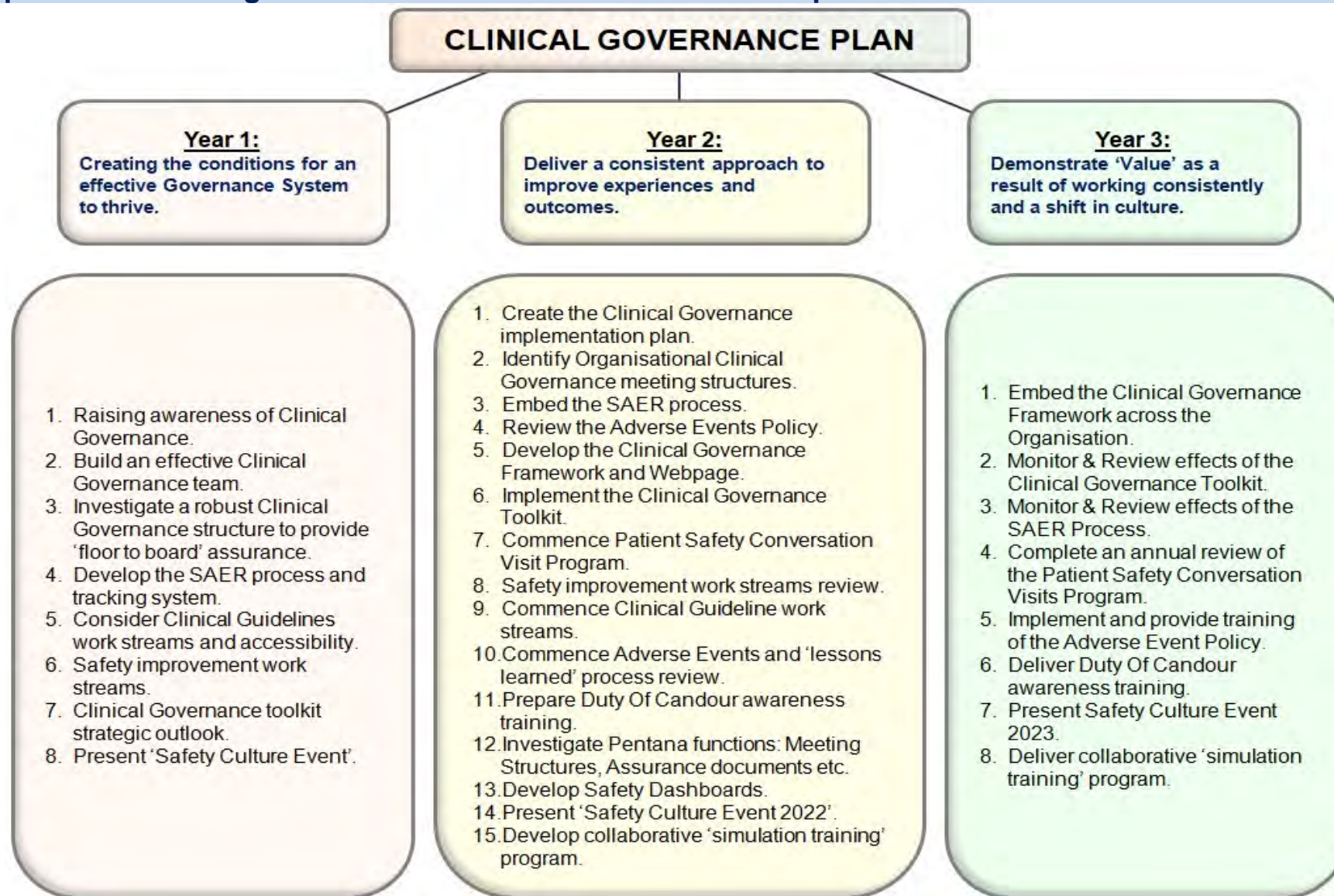
- Senior Leadership provides strategic direction for effective risk management and a no blame safety culture.
- Whole system collaborative, multidisciplinary approach to risk and safety.
- An electronic system in place, to support risk management within NHS FV.
- All risks recorded on the risk register will have a clear mitigation plan.
- Each service has a multidisciplinary Clinical Governance/Healthcare Governance group where the risk register is discussed, reviewed and updated thus providing assurance on risk management interventions and their success.

In summary, Clinical Governance will promote health care in NHS Forth Valley, Falkirk Health and Social Care Partnership and Clackmannanshire and Stirling Health and Social Care Partnership, by developing high quality, safe, effective, efficient, equitable and person centred care to our patients.

This will be achieved through the delivery of quality and excellence at all levels of the organisation; resulting in the people of Forth Valley experiencing an exceptional healthcare service.




## Appendix 1: Planning our Future: Clinical Governance 3 Year plan





## Appendix 2: How will we measure our priorities?

Audit / Data Collection	Observation / Monitoring	Completion
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Measurement Priorities 	Key Performance Indicators (KPIs)	Efficiency	Productivity	Effectiveness	Staff Engagement and Feedback	Service User Feedback
Patient Safety Conversation Visits	4 visits per month		Reports and Actions through CG process	Assess 'action plan' at 6mthly revisit	Areas supporting visits.	Real time during visit
Clinical Governance Webpage and Toolkit	Users accessing webpage	Accessible Information	Project Completion	Correct templates and processes utilised	Positive Staff feedback	
Clinical Governance networks across NHS Forth Valley	Named clinical governance leads	Identifiable CG contacts	Standardisation of CG	Standardisation of CG	Positive Staff engagement with CG.	
Raising awareness of Clinical Governance (Safety Culture Events)	Minimum of 1 safety culture event per year	Relevant and useful information shared	Annual event completion	Attendance at safety culture event	Positive Staff engagement with CG.	
SAER – Process and Training	Compliance with timeframe	Assigned investigation team.	Reports to Board	High quality investigations	Confident, trained staff.	Service user engagement
Duty of Candour – Awareness	Duty of Candour Turas module completion		Delivery of in house sessions	Participation in education and training	Confident, trained staff.	Prompt responses / outcomes.
Briefing Notes – Training	Timely and appropriate completion	Timely submission	Delivery of ongoing training sessions	Quality of briefing notes	Confident, trained staff.	
Development collaborative 'simulated training' package.	Trainee medical workforce engagement	Consistent, focused reporting.	Delivery of ongoing sessions	Clear, hands-on approach	Confident, trained staff.	
Building a Clinical Governance Team	Recruitment and retention	Positive outcomes across areas of CG.	CG staff with varied skills and healthcare experience	Positive outcomes across areas of CG	Positive Staff engagement with CG.	
'Vincent' Framework	CG meeting agendas compliance	Discussion, assurance and scrutiny	Standardisation of CG meetings	Assurance to Board	Clear roles and responsibilities	
Adverse Events – Policy/SOP and Training.	As per health and safety	Management of 'Lessons Learned'	Improved quality of investigations	Correct processes observed.	Clear roles and responsibilities	Prompt responses / outcomes.
Clinical Guideline work-streams	Increased 'in-date' policy compliance.	Docs complaint with consultation and approval.	Clinical Guidelines SOP and checklist.	Correct templates and processes observed.	Confident, trained staff.	
Clinical Governance structure	All CG meetings visualised on Pentana	Accessible Information	Accessible assurance and escalation hierarchy	Gaps in CG structure clearly identified	Positive Staff feedback	
Clinical Policies and Guidelines	'In-date' compliance	Accessible information	Clear process in place	Correct templates and processes observed.	Positive Staff feedback	

## Appendix 3: References

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Vincent, C., 2010. Patient Safety. 2nd ed. Wiley-Blackwell.

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## 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

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### Executive Summary

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

### Recommendation:

The NHS Board is asked to:

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

### Key Issues to be Considered:

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

### 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 2024.

- *Staph aureus* bacteraemias (SABs)  
There was 2 SABs this month.
- *Clostridioides difficile* infection (CDIs)  
There were 6 CDIs this month.
- *Escherichia coli* bacteraemias (ECBs)  
There were 9 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 - April 2023

# *Healthcare Associated Infection Reporting Template (HAIRT)*

*April 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 decreased this month.
- There was one reported outbreak of Covid this month, Ward 5 FVRH.
- AOP targets have been further extended until March 2024.
- SSI surveillance national reporting remains paused.

#### Performance at a glance

*Staphylococcus aureus* bacteraemia (SABs) - 2  
*Clostridioides difficile* infection (CDIs) - 6  
*Escherichia coli* Bacteraemia (ECB) - 9  
Device associated bacteraemia (DABs) - 7  
National Cleaning compliance (Board wide) 95%  
National Estates compliance (Board wide) 93%  
Hand Hygiene Compliance (Board wide) 99%  
Surgical Site Infection Surveillance (SSIS) 0  
0

#### Key infection control challenges (relating to performance)

##### Staph aureus bacteraemia

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

##### Device associated bacteraemia

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

##### E coli bacteraemia

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

##### Clostridioides difficile infection

- There were no hospital acquired CDIs this month.
- There were six 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* 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 months 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.

**April 2023**

**Monthly Total - 2**

**Hospital - 1**

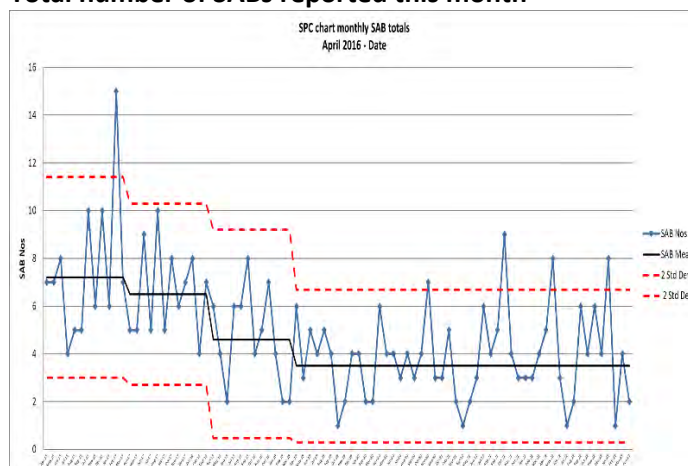
**Healthcare - 1**

**Nursing Home - 0**

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

**Staph aureus bacteraemia total – April 23 to date - 2**

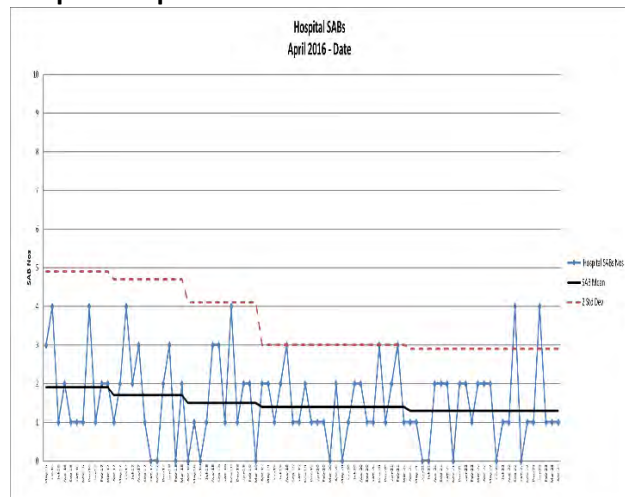
### Total number of SABs reported this month



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



## Hospital Acquired SABs



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

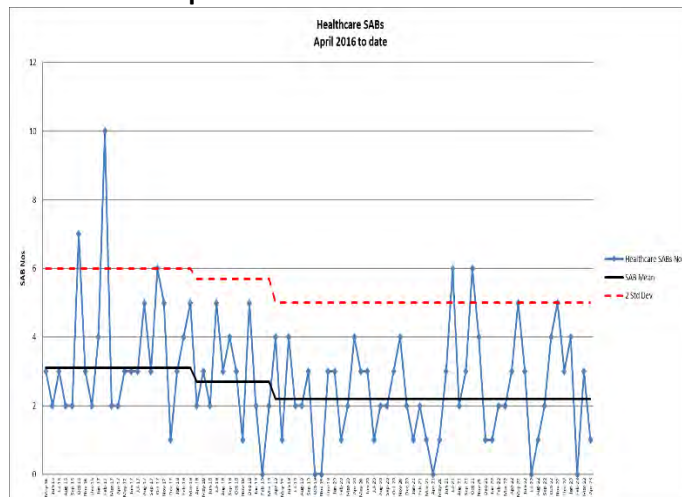
## Source - No. of infections

Healthcare - 1  
Unknown - 1

Hospital – 1  
PVC No attributed ward - 1

Grand Total - 2

## Healthcare Acquired SABs



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

## Breakdown

There were 544 blood cultures taken this month, of those there was in total 2 blood cultures that grew *Staph aureus*. This accounts for 0.4% of all blood cultures taken this month. There was one hospital acquired SAB this month; this accounts for 0.2% of all blood cultures this month.

## Hospital SABs

- PVC - Acutely confused heart failure patient requiring IV diuretics. Not attributed to ward as patient tampering with devices.

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.

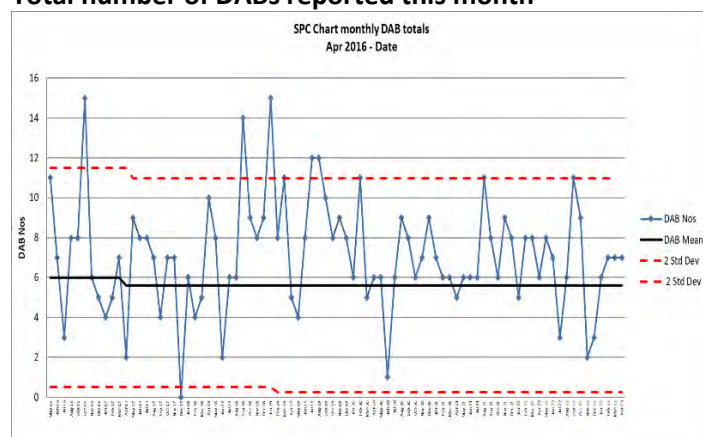
**April 2023**

<b>Monthly Total</b>	<b>7</b>
<b>Hospital</b>	<b>3</b>
<b>Healthcare</b>	<b>4</b>
<b>Nursing Home</b>	<b>0</b>

**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 – 7**

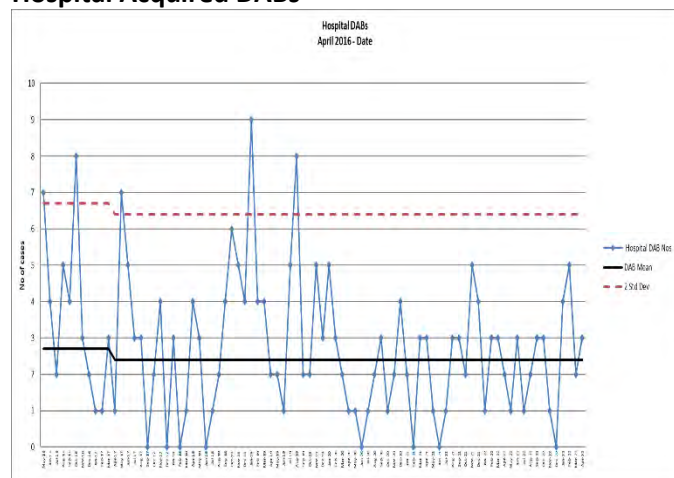
### Total number of DABs reported this month



#### Comments:

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

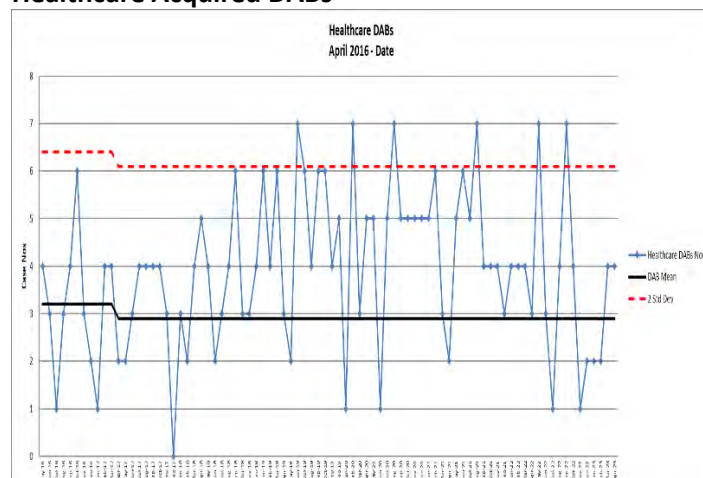
### Hospital Acquired DABs



#### Comments:

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

### Healthcare Acquired DABs



#### Comments:

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



## Breakdown

### Source No. of Infections

Healthcare	4
CVC	1
Hickman	2
Urinary Catheter long term	1
Hospital	3
Hickman	
A12	1
No attributed ward	1
PVC	
No attributed ward	1
Grand Total	7

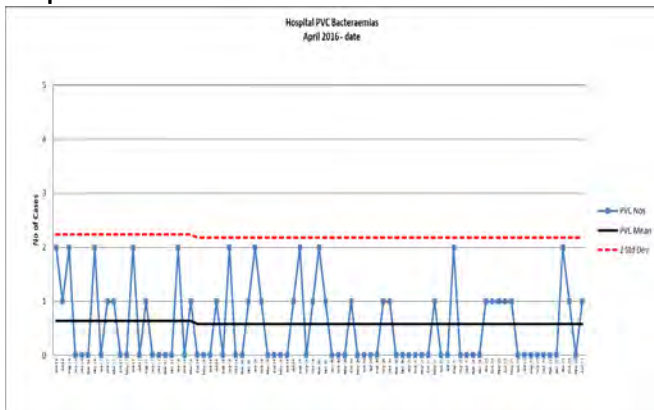
There were 544 blood cultures taken this month, of those there were in total 7 blood cultures that were associated with devices. This accounts for 1.3% of all blood cultures taken this month. There were three hospital acquired DABs this month; this accounts for 0.6% of all blood cultures this month.

### Hospital DABs

- Hospital acquired Hickman line infection. Line in place for TPN. Not attributed to ward as patient self administering TPN.
- AML patient with Hickman line in place for chemotherapy. Treated for line infection and line removed during admission. Attributed to A12 due to omissions in Hickman line care bundle documentation.
- PVC: refer to SAB section above.

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.

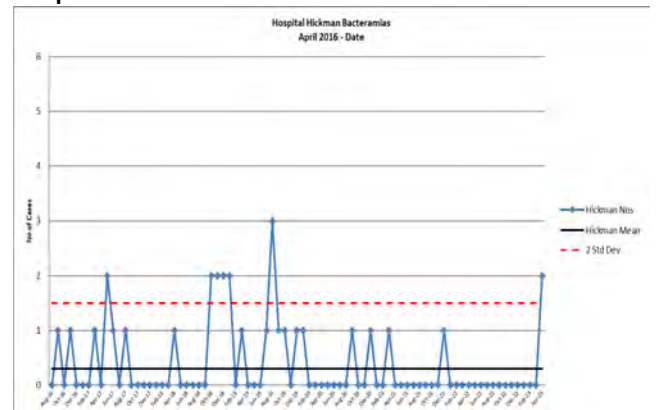
#### Hospital – PVC



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

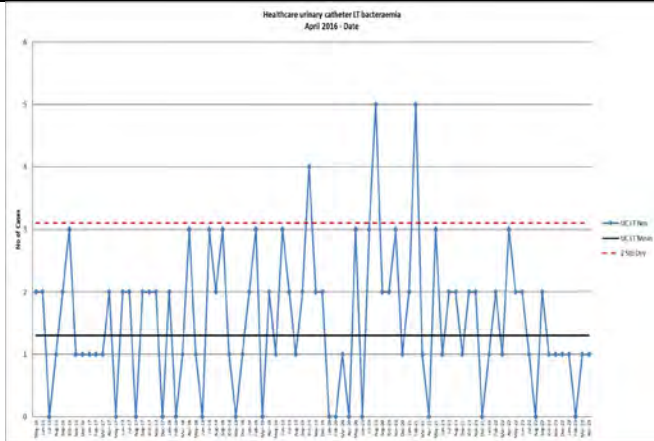
**Healthcare – Urinary Catheter Long Term**

#### Hospital – Hickman

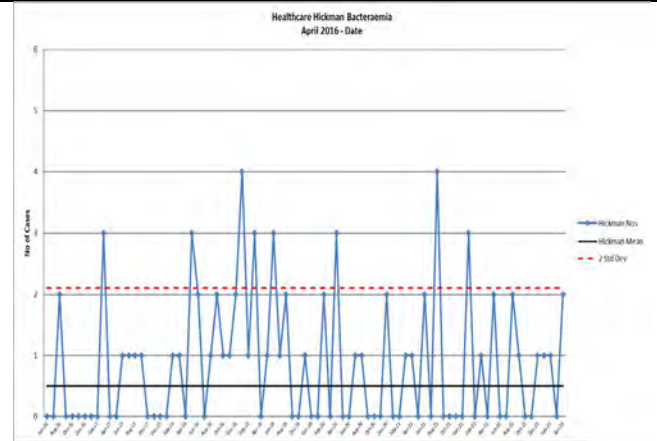


**Comments:** case numbers exceeded control limits this month, please refer to narrative above.

**Healthcare – Hickman**



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



**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 E coli 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.*

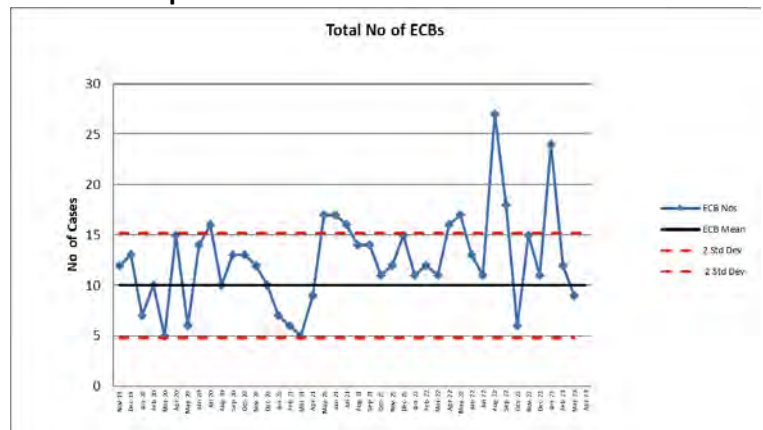
### April 2023

<b>Monthly Total</b>	<b>9</b>
Hospital	2
Healthcare	5
Nursing Home	2

E coli bacteraemia infection total – April 23 to date - 9

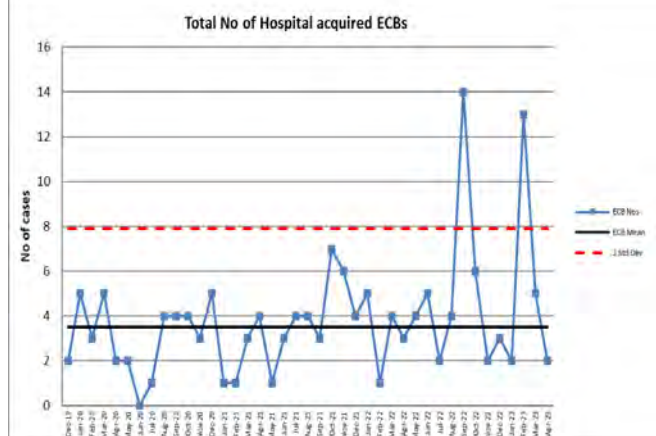
### Hospital Acquired ECBs

### Total ECBs reported this month

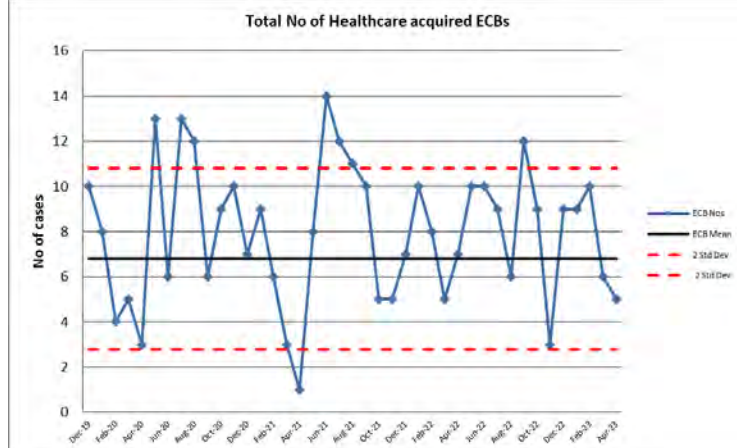


**Comments:** case numbers remain within control limits this month.

### Healthcare Acquired ECBs



**Comments:** case numbers remain within control limits this month.



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

## Breakdown

Source	No. of Infections
<b>Healthcare</b>	<b>5</b>
Biliary tract	1
Intra-abdominal	1
Post procedural	1
Unknown	1
Urinary Catheter long term	1
<b>Hospital</b>	<b>2</b>
<b>UTI</b>	<b>2</b>
No attributed ward	
<b>Nursing home</b>	<b>2</b>
Biliary tract	1
Respiratory tract	1
<b>Grand Total</b>	<b>9</b>

There were 544 blood cultures taken this month, of those there were in total 9 blood cultures that grew *E. coli*. This accounts for 1.6% of all blood cultures taken this month. There were 2 hospital ECBs this month, this accounted for 0.4% of all blood cultures taken.

### Hospital ECBs

- UTI. Treated for fluid overload. Not attributed to ward as not thought to be associated with catheter.
- UTI. Patient admitted with cellulitis. Not attributed to ward as admitted with AKI and pyrexia.

## Infection Reduction of ECBs

Reported case numbers fell to expected values this month both with hospital and healthcare sourced infections.

### National Support Framework

Due to the ongoing challenges with ECB case numbers and as a result FV being a statistical outlier nationally, this month the SG HAI Policy Unit evoked the National Support Framework in response to our data exceedances. Several meetings have been held with ARHAI and NHS FV following evocation and an agreed action plan has been submitted to SG. Support will be ongoing by ARHAI to assist FV in reducing ECBs over the coming months.

Actions include:

- Further review of catheter management across NHS FV
- NHSFV to engage with other boards across Scotland to gain an insight of infection reduction.
- NHS FV will explore processes from diagnosis to surgical intervention of patients with gall bladder obstruction to improve surgical lead times.
- To review prescribing practices across FV

## Clostridioides difficile infection (CDIs)

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

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

### Cause definitions for *Clostridioides difficile* infections

#### **Hospital acquired**

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

#### **Healthcare acquired**

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

#### **Nursing home acquired**

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

#### **NHS Forth Valley's approach to CDI prevention and reduction**

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



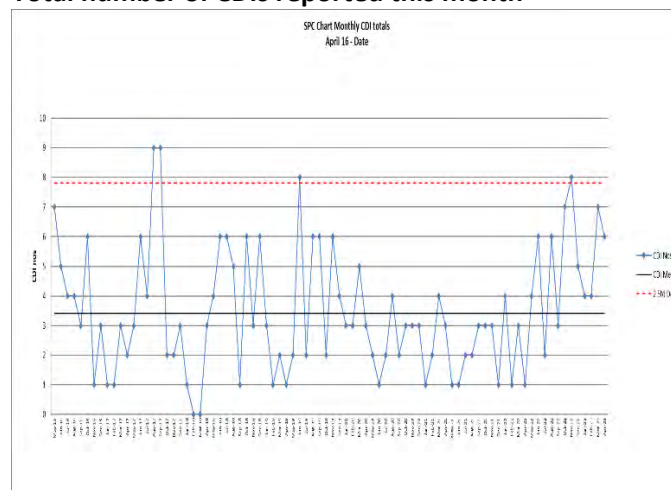
## April 2023

<b>Monthly Total</b>	<b>6</b>
Hospital	0
Healthcare	6
Nursing Home	0

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

**Clostridioides difficile infection total – April 23 to date – 6**

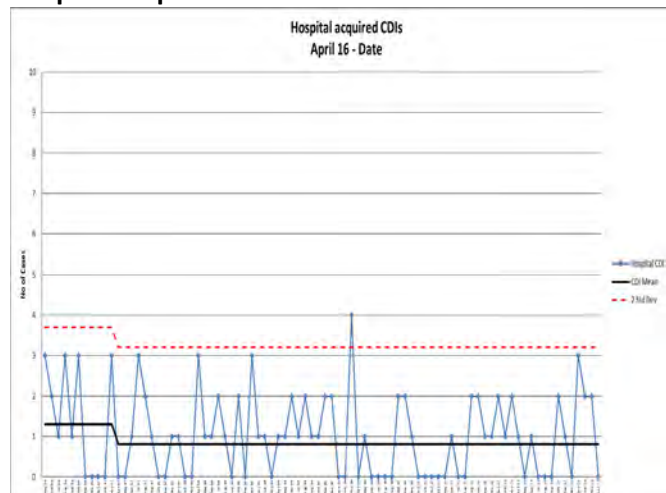
## Total number of CDIs reported this month



### Comments:

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

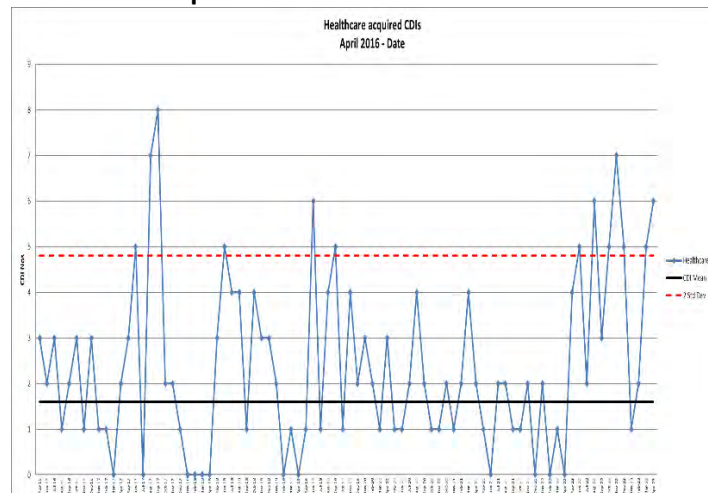
## Hospital Acquired CDIs



### Comments:

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

## Healthcare Acquired CDIs



### Comments:

Case numbers remain exceeded control limits this month. See section below for more information.

## Breakdown

### Source No. of infections

Healthcare	6
Grand Total	6

### Healthcare CDIs:

- CDI due to required antimicrobials prescribed by GP for LRTI. Classified as severe due to white cell count and colitis on CT.
- CDI attributed to antimicrobials. Classified as severe due to raised white cell count and colitis on CT.
- Moderate CDI attributed to antimicrobials previously required for treatment of inflammatory aortic aneurysm.
- Severe recurrent CDI. Patient with history of colitis and Rheumatoid Arthritis previous CDI in March 2023. Classified as severe due to raised white cell count and as toxic megacolon could not be excluded on Xray.
- CDI attributed to antimicrobials required for treatment of endocarditis.

- Recurrence following tapered CDI treatment. Initially attributed to antimicrobials for cellulitis.

Healthcare CDIs have increased this month. Investigations showed that infection developed following antibiotic treatment for unrelated infections in the majority and recurrence of infection. Infections reported this month were from various GP practices. The IPCT will continue to monitor healthcare sourced infections.

Service reports and graphs can be accessed using the following link:

<https://staffnet.fv.scot.nhs.uk/infection-control/monthly-ward-reports/>

## AOP TARGETS

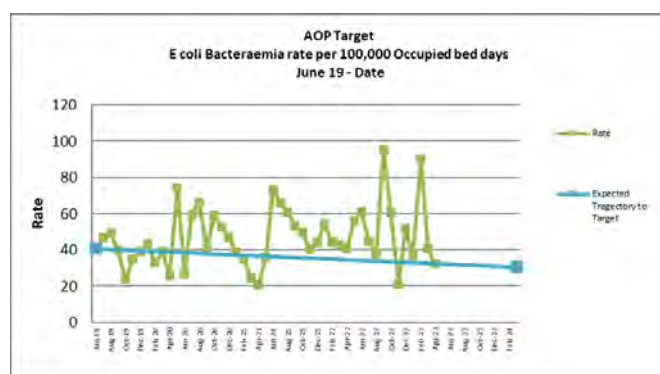
### HAI AOP targets for 2019-2024

On the 10<sup>th</sup> 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.

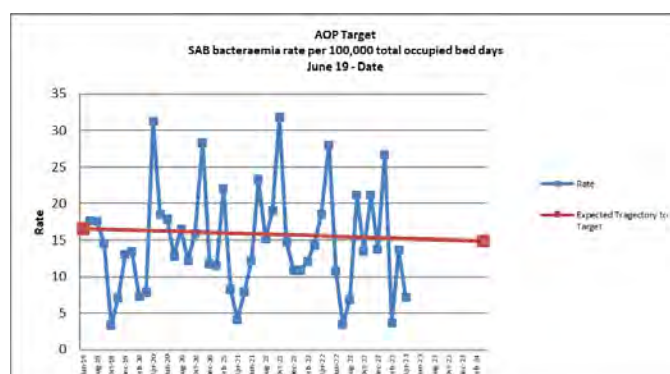
The table below highlights the targets for 2024 and the graphs below highlight progress towards these targets:

	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

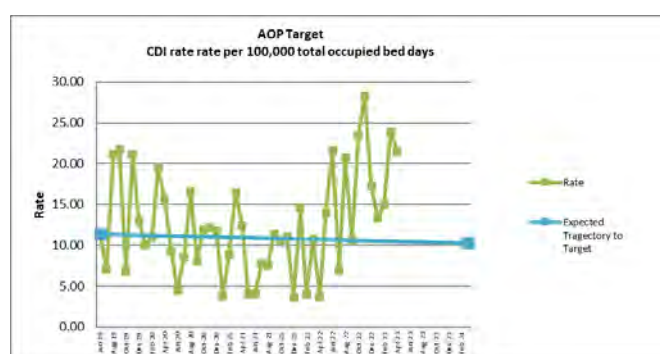
### AOP target progress to date



**Comments:** Infection rate has decreased this month.



**Comments:** Infection rate has decreased this month and is below trajectory.



**Comments:** Infection rates have increased this month and remain 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	51.4	Above trajectory
SAB	14.9	14.5	Below trajectory
CDI	10.3	16.9	Above trajectory

Scottish Government has recently announced that the AOP target date has been further extended to March 2024. Targets are nationally under review.

## 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.

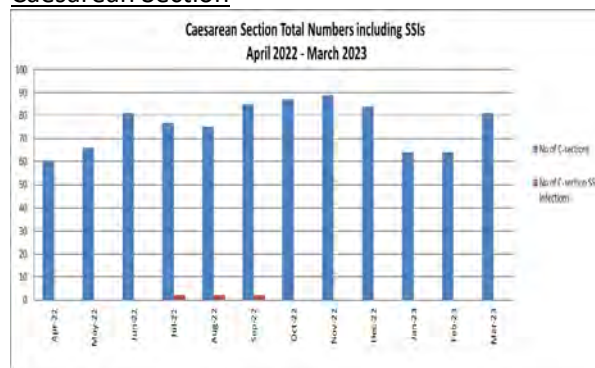
### NHS Forth Valley's approach to SSI prevention and reduction

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



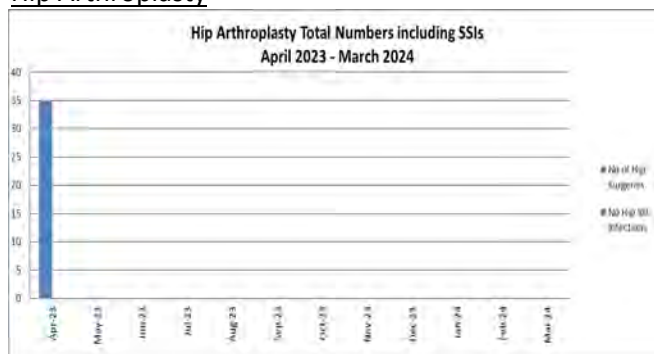
**Comments:** case numbers remain within control limits, no concerns to raise.

#### Abdominal Hysterectomy



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

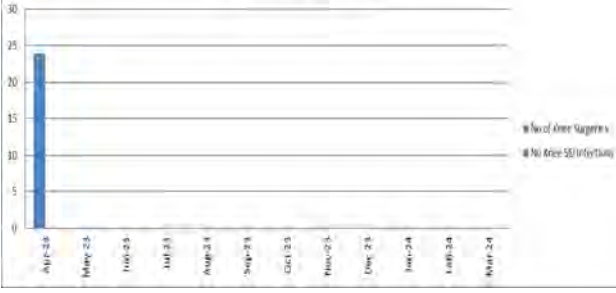
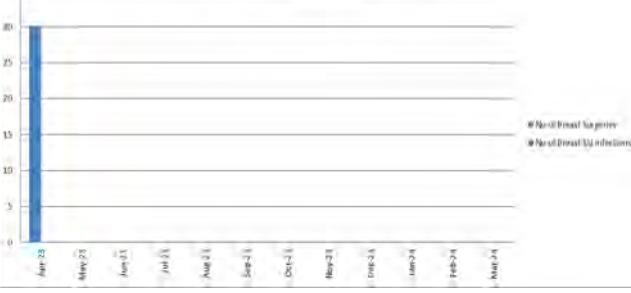

#### Hip Arthroplasty



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

#### Knee Arthroplasty

#### Breast Surgery

<p><b>Knee Arthroplasty Total Numbers including SSIs April 2023 - March 2024</b></p>  <p><b>Comments:</b> case numbers remain within control limits, no concerns to raise.</p>	<p><b>Breast Surgery Total Numbers including SSIs April 2023 - March 2024</b></p>  <p><b>Comments:</b> case numbers remain within control limits, no concerns to raise.</p>
<p><b>Large Bowel Surgery</b></p> <p><b>Large Bowel Surgery Total Numbers including SSIs April 2023 - March 2024</b></p>  <p><b>Comments:</b> case numbers remain within control limits, no concerns to raise.</p>	<p>Communication from Scottish Government has informed boards that national mandatory reporting of SSIs remains paused.</p> <p>NHS FV will continue to perform and report SSI surveillance.</p>

## 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>

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

## Hand Hygiene Monitoring Compliance (%) Board wide

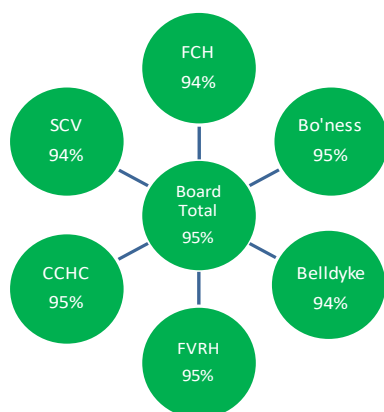
The data below is an extract from the Pentana dashboard. It includes the total % of compliance that is inputted on TCAB by the nursing staff. It also includes the uptake of staff who have completed the hand hygiene training module in Turas along with the total number of hand hygiene non compliances that are recorded in the Infection Prevention and Control team SIPC audits.

Hand Hygiene Compliance - TCAB	Training Hand Hygiene Compliance	Total Non Compliance Hand Hygiene
April 2023 result <span style="color: green;">✔</span> 98.85%	May 2023 result <span style="color: red;">●</span> 43%	April 2023 result <span style="color: blue;">📄</span> 6

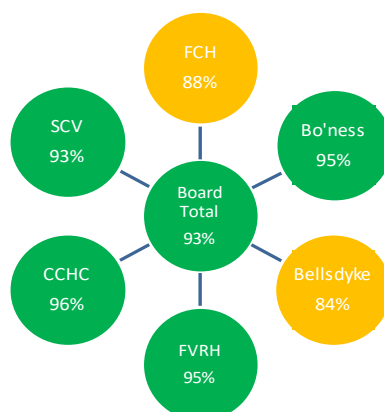
## Estate and Cleaning Compliance (per hospital)

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

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



*Cleaning Compliance*



*Estates Compliance*

Colour	Description
<span style="color: green;">●</span> Green	compliance level 90% and above - Compliant
<span style="color: orange;">●</span> Amber	compliance level between 70% and 90% - Partially compliant
<span style="color: red;">●</span> Red	compliance level below 70% - Non-compliant

## Falkirk Community Hospital and Bellsdyke Hospital Estate Scores

This quarter, the estate scores have remained relatively stable, Falkirk Community Hospital continues in amber with a compliance score of 88% compared to last quarter 88%. Bellsdyke Hospital also continues to be in amber with a compliance score of 84% compared to 90% the previous quarter. Details of the non-compliances will be presented to the IJB Clinical Governance Committee.

## Ward Visit Programme

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

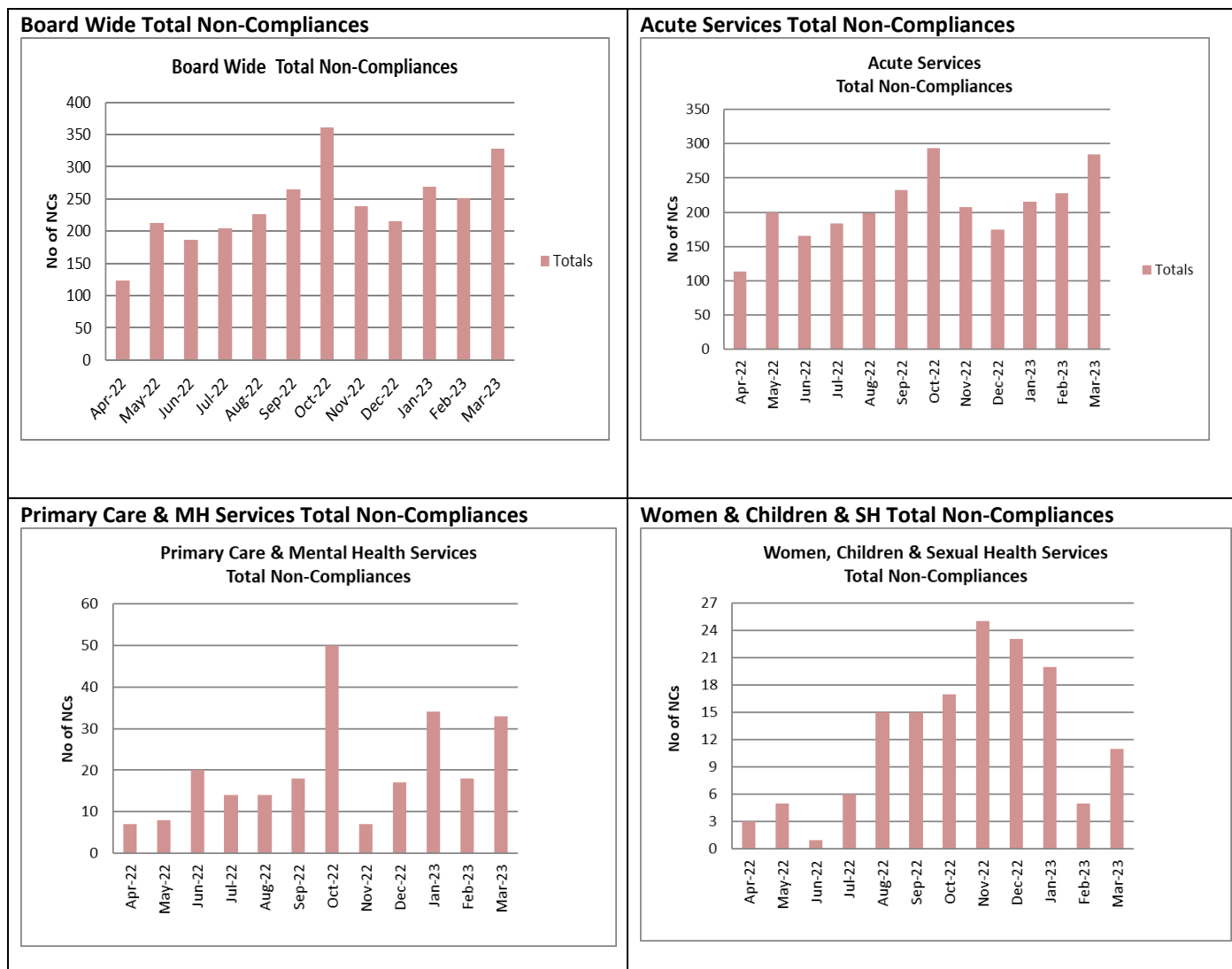
	Patient Placement	Hand Hygiene	PPE	Managing Patient Care Equipment	Control of the Environment	Safe Management of Linen	Safe Disposal of Waste	Totals
Acute Services	0	4	22	58	46	25	27	182
Primary Care & Mental Health Services	0	2	1	5	9	4	5	26
WC&SH Directorate	0	0	0	2	1	0	0	3
<b>Totals</b>	<b>0</b>	<b>6</b>	<b>23</b>	<b>65</b>	<b>56</b>	<b>29</b>	<b>32</b>	<b>211</b>

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 contributory 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).

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



## Incidence / Outbreaks

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

### Healthcare Acquired Infection Incident Template (HAIT)

The HAIT 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:

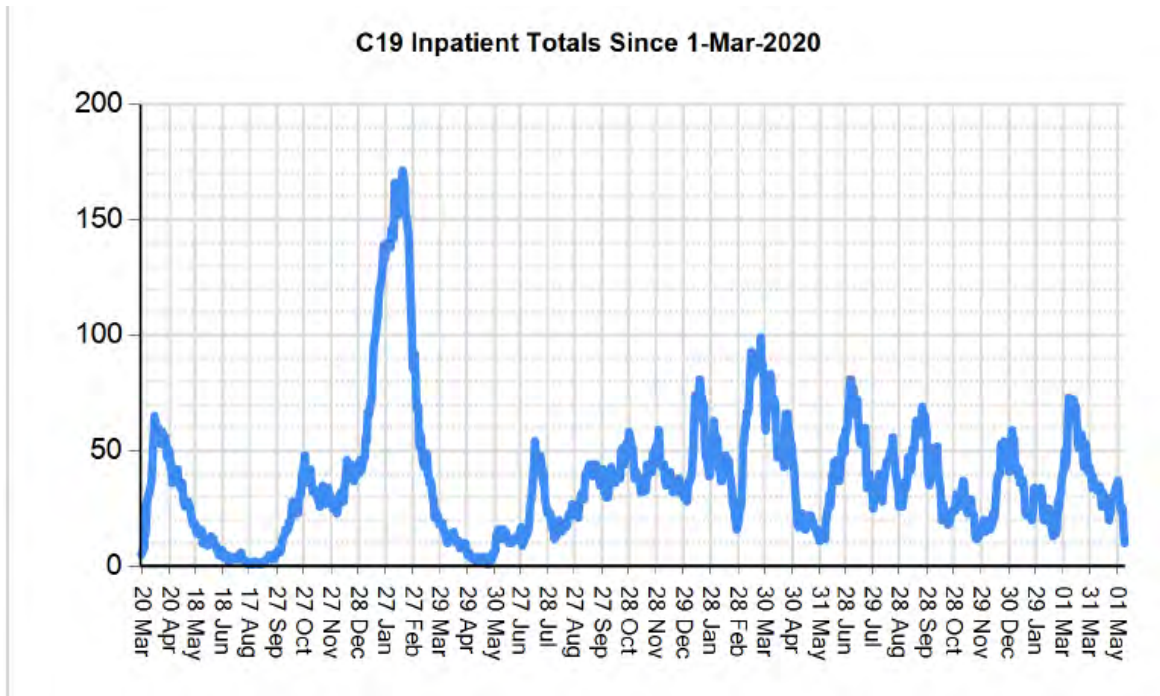
Ward	Type of Outbreak	No of patients affected
Ward 5, FVRH	Covid	14



## COVID -19

Covid-19 admissions and overall inpatient numbers have decreased throughout the month.

See graph below of the inpatient case numbers.



## HEI Inspections 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 30 MAY 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 for scrutiny and discussion. The scorecard is continually reviewed to ensure appropriate revisions or amendments are included in a responsive and timely manner.

Performance reporting and monitoring links to a number of strategic and organisational risks detailed in the Risk Assessment / Management section of the report.

### Key Issues to be considered

Following a period of remobilisation, the focus remains on recovery as the Board works to stabilise and improve. The Performance Scorecard considers key monthly metrics in relation to system-wide performance as we work to stabilise services and provides a month on month progress overview. Included within the metrics are the eight key standards that are most important to patients: 12 week outpatient target, diagnostics, 12 week treatment time guarantee, cancer targets, access to Psychological Therapies, access to Child & Adolescent

Mental Health Services and Accident & Emergency 4-hour waits. Following a review of the Scorecard a number of metrics previously reported pre-covid have been reintroduced and additional metrics have been added to support the provision of a more detailed system-wide picture.

NHS Forth Valley was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework for concerns relating to Governance, Leadership, Culture, and a range of performance-related issues, notably in GP and Primary Care Out of Hours services, unscheduled care, mental health and integration. A number of these performance areas are detailed within the Performance Scorecard namely unscheduled care, Child & Adolescent Mental Health Services and psychological therapies.

The scorecard format provides a comprehensive 'at a glance' view of measures. Work is ongoing 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 further detail in respect of Out of Hours response times.

### ***Key Performance Issues***

- ***Unscheduled Care***

Overall compliance with the 4 hour target in April 2023 was 63.5%; Minor Injuries Unit 99.6%, Emergency Department 50.2%. A total of 2,364 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 861 waits longer than eight hours, 292 waits longer than 12 hours and 6 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 1,309 patients, noting this is a reduction from 1,424 in March however an increase or deterioration from 811 in February and 916 in January. Issues in respect of capacity continue to impact on performance.

An increase in the number of new attendances at the Rapid Assessment and Care Unit was noted in April 2023 compared to April 2022; 483 compared to 441. A similar position is noted in respect of scheduled returns to RACU.

- **Scheduled Care**

At the end of April 2023, the number of patients on the waiting list for a first outpatient appointment increased to 19,327 from 18,887 in March. 58.3% of patients were waiting less than 12 weeks for a first appointment. New outpatient activity against the agreed remobilisation plan trajectory in April was 78% with the full year position for 2022/2023 noted as 87%.

In April 2023, the number of inpatients/daycases waiting increased to 4,506 from 4,372 with an increase in those waiting beyond 12 weeks. Inpatient/daycase activity against the agreed remobilisation plan trajectory in April was 85% with the full year position for 2022/2023, 81%.

At the end of April 2023, 1,025 patients were waiting beyond the 6 week standard for imaging with 75.3% of patients waiting less than the standard. 224 patients were waiting longer than 6 weeks for an endoscopy with 62.9% of patients waiting less than the standard. Activity against the agreed remobilisation plan trajectory in April was 85% and 127% respectively. With the position for the financial year 2022/2023 noted as: imaging 115%; endoscopy 107% respectively.

Cancer target compliance in March 2023:

- 62-day target – 73.0% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is an improvement in performance from the February position of 70.6%.
- 31-day target was achieved at 100.0%

The position for the January to March 2023 quarter is that 70.2% of patients were treated within 62 days of referral with a suspicion of cancer. This is a slight reduction from the previous quarter. During the same period, 99.3% of patients were treated within 31 days of the decision to treat.

- **DNA**

The new outpatient DNA rate across acute services in April 2023 is noted as 6.3% which is a slight increase from the position in March. The return outpatient DNA rate across acute services increased in April 2023 to 7.0% from 6.3% the previous month.

- **Psychological Therapies**

In March 2023, 74.0% of patients started treatment within 18 weeks of referral. This is a reduction from the previous month position of 78.2% however an increase from 66.2% in April 2022.

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

In April 2023, 37.5% of patients started treatment within 18 weeks of referral, a reduction or deterioration from 46.0% March 2023. The CAMHS initial assessment waiting list is 185 at the end of April 2023, an improvement from 216 at the end of March.

- **Workforce**

The sickness absence target is 4.0% with NHS Forth Valley working towards a local milestone target of 4.5% agreed at the Staff Governance Committee. Absence remains above the target at 7.34% in March 2023, which is a deterioration from the February 2023 position of 7.22% and 5.52% in March 2022.

The absence for Coronavirus reasons is noted as 0.70% in March 2023. Total absence for March 2023 is 8.04%, a deterioration from a total of 7.69% in February 2023.

- **Delayed Discharges**

The April 2023 census position in relation to standard delays (excluding Code 9 and guardianship) is 49 delays; this is a reduction from 53 in March. There was a total of 37 code 9 and guardianship delays and 1 infection code, with the total number of delayed discharges noted as 86.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the April 2023 census was 2,241, this is an increase from 2,067 in March.

## **Implications**

### **Financial Implications**

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

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

- **SRR.005: Financial Breakeven**

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

### **Workforce Implications**

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

### **Infrastructure Implications including Digital**

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

### **Sustainability Implications**

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

### **Sustainability Declaration**

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

☐ Yes  
☒ N/A

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

### **Quality / Patient Care Implications**

There are no specific quality or patient care implications in respect of this paper.

### **Information Governance Implications**

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

### **Risk Assessment / Management**

Adequate monitoring, scrutiny and management of performance supports the organisation to manage its risk with performance reporting linked to Strategic Risks:

- **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.

In addition, there is linkage to Organisational Risks in respect of Waiting Times, Delayed Discharge, Mental Health Services – CAMHS and the 62-day cancer target. A risk around Psychological Therapies has been developed and will be discussed at the Directorate Senior Leadership Team in due course.

These risks are updated accordingly by responsible risk owners with Strategic Risk Register update 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 April 2023 was 63.5%; Minor Injuries Unit 99.6%, Emergency Department 50.2%. A total of 2,364 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 861 waits longer than eight hours, 292 waits longer than 12 hours and 6 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 1,309 patients, noting this is a reduction from 1,424 in March however an increase or deterioration from 811 in February and 916 in January. 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 457 patients waiting beyond 4 hours with Clinical Reasons accounting for 201 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 April 2023 lower than April 2022, with 4,730 and 4,923 attendances respectively.

In April there were 483 new attendances to Rapid Assessment and Care Unit (RACU), 170 of which were via ED. This is compared to 441 new attendances in April 2022, 111 of which presented via ED. There were 87 scheduled returns in April 2023 a reduction from 101 in April 2022. 473 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 April.

The position within ED remains challenging with system-wide pressures 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 increased in April 2023 to 5,301 from 4,377 in March 2023. Note average daily presentations in April as 177 back in line with January after reducing in March (141) and February (140). NHS Forth Valley is working to improve the delivery of Out of Hours services 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. An initial improvement trajectory of 70% compliance with the Emergency Access Standard by August 2023 was agreed however this will be reviewed at the end of June. Work is underway, supported by Scottish Government colleagues, to examine data and ensure relevant actions are in place system wide to support improvements in compliance with the standard.

Current work underway includes the ongoing 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. Supporting this is an increased focus on flow and pre-noon discharges together with review of discharge lounge use and how this can be maximised. Improving discharge planning will be a focus over the next period with a standardised approach being trialled at the ‘front door’ and on key downstream wards.

Continued development of virtual capacity services are supporting acute care outwith the hospital with recently identified opportunities to increase Hospital @ Home beds; and Respiratory and Heart Failure services ready to ‘go live’ with inHealthcare app for remote patient monitoring.

**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 April 2023, the number of patients on the waiting list for a first outpatient appointment increased to 19,327 from 18,887 in March; 8,057 were waiting beyond 12 weeks. Note 58.3% of patients were waiting less than 12 weeks for a first appointment; a slight deterioration from 59.2% the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the position for the financial year 2022/2023 as 87% compliance. Compliance against the plan for the month of April 2023 was 78%.

In April 2023, the number of inpatients/daycases waiting increased to 4,506 from 4,372. An increase in those waiting beyond 12 weeks was noted from 2,193 in March to 2,314 patients in April. Activity against the agreed Remobilisation Plan trajectory highlights the position for the financial year 2022/2023 as 81% compliance. Compliance against the plan for the month of April 2023 is 85%.

**Imaging**

At the end of April 2023, 1025 patients were waiting beyond the 6-week standard for imaging with 75.3% of patients waiting less than the standard. This is a reduction from 82.2% the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the position for the financial year 2022/2023 as 115% compliance, with the position for April 2023, 85%. 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 April 2023 was 4,157 patients; a reduction from 6,305 in April 2022.

**Endoscopy**

At the end of April 2023, 224 patients were waiting beyond 6 weeks for endoscopy with 62.9% of patients waiting less than the 6-week standard. This is noted to be a deterioration in compliance from the previous month. Activity against the agreed Remobilisation Plan trajectory remains better than plan. The position for the financial year 2022/2023 is noted as 107% compliance with April 2023 compliance against plan, 127%. The total number of patients waiting for endoscopy has increased in April 2023 to 604 patients from 589 in March 2023 and from 485 in March 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 1,342 of which 12% are confirmed cancer patients.

The March 2023 position is noted as:

~~62~~2-day target – 73.0% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is improvement in performance from the February position of 70.6%.  
The highest number of breaches are within the urology pathway with 13 out of 28 patients meeting the standard. Note there continues to be challenges within the pathway in terms of tertiary services.  
The Scotland position in March was 71.9%

~~31~~1-day target – 100.0% of patients wait less than 31 days from decision to treat to first cancer treatment. Scotland position in March was 94.7%.

The position for the January to March 2023 quarter is that 70.2% of patients were treated within 62 days of referral with a suspicion of cancer. This is a slight reduction from the previous quarter, noting the Scotland position of 68.3%. During the same period, 99.3% of patients were treated within 31 days of the decision to treat.

Pressure continues within the urology pathway with the main challenge meeting the variable level of demand. Note:

The team has just successful recruited a urology consultant who will start in August 2023.  
The nursing team is reviewing and redesigning duties to enable the nurses who currently carry out the cancer work to focus on this area and free up time to increase their clinic capacity for PAC and results clinics.  
With an increase in referrals to the service the team require additional nurses to support the service with recruitment underway however as a result of maternity leave staffing is an issue.  
Transrectal ultrasound (TRUS) lists will perform by a consultant until nurses are fully trained.  
There are currently 8 protected MRI slots a week. The team wish to expand the numbers and discussions are ongoing with the Service Manager in respect of this.  
The service is moving to a virtual model of Patient Led follow-up which will improve capacity within oncology.  
The robotic service is delivered by Greater Glasgow & Clyde with the waits for the regional service under review.

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.  
~~0~~Outpatient unavailability in April 2023 was 0.6% of the total waiting list  
~~5~~Inpatient/daycase unavailability in April 2023 increased to 5.7% from 5.3% in March 2023. The unavailability rate is less than 9% for all specialties except for Oral and Maxillofacial Surgery 29.0% (18 patients).This position is monitored on an ongoing basis.

Did Not Attend (DNA)

The new outpatient DNA rate across acute services in April 2023 is noted as 6.3% which is a slight increase from the position in March of 6.2%. Variation across specialties continues with rates ranging from 51.5% to 0%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 10.1% (81 patients), Dermatology 6.6% (53 patients), and Urology 6.0% (23 patients).

The return outpatient DNA rate across acute services in April 2023 was 7.0%. There continues to be a high number of DNAs in Ophthalmology with 226 patients (7.7%), Diabetes 139 patients (11.1%), Dermatology 108 patients (5.6%) and Orthodontics 105 patients (13.9%).

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.

The Performance & Resources Committee received an update in respect of the work being undertaken to support a reduction in the number of DNAs where possible. The Committee noted the significant actions underway and agreed that assurance had been received in respect of this work.

New Acute Outpatient DNAs - April 2023

**Psychological Therapies**

In April 2023, 74.0% of patients started treatment within 18 weeks of referral. This is a reduction in performance from the previous month position of 78.2% however an increase from 66.2% in April 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. This modelling has recently been updated to take account of current staffing levels and waiting list size, and the revised trajectories have been shared with the Enhanced Support team for their review. Achievement of the standard remains challenging, with national workforce availability presenting the most significant risk. However the service has recently recruited to a number of posts, and national published data indicates that for the first time Forth Valley staffing has reached the Scottish average for Psychological Therapies staff per 100,000 population.

Psychological Services are continuing to redesign to make best use of all available resources. As part of this, the service has now contacted all patients on the Adult Psychological Therapies waiting list to offer them an assessment appointment. Following assessment, patients have been allocated to the appropriate type of treatment, some of which are available without a further wait (e.g., digital therapies). Detailed analysis of the assessment outcomes has allowed the service to better align available capacity with the assessed type of clinical demand. As an example of this, four therapeutic groups commenced in April targeting many of the people who have been waiting longest for treatment.

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 clinician level activity data and the testing of a local system to record and report clinical outcomes. QI work is progressing well.

Key actions undertaken:

- 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 interviewed for additional vacancies with staff expected to start over the next few months; 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 – feedback awaited.
- Eating Disorders referrals and activity added to Trak thereby ensuring inclusion in reporting from March.

**Child and Adolescent Mental Health Services (CAMHS)**

In April 2023, 37.5% of patients started treatment within 18 weeks of referral (RTT), a reduction from 46.0% in March 2023.

The CAMHS initial assessment waiting list is 185 at the end of April 2023, an improvement from 216 at the end of March. Referrals to the service have increased with 375 referrals received Jan-Apr 2023 compared to 252 referrals in Jan-Apr 2022 – an increase of 47%. It is anticipated that this trend will continue up to the school summer holiday in July when referrals normally reduce. The Service has looked at these referrals in detail and cannot identify a theme or specific reason for the increase in referral.

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.

In line with CAPA implementation, the waiting list for initial assessment continues to reduce. At April 2023, the average wait on the assessment wait list has reduced to 8 weeks (from 46 weeks at start of CAPA), with 9 children waiting over 18 weeks for initial assessment (all these 9 children have a date in May for their Choice appt).

Continual improvement and progress with the assessment waiting list is evidenced and there is a clear shift from the majority of children waiting over 18 weeks for initial assessment, to currently almost all children waiting under 18 weeks. However, the increased volume of referrals in recent months has increased the number of children waiting under 18 weeks, which has had an impact on the total number of children on the overall treatment waiting list.

The overall wait list, which includes waits for those awaiting treatment, remains challenging. This has reduced from 641 at February 2022 to 540 in April 2023.

**Workforce**

The sickness absence target is 4.0% with NHS Forth Valley working towards a local milestone target of 4.5% agreed at the Staff Governance Committee. Absence remains above the target at 7.34% in March 2023, which is a deterioration from the February 2023 position of 7.22% and from 5.52% in March 2022. The 12 month rolling average April 2022 to March 2023 is noted as, NHS Forth Valley 7.29%; Scotland 6.20%.

From 1 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 0.70% in March 2023. This is an increase from 0.48% in February 2023.

Total absence for March 2023 is 8.04%, a deterioration from a total of 7.69% in February 2023.

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.

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

**Delayed Discharges**

The April 2023 census position in relation to standard delays (excluding Code 9 and guardianship) is 49 delays; this is a reduction from 53 in March. There was a total of 37 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 86.

In addition, there were 3 code 100 patients with 1 infection code noted. (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 April 2023 census was 2,241, this is an increase from 2,067 in March. Local authority breakdown is noted as Clackmannanshire 153, Falkirk 1,314, and Stirling 292. There were a further 482 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 - await move to Care Home (1 patient over two weeks)
- 1 - allocated and assessment commenced (1 patient under two weeks)
- 1 - awaiting care packages for home (1 patient under two weeks)

**Stirling**

- 2 - await move to Care Home (2 patients over two weeks)
- 4 - allocated and assessment commenced (4 patients over two weeks)
- 1 - awaiting social work allocation (1 patient under two weeks)

**Falkirk**

- 17 - awaiting move to care homes (13 patients over two weeks and 4 under two weeks)
- 4 - awaiting care packages for home (1 patient over two weeks and 3 under two weeks)
- 6 - allocated and assessment commenced (2 patients over two weeks and 4 under two weeks)
- 3 - await housing provision (1 patient over two weeks and 2 under two weeks)
- 2 - await intermediate care bed (1 patient over two weeks and 1 under two weeks)
- 3 - other reasons (2 patients over two weeks and 1 under two weeks)

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

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

Actions included are 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.

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
HOSPITAL STANDARDISED MORTALITY RATE											
MR1	SG	Rolling 12 mth	Hospital Standardised Mortality Ratio (HSMR)	31-Dec-22	</= 1.00	0.98	1.01	-	▲	1.00	31-Dec-22
UNSCHEDULED CARE											
US1	SG	Monthly	Number of ED Attendances	30-Apr-23	Reduction	4,730	4,930	-	▲	-	-
US2	SG	Monthly	Emergency Department % compliance against 4 hour access target	30-Apr-23	95%	50.2%	45.4%	✓	▲	64.5%	31-Mar-23
US3	S5	Monthly	Number that waited >4 hours in ED	30-Apr-23	Reduction	2,357	2,691	-	▲	-	-
US4	SG	Monthly	Number that waited >8 hours in ED	30-Apr-23	Reduction	861	1,209	-	▲	-	-
US5	SG	Monthly	Number that waited >12 hours in ED	30-Apr-23	Reduction	292	498	-	▲	-	-
US6	SG	Monthly	Number that waited >23 hours in ED	30-Apr-23	Reduction	6	34		▲	-	-
US7	SG	Monthly	Number of MIU Attendances	30-Apr-23	Reduction	1,753	1,739	-	▼	-	-
US8	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	30-Apr-23	95%	99.6%	99.8%	-	▼	-	-
US9	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	30-Apr-23	95%	63.5%	59.6%	✓	▲	68.0%	31-Mar-23
US10	FV	Monthly	Number of ED attendances - Mental Health	30-Apr-23	Reduction	57	63	-	-	-	-
US11	FV	Monthly	Emergency Department % compliance against 4 hour access target - Mental Health	30-Apr-23	95%	33.3%	33.3%	-	◀▶	-	-
US12	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	30-Apr-23	-	483	541	-	-	-	-
US13	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	30-Apr-23	-	87	150	-	-	-	-
US14	FV	Monthly	Number of Re-directions from ED	30-Apr-23	-	473	509	-	-	-	-
US15	FV	Monthly	Re-directions from ED %	30-Apr-23	-	10.0%	10.3%	-	-	-	-
US16	FV	Monthly	Number of Emergency Admissions	30-Apr-23	Reduction	2,892	3,152	-	▲	-	-
OUT OF HOURS											
OH1	FV	Monthly	Number of Out of Hours Presentations	30-Apr-23	Reduction	5301	4377	-	▼	-	-
	FV	Monthly	Advice	30-Apr-23	-	4281	3437	-	-	-	-
	FV	Monthly	Home Visit	30-Apr-23	-	112	109	-	-	-	-
	FV	Monthly	Attend OOH Appointment	30-Apr-23	-	908	831	-	-	-	-
OH2	FV	Monthly	Out of Hours % Rota Fill	30-Apr-23	-	57%	64%	-	▼	-	-
SCHEDULED CARE											
OUTPATIENTS											
SC1	SG	Monthly	Total Number of New Outpatients Waiting	30-Apr-23	Reduction	19,327	18,887	✓	▼	-	-
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	30-Apr-23	Reduction	8,057	7,699	✓	▼	-	-
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	30-Apr-23	95%	58.3%	59.2%		▼	44.1%	31-Dec-22
SC4	SG	Monthly	Compliance with Annual Delivery Plan trajectories - New Outpatients	30-Apr-23	100%	78%	93%	-	▼	-	-
SC5	SG	FYTD	Compliance with Annual Delivery Plan trajectories - New Outpatients	30-Apr-23	100%	78%	87%	-	▼	-	-
SC6	Audit	Monthly	Outpatient Unavailability	30-Apr-23	Monitor	0.6%	0.6%	✓	◀▶	0.7%	31-Dec-22
SC7	FV	Monthly	New Acute Services Outpatient % DNA	30-Apr-23	5%	6.3%	6.2%	-	▼	7.8%	31-Dec-22
SC8	FV	Monthly	Return Acute Services Outpatient % DNA	30-Apr-23	5%	7.0%	6.3%	-	▼	-	-
DIAGNOSTICS - Imaging											
SC10	SG	Monthly	Total number waiting - Imaging	30-Apr-23	Reduction	4,157	4,307		▲	-	-
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	30-Apr-23	0	1025	767	-	▼	-	-
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	30-Apr-23	100%	75.3%	82.2%	✓	▼	48.5%	31-Dec-22
SC13	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Imaging	30-Apr-23	100%	85%	119%	-	▼	-	-
SC14	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Imaging	30-Apr-23	100%	85%	115%	-	◀▶	-	-
DIAGNOSTICS - Endoscopy											
SC15	SG	Monthly	Total number waiting - Endoscopy	30-Apr-23	Reduction	604	589		▼	-	-
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	30-Apr-23	0	224	190	-	▼	-	-
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	30-Apr-23	100%	62.9%	67.7%	✓	▼	37.1%	31-Dec-22
SC18	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Endoscopy	30-Apr-23	100%	127%	79%	-	▲	-	-
SC19	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Endoscopy	30-Apr-23	100%	127%	108%	-	▼	-	-
CANCER											

SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	31-Mar-23	95%	73.0%	70.6%	✓	▲	71.9%	31-Mar-23
SC21	SG	Monthly	62 Day Cancer - Number seen within target against total	31-Mar-23	-	65/89	60/85	-	-	-	-
	SG	Monthly	62 Day Cancer - Breast - Percentage compliance against target	31-Mar-23	95%	100.0%	100.0%	-	◀▶	92.2%	31-Mar-23
	SG	Monthly	62 Day Cancer - Breast - Number seen within target against total	31-Mar-23	-	14/14	20/20	-	-	-	-
	SG	Monthly	62 Day Cancer - Colorectal - Percentage compliance against target	31-Mar-23	95%	66.7%	100.0%	-	▼	60.0%	31-Mar-23
	SG	Monthly	62 Day Cancer - Colorectal - Number seen within target against total	31-Mar-23	-	6/9	6/6	-	-	-	-
	SG	Monthly	62 Day Cancer - Cervical - Percentage compliance against target	31-Mar-23	95%	-	-	-	-	25.0%	31-Mar-23
	SG	Monthly	62 Day Cancer - Cervical - Number seen within target against total	31-Mar-23	-	0/0	0/0	-	-	-	-
	SG	Monthly	62 Day Cancer - Head & Neck - Percentage compliance against target	31-Mar-23	95%	50.0%	66.7%	-	▼	68.5%	31-Mar-23
	SG	Monthly	62 Day Cancer - Head & Neck - Number seen within target against total	31-Mar-23	-	3/6	2/3	-	-	-	-
	SG	Monthly	62 Day Cancer - Lung - Percentage compliance against target	31-Mar-23	95%	89.5%	81.8%	-	▲	84.1%	31-Mar-23
	SG	Monthly	62 Day Cancer - Lung - Number seen within target against total	31-Mar-23	-	17/19	9/11	-	-	-	-
	SG	Monthly	62 Day Cancer - Lymphoma - Percentage compliance against target	31-Mar-23	95%	-	100.0%	-	-	88.5%	31-Mar-23
	SG	Monthly	62 Day Cancer - Lymphoma - Number seen within target against total	31-Mar-23	-	0/0	1/1	-	-	-	-
	SG	Monthly	62 Day Cancer - Melanoma - Percentage compliance against target	31-Mar-23	95%	100.0%	66.7%	-	▲	96.8%	31-Mar-23
	SG	Monthly	62 Day Cancer - Melanoma - Number seen within target against total	31-Mar-23	-	4/4	2/3	-	-	-	-
	SG	Monthly	62 Day Cancer - Ovarian - Percentage compliance against target	31-Mar-23	95%	100.0%	100.0%	-	◀▶	84.4%	31-Mar-23
	SG	Monthly	62 Day Cancer - Ovarian - Number seen within target against total	31-Mar-23	-	2/2	2/2	-	-	-	-
	SG	Monthly	62 Day Cancer - Upper GI - Percentage compliance against target	31-Mar-23	95%	85.7%	100.0%	-	▼	84.6%	31-Mar-23
	SG	Monthly	62 Day Cancer - Upper GI - Number seen within target against total	31-Mar-23	-	6/7	12/12	-	-	-	-
	SG	Monthly	62 Day Cancer - Urology - Percentage compliance against target	31-Mar-23	95%	46.4%	22.2%	-	▲	42.3%	31-Mar-23
	SG	Monthly	62 Day Cancer - Urology - Number seen within target against total	31-Mar-23	-	13/28	6/27	-	-	-	-
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	31-Mar-23	95%	100.0%	99.0%	✓	▲	94.7%	31-Mar-23
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	31-Mar-23	-	108/108	102/103	-	-	-	-
SC24	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	31-Mar-23	95%	70.2%	71.2%	✓	▼	68.3%	31-Mar-23
SC25	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	31-Mar-23	95%	99.3%	95.4%	✓	▲	93.6%	31-Mar-23
INPATIENTS & DAYCASES											
SC26	SG	Quarterly	Number of patients that waited >12 weeks - Completed Wait	31-Mar-23	0	1125	1016	-	-	-	-
SC27	SG	Quarterly	% Compliance with 12 week TTG Standard	31-Mar-23	100%	51.7%	55.2%	-	▼	56.9%	31-Dec-22
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	30-Apr-23	Reduction	4,506	4,372	✓	▼	-	-
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	30-Apr-23	Reduction	2,314	2,193	✓	▼	-	-
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	30-Apr-23	100%	48.6%	49.8%	✓	▼	31.0%	31-Dec-22
SC31	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	30-Apr-23	100%	85%	82%	-	▲	-	-
SC32	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	30-Apr-23	100%	85%	81%	-	▲	-	-
SC33	Audit	Monthly	Inpatient/Day case Unavailability	30-Apr-23	Monitor	5.7%	5.3%	✓	▼	2.7%	31-Dec-22
READMISSIONS											
R1	FV	Monthly	Readmissions - Surgical 7 day	30-Apr-23	Reduction	3.3%	2.1%	-	▼	-	-
R2	FV	Monthly	Readmissions - Surgical 28 day	30-Apr-23	Reduction	6.1%	5.2%	-	▼	-	-
R3	FV	Monthly	Readmissions - Medical 7 day	30-Apr-23	Reduction	1.5%	1.6%	-	▲	-	-
R4	FV	Monthly	Readmissions - Medical 28 day	30-Apr-23	Reduction	4.1%	4.3%	-	▲	-	-
MENTAL HEALTH											
PSYCHOLOGICAL THERAPIES											
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	30-Apr-23	90%	74.0%	78.2%	✓	▼	-	-
MH2	FV	Monthly	Total Number Waiting for Pyschological Therapies Initial Assessment	30-Apr-23	Reduction	636	610	-	▼	-	-
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	31-Dec-22	90%	71.1%	59.7%		▲	81.1%	31-Dec-22
CHILD & ADOLESCENT MENTAL HEALTH SERVICES											
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Apr-23	90%	37.5%	46.0%	✓	▼	-	-
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	30-Apr-23	Reduction	185	216	-	▲	-	-
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
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 (inc. prisons)	31-Mar-23	100%	56.5%	65.0%	✓	▼	-	-
C2		Monthly	% Compliance Stage 1 (inc. prisons)	31-Mar-23	100%	87.3%	80.0%	✓	▲	-	-

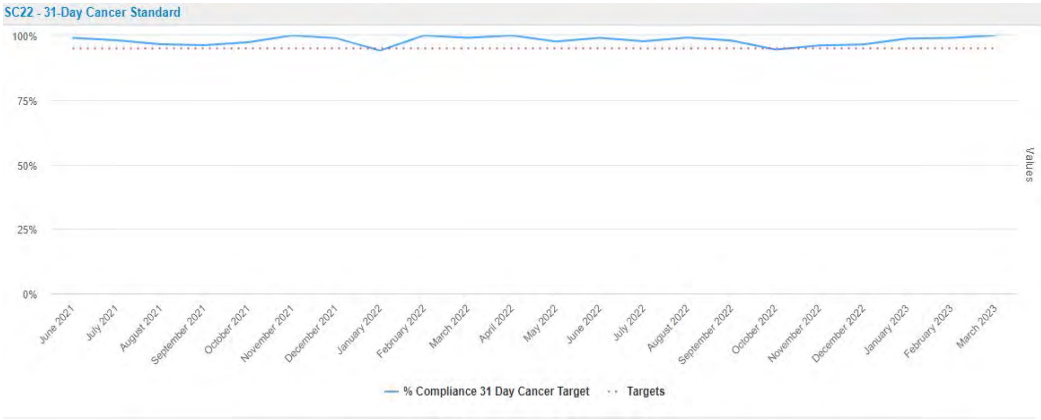
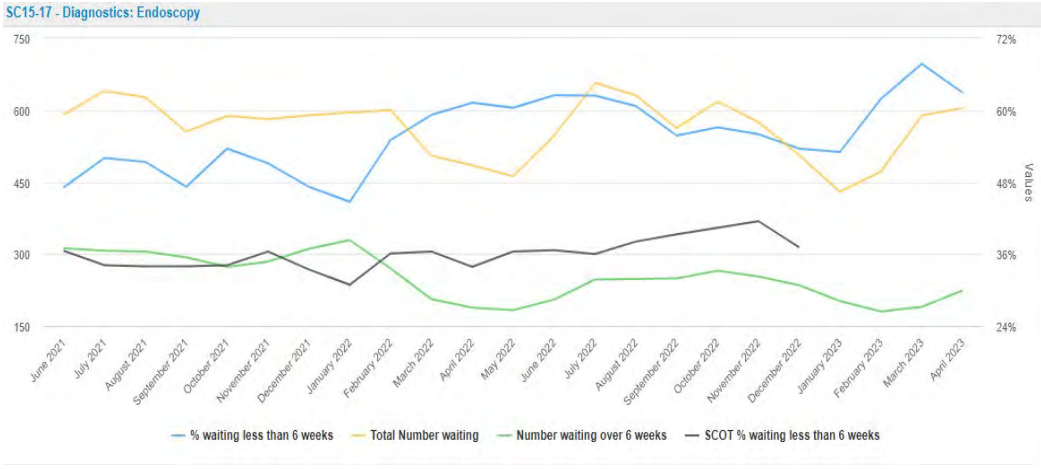
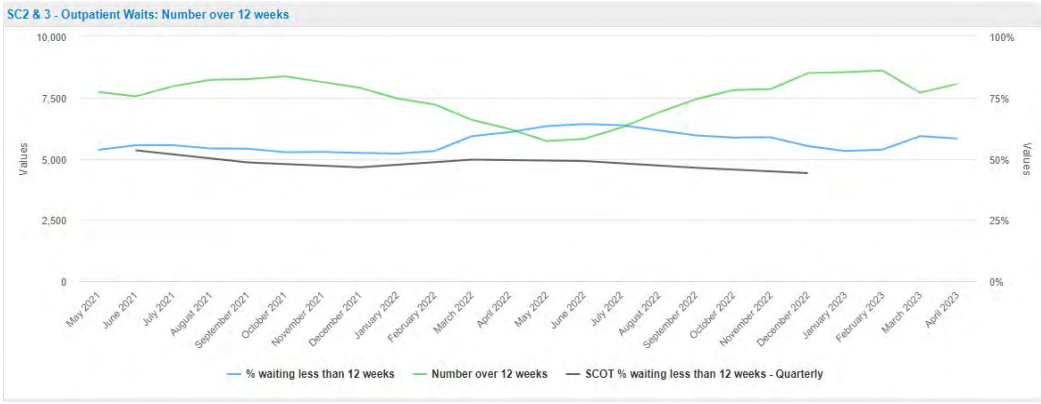
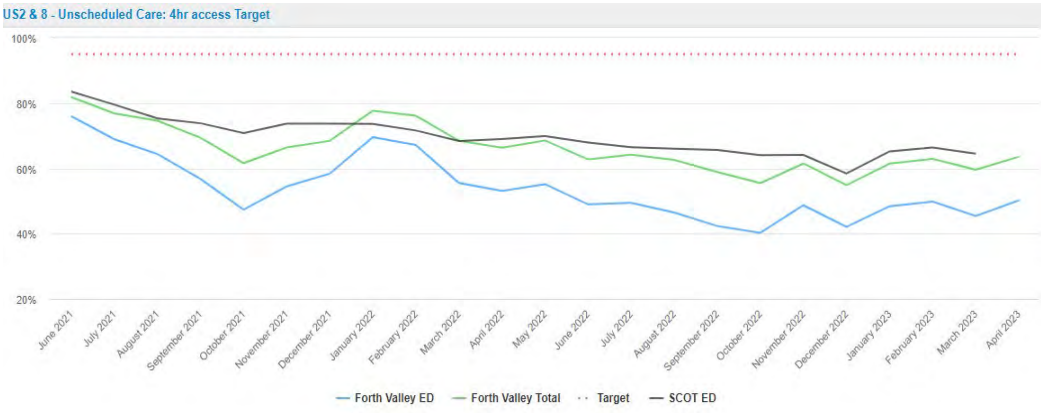
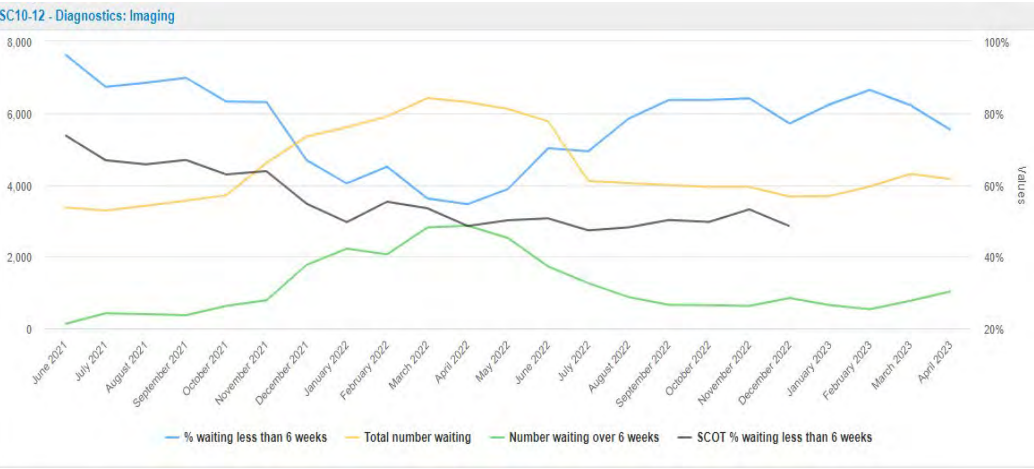
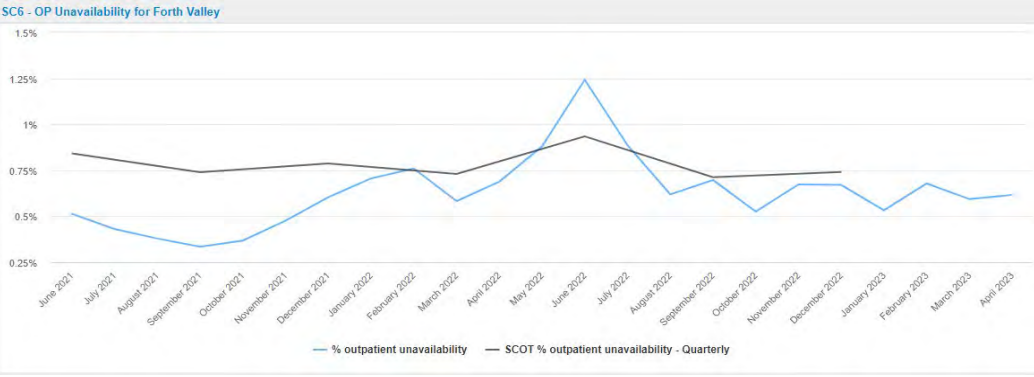
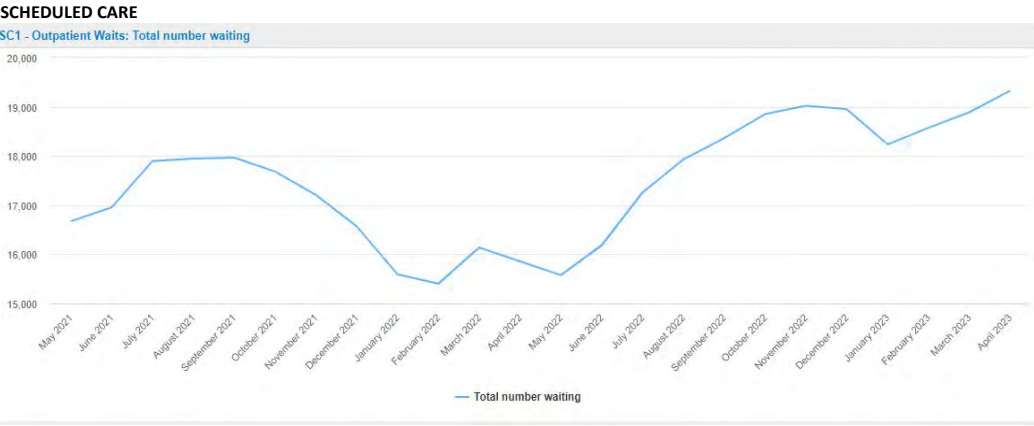
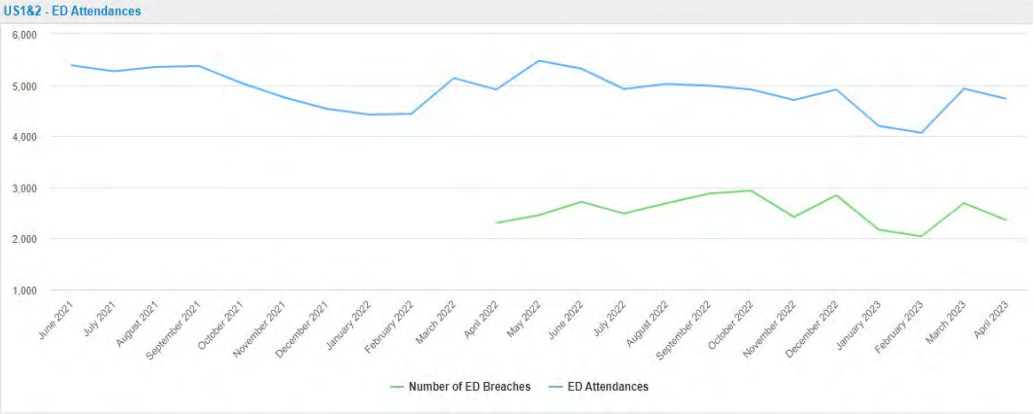
C3		Monthly	% Compliance Stage 2 (inc. prisons)	31-Mar-23	100%	22.4%	35.5%	✓	▼	-	-
BETTER WORKFORCE											
REF		FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL	SCOTLAND POSITION	SCOTLAND DATE
WF1	FV	Monthly	COVID-19 Special Leave - number of employees	31-Mar-23	-	247	166	-	▼	-	-
WF2	FV	Monthly	COVID-19 Special Leave	31-Mar-23	-	0.70%	0.48%	✓	▼	-	-
WF3	SG	Monthly	Overall Absence (excluding Covid Special Leave)	31-Mar-23	4.5%	7.34%	7.22%	✓	▼	6.25%	31-Mar-23
WF4	FV	Monthly	Short Term Absence	31-Mar-23	-	2.77%	2.40%	-	▼	-	-
WF5	FV	Monthly	Long Term Absence	31-Mar-23	-	4.58%	4.82%	-	▲	-	-
WF6	FV	Rolling 12 mth	Overall Absence (excluding Covid Special Leave)	31-Mar-23	-	7.29%	7.15%	-	▼	6.20%	31-Mar-23
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)	30-Apr-23	Reduction	49	53	✓	▲	-	-
			Falkirk	30-Apr-23	Reduction	35	35	✓	◄►	-	-
			Clackmannanshire	30-Apr-23	Reduction	3	1	✓	▼	-	-
			Stirling	30-Apr-23	Reduction	8	12	✓	▲	-	-
			Outwith Forth Valley	30-Apr-23	Reduction	3	5	✓	▲	-	-
VA2	FV		Code 9 & Guardianship Delays	30-Apr-23	Reduction	37	38	✓	▲	-	-
			Falkirk	30-Apr-23	Reduction	21	23	✓	▲	-	-
			Clackmannanshire	30-Apr-23	Reduction	3	3	✓	◄►	-	-
			Stirling	30-Apr-23	Reduction	11	8	✓	▼	-	-
			Outwith Forth Valley	30-Apr-23	Reduction	2	2	✓	◄►	-	-
VA3	FV		Total Bed Days Occupied by Delayed Discharges	30-Apr-23	Reduction	2,241	2,067	✓	▼	-	-
			Falkirk	30-Apr-23	Reduction	1,314	1,279	✓	▼	-	-
			Clackmannanshire	30-Apr-23	Reduction	153	113	✓	▼	-	-
			Stirling	30-Apr-23	Reduction	292	202	✓	▼	-	-
			Outwith Forth Valley	30-Apr-23	Reduction	482	473	✓	▼	-	-
AVERAGE LENGTH OF STAY											
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	30-Apr-23	Reduction	7.78	7.61	-	▼	-	-
EFFICIENCY											
E1	FV	Monthly	ED Attendances per 100,000 of the population - Forth Valley	30-Apr-23	Reduction	1,547	1,613	-	▲	-	-
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	31-Mar-23	Reduction	821	824	-	▲	-	-
E3	FV	Monthly	% Bed Occupancy - FVRH	30-Apr-23	Reduction	110.0%	111.1%	-	▲	-	-
E4	FV	Monthly	% Bed Occupancy - Assessment Units	30-Apr-23	Reduction	107.6%	109.4%	-	▲	-	-
E5	FV	Monthly	% Bed Occupancy - ICU	30-Apr-23	Reduction	69.1%	78.4%	-	▲	-	-
FINANCE											
F1	SG	FYTD	Year to date revenue position	30-Apr-23	Breakeven	-£1.9m	£0.221m	-	▼	-	-

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	

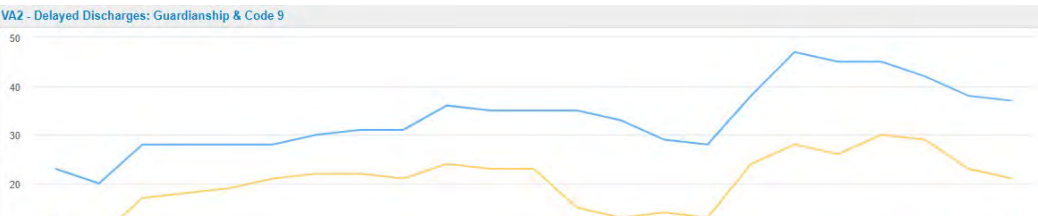
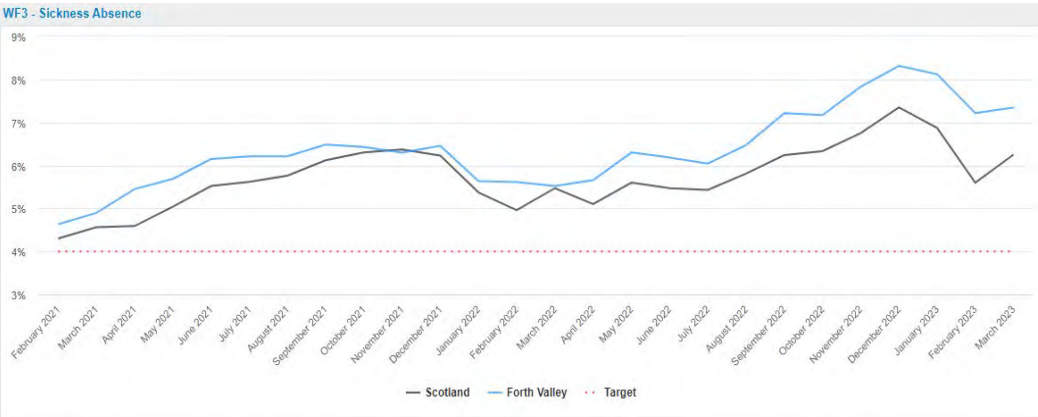
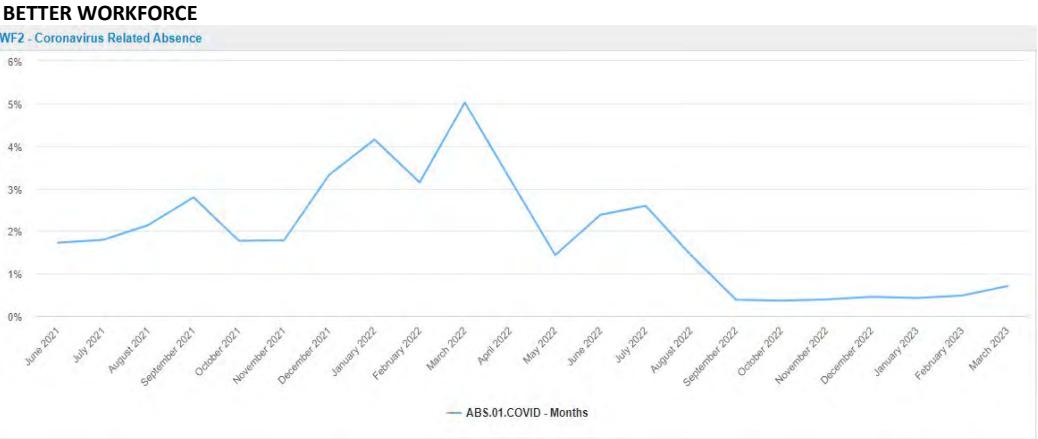
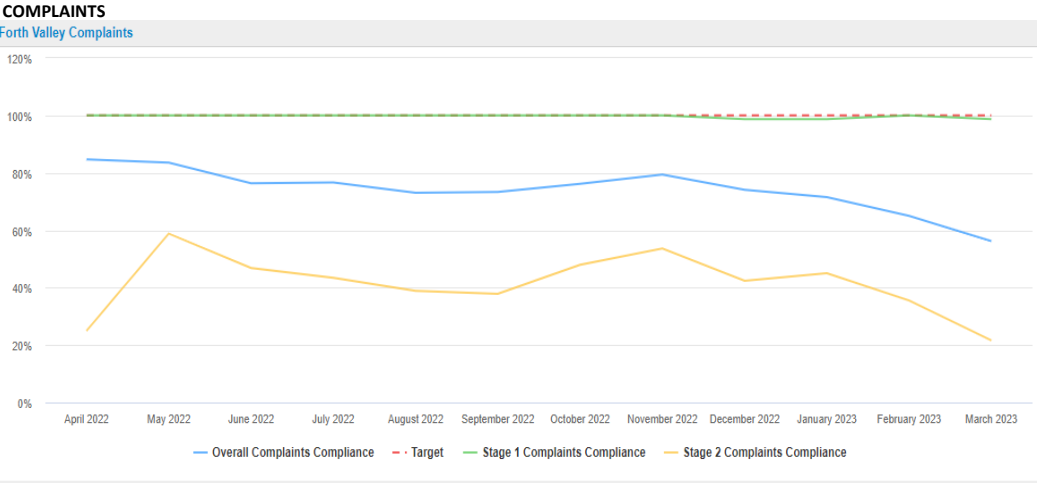
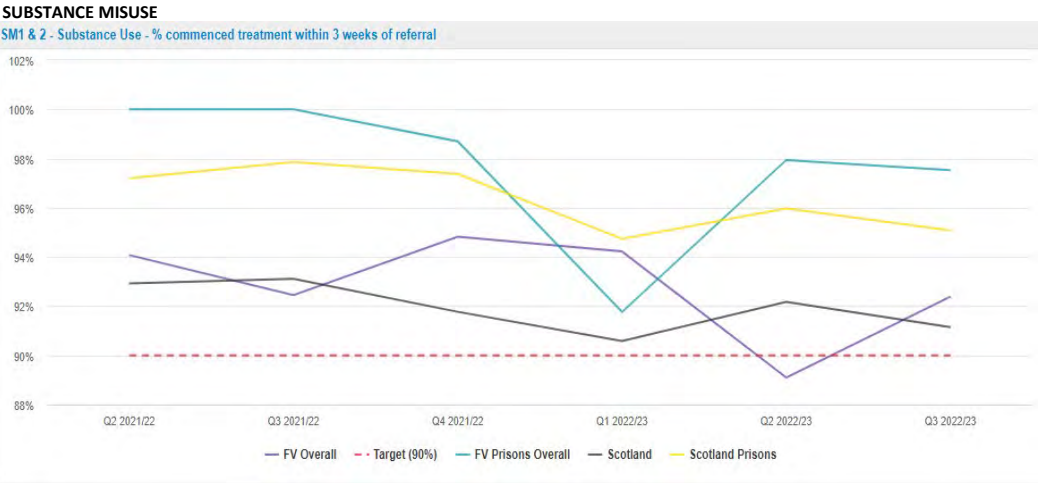
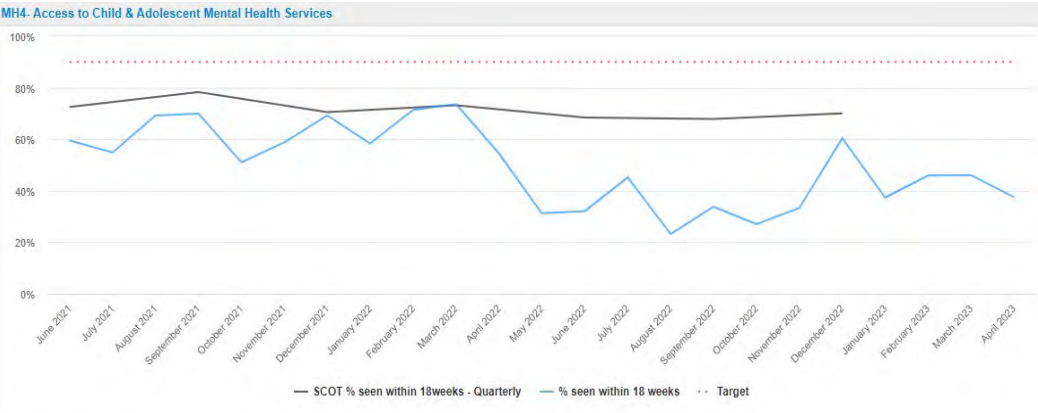
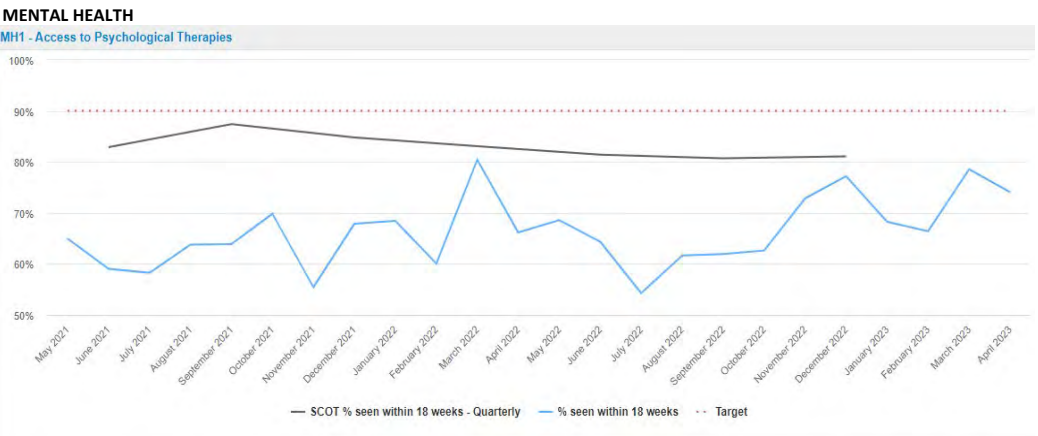
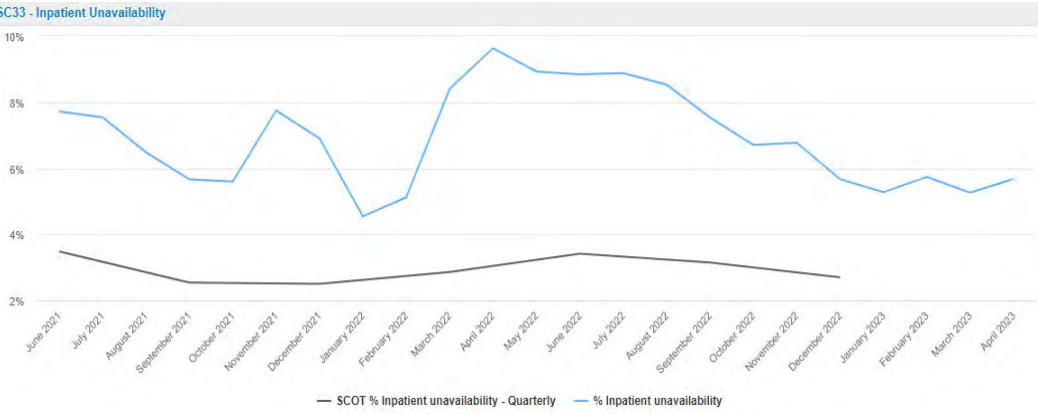


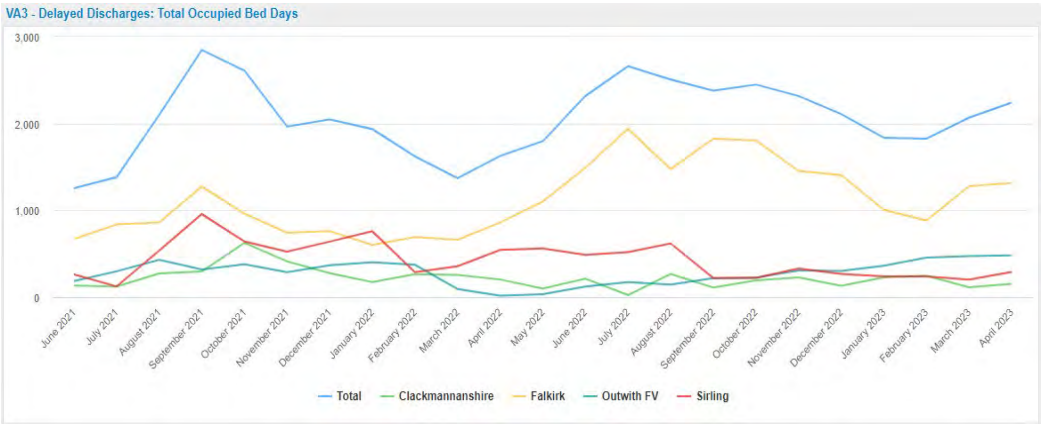
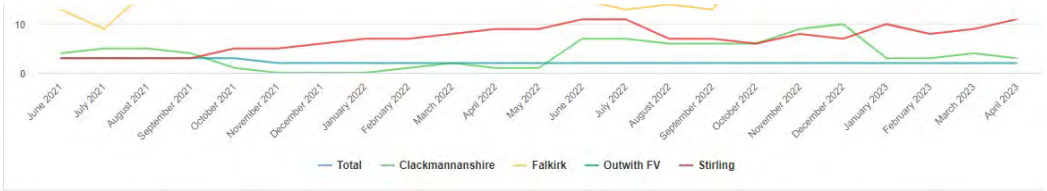
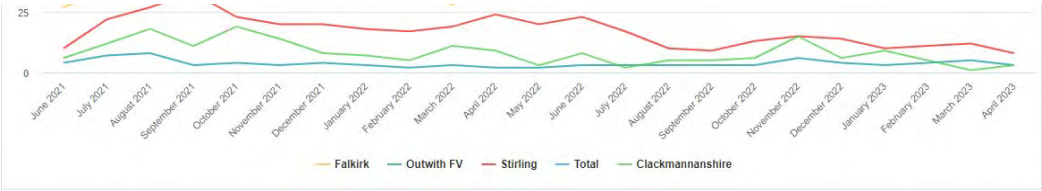
MONTHLY KEY PERFORMANCE GRAPH

BETTER CARE  
UNSCHEDULED CARE









**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

### **7.3 Person Centred Complaints and Feedback Report – March 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**

*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 has been reported on the basis that we are achieving the Key Performance Indicators as set by the Scottish Government.

#### **Key Issues to be Considered**

- The 20 day performance target for the period April 2022 – March 2023 is 74.5%, with the March performance at 56.5%.
- It is noted that the performance for Stage 1 is 85.6%, and Stage 2 performance is 43.2% for the period 1 April 2022 – 31 March 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

X N/A

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

### **Quality / Patient Care Implications**

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: *(please tick relevant box)*

x 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 Complaints and Feedback Report – March 2023



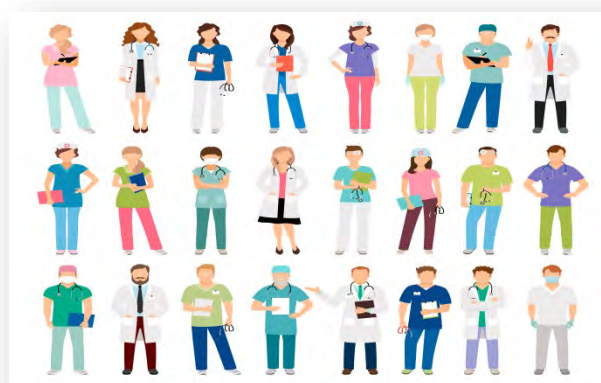


## Person Centred Health & Care Strategy

2017– 2019

"What matters to you, matters to us."

## At a glance 2022/23



**1,963 COMPLAINTS**  
received during April –  
March 2023- **74.5%** YTD  
Performance.

**March Performance –  
56.5%**



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

49 Cases went to the SPSO, 17 cases  
currently under investigation:

- 30 - no investigation conducted
- 0 - Fully Upheld
- 0 - Partially Upheld
- 2 - Not Upheld



- 148 stories were shared on Care Opinion about NHS Forth Valley during February & March
- 89% of the stories were positive
- Stories have been read 12,065 times, averaging 82 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 March 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 – March 2023, a total of 2,034 complaints (including complaints transferred/withdrawn/consent not received) have been received indicating an increase of 25.7% compared to the same period the previous year. However, in comparison comparing to pre-pandemic complaints received in 2019/20 it is noted that there is a 12.1% increase on the number of complaints received. 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 – March 2023

Performance indicates that 1,963 complaints have been investigated during April – March 2023 achieving a performance figure 74.5% compared to a performance figure of 81.9% in the same period for 2021/22.

The table below provides a breakdown of performance month on month for the current year, and during March 2023, a total of 177 complaints have been investigated of which 56.5% 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 23.6% and Stage 2 complaints have increased by 29.6% compared to the same period during 2021/22.

The noted increase in the number of complaints received during April – March 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	64	79	1084
No Responded to in 5 days	111	89	67	83	100	80	73	69	64	72	51	69	928
% 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	79.69	87.34	85.61
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	75	69	59	80	76	98	879
No Responded to in 20 days	37	40	30	30	35	25	36	37	25	36	27	22	380
% responded to in 20 days	55.22	60.61	46.88	43.48	38.89	37.88	48.00	53.62	42.37	45.00	35.53	22.45	43.23
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	140	177	1963
No Responded to in 20 days	166	143	110	128	153	113	122	122	100	113	91	100	1461
% 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	65.00	56.50	74.43

To provide a further breakdown of performance, the undernoted table demonstrates the 20 day performance excluding prisons complaints. It is noted that overall performance for responding to complaints (excluding prisons) is 59.8% for 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	48	40	34	29	42	41	28	23	28	23	23	29	388
No Responded to in 5 days	48	40	34	29	42	41	28	23	27	22	23	28	385
% responded to in 5 days	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	96.43	95.65	100.00	96.55	99.23
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	63	62	59	63	86	62	69	67	56	75	71	93	826
No Responded to in 20 days	34	37	27	25	32	22	33	35	23	31	23	20	342
% responded to in 20 days	53.97	59.68	45.76	39.68	37.21	35.48	47.83	52.24	41.07	41.33	32.39	21.51	41.40
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	111	102	93	92	128	103	97	90	84	98	94	122	1214
No Responded to in 20 days	82	77	61	54	74	63	61	58	50	53	46	48	727
% responded to in 20 days	73.87	75.49	65.59	58.70	57.81	61.17	62.89	64.44	59.52	54.08	48.94	39.34	59.88

To provide a further breakdown of performance, the undernoted table demonstrates the 20 day performance for prison only complaints. It is noted that overall performance for responding to prison complaints is 98.1% for 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	81	63	46	69	76	67	58	62	48	55	41	50	716
No Responded to in 5 days	81	63	46	69	76	47	58	62	48	55	41	50	696
% responded to in 5 days	100.00	100.00	100.00	100.00	100.00	70.15	100.00	100.00	100.00	100.00	100.00	100.00	97.21
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	4	4	5	6	4	4	6	2	3	5	5	4	52
No Responded to in 20 days	3	3	3	5	3	3	3	2	2	5	4	2	38
% responded to in 20 days	75.00	75.00	60.00	83.33	75.00	75.00	50.00	100.00	66.67	100.00	80.00	50.00	73.08
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	85	67	51	75	80	51	64	64	51	60	46	54	748
No Responded to in 20 days	84	66	49	74	79	50	61	64	50	60	45	52	734
% responded to in 20 days	98.82	98.51	96.08	98.67	98.75	98.04	95.31	100.00	98.04	100.00	97.83	96.30	98.13





It is noted that there is an anomaly of one complaint in the above tables compared to the overall performance table. The Team are working to identify the anomaly.

## Complaint Key Performance Indicators RAG – March 2023

Detailed in the table below is an overview of the current performance against each of the Key Performance Indicators as at March 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	Mar -23		◀▶
KPI 2: Complaints Process Experience	Mar - 23		◀▶
KPI 3: Self Awareness and Training	Mar - 23		-
KPI 4: Total Number of Complaints Received	Mar - 23		▼
KPI 5: Complaint Closed at Each Stage	Mar - 23		▼



KPI 6: Complaints Upheld and Not Upheld	Mar - 23		▲
KPI 7: Average Times	Mar - 23		◀▶
KPI 8: Closed in Full within the Timescales	Mar - 23		▼
KPI 9: Number of Cases where an Extension is Authorised	Mar - 23		▼

Key to Performance Status		Direction of travel	
<b>RED</b>	Outwith 5% of	▼	Deterioration in period
<b>AMBER</b>	Within 5% of	◀▶	Position maintained
<b>GREEN</b>	On track or	▲	Improvement in period
<b>GREY</b>	No trajectory or	—	No comparative data

# Complaints

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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 3 themes of complaints received have been identified during February 2023 - March 2023 and a brief synopsis of learning from complaint themes is detailed below:

- 1      Communication – Not Being Given Full Information
  - Patient Relations Lead to remind staff of the importance of ensuring complainants understand the Stage 1 process and the significance of keeping patients and families informed regularly on the stage of their complaint.
- 2      Staff Attitude and Behaviour
  - Staff reflected on their attitude and manner and the lack of communication with the patient following their attendance to the Emergency Department.
- 3      Treatment – Poor Nursing Care
  - Staff reminded to maintain a professional manner in the presence of 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 49 cases relating to NHS Forth Valley complaints during April 2022 – March 2023. The table below provides detail of the outcomes as at 31 March 2023 from the investigations.

2022/23 SPSO Outcomes	Total Number
Fully Upheld	0
Partly Upheld	0
Not Upheld	2
No Investigation Conducted	30
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**

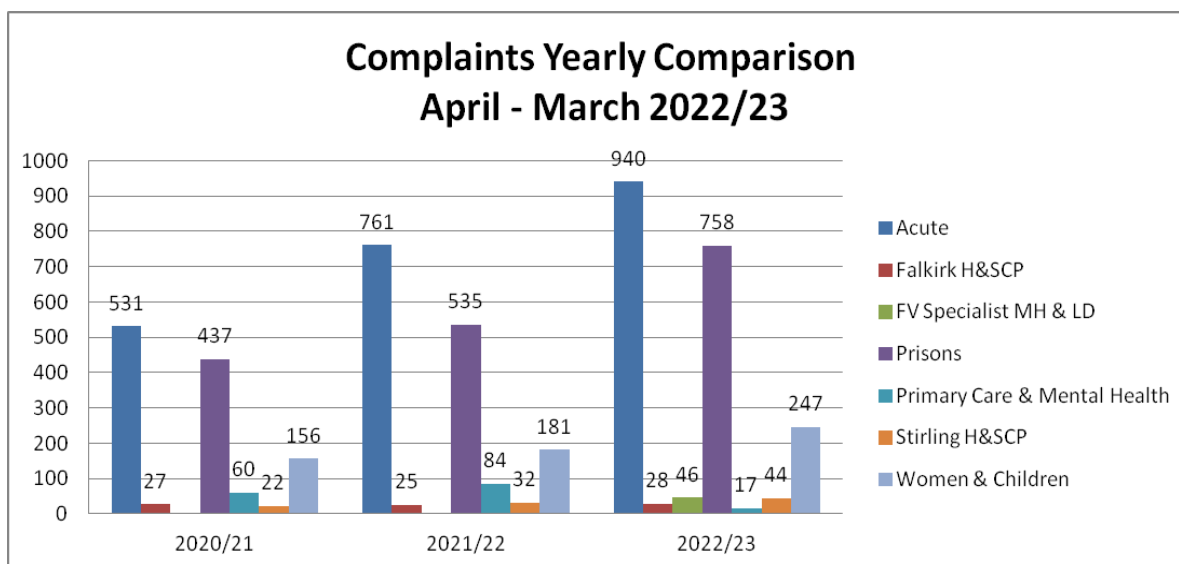
Moving forward our aim is to provide a report in this section that gives quantitative data relating to performance indicator 3.

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 – March 2023**

During the period April – March 2023, a total of 2,034 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.



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 is reflected in the above graph and 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 during the period April – March 2023. In comparison the number of complaints received represents 29.4% 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 – March 2023.

Complaints Type	Number of complaints closed at each stage	Number of complaints closed at each stage as a % of all complaints
Stage 1	1084	55.2%
Stage 2	837	42.6%
Stage 2 after escalation	42	2.2%

### 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 March 2023 is 1,084, the table below provides a breakdown of the formal outcome.

Stage 1	No. Of Complaints Closed	% of Complaints Closed at Stage 1
Upheld Complaints	90	8.3%
Not Upheld Complaints	935	86.3%
Partially Upheld Complaints	59	5.4%

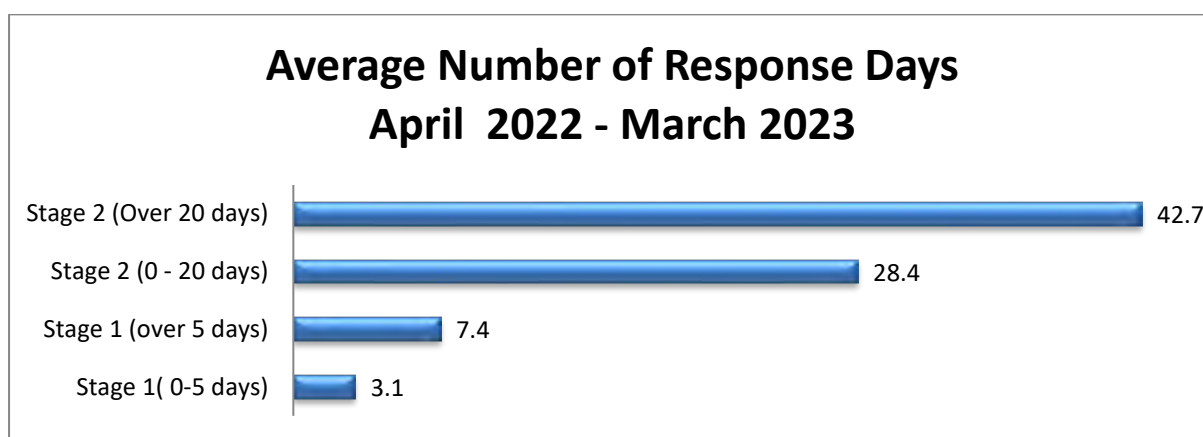
The total number of complaints closed at Stage 2 for the period 1 April 2022 – 31 March 2023 is 879, the table below provides a breakdown of the formal outcome. It is noted that 123 complaints remain open (as at 2 May 2023) and 15 complaints are awaiting an outcome decision.

Stage 2	No. Of Complaints Closed	% of Complaints Closed at Stage 2
Upheld Complaints	56	6.4%
Not Upheld Complaints	549	62.5%
Partially Upheld Complaints	136	15.5%

The figures in the above table does not reflect the total numbers of complaints received for stage 2 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

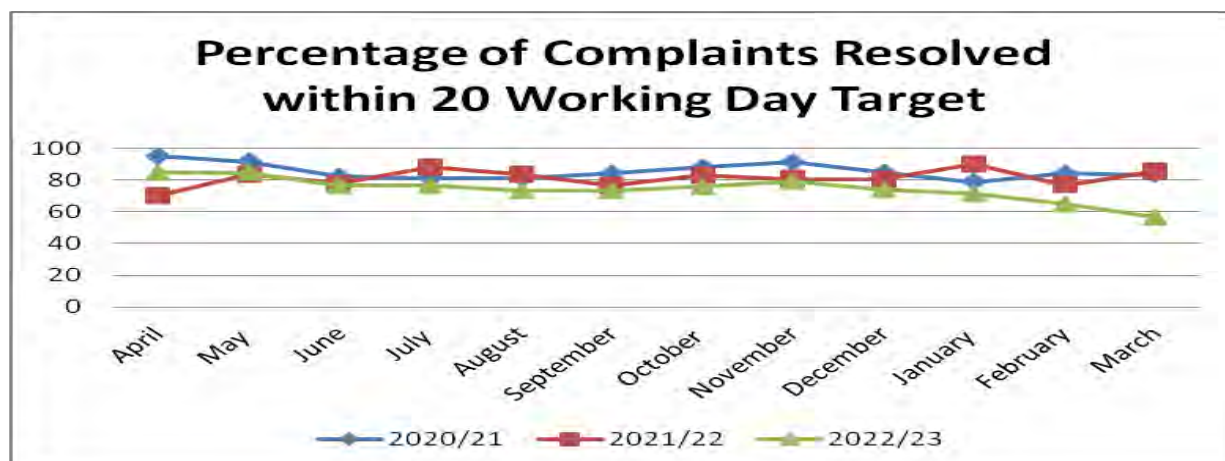
A reporting requirement of the Complaints Handling Procedure is to report on the average times in working days to close complaints at each stage of the CHP and a detailed breakdown is provided in the table below:



## Key Performance Indicator Eight: Closed in Full within the Timescales

### Overall Complaints Performance

In the period 1 April 2022 – 31 March 2023, 1,963 complaints have been investigated of which 74.5% 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 March 2023, a total of 177 complaints have been investigated of which 56.5% 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 March is provided. It is important to note April – March's Stage 1 activity has increased by 23.6% 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	64	79	1084
No Responded to in 5 days	111	89	67	83	100	80	73	69	64	72	51	69	928
% 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	79.69	87.34	85.61
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	75	69	59	80	76	98	879
No Responded to in 20 days	37	40	30	30	35	25	36	37	25	36	27	22	380
% responded to in 20 days	55.22	60.61	46.88	43.48	38.89	37.88	48.00	53.62	42.37	45.00	35.53	22.45	43.23
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	140	177	1963
No Responded to in 20 days	166	143	110	128	153	113	122	122	100	113	91	100	1461
% 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	65.00	56.50	74.43

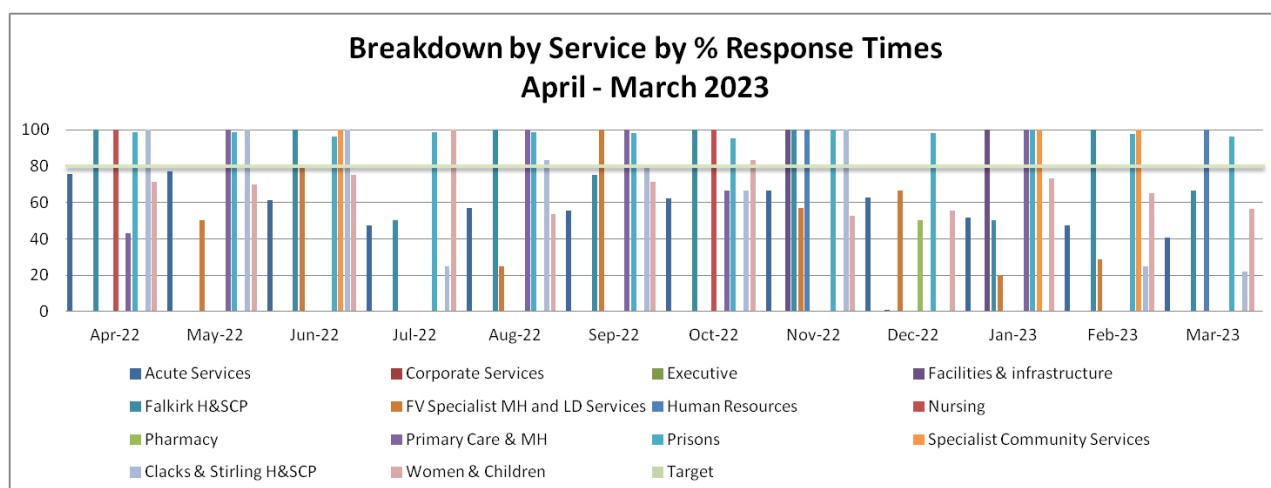
In addition, Stage 2 complaints have increased by 29.6% compared to same period in 2021/22 when the Scottish Government still has some lock down restrictions in place due to the COVID-19 pandemic and these have been eased moving forward into 2022/23.

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 – March 2023.



## 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 March 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	871	1084	67	117	7.7%	10.8%
Stage 2	678	879	295	464	43.5%	52.8%

## 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 March 2023
- Breakdown of the top theme by Service.
- Prison complaint update
- Breakdown of the complaints received by Department



Acute	13
Clacks & Stirling	2
Prisons	30
FV Specialist LD & MH	1

### Clinical Treatment/Problems with Medication/Prescribing

**Total 46**



Acute	46
Clacks & Stirling	7
Prisons	5
Women & Children	6

### Clinical Treatment/Poor Nursing Care

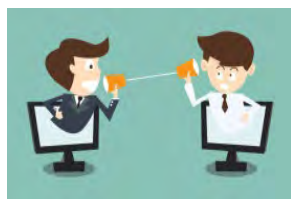
**Total 64**



Acute	17
FV Specialist LD & MH	1
Prisons	8
Stirling & Clacks H&SCP	2



<b>Waiting Time/Date of Appointment</b>	<b>Total</b>	<b>36</b>
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Acute	36
Falkirk H&SCP	1
FV Specialist LD & MH	1
Prisons	4
Stirling & Clacks H&SCP	4
Women & Children	9

<b>Communication – Not Given Full Information</b>	<b>Total</b>	<b>55</b>
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Acute	59
Clacks & Stirling H&SCP	10
Corporate	1
Falkirk H&SCP	2
FV Specialist LD & MH	3
Human Resources	1
Women & Children	12

<b>Staff Attitude &amp; Behaviour</b>	<b>Total</b>	<b>88</b>
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## 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 March 2023.

Directorate	Category	Total
Acute Services	Insensitive to Patient needs	31
Clacks & Stirling H&SCP	Insensitive to Patient Needs	6
Corporate	Insensitive to Patient Needs	1
Facilities & Infrastructure	Poor Communication Between Wards	1
	Signage	1
	Lack of Discharge Arrangements	1
Falkirk H&SCP	Insensitive Communication	1
	Patient & Family Not kept up-to-date	1
	Insensitive to Patient Needs	1
	Staff Attitude	1
	Delay in Scan/Test Results	1
FV Specialist MH and LD Services	Insensitive to Patient Needs	2

Human Resources	Staff Attitude	1
Nursing Directorate	All Points Raised Not Answered	1
Prisons	Problems with Medication/Prescribing	16
Women, Children & Sexual Health	Insensitive to Patient Needs	9

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.

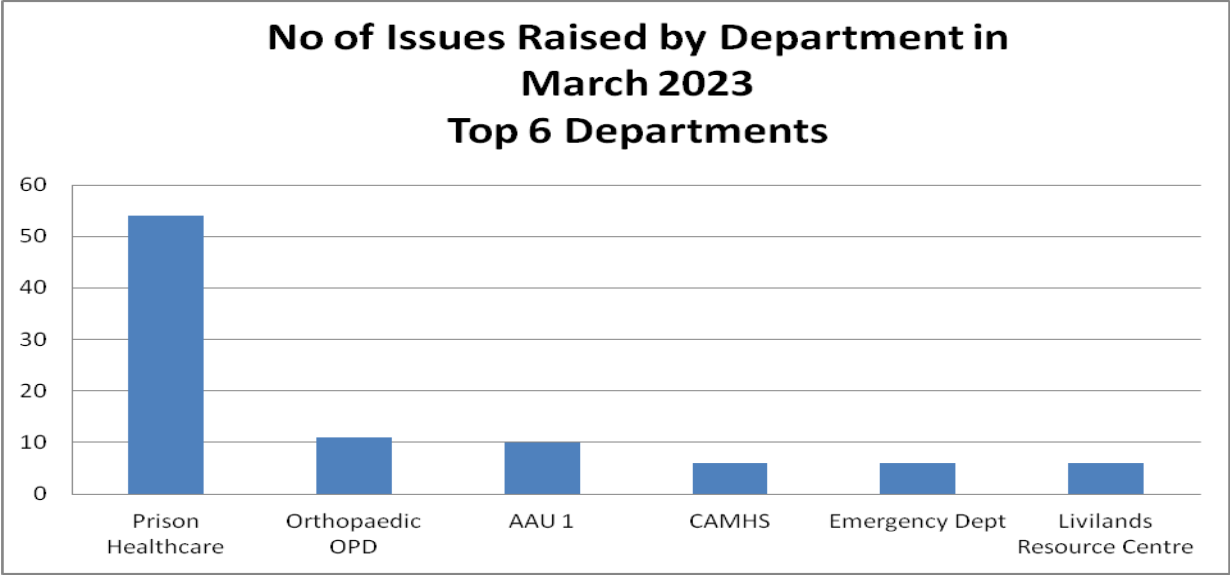
## Prison Healthcare

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 317 departments listed within the Safeguard database. During March 2023, 57 departments have received complaints. The top 7 departments are detailed in the graph below for March 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.



## 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.

### Inpatient 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.

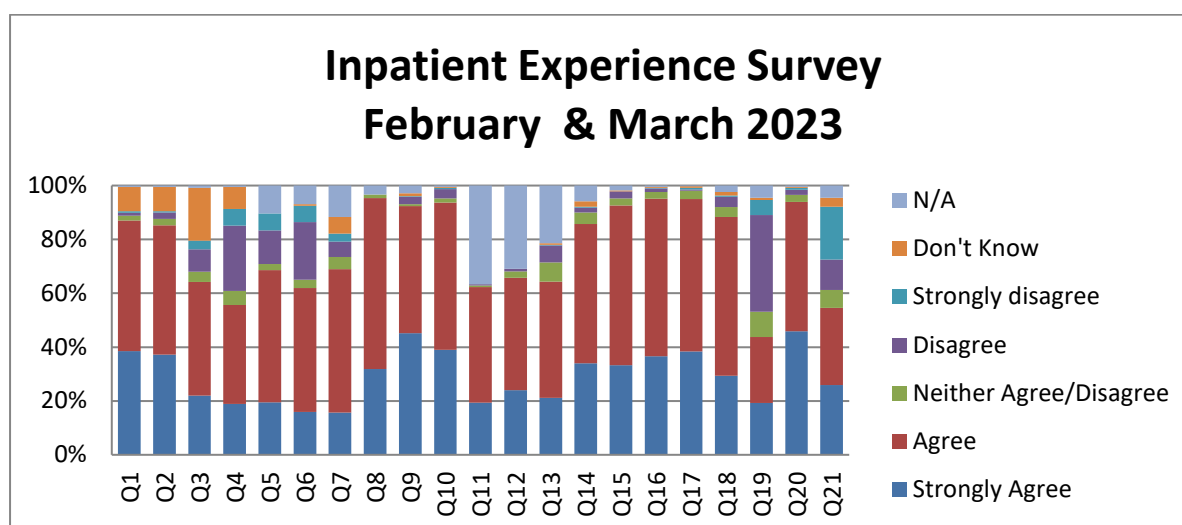
The following results show our patient feedback for the month of February and March 2023 across all in-patient areas in NHS Forth Valley. This data is collected on a weekly basis and is aggregated for purposes of this report. See below details of the top 3 positive results and the top 3 areas identified for improvement.

#### Top 3 Positive Results

1. 94% of patients had enough privacy when being examined/treated
2. 94% of patients were happy with their care
3. 93% of patient responded that the main room/ward area was clean

#### Top 3 areas for improvement

1. 41% of patients responded staff did not keep them informed
2. 35% of patients responded they were disturbed by noise at night from staff
3. 30% of patients responded staff did not ask "what matters to me?"



It is noted that 377 patients completed the survey during the month of January. A summary of actions to demonstrate improvements will be provided in a future report.

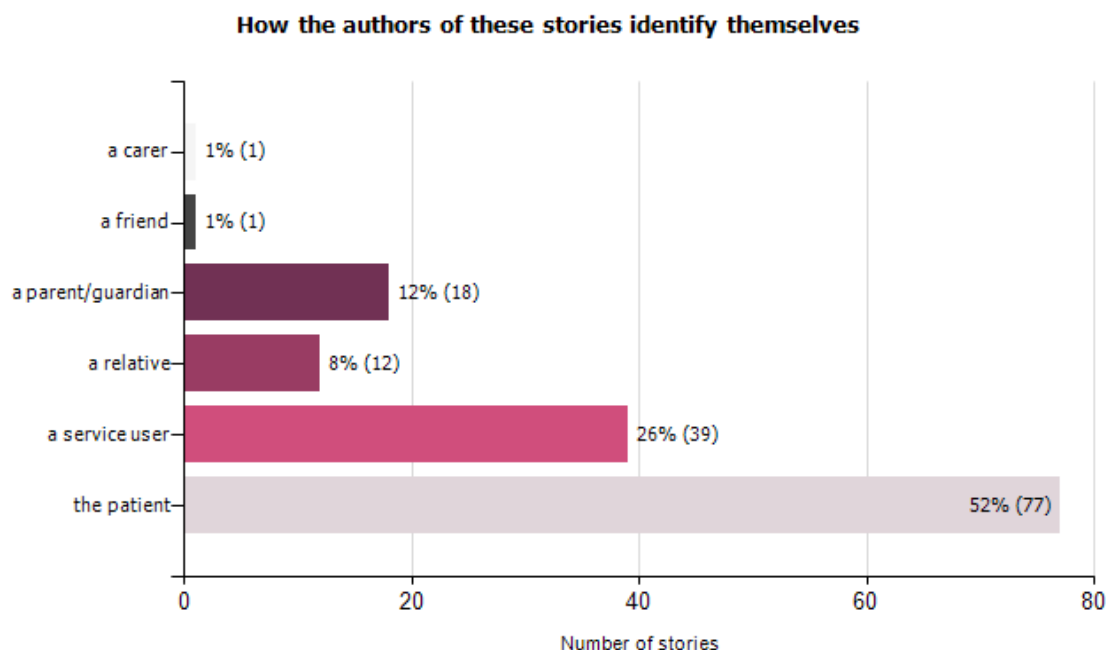
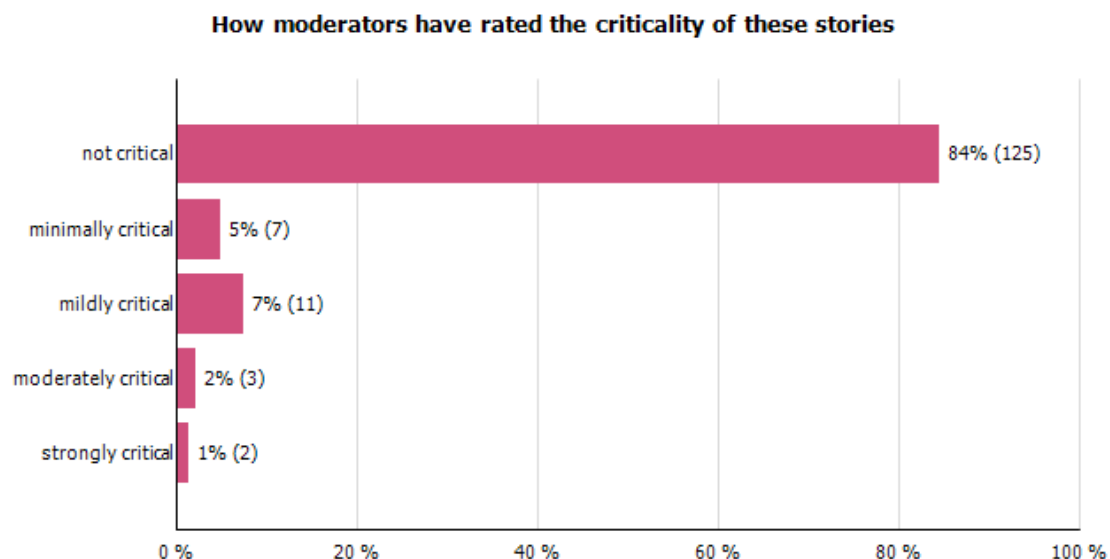


## Care Opinion

During the months of February and March 2023 we have received 148 Care Opinion stories, to date the stories have be read 12,065 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, 89% of stories posted were rated as non critical/minimally critical

Table 2: 78% of stories were posted by patients/service users.



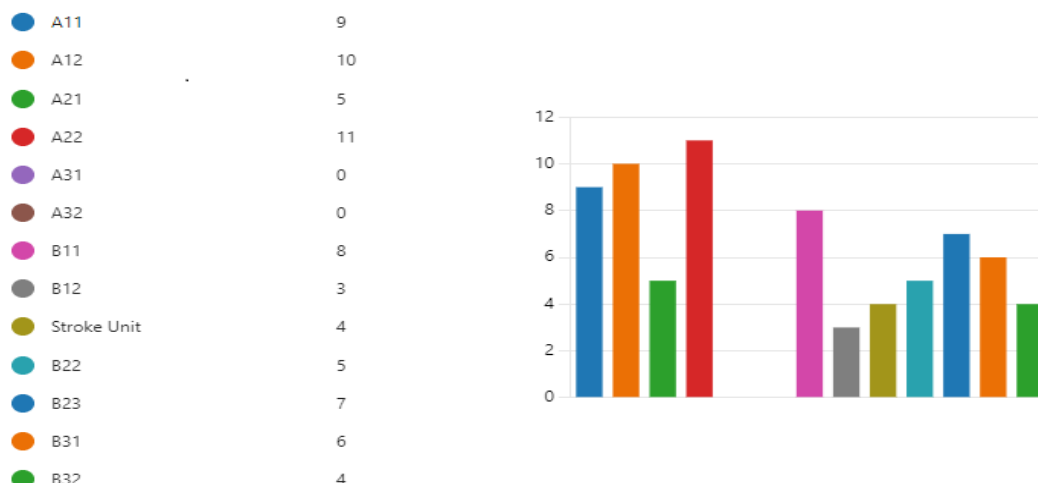




## Additional Bed Patient Experience

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 March 2023, seventy two patients completed the patient experience survey.



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](#)

[Insights](#)

Treatment Room	27
Extra bed in 4 bedded bay (5th ...	45
Other (Please detail)	0



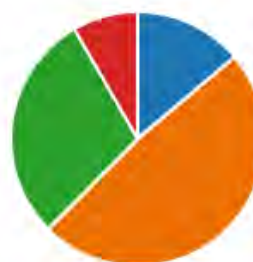
- 62.5% of patients participating in the survey were patients in the 5<sup>th</sup> bed of the 4 bedded bays
- 37.5% of responses were from patients in treatment rooms



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

[More Details](#)

Less than 24 hours	10
2 - 3 days	35
3 - 7 days	21
7 - 14 days	6

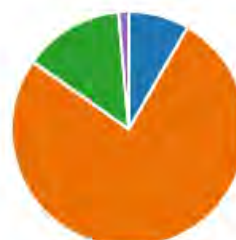


- 14% of patients responded were **less than 24 hours** in the additional bed area
- 49% of patients responded were **2 to 3 days** in the additional bed area
- 29% of patients responded were **3 to 7 days** in the additional bed area
- 8% of patients responded were 7 to 14 days in the additional bed area
- 50% responded they **strongly agreed** they had privacy when discussing care and treatment

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

[More Details](#)

Strongly Agree	6
Agree	55
Disagree	10
Strongly disagree	0
Neutral	1



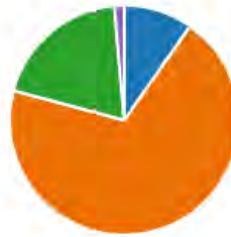
- 8% responded they **strongly agreed** they had privacy when discussing care and treatment
- 76% responded they **agreed** they had privacy when discussing care and treatment
- 14% responded they **disagreed** they had privacy when discussing care and treatment
- 1% neither **agreed or disagreed** they had privacy when discussing care and treatment.

**Feedback** – a number of patients highlighted that there are gaps in the privacy screens. Concerned others could see in through the gaps.

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

[More Details](#) [Insights](#)

Strongly Agree	7
Agree	50
Disagree	14
Strongly disagree	0
Neutral	1



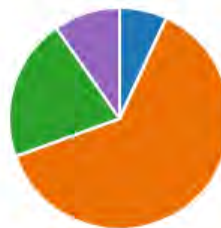
- **10%** of patients **strongly agreed** they had privacy when personal care was being provided
- **69%** of patients **agreed** they had privacy when personal care was being
- **19%** of patients **disagreed** they had privacy when personal care was being provided
- **0%** of patients **strongly disagreed** they had privacy when personal care was being provided
- **1%** 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 and the privacy screens had gaps that people could see through.

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

[More Details](#) [Insights](#)

Strongly Agree	5
Agree	45
Disagree	15
Strongly disagree	0
Neutral	7

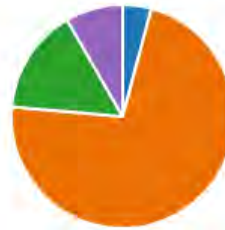


- **7%** patients **strongly agree** they were not disturbed by noise at night by other patients
- **63%** patients **agree** they were not disturbed by noise at night by other patients
- **21%** patients **disagreed** they were not disturbed by noise at night by other patients
- **9%** of patients **neither agreed/disagreed** that they were disturbed by noise at night by other patients

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

[More Details](#)

Strongly agree	3
Agree	52
Disagree	11
Strongly disagree	0
Neutral	6



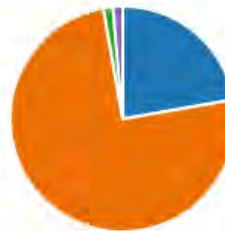
- 4% of patients **strongly agree** they were not disturbed by noise at night by staff
- 72% of patients **agree** they were not disturbed by noise at night by staff
- 15% of patients **disagreed** they were not disturbed by noise at night by staff
- 8% of patients **neither agreed/disagreed** they were not disturbed by noise at night by staff

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

[More Details](#)

[Insights](#)

Strongly agree	16
Agree	54
Disagree	1
Strongly disagree	0
Neutral	1

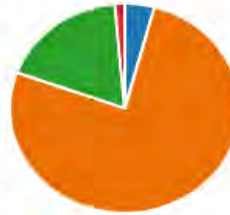


- 22% of patients **strongly agreed** they felt safe during their time on the ward
- 75% of patients **agreed** they felt safe during their time on the ward
- 1% of patients **disagreed** they felt safe during their time on the ward
- 1% of patient's **neither agreed/disagreed** they felt safe during their time on the ward

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

[More Details](#)

Strongly agree	3
Agree	55
Disagree	13
Strongly disagree	1
Neutral	0

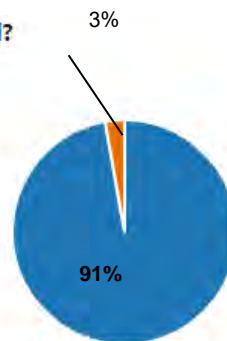


- **4%** of patients **strongly agreed** they were given an explanation about being in an additional bed space
- **76%** of patients **agreed** they were given an explanation about being in an additional bed space
- **18%** of patients **disagreed** they were given an explanation about being in an additional bed space
- **1%** of patients **strongly disagreed** they were given an explanation about being in an additional bed space

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

[More Details](#)

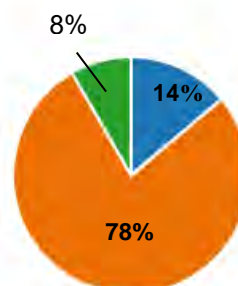
Yes	70
No	2



12. The staff listened to me when I raised any concerns

[More Details](#)

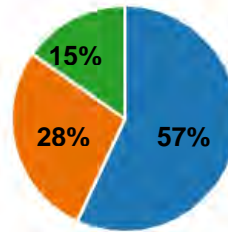
Strongly agree	10
Agree	56
Disagree	6
Strongly disagree	0



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

[More Details](#)

Fully addressed	41
Partially addressed	20
Not addressed	11



14. Can you tell us what has been good about your time on the ward?

- 52% of the patients that completed the survey responded to this question. On analysis of the feedback the top themes include.
  - Staff are friendly
  - The food is very good

16 respondents (42%) answered **Staff** for this question.



Patient Comments:-

*The staff looked after me when I was upset."*

*"I have made a friend"*

*"All the staff have been great, nice nurses."*

**Q15. Is there anything that could be done to improve your experience while being on the ward?**

50% of the patients that completed the survey responded to this question. On analysis of the feedback the areas for improvement include

- Space and more privacy
- Improve the privacy screens
- Access to own television

4 respondents (11%) answered **share TV** for this question. \*\*\*



**Patient Comments:**

*"Having a TV, more space and privacy"*

*The buzzers go off constantly, very loud, can they be turned down a bit?"*

*"No entertainment, i.e. no TV or radio, no bathroom, need to go up the corridor to access"*

## 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, 20 surveys were completed during the month of March 2023.

### 2. Referral Pathway

[More Details](#)

[Insights](#)

Self Referral	16
NHS Referral (eg NHS 24)	4
GP Referral	0
Other (Please List)	0

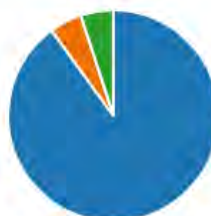


### 3. I was welcomed

[More Details](#)

[Insights](#)

Strongly Agree	18
Agree	1
Neither Agree/Disagree	1
Disagree	0
Strongly Disagree	0

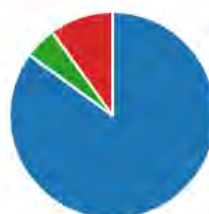


### 4. Staff introduced themselves

[More Details](#)

[Insights](#)

Strongly Agree	17
Agree	0
Neither Agree/Disagree	1
Disagree	2
Strongly Disagree	0



### 5. I was kept informed how long I would wait to be seen by a nurse/doctor

[More Details](#)

[Insights](#)

Strongly Agree	13
Agree	1
Neither agree/disagree	1
Disagree	5
Strongly disagree	0



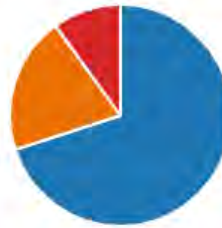


6. Once seen by nurse/doctor, I was kept informed about what was happening to

[More Details](#)

[Insights](#)

Strongly Agree	14
Agree	4
Neither agree/disagree	0
Disagree	2
Strongly disagree	0

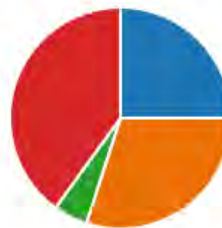


7. I knew who was in charge of my care

[More Details](#)

[Insights](#)

Strongly agree	5
Agree	6
Neither Agree/Disagree	1
Disagree	8
Strongly disagree	0

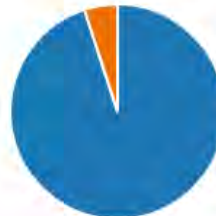


8. I felt staff listened to me if I had concerns or questions

[More Details](#)

[Insights](#)

Strongly agree	19
Agree	1
Neither agree/disagree	0
Disagree	0
Strongly disagree	0

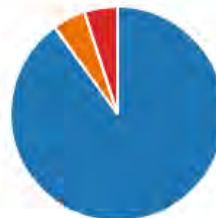


9. The nurse/doctor discussed my condition/treatment in a way that I could understand

[More Details](#)

[Insights](#)

Strongly Agree	18
Agree	1
Neither agree/disagree	0
Disagree	1
Strongly disagree	0





10. I had enough privacy when I was being examined

[More Details](#)

[Insights](#)

Strongly agree	19
Agree	0
Neither agree/disagree	1
Disagree	0
Strongly disagree	0

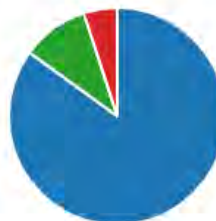


11. I was able to access adequate pain relief when I needed it

[More Details](#)

[Insights](#)

Strongly agree	17
Agree	0
Neither agree/disagree	2
Disagree	1
Strongly disagree	0



12. I felt safe during my time in the Emergency Department

[More Details](#)

Strongly Agree	20
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	17
Agree	3
Neither agree/disagree	0
Disagree	0
Strongly disagree	0



#### Q14. What could have made your experience better?

- 35% of patients that took part in the survey responded, 29% of the patients mention staff



#### Patient comments:-

“Phoned 999 and spoke with staff, information not shared with staff thought they were going to come in through ambulance entrance and not waiting area”

“Give realistic timescales when speaking to relatives to manage expectations, need more staff”

#### 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.



#### 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 102 during the month of March 2023.

The table below gives a small example of the support the team provides and feedback from the patients and their families.

Support Provided
Department okay, apologised to family who were waiting on a bed, frustrated with length of wait, doctor arrived to update family.
Spent time with mum and daughter, chatted about experience and how quickly they had been seen and how lovely and kind all the staff were and about mum's experience in care home.
Department okay, patients all thankful for kindness and care shown by staff. One family unhappy with length of time waiting on bed apologised to them for length of wait. Doctor arrived to chat to family.
Spent time and chatted with patients apologised for length of wait for beds, patients understanding, grateful for kindness and support shown by staff. One patient unhappy and wanting to see doctor, advised by staff doctor reviewing patients notes and would be with them shortly. Lady remained unhappy, staff doing all they can to support lady, Lady generally unhappy and no matter what I said or support shown by staff she remained unhappy.
Gentleman very supportive of care shown by staff, provided tea for another patient waiting to go home.
Spent time with patient and husband, very grateful for care shown to them by staff.
Gentleman around nurse's station kept removing blanket and re-assured gentleman by saying to keep covered for his dignity.
Department very busy, all patients understanding of pressures on department. Staff very supportive above and beyond, understanding.
Spoke with father and son very complimentary towards staff, spent time with them and chatted about family support.
Chatted with relative re care of patient and situation they are in. Provided sandwich and tea. Very thoughtful towards staff and support shown for them.
Provided a chair for relative. Sandwich and Tea for patient who had been in early in the morning, very understanding of length of wait to be seen in department.
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.

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 to the nurse in charge and is dealt with.



## **Expressions of Care – Patient Feedback**

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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.



### **Maternity**

I'm writing this as I feel ready to now, recently myself and my partner went through the loss of our son in a way we never imagined. I can't express how we feel in regards to how we were treated from start to finish.

We would like to thank Dr Nicola Miller for her compassion and kindness towards us. She is nothing short of fantastic and explained everything in great detail in regards to what was going to happen and how best to handle it.

A massive thank you to all the midwives we met on 31st January 2023 in these tragic circumstances you all deserve a medal and a massive pay rise for what you do for others.

A huge thank you in particular to Vanessa, the sheer amount of support you gave me in those final moments I'll never forget and I'm eternally grateful for you. You are an absolute credit to the NHS and you deserve to be recognised with immense respect. Thank you.

### **AAU & Ward B32**

My 84 year old mum had a recent emergency admission firstly to AAU then to ward B32. She had a tear in her oesophagus and needed emergency treatment for this. Her admission was complicated by chronic back pain and heart failure.

The care she received was outstanding, from the initial call to NHS 24, the ambulance staff – Jim and Rosie, the domestics, housekeepers, nursing assistants, nurses, doctors, porters, x-ray staff, receptionists – everyone was so caring and compassionate. My mum said that everyone was very kind and helpful to her. Luckily for our family mum is continuing her recovery at home now. While the NHS is struggling in present times we as a family have been overwhelmed by the superb care mum has received. Heartfelt thanks to forth valley NHS and all staff.

### **Endoscopy**

Yesterday, I had an endoscopy and feel I have to write to commend the team involved. They were, frankly, quite brilliant in every aspect from walking in the door all the way through the process. The level of care shown and putting the patient uppermost was humbling. I know this procedure is just another day at the office for

them but that couldn't be further from my experience. I felt they were there for me and only me. Please pass my thanks again for their attention and care.

## 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.

## 7.4 Whistleblowing Standards and Activity Report For Assurance

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

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

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### Executive Summary

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them, and which meet the definition of a 'whistleblowing concern'.

The standards are applicable across all NHS services and are accessible to anyone working to deliver an NHS service, whether directly or indirectly. This includes current and former employees, bank and agency workers, contractors, including third sector providers, trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

The National Whistleblowing Standards and Once for Scotland Whistleblowing Policy were introduced on 1 April 2021, and it is a requirement of the Standards to report Whistleblowing Performance to the NHS Board on a quarterly and an annual basis.

### Recommendation

The NHS Board is asked to: -

- **note** Whistleblowing performance in NHS Forth Valley in Quarter 3 of 2022/23

### Key Issues to be Considered

#### 1. Purpose of the Paper

- 1.1 This paper is presented to the NHS Board to provide an update on the Whistleblowing Performance in NHS Forth Valley during Quarter 3 (Q3) 2022/23.

#### 2. Position

- 2.1 The standards were introduced on 1 April 2021 and a significant amount of work was and continues to be undertaken to ensure that the standards are fully implemented across NHS Forth Valley.
- 2.2 NHS Forth Valley's approach to the implementation of the standards was key to ensuring that staff feel safe, supported, and have confidence in the fairness of the processes should they feel the need to raise concerns. NHS Forth Valley's local guide which sets out the procedures for raising a concern under the national Whistleblowing Standards is available to NHS staff.
- 2.3 NHS Forth Valley are currently expanding the number of Confidential Contacts and Lead Investigator across the organisation to support whistleblowing. These staff will be supported to develop their knowledge and skills in relation to whistleblowing.

2.4 Work continues to promote the TURAS training modules and encourage staff to complete the training appropriate to their roles and responsibilities.

### 3 Whistleblowing Performance

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

3.2 NHS Forth Valley have in place a Performance Management system (Pentana) which supports the organisation in using appropriate and accurate data to inform and support performance management and improvement. Work is currently underway to capture and report performance against the KPI's using this system. This section of the report will evolve overtime.

#### Whistleblowing Key Performance Indicators RAG status

The table below provides a summary of each of the Key Performance Indicators. Progress on each of the indicators is provided throughout the report.

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

#### Key Performance Indicator One: Learning from Whistleblowing Concerns

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

Whistleblowing numbers remain relatively low but continue to increase and this is testing the processes. It is worthwhile noting that the main themes in quarter 3 include Culture and Leadership.

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

#### Independent National Whistleblowing Officer (INWO)

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

The INWO has received 1 case relating to NHS Forth Valley Whistleblowing concerns during Q3. The table below provides detail of the outcomes as at quarter 3 2022 from the investigations:



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

### **Key Performance Indicator Two: Whistleblowing Procedure Experience**

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

Currently any individual wishing to have concerns considered under the Whistleblowing procedure is supported and followed up by the confidential contacts. Feedback is sought from reporters on the use of the process which will allow us to further develop our local processes. Furthermore, a Whistleblowing Network has been established to create the space for shared learning in relation to further refining the process.

### **Key Performance Indicator Three: Self Awareness and Training**

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

The table below provides an overview of numbers of staff who have completed the training to date, and it is worthwhile noting that numbers have significantly increased since the last update in Q2 2022.

<b>Whistleblowing Training</b>	<b>Numbers</b>
All Staff "an overview"	2441
Line Manager	57
Senior Manager	93

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

### **Key Performance Indicator Four: Total number of Concerns Received**

During Q3 there was 0 cases considered and investigated under Stage 1 and 5 cases under Stage 2 of the Whistleblowing procedure.

The table below details the number of concerns received during Q3.

<b>Concerns Type</b>	<b>Number of Concerns</b>	<b>Number of concerns closed at each stage</b>
<b>Stage 1</b>	0	0
<b>Stage 2</b>	5	3
<b>Stage 2 after escalation</b>	0	0

### Key Performance Indicator Five: Concerns Closed at Each Stage

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

Concerns Type	Number of concerns closed at each stage
Stage 1	0
Stage 2	3
Stage 2 after escalation	0

### Key Performance Indicator Six: Concerns Upheld and Not Upheld

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

The table below provides a breakdown of the formal outcome of the total number of concerns closed at Stage 1 during Q3.

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

The table below provides a breakdown of the formal outcome of the total number of concerns closed at Stage 2 during Q3.

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

### Key Performance Indicator Seven: Average Times

A reporting requirement of the Whistleblowing Procedure is to report on the average times in working days to close concerns at each stage and a detailed breakdown is provided in the table below during Q3:

Closed Concerns	
Stage 1	Not applicable during Q3
Stage 2	72 working days

It is recognised that the timeframes for completion is an issue and this is being considered by the executive lead for whistleblowing and how we can mitigate this risk. The current arrangements are being stress tested and the small numbers of confidential contacts and lead investigators is proving to be challenging, therefore the investment in additional staff to undertake these roles has been instigated. This section of the report will continue to be developed overtime as activity increases.

## Key Performance Indicator Eight: Closed in Full within the Timescales

### Overall Whistleblowing Performance - Stage 1 and Stage 2

During Q3 there was 0 concerns investigated under Stage 1 of the Whistleblowing procedure and 5 concerns under Stage 2.

A breakdown of the numbers of concerns received and investigated at each stage during Q3 is detailed in the table below:

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

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

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

The table below details the number of concerns whereby an extension has been authorised against the total number of concerns received at each stage. As stated above the timeline for completion is a concern and is being reviewed.

Concerns Type	Extension
Stage 1	Not applicable during Q3
Stage 2	4
Stage 2 after escalation	Not applicable

## 4 Conclusion

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

4.2 NHS Forth Valley strive to ensure that staff feel safe, supported, and have confidence in the fairness of the process whilst raising their concerns under the whistleblowing procedure. A current focus is to expand the number of Confidential Contacts and Lead Investigator across the organisation to support the Whistleblowing process, as well as develop a network to support confidential contacts and lead investigators to learn from anonymised whistleblowing concerns and to develop the processes as a result.

4.3 Furthermore work is underway to build into NHS Forth Valley's approach an ongoing impact evaluation and learning system with feedback and improvements captured and

shared as its core to build the confidence of the staff in these new standards overtime. This work will evolve overtime as activity increases.

## **Implications**

### **Financial Implications**

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

### **Workforce Implications**

An interim model of corporate support was initially agreed for the implementation of the standards and ongoing co-ordination of the Whistleblowing process. This post was and continues to be supported within the NMAHP directorate. As Whistleblowing increases it is evident that there is a need for further support and a paper is being developed to request funding for additional admin support.

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

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

### **Infrastructure Implications including Digital.**

None

### **Sustainability Implications**

None

### **Sustainability Declaration**

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

- ☐ Yes
- ☒ N/A

### **Quality / Patient Care Implications**

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

### **Information Governance Implications**

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

### **Risk Assessment / Management**

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

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

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

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

### **Relevance to Strategic Priorities**

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

### **Equality Declaration**

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

Further to an evaluation it is noted that:

- Screening completed - no discrimination noted.

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

### **Communication, involvement, engagement and consultation**

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

- Staff Governance Committee

### **Additional Information**

None

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

## 8.1 Finance Report For Assurance

**Executive Sponsor:** Mrs Cathie Cowan, Chief Executive

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

### Executive Summary

This report provides a high-level summary of the financial results for the first month of the 2023/24 financial year.


### Recommendations

The NHS Board is asked to:

- **note** the progress on the 2022/23 Annual Accounts process.
- **note** the 2023/24 Month 1 revenue overspend of £1.9m and balanced capital position as at 30 April 2023.
- **note** the significant level of financial risk for 2023/24. The current year to date revenue overspend is broadly in line with the projected year end deficit of £15.6m as previously reported to the NHS Board for 2023/24.
- **note** the requirement to submit further information to the Scottish Government by 30 June on further actions the NHS Board will take to reduce the £15.6m deficit for 2023/24 as far as possible.

### Assurance

Proposed assurance level:

Level of Assurance	System Adequacy	Controls
<b>Reasonable Assurance</b> 	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

#### 2022/23 Financial Position

The finance report presented to the Performance and Resources Committee on 28 April 2023 set out the draft 2022/23 financial position and confirmed delivery of financial targets subject to External Audit review, delivery of final funding allocations and confirmation of IJB outturn positions.

2022/23 annual accounts have been drafted in line with the agreed timetable and the External Audit review of financial statements is currently in progress. Draft audited annual accounts and annual

audit reports will be considered by the Audit and Risk Committee on 20 June 2023 and presented for approval at the NHS Board on 23 June 2023.

### 2023/24 Financial Position

The 2023/24 Financial Plan approved at the NHS Board meeting on 28 March 2023 set out an initial £40.6m deficit partly offset by a £25m savings plan, with a projected £15.6m residual gap for the year. A detailed savings plan was presented to the Performance and Resources Committee on 28 April 2023, with a further update scheduled to be presented at the next meeting in June and thereafter to Scottish Government.

The Scottish Government has acknowledged our 3-year financial plan submission and have requested feedback on the following 4 actions in respect of the 2023/24 position by 30 June 2023:

- Develop a plan to deliver 3% recurring savings in 2023-24 and develop options to meet any unidentified or high-risk savings balance.
- Development of other measures to be taken to further reduce the financial gap.
- Define steps to reduce continued Covid-19 related expenditure.
- Provide an update on the financial risks outlined within the financial plan to assess likelihood of these materialising and the impact these could have on the Board's outturn.

A £1.9m revenue overspend is reported for the first month of the 2023/24 financial year. This is broadly in line with a £15.6m full year projected deficit as previously reported to the NHS Board and reflects ongoing impact of key financial pressures previously set out in the financial plan.

Work is ongoing to reduce the financial gap and mitigate financial risks as far as possible and the output of a detailed 'deep dive' into the strategic financial sustainability risk was presented to the Performance and Resources Committee in April.

### **Implications**

#### **Financial Implications**

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

#### **Workforce Implications**

There are no immediate workforce implications associated with this report. However, it is recognised that Workforce accounts for around half of our total operating expenditure and is therefore a key financial risk area and a major element of our cost improvement plan.

#### **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 impact of ongoing operational service and capacity pressures operational significant and uncertainty surrounding a number of key financial planning assumptions at this early stage in the financial year.

### **Relevance to Strategic Priorities**

This report outlines the total resources to meet the NHS Board’s strategic priorities in the 2023/24 financial year. 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: *(please tick relevant box)*

- Paper is not relevant to Equality and Diversity

### **Communication, involvement, engagement and consultation**

This report was prepared in consultation with Senior Finance colleagues.

### **Additional Information**

N/A

### **Appendices**

N/A



## 1.0 OVERVIEW OF MONTH 1 FINANCIAL RESULTS

### 1.1 Revenue year to date results as at 30 April 2023

An overspend of £1.9m is reported for the first month of the financial year as summarised in table 1 below.

Annual Budget £m	TABLE 1: NHS Forth Valley 2023/24 Financial performance	Apr Budget £m	Apr Expenditure £m	Underspend/ (Overspend) £m
	<b><u>Set Aside &amp; Non-Delegated Functions*</u></b>			
218.324	Acute Services	18.668	20.419	(1.751)
56.505	Women & Children's	5.125	5.189	(0.064)
60.945	Cross Boundary Flow/External SLAs	5.132	5.174	(0.042)
34.616	Non-delegated Community Services	3.089	3.397	(0.308)
116.779	Facilities and Infrastructure	9.930	9.927	0.003
35.215	Corporate Functions	2.626	2.618	0.008
20.301	Ringfenced and Contingency Budgets	0.405	0.000	0.405
(29.150)	Income	(2.307)	(2.308)	0.001
<b>513.535</b>	<b>Sub total</b>	<b>42.668</b>	<b>44.416</b>	<b>(1.748)</b>
	<b><u>Delegated Functions</u></b>			
124.387	Operational Services	11.374	11.011	0.363
165.855	Universal Services	13.897	14.457	(0.560)
<b>290.242</b>	<b>Sub total</b>	<b>25.271</b>	<b>25.468</b>	<b>(0.197)</b>
<b>803.777</b>	<b>TOTAL</b>	<b>67.939</b>	<b>69.884</b>	<b>(1.945)</b>

\* 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 £513.535m above is £72.358m. An oversepnd of £1.287m is reported against this budget at month one.

In arriving at this position, a number of outstanding revenue allocations have been anticipated and included in the month 1 budgets pending confirmation from the Scottish Government. The key assumption relates to funding for pay awards (in relation to the recurring full year effect of the 22/23 and 23/24 Agenda for Change and Medical and Dental pay awards). Clearly, there is a degree of risk attached to all anticipated allocations until such time as they are formally agreed by the Scottish Government.

In the meantime, an overspend of £1.9m is reported against budget for the month of April. This reflects ongoing capacity and staffing pressures across the whole system (particularly in relation to the Acute Site in terms of additional supplementary staffing costs to cover sickness absence, vacancies and contingency areas) combined with increases in medicines costs across both hospital and primary care settings. Ongoing covid legacy costs is also a factor. Expenditure on this latter point is expected to reduce in coming months given the recent national withdrawal of a range of covid measures (including the extended use of facemasks in healthcare and social care settings with effect from 16 May 2023).

At the same time, work is underway to deliver the approved savings plan as summarised in table 2 overleaf. Detailed monitoring arrangements are currently being designed to ensure progress can be robustly tracked throughout the year, with progress reports to be routinely presented to the Executive Leadership Team.

<b>TABLE 2: savings category (Set Aside &amp; non-delegated services only)</b>	<b>Rec £000s</b>	<b>Non-Rec £000s</b>	<b>TOTAL £000s</b>	<b>RAG status</b>	<b>Director Lead</b>	<b>Finance Lead</b>
<b><u>Workforce</u></b>						
Reduction in supplementary staff costs	3,454		<b>3,454</b>	AMBER	J Best	P Kelly
Retinue fees & charges	132		<b>132</b>	GREEN	L Donaldson	M Fairley
Turnover/incremental progression		1,000	<b>1,000</b>	AMBER	L Donaldson	J Thomson
	<b>3,586</b>	<b>1,000</b>	<b>4,586</b>			
<b><u>Procurement &amp; Contracts</u></b>						
VAT advisory services		5	<b>5</b>	GREEN	J Procter	J Thomson
Hand Towels	35		<b>35</b>	AMBER	J Procter	M Fairley
Gloves	33		<b>33</b>	AMBER	J Procter	M Fairley
Reducing non-contract spend	23		<b>23</b>	AMBER	J Procter	M Fairley
Carriage charges	3		<b>3</b>	GREEN	J Procter	M Fairley
Change of Tourniquet Supplier Via NDC	20		<b>20</b>	GREEN	J Procter	M Fairley
Catering (plastic spoons to wooden spoons)	6		<b>6</b>	GREEN	J Procter	M Fairley
Complex Care Education Provision Review	72		<b>72</b>	RED	G Morton	P Kelly
Review of Complex Care Third Party Provision	208		<b>208</b>	RED	G Morton	P Kelly
	<b>400</b>	<b>5</b>	<b>405</b>			
<b><u>Prescribing</u></b>						
Abiraterone switch	730		<b>730</b>	GREEN	J Best	P Kelly
Lenalidomide switch	415		<b>415</b>	AMBER	J Best	P Kelly
Fingolimod switch	201		<b>201</b>	GREEN	J Best	P Kelly
Patient Access Scheme rebates		2,800	<b>2,800</b>	AMBER	J Best	P Kelly
Cold chain/reduction in waste	66		<b>66</b>	RED	L Byrne	M Fairley
Complex rebates/review of contracts	150		<b>150</b>	AMBER	L Byrne	J Thomson
Review of homecare arrangements	10		<b>10</b>	AMBER	L Byrne	P Kelly
	<b>1,572</b>	<b>2,800</b>	<b>4,372</b>			
<b><u>Estates &amp; Infrastructure</u></b>						
PPP/DBFM review of contractual arrangements	100	800	<b>900</b>	AMBER	J Procter	M Fairley
Energy efficiency	255		<b>255</b>	GREEN	J Procter	M Fairley
Review of order comms	40		<b>40</b>	GREEN	J Procter	M Fairley
Review of desk top assets (incl mobiles)	50		<b>50</b>	GREEN	J Procter	M Fairley
Patient hub/postages	250		<b>250</b>	GREEN	J Procter	M Fairley
Waste	2		<b>2</b>	GREEN	J Procter	M Fairley
	<b>697</b>	<b>800</b>	<b>1,497</b>			
<b><u>Income Generation</u></b>						
Overseas visitors	135		<b>135</b>	RED	J Best	J Thomson
Electric Vehicle charging income	300		<b>300</b>	GREEN	J Procter	M Fairley
Mutual aid/capacity support to other NHS Boards	1,000		<b>1,000</b>	GREEN	J Best	P Kelly
Bellsdyke income		1,956	<b>1,956</b>	GREEN	S Urquhart	M Fairley
Provision of training by Women & Children's service	10		<b>10</b>	AMBER	G Morton	P Kelly
Travel vaccinations	20		<b>20</b>	GREEN	G Morton	P Kelly
	<b>1,465</b>	<b>1,956</b>	<b>3,421</b>			
<b><u>Non-recurring actions</u></b>						
Revenue funding banked 22/23		3,000	<b>3,000</b>	GREEN	S Urquhart	J Thomson
Annual leave carry forward		700	<b>700</b>	AMBER	L Donaldson	J Thomson
Anticipated slippage on investment	1,429		<b>1,429</b>	GREEN	S Urquhart	J Thomson
Unplanned financial benefits	851	3000	<b>3,851</b>	AMBER	S Urquhart	J Thomson
Balance sheet opportunities		1,320	<b>1,320</b>	GREEN	S Urquhart	J Thomson
	<b>2,280</b>	<b>8,020</b>	<b>10,300</b>			
<b><u>Other</u></b>						
Reducing unwarranted variation		209	<b>209</b>	RED	S Urquhart	J Thomson
Whole system integration opportunities		210	<b>210</b>	RED	ELT	J Thomson
	<b>0</b>	<b>419</b>	<b>419</b>			
<b>Total</b>	<b>10,000</b>	<b>15,000</b>	<b>25,000</b>			

## 1.2 Capital year to date results as at 30 April 2023.

A balanced position is reported against the CRL for the first month of the year as summarised table 3 below.

TABLE 3: 2023/24 NHS Forth Valley Capital position	Annual Budget £m	April Budget £m	April Expenditure £m	Underspend/ (Overspend) £m
Elective Care	2.000	0.000	0.000	0.000
Information Management & Technology	3.070	0.024	0.024	0.000
Medical Equipment	1.525	0.005	0.005	0.000
Facilities & Infrastructure	3.547	0.012	0.012	0.000
NHS Board corporate projects	0.533	0.000	0.000	0.000
Indirect Capital Charged to Revenue	(1.300)	0.000	0.000	0.000
<b>Total</b>	<b>9.375</b>	<b>0.041</b>	<b>0.041</b>	<b>0.000</b>

Note that a relatively low level of capital expenditure has been incurred during the month of April which is not unusual at this very early stage in the financial year. Expenditure to date relates to LIMS implementation and staff cost recharges linked to posts that are supporting a number of capital projects.

## 2.0 FINANCIAL RISKS

### 2.1 Key risks

As reported to the NHS Board on 28 March 2023, the specific risks associated with the 2023/24 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 if 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 bank and agency staff 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. Note that this has been partially addressed and the Scottish Government have confirmed £1.3m of additional funding in respect of prison healthcare services – we await further detail on the nature of this funding.
- 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.

In addition to the risks listed above, several new and emerging risks have been identified at this early stage in the financial year including projected demand for new Diabetes devices and associated technologies, ongoing GP Practice sustainability/contractual challenges, Strathcarron Hospice funding requirements and unforeseen changes to the national Prison pharmacy contract. The position will be kept under close review as the year progresses in a bid to quantify the potential financial impact and identify key mitigating actions where necessary.

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

## **8.2 National Principles for the Management of Agency Workforce Supply to NHS Scotland Health Boards For Assurance**

**Executive Sponsor:** Professor Frances Dodd, Executive Nurse Director

**Author:** Professor Frances Dodd, Executive Nurse Director

### **Executive Summary**

The NHS Scotland nursing agency spend for 2023/24 is projected to be around £200m based on previous years, this is an unsustainable cost for supplementary staffing. This projection resulted in the Chief Nursing Officer (CNO) commissioning and leading a task and finish group looking at supplementary staffing including nursing agency spend and leading the work to eradicate the use of off-framework agency nursing staff from the 1 June 2023.

There is a national framework for agency supply utilising the contract NP510, managed in partnership with national procurement for framework suppliers (20+ suppliers). Each board also has, up until this point, had the ability to add off-framework suppliers, these suppliers set their own rates and commissions that each board have to pay, which are above the agreed framework. NHS Forth Valley have been using 9 off-framework agency suppliers.

During the pandemic and as we continue to recover, off-framework agency use has tripled in NHS Forth Valley due to increased levels of sickness, unfilled vacancies, unfunded ward areas opened, and additional contingency beds spaces utilised, this is not financially sustainable. The use of contingency beds and unfunded beds has placed a significant reliance on the use of supplementary staff, as well as the increase in the turnover rate within NHS Forth Valley, being at the highest level in recent years, resulting in a further reliance on supplementary staff.

The spend for Nurse Agency in the last 4 financial years, across NHS Forth Valley can be seen in the table below: -

	2019/20	2020/21	2021/22	2022/23
<b>Agency Spend</b>	<b>£1,727,498</b>	<b>£1,716,880</b>	<b>£6,346,192</b>	<b>£10,027,651</b>

The purpose of the work defined in this paper, is to strengthen the availability of supplementary staff, to reduce overall costs associated with supplementary staffing, to redirect the workforce to local banks or framework agencies where commission costs are capped and to provide assurance around the quality and safety associated with agreed framework agency workers.


### **Recommendation:**

The NHS Board is asked to: -

- **note** the progress in relation to the preparedness for the 1 June 2023 deadline.
- **note** the risks identified and the mitigating actions taken.
- **note** the compliance with identified Scottish Government conditions for implementation readiness.

## Assurance

Proposed assurance level:

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

### Key Issues to be Considered:

This work has been led by Scottish Government and is defined in three distinct phases:-

1. Phase 1 (April 2023 onwards): implementation of controls to support the success of NHS Board Staff Banks and provide good governance in relation to the assignment of agency workers.
2. Phase 2 (transitional: April 2023 - June 2023): Implementation of controls to reduce the volume and lead time for shifts being sent to off-framework agencies. This creates the conditions whereby it is less attractive for workers to stay with an off-framework agency and signals NHS Scotland's Health Boards intent to no longer use off-framework providers.
3. Phase 3 (June 1st, 2023, onwards): The controls to support the principles within this document are in place from the 1st of June whereby agency workers are supplied through the framework only. Where exceptional use of off-framework agency occurs, this will be treated and reported as a breach of the agency principles.

Phase	Action Required	NHS Forth Valley Status
<b>One April 2023</b>	NHS employees or workers <b>must not</b> be assigned shifts within their own Health Board via an agency.	Compliant
	A <b>six-month</b> separation period <b>must</b> be applied from the date a substantive employee or Bank Worker terminates their contract with a Health Board before they can be assigned within that Health Board.	Compliant
	Bookings <b>must</b> be made through the Health Board's Bank Office/system. Departments should not agree shifts directly with the worker or agency.	Compliant
	Any amendments or negotiations relating to commercial rates and terms and conditions <b>must</b> only be undertaken by the Health Board's Staff Bank in consultation with procurement colleagues.	Compliant
	Agency workers <b>must not</b> be assigned shifts within a Health Board before the pre-employment compliance checks have been completed by the agency and verified by the Health Board.	Compliant
	NHS Boards <b>must</b> have in place processes to identify and review the areas of high agency use to develop exit strategies.	Compliant
	Staff Banks <b>must</b> have in place a process to ensure each worker has a <b>six-month</b> updated compliance checklist for each agency	Compliant

	worker. Where a record has not been resubmitted, the worker will be made inactive.	
	<b>All off-framework workers must evidence indemnity insurance.</b>	Compliance checking process in place
<b>Two Apr-Jun 2023</b>	All agency workers <b>must</b> only be registered with one agency within a Health Board.	Compliant
	Health Boards <b>must</b> only accept new agency workers through a framework provider.	Compliant
	Boards <b>must</b> have a process for reviewing and removing off-framework workers if they have been inactive for over 14 weeks.	Compliant
	Boards <b>must</b> have a robust risk based tiered escalation framework for agency bookings.	Compliant
	Boards <b>must</b> have clear mechanisms in place that identify the criteria, processes, and reporting of breaches to the key agency principles within Phase 2.	Compliant
<b>Three 1<sup>st</sup> June 2023</b>	Boards <b>must</b> not use off-framework agencies.	Compliant as at 24 <sup>th</sup> May 2023 for 1 <sup>st</sup> June 2023. Escalation arrangements for break glass in place.
	Boards <b>must</b> have clear Escalation Breach criteria and processes relating to an incidence where an off-framework provider is used.	Compliant

NHS Forth Valley have put in place all the Phase 1 and Phase 2 actions, NHS Forth Valley had already had the first 5 actions in Phase 1 in place for a number of years.

All off-framework agencies have been communicated with around the changes and communication has gone out to all Nurse leaders regarding the changes and the Nursing professional leadership group have met a number of times to discuss the actions required and to provide assurance around actions being taken to reduce reliance on off-framework agency staff.

NHS Forth Valley have initiated 2 direct call offs from the national framework of agency workers to assist and increase agency supply to assist during the transition period.

1. Direct call off for Nurse block bookings at above the framework rate.
2. Subcontracting model with a framework agency which allows the agency to subcontract work to off-framework agencies to supply above framework rate.

Both approaches have been supported by National Procurement and have been shared with other Health boards.

NHS Forth Valley through the Executive Nurse Director have restructured the governance around supplementary staffing spend and this will be reported monthly through the NMAHP Workforce Governance group with a focus on high use areas, progress against agreed trajectories and increased accountability by Chief Nurses in relation to tracking workforce use in relation to professional responsibilities.

If there is a requirement for the use of off-framework agency after the 1 June 2023, this will require authorisation by the Executive Nurse Director/Chief Executive/Deputy in hours and by the Executive Director on call in the out of hours period. There will be a requirement to report any off-framework use after the 1 June 2023 to Scottish Government, the reporting definitions are under development currently and Boards will be informed of these in the coming days.

## **Implications**

### **Financial Implications**

NHS Forth Valley should, as a result of this work, see a reduction in financial spend against agency nurse staffing due to the reduced cost of framework agencies and an increased emphasis on the use of other supplementary staffing mechanisms such as excess hours, overtime, and staff bank usage.

### **Workforce Implications**

There is the potential risk for there to be a reduction in available supplementary staff which is being mitigated with the use of a nationally agreed ready reckoner for supplementary staff cover, as well as significant discussions with framework agencies and recruitment to the staff bank.

### **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**

The risks associated with this work are as follows;-

- The current unprecedented spend on nurse agency continues with significant financial impact.
- There is a risk that the off-framework agencies continue to dominate the market and attract staff from the Health Service and other agencies.
- There is a risk that the NHS Forth Valley Staff Bank is unable to provide adequate resource/fill rates to meet the unprecedented service pressure demands.



- There is a risk that the widespread employment of off-framework agency staff could impact the quality and continuity of care provided to patients as they are less familiar with the location, patients, and processes used than local bank staff, and do not have to meet the same level of agreed standards for staff provided by framework agencies.
- There is a risk that moving away from using off-framework agencies could impact the availability of staff. Off-framework agencies could threaten to withhold provision of staff members where a need may remain. This could result in a risk to planned activity and/or to patient safety and care.
- There is a risk that off-framework agencies may substantially inflate current rates in response to implementation of the removal of off-framework engagement on a regular basis.
- There is a risk that off-framework agencies may threaten to withhold the assignment of their staff to shifts within health boards in response to implementation, in an attempt to force a return to the situation as it currently stands.

The Current mitigating controls are as follows:-

- Development of an NMAHP Workforce Governance Group to oversee the professional accountability for workforce utilisation and supplementary staffing solutions.
- Investment in Band 4 roles to support additional staff availability.
- Development of a NMAHP Recruitment and Retention group.
- National investment to support international recruitment of four tranches of international nurses in NHS Forth Valley (n=50 nurses).
- Recruitment to Bank contracts for registered and unregistered staff.
- Newly Qualified Practitioner recruitment and retention processes.
- Retire to return initiatives to support post-retirement working patterns.
- Encouraging the transition of off-framework agencies to framework contracts.
- Development of sub-contracting arrangements with National Procurement.
- Briefings with Senior Charge Nurses, Clinical Nurse Managers, operational staff and Chief Nurses to engage with the transition arrangements.
- Briefings for all Executive Directors to understand escalation arrangements in out of hours period.
- Refresh of escalation arrangements across NHS Forth Valley in relation to the use of agency nursing staff.

A risk is being developed for the risk register with Risk Management colleagues to quantify the impact across NHS Forth Valley and the definition of appropriate mitigating controls.

### **Relevance to Strategic Priorities**

This aligns with the strategic priorities in the workforce plan and financial governance and controls in relation to the Board's financial plans.

### **Equality Declaration**

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

### **Communication, involvement, engagement and consultation**

This work has been discussed through a Board seminar, as well as through the Staff Governance Committee and the NMAHP Workforce Governance Group. A paper on this work has been presented to the Executive Leadership Team to ensure full visibility and awareness. All Senior Charge Nurses/Team Leaders have been engaged with to support

the safe transition away from off-framework agency staffing resources in areas of existing use.

**Additional Information**

There is no additional relevant information in respect of this paper

**Appendices**

Nil

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

## **9.1 Escalation Improvement Plan Update For Assurance**

**Executive Sponsor:** Mrs Cathie Cowan, Chief Executive

**Contributors/Authors:** Executive Leadership Team

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### **Executive Summary**

On the 28 March 2023, the Board of NHS Forth Valley approved NHS Forth Valley's Escalation Improvement Plan ('the Plan') Version 2, attached at [Appendix 1](#). This set out actions against all three escalated domains - governance, leadership, and culture for the period April to June 2023. The Plan whilst focusing on strengthening our leadership informed by effective governance is intended to align our culture with our overall purpose to support and enable high performance. The Plan continues to centre 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 staff 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, respect learning and sharing best practice.

Version 2 of the Plan also included an appendix that set out both immediate and short-term actions covering the period December 2022 to February 2023 and the progress against each for reference. Many of these actions support a continuous approach to sustainable improvement including managing our risks and have been either completed and/or added to.

[Appendix 2](#) in support of the Plan is a corresponding Measurement Framework, that will continue to evolve in line with our commitment to continuous improvement. The Framework is intended to complement and describe metrics being used to provide evidence and to give assurance that improvements are being made and that these are delivering on all 3 of the priority areas set out above.

This update also provides an update on areas of performance in Urgent & Unscheduled Care, Child and Adolescent Mental Health Services (CAMHS), Psychological Therapies (PT) services and Out of Hours services which are also referred to in other papers, e.g., Performance Scorecard, and HAIRT report to the Board today (30 May).

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. A progress report is attached at [Appendix 4](#).

Ongoing updates internally and externally setting out progress on the implementation of the Plan are being shared with staff through our internal intranet and with all three Local Authority Chief Executive to ensure elected members are kept updated.


## Recommendation

The Forth Valley NHS Board is asked to: -

- **consider** both the progress to date against those actions set out in [Appendix 1](#), the corresponding Measurement Framework attached at [Appendix 2](#) and the proposed assurance level.
- **note** the performance as set out in the update and note the Out of Hours was a key feature on the recent (May) Clinical Governance Committee agenda where assurance was provided on the work underway to address all 12 recommendations. Urgent & Unscheduled Care was also a key feature in an update to Scottish Government and at a recent Board seminar.
- **note** the HIS progress report attached at [Appendix 4](#) - HIS was also a key feature on the recent (May) Clinical Governance Committee agenda where assurance was provided on the work underway to address all the requirements.

## Assurance

*Proposed assurance level:*

Level of Assurance	System Adequacy	Controls
<b>Reasonable Assurance</b> 	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 including HIS requirements to date and proposed future actions. The NHS Board governance arrangements - i.e., ELT, through the Escalation Programme Board, Assurance Committees notably Staff Governance and Clinical Governance and the Escalation Performance & Resources (P&R) Committee meetings/discussions have all informed this update.

The Measurement Framework provides metrics for the Board to consider and to determine the assurance provided is reasonable and shows the actions being taken to deliver on each of the priority areas: putting patients first, supporting our staff and working in partnership through the lens of leadership, governance, and culture.

This paper also provides an update on the NHS Board's work to respond to the requirements set out in the HIS report of 5<sup>th</sup> December 2022, following the unannounced visit to Forth Valley Royal Hospital in September 2022.

- Governance Arrangements

The P&R Escalation Committee at its 23 March 2023 meeting considered the role of NHS Board Assurance Committees in providing Escalation P&R Committee members with assurance - as set out below.

Enabling	• Enabling the appropriate issues to be considered and reviewed by the right people, using the most relevant information in the most useful format at the right time
Seeking	• Seeking a level of scrutiny and assurance that produces rigorous challenge and in doing so receives an effective response
Allowing	• Allowing Committee Members to provide assurance (or not) to the P&R Escalation Committee

In going forward:

- Staff Governance will seek assurance on culture and leadership actions and intended outcomes.
- Clinical Governance will seek assurance on HIS and Out of Hours actions and intended outcomes.
- Performance & Resources will seek assurance on performance (Urgent & Unscheduled Care, CAMHS, PT and integration) actions and intended outcomes.

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 March 2023 escalation update report to the NHS Board:

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 5<sup>th</sup> October 2022 continue to be implemented. Since the last update to Board Sir Ritchie intends to meet the OOH Team again on the 19<sup>th</sup> of June to discuss progress.

Monthly Action Plan updates are submitted to the Primary Care Division of Scottish Government. The most recent submission is attached at [Appendix 3](#). Feedback since this Action Plan was submitted related to additional information e.g., notably regarding workforce. The OOH Servicer Manager duties and support continues to be covered by the Acute Services Directorate. The OOH Service Manager and GP Fellow posts are to be advertised by week commencing 29 May 2023.

**Urgent & Unscheduled Care** since the last update to Board, a presentation was shared with Scottish Government colleagues following a Government/Board Sponsorship meeting led by Mr Burns, Chief Operating Officer. The presentation was also shared with Board Members in a Board seminar session - May 2023.

Urgent & Unscheduled Care continues to be robustly monitored by the 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). A Project Manager has been appointed by the NHS Board to support this improvement programme.

In summary, improvement in this system measure has been small: December 2022 - 42%, January - 48.4%, February 49.8%, March 45.3%, and April 50.1%. Minor Injury Unit performance continues to be above 95%. 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)
- closing the use of contingency beds and in this regard endoscopy beds were handed back to the surgical/endoscopy team from Monday 20<sup>th</sup> March and have no longer been used for contingency capacity. Reducing contingency beds in wards continues and on a daily basis beds are closed to support the ward teams and reduce clinical risk.

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.

**Mental Health Services:** CAMHS and Psychological Therapies (PT) have reported sustainable improvements, in addressing those patients waiting the longest, and this is yet to impact on RTT performance notably in CAMHS. See graphs setting out performance over time. In summary:

**CAMHS** referrals have increased - 375 Jan to April 2023 compared to 252 for the same period in 2022, an increase of 47%. The service has investigated this increase and there are no emerging or specific themes. There has been a reduction in children waiting over 37 weeks for treatment and as the service continues to address the longest waits it will impact on RTT performance. Performance at end of April 2023 is reported as 37.5%. The average wait on the assessment waiting list has reduced from 46 weeks at the start of CAPA (end of January 2023) to 8 weeks at the end of April 2023, with 9 children waiting over 18 weeks. 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 and is more consistently above 60% and at the end of April is 74%. Four out of the ten teams are meeting the RTT standard of 90% and five new therapeutic groups have begun 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 services, staff, and budgetary responsibilities for 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 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 is scheduled to take place on 1<sup>st</sup> of June 2023.

In addition, the development of a decision-making matrix and a shared narrative for integration have both been approved. The decision-making matrix is being referred to, to inform decision making e.g., future hospice investment.

## **Implications**

### **Financial Implications**

An Escalation Programme Director has been seconded from NHS NSS and took up post on 21<sup>st</sup> March 2023. In addition, a Programme Director to direct and oversee the Leadership and Culture (L&C) Programme has been appointed and will take up post in June 2023, this will provide additional capacity to the Director of HR.

### **Workforce Implications**

Programme Directors have been appointed as set out above. The Senior Responsible Officers are also being supported by the Board's Quality and Corporate Programme Management Teams. In addition, the governance review led by Professor Brown continues and a similar arrangement to support integration e.g., supporting the review of Integration Schemes and benchmarking ourselves against the MSG principles has been established. David Williams will provide improvement support and has to date been meeting (24<sup>th</sup> of May) key staff and recently participated in a Local Authority Chief Executives and Chief Officers meeting chaired by the NHS Board Chief Executive.

The ELT co-produced OD Programme has been agreed and an OD facilitator has been appointed. A self-facilitated ELT time out session led by the Board's CEO took place on 3 April 2023 and the OD externally facilitated programme first session (10<sup>th</sup> and 11<sup>th</sup> of May) has taken place. Session 2 is scheduled for 11<sup>th</sup> and 12<sup>th</sup> of July 2023.

### **Infrastructure Implications, including Digital**

Support from both Quality Improvement and the Corporate Programme Management Office in place to support the development and reporting on the measurement framework. 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 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<sup>i</sup> '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 has been developed and is overseen by the Escalation P&R Committee.

### **Relevance to Strategic Priorities**

The Escalation Plan impacts on all 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
- Support broader social and economic development
- 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
- Build systems and processes to direct, control and improve our authorising and operating environments
- Demonstrate behaviours that nurture, and support transformational change across our health and care system

The NHS Board were presented with an update (28<sup>th</sup> of March) on the Corporate Objectives as part of the Corporate Plan process - the Corporate Plan was approved.

### **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. Internal communications to support the implementation of the Leadership and Culture programme is in place and to date ELT Members have led 37 meetings with NHS and Partnership Teams.

### **Additional Information**

N/A

### **Appendices**

- Appendix 1: Version 2 Escalation Improvement Plan
- Appendix 2: Measurement Framework
- Appendix 3: Out of Hours Improvement Action Plan
- Appendix 4: Health Improvement Scotland (HIS) Update

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<sup>i</sup> <http://www.gov.scot/publications/blueprint-good-governance-nhs-scotland-second-edition/>



## Appendix 1 (Update at end of April in blue)

### Domains: Leadership and Culture supporting our medium to longer term actions

Issue/ Timescale	Action (s)/Timescales	Process/Steps	Intended Impact/Outcome
<p><b>Executive Leadership Team (ELT) Development (April - June 2023)</b></p>	<p>ELT Development Programme building on previous work will begin in April - June 2023.</p> <p>Corporate objectives approved by NHS Board, will inform the CEO draft objectives. These objectives will be shared with ELT - next meeting (22 May) to inform 2023/2024 ELT and individual ELT objectives. End year objectives and draft 2023/2024 draft objectives will be presented to the Remuneration Committee in June for approval.</p>	<p>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 Scottish Government policy and IJB Directions supported by team objectives - April 2023. Corporate Plan to Board (corporate objectives) - 28<sup>th</sup> of March for approval - approved.</p>	<p>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.</p>
<p><b>Board Development Programme (April - June 2023)</b></p>	<p>ELT Development Programme began with an internal session led by CEO on 3<sup>rd</sup> of April followed by an externally facilitated programme coproduced by ELT. This began on 10<sup>th</sup> and 11<sup>th</sup> of May and agreed sessions thereafter have been scheduled during July (11<sup>th</sup> and 12<sup>th</sup> of July) and August (3<sup>rd</sup> and 28<sup>th</sup> of August).</p> <p>The NHS Board development (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,</p>	<p>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 7<sup>th</sup> of March 2023. Board members updated on 28<sup>th</sup> of March and a first meeting with the facilitator is being finalised for April/May 2023.</p>	<p>Contribute to sustainable 'culture change' and at Board level use an adaptive model to shape and influence culture by being:</p> <ul style="list-style-type: none"> <li>• Curious - exchange of ideas /options to inform strategic direction.</li> <li>• Decisive - focus on measurement/outcomes to hold to account.</li> <li>• Collaborative - valuing consensus to support engagement.</li> <li>• Regulatory - to manage/mitigate risks.</li> </ul>

	<p>values, and corporate objectives. Corporate objectives routinely are presented annually to the NHS Board for approval (presented and approved on the 28<sup>th</sup> of March) - these objectives in turn inform Team and Individual objective setting across NHS Forth Valley.</p> <p>The NHS Board development session will begin with an enquiry session about what the Board Programme needs to include in a development programme - this session took place on the 9<sup>th</sup> of May 2023. Since then, the Chair of the Board has agreed to a follow up session which will use the NHS Board self-assessment process referred to in the Blueprint for Good Governance v2.</p>		
<p><b>Learning from other NHS Boards (April - June 2023)</b></p>	<p>Building on earlier work - evaluate with Staff side and external support our current staff 'speak up' services and activities using NHS GG&amp;C 23 improvements actions to inform an improvement plan geared to helping staff speak up.</p> <p>Develop and agree Culture and Leadership (C&amp;L) Programme scoping phase and implement from April 2023.</p> <p>A Cultural Change &amp; Leadership Oversight Board has been established and Terms of Reference are finalised. The first meeting of this Board is scheduled for late June. Terms of Reference and minutes from this Board will be shared with the Staff Governance Committee.</p>	<p>NHS Forth Valley HRD has shared learning and best practice with ELT and the Escalation P&amp;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.</p> <p>Paper setting our proposal presented and approved by ELT on 8<sup>th</sup> February 2023. ELT led staff events are scheduled to take place during April 2023 to support roll out of this Programme.</p>	<p>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.</p> <p>Board commitment to C&amp;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.</p> <p>Enable our staff to continue to do the 'day job' by providing additional capacity to support them contribute to sustainable</p>

	<p>The C&amp;L programme was launched on 3<sup>rd</sup> April 2023 and ELT members have been meeting with staff across Forth Valley to promote the programme. A partnership core working group is meeting weekly and is driving the programme. The Culture Change team has been established. Awareness Sessions and Training has taken place. 76 staff have indicated a desire to be involved. Focus Group training has been completed. 1:1 interviews with Board members will take place in May / June 2023. Leadership surveys will be issued in May / June and focus groups will commence across Forth Valley in June 2023.</p> <p>Source Programme Management capacity to direct, oversee and implement C&amp;L Programme. Programme Director appointed and will take up post in June 2023.</p>	<p>Proposal developed to increase capacity, recruitment to be progressed - March/April 2023.</p>	<p>improvement, invite feedback on the changes through culture diagnostic phase.</p>
<p><b>Implement professional leadership arrangements across NHS FV (April - June 2023)</b></p>	<p>Weekly Chief Executive, Medical Director, and Nurse Directorate triumvirate meeting now part of business as usual.</p> <p>Deputy Nurse Director advertised, and interviews scheduled for 4<sup>th</sup> April 2023. AHP Director will go out to advert in March 2023 to align with current seconded post holder's contract of employment.</p> <p>Clinical Nurse Manager job description review undertaken and benchmarked against similar roles in other NHS</p>	<p>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.</p>	<p>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.</p>

	<p>Boards for consistency checking and role breadth/depth.</p> <p>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.</p> <p>Nurse Director (formerly Deputy Nurse Director) has been recruited to with a start date in July. AHP Director post was delayed due to job grading - it is now ready to be advertised.</p> <p>The Clinical Nurse Manager post is being considered as part of a wider paper on professional Leadership which is out for comment.</p>		
<b>Increase HSCP Leadership and Management Capacity (April - June 2023)</b>	<p>Investment in three management posts has been previously approved by the NHS Board - recruitment processes led by Chief Officers being supported by Human Resources (HR).</p> <p>The Service Manager (OOH Services) will be advertised in late May 2023. Chief Officers continue to progress these recruitments supported by HR.</p>	Job Descriptions being developed and agreed by the Chief Officers and HSCP Leadership Teams. Recruitment support from NHS Forth Valley HR Team 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.
<b>Board and ELT Leadership Capacity and Succession Planning</b>	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 posted 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

<b>(April - June 2023)</b>	The draft Job Description will be shared with ELT for contribution. The recruitment process for approval will be presented to the Remuneration Committee in June/July 2023.		population, and local operating and authorising environments.
<b>Strengthen the voice of patients and staff (March - May 2023)</b>	<p>Establish NHS Forth Valley Public Forum - to seek feedback from patients and the public in relation to safe patient care improvement work.</p> <p>Staff voice see 'learning from other NHS Boards' action.</p> <p>Learning from other NHS Boards e.g., those previously escalated for leadership and culture issues and those NHS Boards not escalated continues as reported through updates to the NHS Board and Assurance Board.</p> <p>Public Forum led by the Executive Nurse Director is now established and has met on 3 occasions.</p> <p>Good progress has been made on increasing the number of confidential contacts. A number of staff have volunteered, and training is planned for May/June.</p>	<p>Board wide Public Forum established and held its first meeting on 21 February 2023.</p> <p>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/implemented.</p>	<p>Test the level of involvement – 'you said/we did' as part of culture diagnostic phase.</p> <p>As above.</p>

**Domain: Governance**

Issue/ Timescale	Action (s)/Timescales	Process/Steps	Intended Impact/Outcome
<b>Governance Review (March - June 2023)</b>	<p>Professor John Brown, Chair of NHS GG&amp;C, has begun an independent review of NHS Board and Assurance Committee governance arrangements.</p> <p>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.</p> <p>The Governance Review continues and an interim report setting out progress on the review process has been shared with Board and ELT Members.</p>	<p>The review continues having agreed a methodology – as set out below:</p> <ol style="list-style-type: none"> <li>1. 1:1 meetings with Board members, ELT members and other key staff continue.</li> <li>2. a desktop review of Board governance documentation including Board, Committee and ELT papers, minutes etc will continue.</li> <li>3. attendance to observe meetings during the period January to 25<sup>th</sup> May 2023 is ongoing.</li> </ol> <p>Findings are expected by end of June 2023 and will be shared with Board, ELT, and Assurance Board members.</p>	<p>Assess effectiveness and efficiency of the NHS Board's corporate governance arrangements.</p>
<b>Accountability and Governance (Start from 19<sup>th</sup> Dec 2022)</b>	<p>Piloting of new Directorate and Partnership Performance meetings in three areas - Women &amp; Children, Specialist Mental Health &amp; Learning Disability and Acute Services. These meetings are intended to support ongoing effective performance management arrangements.</p> <p>The pilots set out above have been progressed. A paper will be presented to ELT. This discussion paper - Performance Management Framework will set out process for in year performance management reviews.</p>	<p>The final meeting took place is scheduled for 7<sup>th</sup> March (Acute Services). It is intended that the findings from the pilot and learning from NHS GG&amp;C performance management arrangements, be incorporated into the final proposal for endorsement at ELT in March/April 2023.</p>	<p>Hold to account and support improvement in patient and staff experience and well-being.</p>



	May with the appointed professional advisor.		
<b>Integration of Health and Social Care in Forth Valley (End of January 2023)</b>	<p>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 9<sup>th</sup> of January 2023 except for Medical (consultant) staff. A meeting involving the Medical Director, Chief Officer and Chief Executive is scheduled to take place on 1 June 2023.</p> <p>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.</p> <p>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.</p> <p>Operational management of Health Promotion services, staff, and budget responsibility on an HSCP basis has been concluded in January 2023.</p>	<p>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.</p> <p>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 to support the due diligence review.</p>	<p>Commit to building and investing in integrated management capacity.</p> <p>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.</p>



<b>Acute Services Leadership and Management (March - May 2023)</b>	<p>Appointed - Acting Director of Acute Services on 5<sup>th</sup> 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).</p> <p>A secondment opportunity has been advertised for the role of Interim Acute Services Director (12 months). The current Interim Director of Acute Services will provide a mentoring support role for this period to ensure we embed the changes already underway on the acute hospital site.</p>	<p>Permanent appointment to vacant Head of Service post was made on 2 March 2023, external candidate.</p>	<p>Stabilise and increase management capacity within the Acute Services Directorate.</p>
<b>Relationship Building and Communications (ongoing)</b>	<p>Staff side and CEO Escalation meeting every 2 weeks to update on actions and progress.</p> <p>Regular updates to ACF meeting in place.</p> <p>Regular internal updates - dedicated 'escalation' on Staff intranet and externally via dedicated NHS Board 'escalation' link.</p> <p>Monthly MSP/MP meetings in place.</p> <p>Monthly Chief Officer and Local Authority/NHS Chief Executive meetings in place.</p>	<p>Meetings continue and feedback from participants has to date been positive.</p> <p>Review to widen NHS Board Patient Safety Walkrounds being considered.</p>	<p>Enhance stakeholder engagement.</p>

	<p>Quarterly Leader/Chair meetings in place and Chief Executives will be invited to join this meeting as appropriate.</p> <p>Meetings as above continue.</p>		
<b>Performance (March - June 2023)</b>	<p>NHS Board has committed to improving performance in:</p> <p>OOH services. Monthly updates are shared with S Government Primary Care Division colleagues and a further meeting with the OOH Team is being scheduled for the 19<sup>th</sup> of June. OOH Services have been considered by the Clinical Governance Committee. Assurance on progress was provided to the Escalation P&amp;R Committee.</p> <p>CAMHS and PT, Urgent &amp; Unscheduled Care.</p> <p>CAMHS, PT and Urgent Care &amp; Unscheduled Care will be considered by the P&amp;R Committee. Assurance on progress against trajectory was provided to the Escalation P&amp;R Committee.</p> <p>NHS HIS Improvement Action Plan</p> <p>This was considered by the Clinical Governance Committee. Assurance on progress was provided to the Escalation P&amp;R Committee.</p>	<p>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.</p> <p>Balanced Scorecard via Pentana - monthly reporting to Assurance Board in place.</p> <p>18 week HIS Improvement Action Plan developed, approved, and submitted to NHS HIS as required.</p>	<p>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.</p> <p>Improved patient and staff experience.</p>

	<p>Updated trajectories to support internal performance management for each of the above and wider service, HR and Finance will be reported on via dedicated ELT monthly sessions.</p> <p>The Measurement Framework will set out performance in all the above areas as well as metrics to assess against the 3 key principles as set out in the approved escalation improvement action plan – Putting Patients First, Supporting Staff and Working in Partnership.</p>		
<p><b>Measurement Framework (MF)</b> <b>March - April 2023</b></p>	<p>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.</p> <p>Create Balanced Scorecard for escalation performance areas (Pentana extract).</p> <p>Measurement Framework approved and responded to V2 of the Escalation Improvement Plan. Metrics were discussed by ELT on 22 May and thereafter shared with the Escalation P&amp;R Committee.</p>	<p>Draft Framework to Escalation P&amp;R Committee for consideration and approval and thereafter published to demonstrate both internally and externally the NHS Board's progress and improvement.</p>	<p>Commit to improvement over time to support sustainable change.</p>

## Measurement Framework

### Executive Summary

This simplified Measurement Framework (the Framework) will continue to evolve in line with our commitment to continuous improvement. It is aligned to the NHS Board's Escalation Improvement Plan (v2) and is intended to complement and describe metrics being used to provide evidence and to give assurance that improvements and/or corrective actions are being taken to support sustained improved performance. The Framework focus on the 3 escalated domains of governance, leadership, and culture. This sections that follow are intended to align each of our key priorities as set out in Table 1 to each of the escalation domains.

Table 1

NHS Forth Valley's Vision: 'to be a great place to work and an outstanding place to receive care'	
<p><b>Our Key Priorities:</b></p> <ul style="list-style-type: none"> <li>• Putting patients first - everyone who uses our services should expect to receive consistent and high standards of care.</li> <li>• Supporting our staff - ensuring staff have the right working conditions and resources to support their own wellbeing and deliver the best care and services possible.</li> <li>• Working in partnership - building and sustaining a culture of collaboration with partners based on trust, respect, learning and sharing best practice.</li> </ul>	

The interdependency of the metrics to support the delivery of the 3 key principles align with how well NHS Forth Valley is being led. For example:

- Leadership - Is there **leadership capacity and capability** to deliver high quality sustainable care?
- Governance - Are there clear and effective processes for **managing risks**, issues, and **performance**?
- Culture - Is there a **culture** of high quality sustainable care delivery?

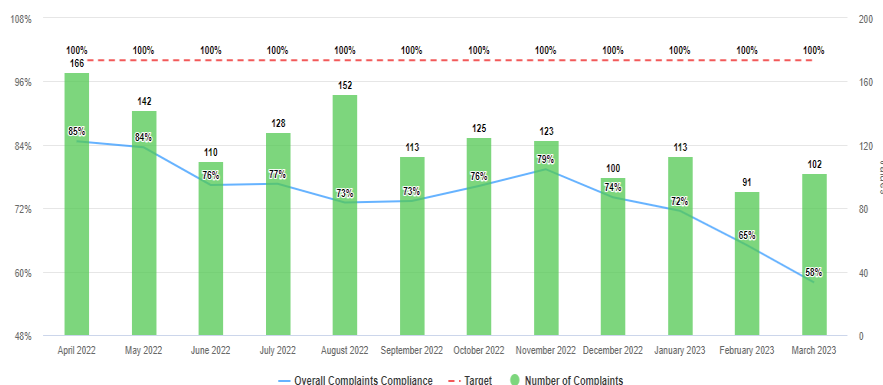
The metrics that follow for each of the key principles are intended to challenge the Board to determine if there is effective leadership, and governance aligned to support our cultural response deliver sustainable improvement.

## Putting patients first - everyone who uses our services should expect to receive consistent and high standards of care

NHS Forth Valley pays attention to how well services are led and governed and uses data to inform its assessment of assurance. It is our intention to build on these metrics going forward. For this key principle, there are a number of graphs included that relate to patient safety, quality and experience.

### Complaints

1. Forth Valley Overall Complaints



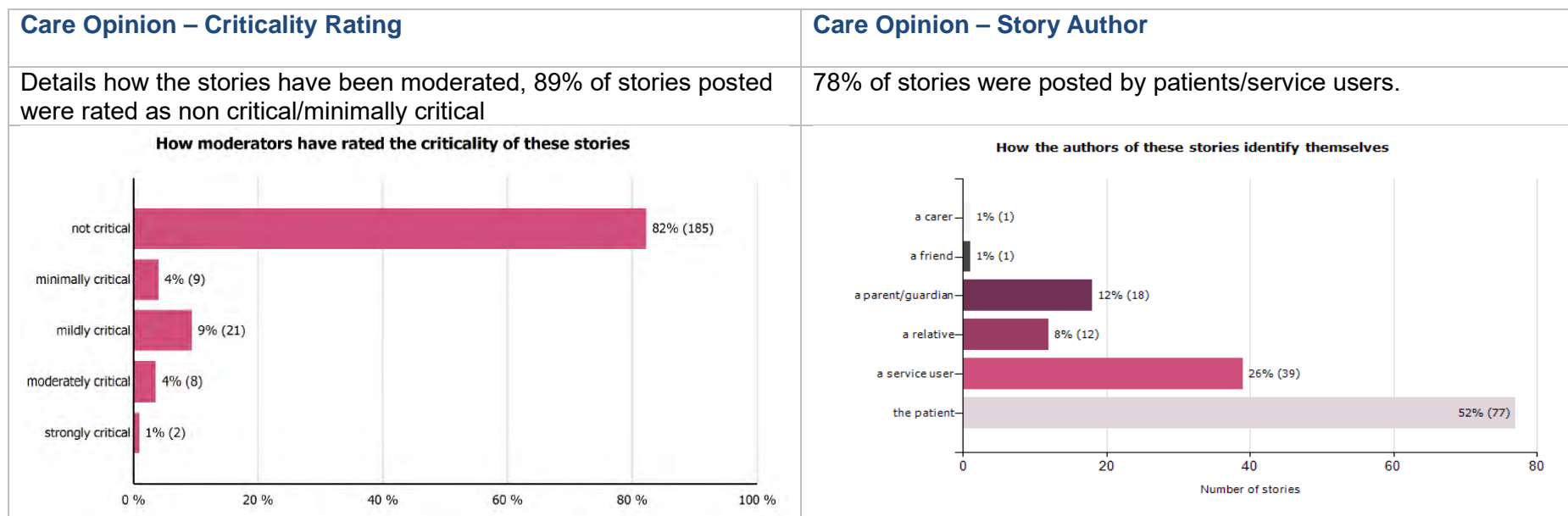
1a Forth Valley Complaints



A total of 2,034 complaints were received April 2022 – March 2023, including complaints transferred/withdrawn/consent not received. This is an increase of 25.7% compared to the same period the previous year. However, on reviewing the pre-pandemic period 2019-2020, there is an increase in complaints of 12.1%. Of the 1,963 complaints investigated April 2022 – March 2023, 74.5% were responded to within 20 days. Stage 1 performance remains consistently above 80% whilst Stage 2 performance fluctuates and is noted to be 43.2% over the period.

The SPSO has received 49 cases relating to NHS Forth Valley complaints in the period April 2022 – March 2023. The table below provides detail of the outcomes at 31 March 2023 from the investigations.

2022/23 SPSO Outcomes	Total Number
Fully Upheld	0
Partly Upheld	0
Not Upheld	2
No Investigation Conducted	30
Withdrawn	0



During the months of February and March 2023 we have received 148 Care Opinion stories, to date the stories have been read 12,065 times.

### What was good?

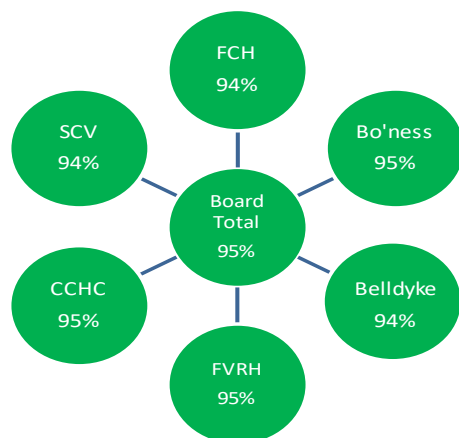
- Patients fed back that staff were professional, reassuring and friendly

### What could be improved?

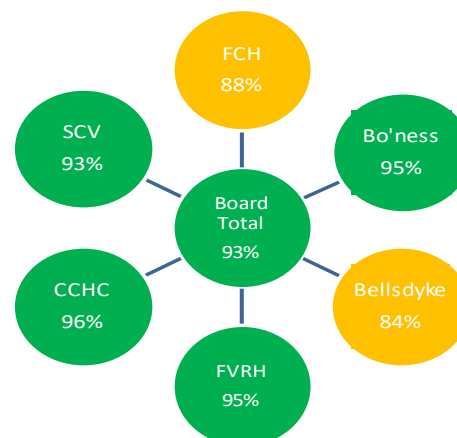
- Improve appointment waiting times
- Improve waiting areas
- Staff attitude



## Cleaning and Estates Compliance



*Cleaning Compliance*



*Estates Compliance*

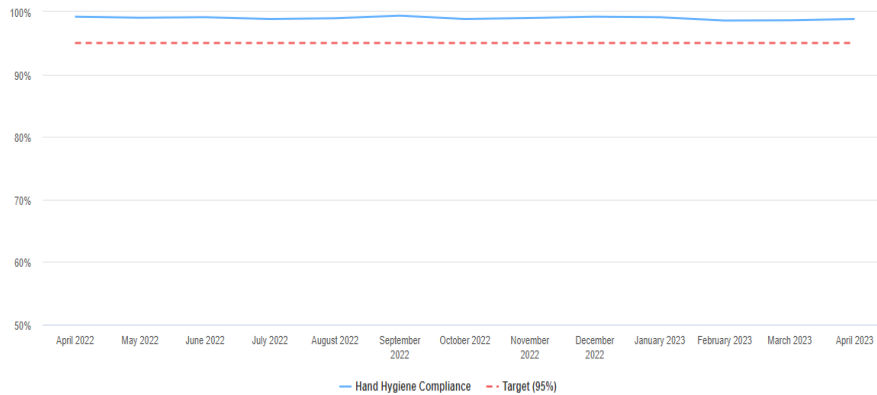
The data is collected through audit by the Domestic Services team using the Domestic Monitoring National Tool and areas chosen within each hospital is randomly selected by the audit tool. Any issues such as inadequate cleaning is scored appropriately. Estates compliance is assessed whether the environment 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.

If the score is less than 80% then a re-audit is scheduled.



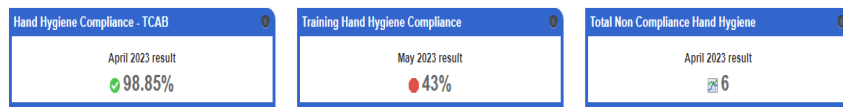
## Hand Hygiene

### 2. Hand Hygiene



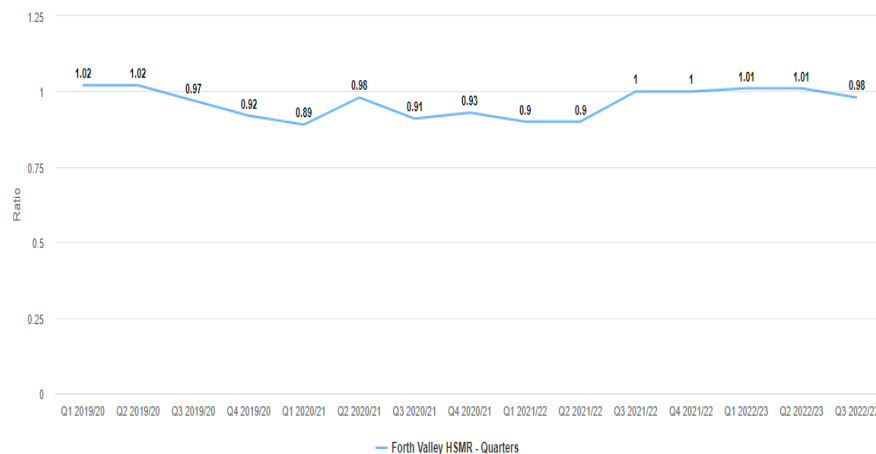
Whilst the Forth Valley self-reported overall Hand Hygiene compliance remains steady above 98% compliance. This is also triangulated with other metrics which include hand hygiene training module uptake along with the total number of hand hygiene non compliances that are recorded in the Infection Prevention and Control team audits.

This triangulation was considered following a recent HIS inspection where Hand Hygiene was highlighted as an area for improvement.

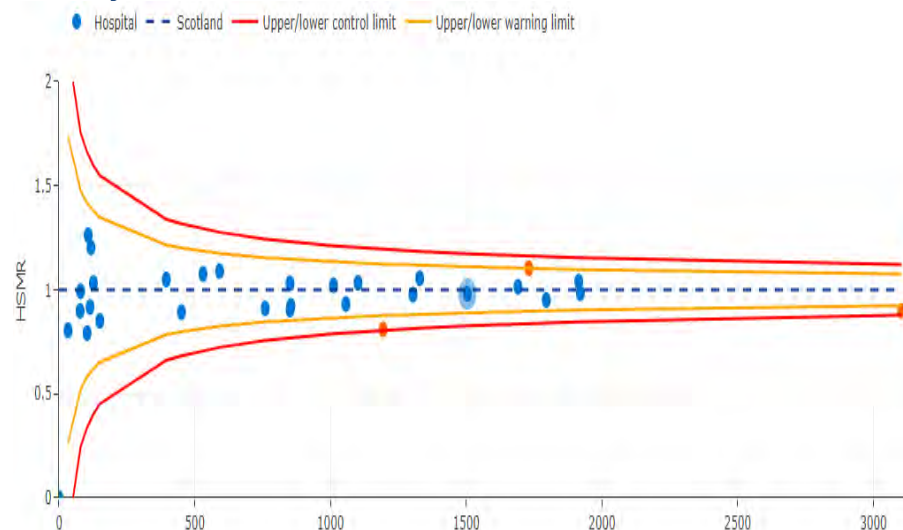


## Hospital Standardised Mortality Ratio (HSMR)

3. HSMR - Hospital Standardised Mortality Ratio-



## HSMR for deaths within 30 days of admission by hospital: January 2022 to December 2022

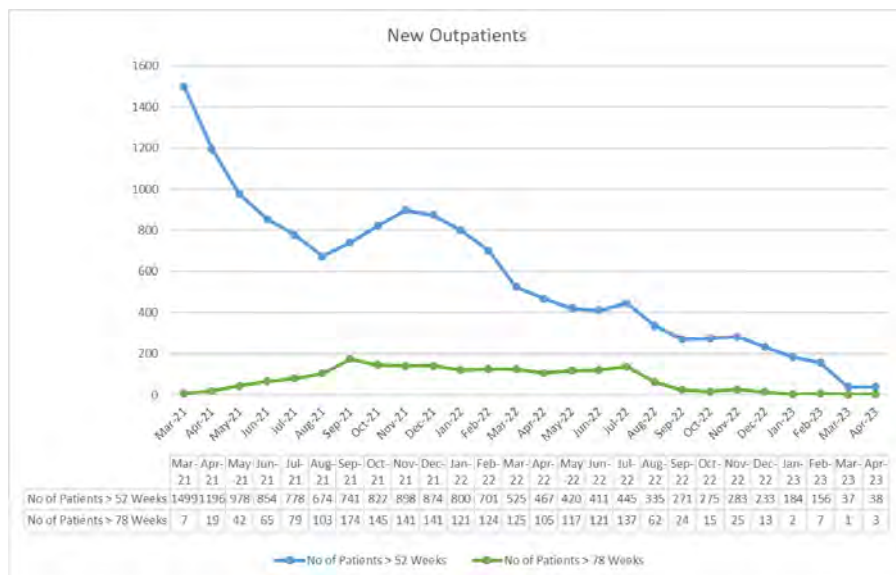


An HSMR is a measure of mortality adjusted to take account of some of the factors known to affect the underlying risk of death. The HSMR is based on all acute inpatient and daycase patients admitted to all specialties in Scottish hospitals. The Scottish HSMR is 1.00. If an HSMR value for a hospital is less than one, this means the number of deaths within 30 days of admission for this hospital is fewer than predicted. If an HSMR value for a hospital is greater than one, this means the number of deaths within 30 days for this hospital is more than predicted. If the number of deaths is more than predicted this does not necessarily mean that these were avoidable deaths (i.e., that they should not have happened), or that they were unexpected, or were attributable to failings in the quality of care.

HSMR in NHS Forth Valley in the last two quarters has been marginally above 1.0 with work undertaken to understand any contributing factors and direct improvement work if required.

Forth Valley HSMR January 2022 to December 2022 is 0.98. This is depicted on the funnel chart by the large blue dot.

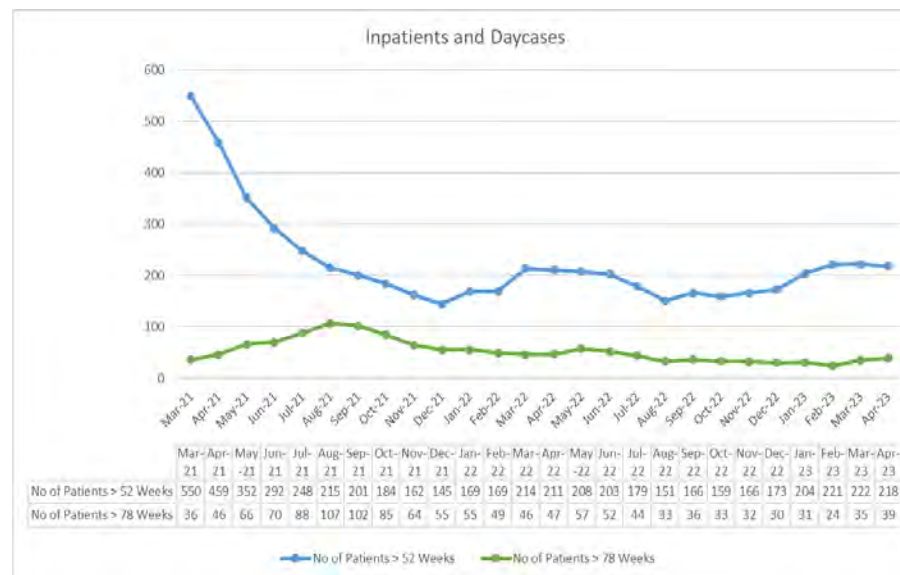
## Waiting Times – Outpatients



The target is to treat those patients waiting longer than 12 months for outpatients in most specialties by the end of March 2023.

In April, NHS Forth Valley had 38 patients waiting beyond 12 months and 3 waiting beyond 18 months.

## Waiting Times – Inpatients & Daycases



The target is to treat those patients waiting longer than 18 months in most specialties by September 2022 for inpatient and daycases.

In April, NHS Forth Valley had 218 patients waiting beyond 12 months and 39 waiting beyond 18 months.

## Supporting Our Staff – ensuring our staff have the right working conditions and resources to support their own wellbeing and deliver the best care and services possible

NHS Forth Valley is committed to being an employer of choice for anyone wishing to join health and care services whilst ensuring staff have access to new skillsets, roles and career pathways supported by training and development opportunities. For this key principle, there are a number of graphs included that relate to staff experience.

### Absence

4. Sickness Absence - Forth Valley-

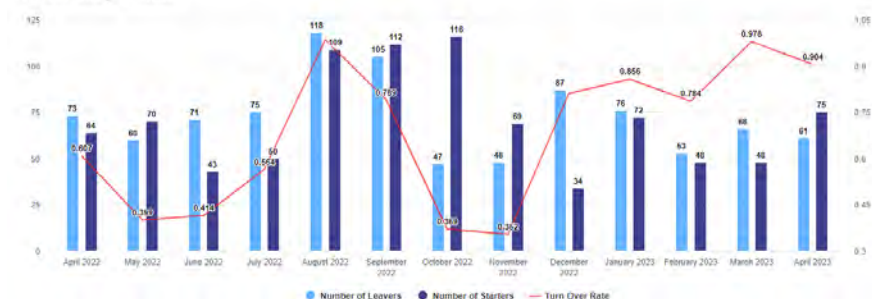


NHS Forth Valley with a rate of 7.61% was the 2<sup>nd</sup> highest mainland territorial board with NHS Lanarkshire reporting 7.67%. The Scottish average for March was 6.25%. NHS Forth Valley has since September had the 2<sup>nd</sup> or 3<sup>rd</sup> highest absence level in relation to other territorial Boards. The absence rate of 8.49% for NHS Forth Valley was the highest ever reported absence rate.

The NHS Board and Staff Governance Committee have flagged concerns regarding the worsening absence position. Absence 'deep dives' have been undertaken and Absence Management is a standing item on the Staff Governance Committee agenda, with agreement that progress against the improvement action plan will be monitored through this committee.

### Turnover

5. Forth Valley Turnover-

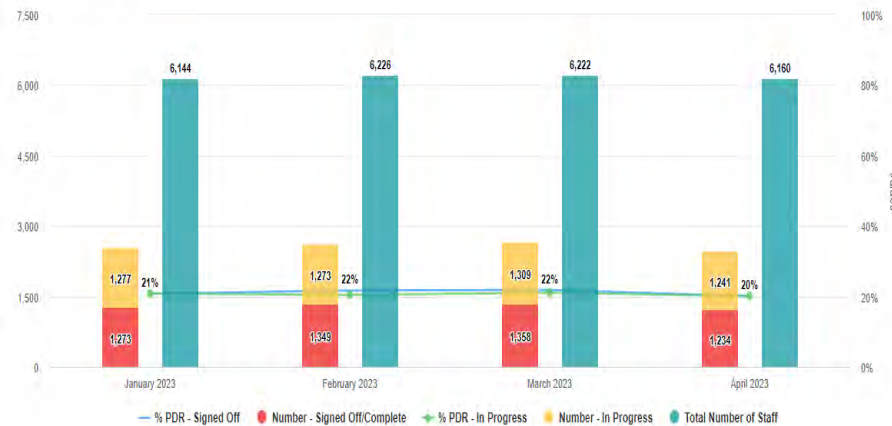


NHS Forth Valley turnover rate has remained less than 2% with increases reported in August, September and March as a result of Test and Protect leavers.

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Headcount	6894	6907	6892	6868	6843	6865	6910	6916	6877	6884	6867	6865
Starters	112	87	59	59	102	132	124	77	37	81	54	54
Leavers	85	92	76	80	125	117	52	65	91	81	59	70
Turnover	1.23	1.33	1.10	1.16	1.82	1.71	0.75	0.94	1.32	1.18	0.86	1.02

## Performance Development Reviews

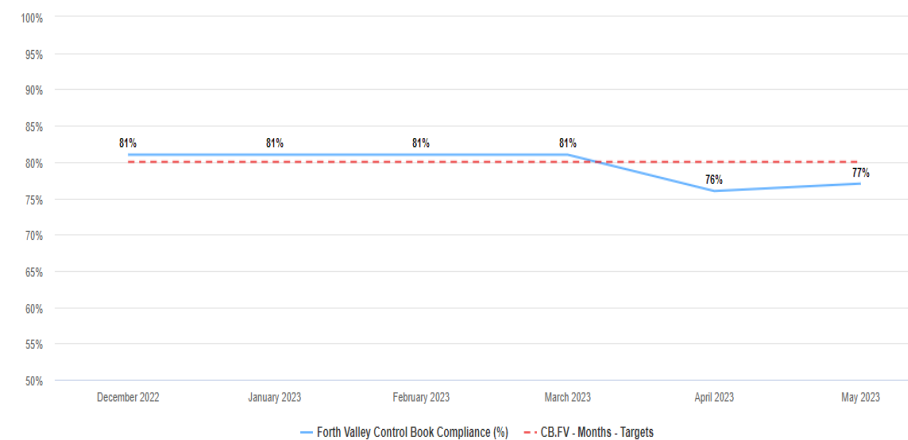
6. Forth Valley PDR-



Performance Development Reviews will be a key area of improvement during 2023-2024 and the Board has set a target of 75% for all staff employed within NHS Forth Valley.

## Health & Safety Control Book Compliance

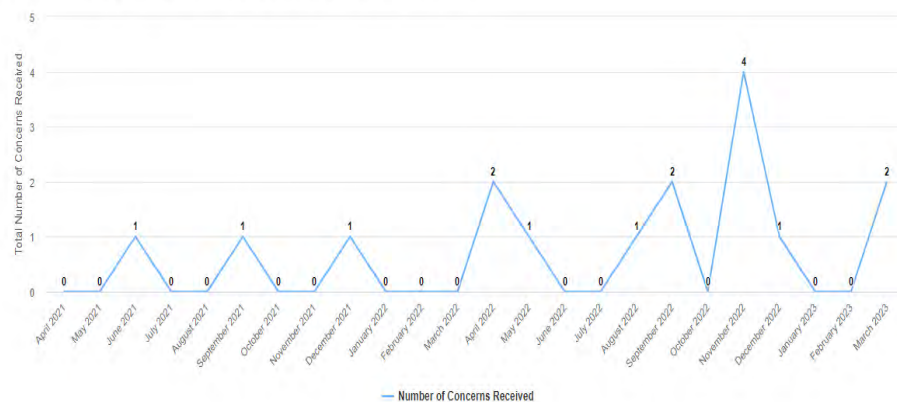
7. Forth Valley Control Book Compliance - 80% target-



Health and Safety Control Book compliance remains a key priority and performance overall has remained consistent although there are areas within both directorates and partnerships that require to be improved.

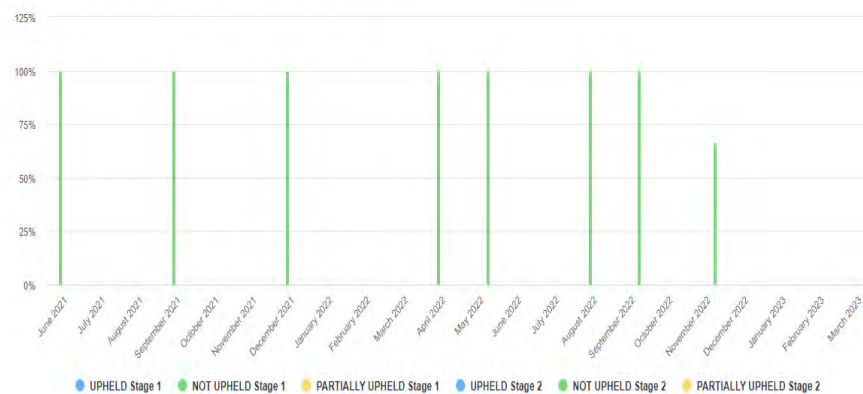
## Employee Voice – Whistleblowing Concerns Received

8. Whistleblowing - Total Number of Concerns Received - Forth Valley-



## Employee Voice – Whistleblowing Concerns Outcomes

8a - Concerns upheld, partially upheld and not upheld-

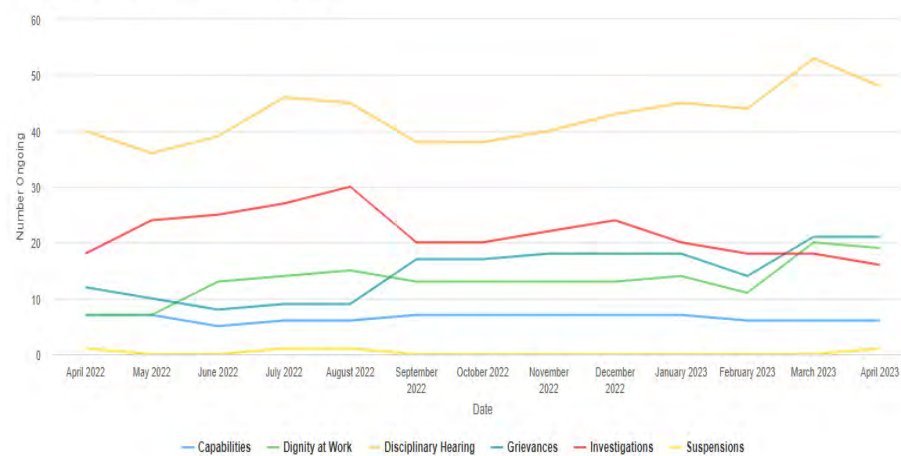


NHS ForthValley has invested recently in Speak Up initiatives including Whistleblowing. Work to increase confidential contacts is being led by the Executive Nurse Director to ensure timely investigation and where appropriate, learning to be shared and implemented.

The NHS Board receives a quarterly Whistleblowing Standards and Activity Report.

## Employee Relations

9. Forth Valley Employee Relations 2 - Ongoing\*



NHS Forth Valley has invested in staff support and wellbeing services including early resolution and access to mediation.

## Working in Partnership

NHS Forth Valley has committed to working in partnership to build and sustain a culture of collaboration with partners based on trust, respect, learning and sharing best practice. A key focus of improvement support will be in Health and Social Care Integration. This work will focus on a review of the Ministerial Steering Group for Health and Community Care (MSG) principles and the review of integration schemes with local authority Chief Executives and Chief Officers. This work is being supported by an externally commissioned professional advisor.

A self-evaluation template, based on six key features of integration summarised below, was completed by partners and reported through respective IJBs.

- 1: Collaborative leadership and building relationships
- 2: Integrated Finances and Financial Planning
- 3: Effective strategic planning for improvement
- 4: Governance and accountability arrangements
- 5: Ability and willingness to share information
- 6: Meaningful and sustained engagement

Results from the self-evaluation process form a baseline for future measurement of progress. Twenty-two indicators were evaluated by partners in each of the IJB areas against progress indicators categorised between Not Yet Established; Partly Established; Established; and Exemplary.

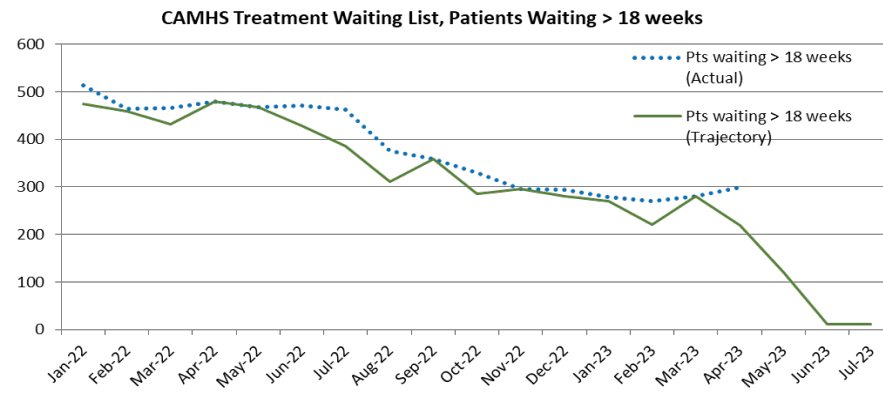
The review concluded that the majority of indicators (70%) were assessed as Partly Established, with 23% assessed as Established and 7% assessed as Not Yet Established.



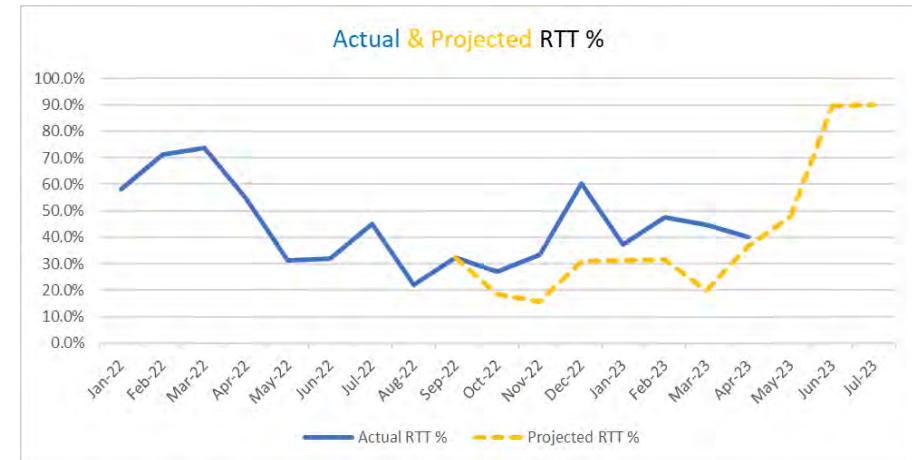
## Key Performance Area – Escalation

### Child & Adolescent Mental Health Services (CAMHS)

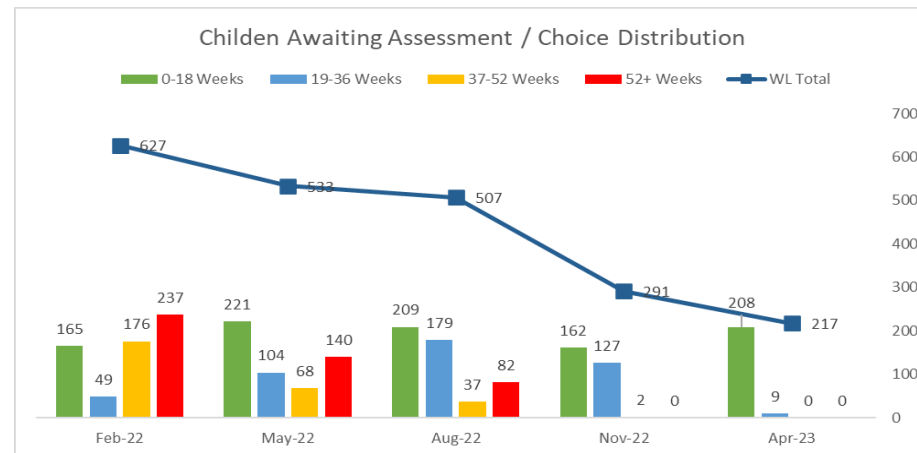
#### CAMHS: Treatment Waiting List – Patients over 18 Weeks



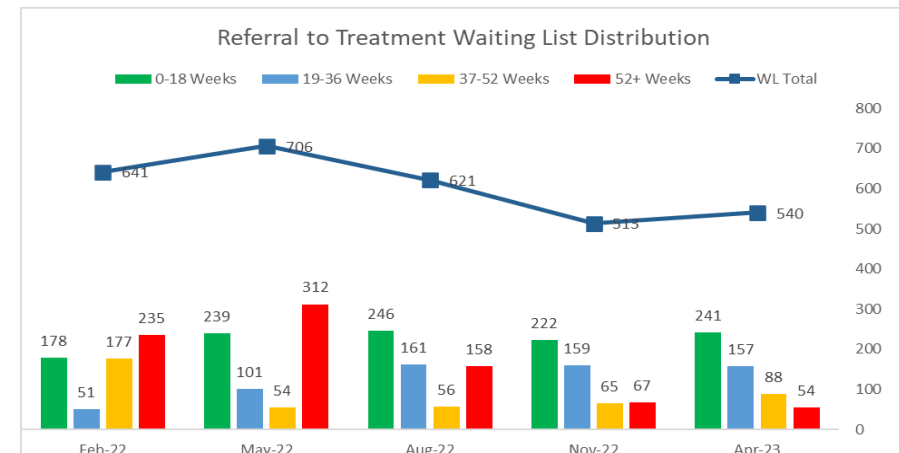
#### CAMHS: 18 Week RTT – Actual & Projected



#### CAMHS: Waiting List Distribution – Choice

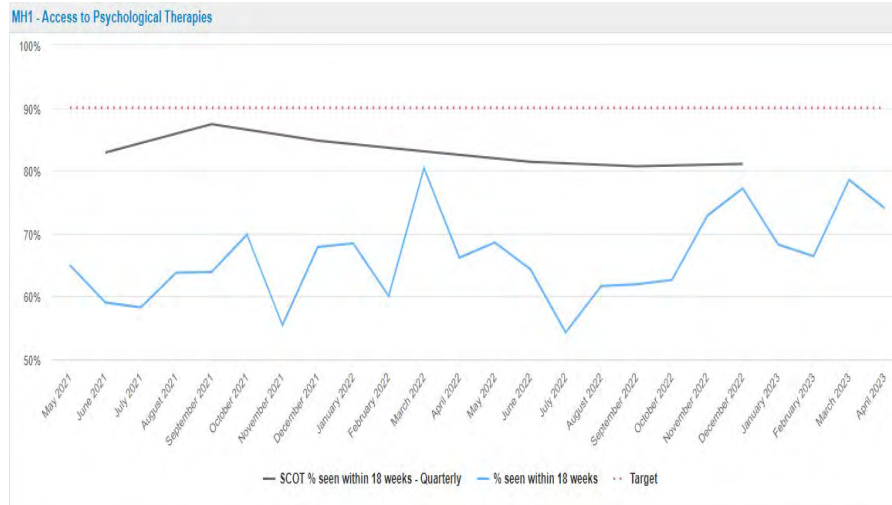


#### CAMHS: Waiting List Distribution - RTT

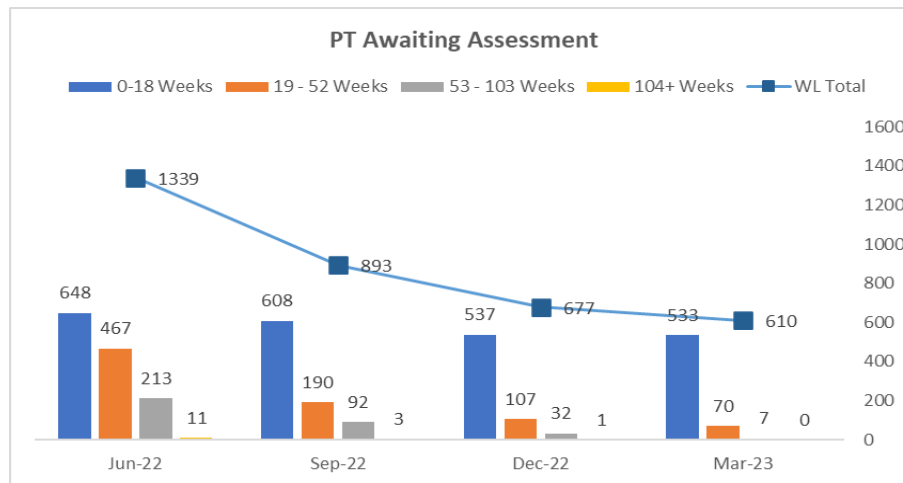


## Psychological Therapies

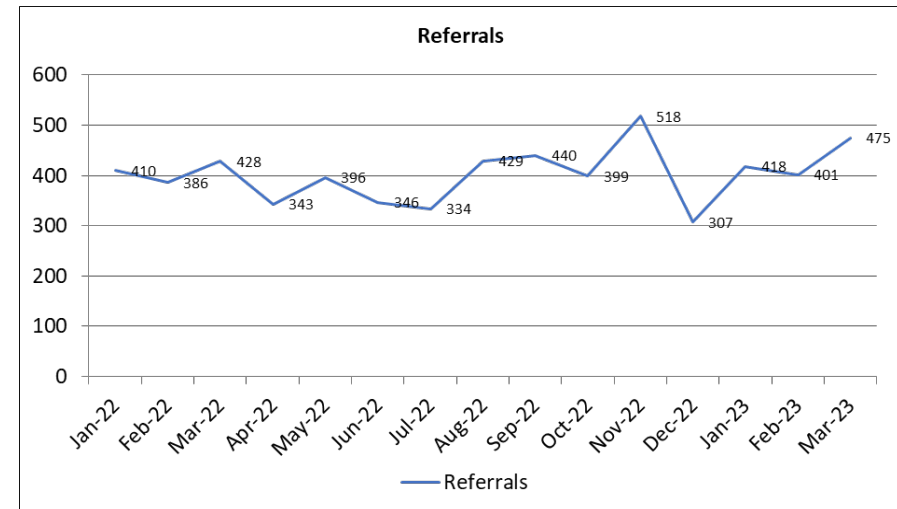
### Psychological Therapies: RTT



### Psychological Therapies: Waits for Assessment

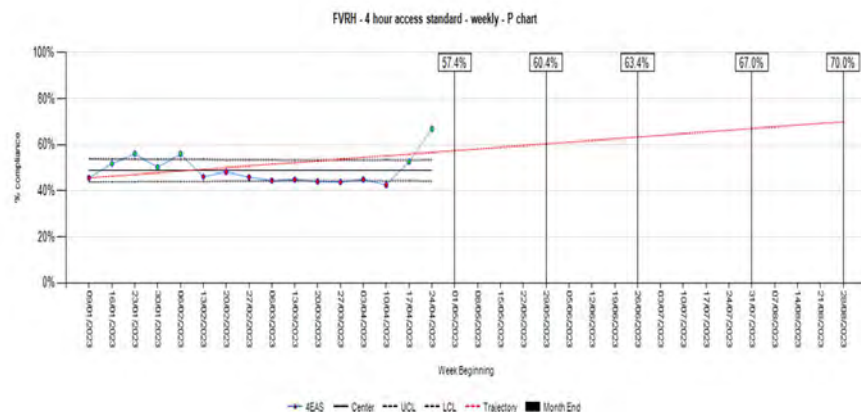


### Psychological Therapies: Referral



## Urgent & Unscheduled Care Programme (UUSC)

**UUSC:** % of unplanned new or return patients who are seen and discharged/admitted within 4 hours at FVRH ED



## Updated: 27/04/2023

[illegible]



	Support from HR and ELT to mitigate any barriers to the required service redesign will be progressed and will involve the ACP and APP.	Service Manager	Ongoing	Ongoing - 27/02/2023 As an NHS Board we have discussed how we can progress with a rolling programme from M11 to support OOH. This will be concluded on completion of ENF Training - 20/05/2023 31/01/23 - Ongoing Support from HR and ELT continues with APF and ACP implementation as required.	<ul style="list-style-type: none"> <li>Leadership oversight and awareness to help support and reduce barriers to change</li> <li>Support requirement/workforce development</li> </ul>
Synergies with other urgent care and community services in NHS FV should be further explored, including their Flow Navigation Centre and other hybrid modes of working together, taking an integrated approach.	Integration of the OOH service into our new Urgent Care Centres.	Service Manager/ OOH Clinical Lead/ Senior Charge Nurse	01-02	Complete - Integration of the OOH service into the Urgent Care Centres.	<ul style="list-style-type: none"> <li>Increased collaboration across services</li> <li>Improved economies of scale</li> <li>Greater integrated working</li> </ul>
	Exploration of potential opportunities with HSCP to build service sustainability and resilience.	Service Manager	Jan-23	Complete - Both NHS and NHS Board have supported the transfer of the operational management of OOH service, staff and a budgetary responsibility to Forth Valley HSCP (Lead HSCP)	<ul style="list-style-type: none"> <li>Opportunity to create an integrated OOH service including community alarms, social work and social care and third sector</li> </ul>
NHS FV should look to opportunities for partnership working and shared learning with other territorial Boards?	Explore recruitment opportunities with NHS Highland initiative	Service Manager	Ongoing	Ongoing - 27/02/2023 This continues to be progressed - work in progress - 31/01/23 - Ongoing - Initial discussions are ongoing	<ul style="list-style-type: none"> <li>Opportunity to improve recruitment</li> <li>Potential to attract a wider employee audience</li> <li>Increased profile of Forth Valley OOH culture and service model and ways of working</li> </ul>
	Visit to NHS Forth Valley service highlighted that NHS Forth Valley operates a similar model and any differences have already been considered and resolved.	Service Manager	Aug-22	Complete	<ul style="list-style-type: none"> <li>Increased collaboration and sharing of learning and good practice across NHS Boards</li> </ul>
	Network to troubleshoot included problems with other NHS Boards and Scottish Government e.g. GP availability for emergency detention	Service Manager/ Operational Manager/ Clinical Lead	Ongoing	20/04/2023 National SLWG now commenced. 27/02/2023 - OC attended OOH national operations meeting, agreement for a national approach to Emergency detention challenges. 27/02/2023 - NHS Board has linked with GGCs International involvement. 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.	<ul style="list-style-type: none"> <li>Increased sharing of good practice and learning</li> <li>Increased collaboration across NHS Boards</li> </ul>
Accessibility of OOH services in NHS FV should be reviewed and agreed, to ensure optimal patient care, including contingency escalation and best use of staff resource	Local transport solution as a result of the approved organisational change process is in place to transfer patients requiring the OOH service to be expedited to the nearest pharmacy for the patient.	Service Manager	01-02	Complete	<ul style="list-style-type: none"> <li>Improved access for patients to the service</li> <li>Equity of access for patients to the service</li> </ul>
	Scope of practice for the HC SW 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	<ul style="list-style-type: none"> <li>Improved and rebalancing of clinical workload (reduced travel time)</li> <li>Reduced requirement for patients to attend centres - improved patient and staff experience</li> </ul>
Further development of the OOH service as a learning environment for all MDT team members should be explored, recognising supervision constraints	Training needs analysis (TNA) to be completed for all staff groups.	OOH Clinical Leads/ Senior Charge Nurse	Dec-22	Complete - Appraisal notes will inform this work and support from the NHS Board's Organisational Development Unit to formally scope (defining need and) development opportunities to be commenced Nov-Dec-2022	<ul style="list-style-type: none"> <li>Supporting implementation of Staff Governance Standards - e.g. appropriately trained staff</li> <li>Investing in our people in line with our Corporate Objectives</li> <li>Valued, engaged and upskilled workforce</li> </ul>
	Training and education work plan will be informed by the training needs analysis findings and recommendations.	OOH Clinical Leads/ Senior Charge Nurse	Jan-23	Ongoing - Training & Development Plan to be informed by the TNA findings. Explore linkage and additional support that NES can provide.	<ul style="list-style-type: none"> <li>Supporting implementation of Staff Governance Standards - e.g. appropriately trained staff</li> <li>Valuing and developing our people in line with the Board's Corporate Objectives</li> </ul>
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	20/04/2023 This continues on an ad-hoc basis depending on the SAS rota. 27/02/2023 - regular meetings attended by SAS to manage SAS availability for the OOH service. 27/02/2023 Meeting has taken place with Sheila Berry, SAS, re: not 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 M11 and direct access to FMC regarding respiratory and low risk chest pain. Further meetings scheduled for January 2023.	<ul style="list-style-type: none"> <li>Better collaboration to support improved patient and staff experience</li> <li>Increased staffing access to workforce to support OOH service</li> <li>Increased MDT approach to providing OOH care</li> </ul>
	Regular engagement with NHS Forth Valley communications team to raise awareness of how to access OOH and Urgent Care services, this is in forming 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 releases for access to Urgent Care. 31/01/23 - Ongoing - Regular communication ongoing as per communications plan and actions agreed. Continue to work with national group 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 external staff to come in and meet the team.	<ul style="list-style-type: none"> <li>Increased profile of the OOH service</li> <li>Improved access to OOH service</li> </ul>
NHS FV should continue to promote optimal use of OOH and other 24/7 urgent care services by the public, with clear communication on a continuous basis, making best use of both traditional mechanisms and social media platforms	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 services.	Communications Team	01-02	Complete	<ul style="list-style-type: none"> <li>Increased profile of the OOH service</li> <li>Improved access to OOH service</li> </ul>
	Develop copies for patient announcement system within the Urgent Care Centres to incorporate OOH Service.	OOH Clinical Leads/ Senior Charge Nurse	Dec-22	Complete - Installation completed mid-November and work continues to develop appropriate content to provide a clear information.	<ul style="list-style-type: none"> <li>Increased patient communication</li> </ul>
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.	AD Improvement Action Plan will be developed and agreed with OOH Team setting out detailed response to the recommendations as set out in the OOH Services Report.	Service Manager/ Operational Manager/ OOH Clinical Leads	Nov-22	20/04/2023 PID shared with HSCP for sign off. 27/02/2023 - PID shared for approval with SRD and awaiting feedback. Project plan and action log developed, with regular support from CPMO. Draft PID & Project Plan shared following the recent Sir Lewis Ritchie meeting. 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.	<ul style="list-style-type: none"> <li>Increased leadership oversight improve service delivery</li> <li>Provide reassurance of a sustainable workforce going forward</li> </ul>
	CPMO is providing project management support and advice to the OOH project team. Fortnightly cash 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 SRD (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 IUSC Programme Board co-chaired by the Medical Director and Directors of Health & Social Care.	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.	<ul style="list-style-type: none"> <li>Improved leadership awareness and oversight of service delivery and staff wellbeing issues and risks</li> <li>Improved governance - e.g. issues and risk management, robust project management in place</li> </ul>

## Appendix 4

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

### **Safe Delivery of Care, Healthcare Improvement Scotland Inspection Update For Assurance**

**Executive Sponsor:** Prof Frances Dodd, Executive Nurse Director

**Author:** Prof Frances Dodd, Executive Nurse Director

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#### **Executive Summary**

An unannounced Safe Delivery of Care inspection was undertaken by Healthcare Improvement Scotland (HIS) in Forth Valley Royal Hospital on the 5<sup>th</sup>-7<sup>th</sup> April 2022, with a follow-up inspection visit on the 19<sup>th</sup> of April 2022. Following both inspection visits nine requirements were made to NHS Forth Valley Board.

The HIS Inspection Team carried out a further unannounced inspection visit to Forth Valley Royal Hospital on 27<sup>th</sup>- 28<sup>th</sup> September 2022. This follow-up unannounced inspection highlighted limited improvements against the original nine requirements from the April 2022 inspection. In addition, a further eleven new requirements for improvement were identified from the follow-up inspection, totalling 20 requirements to be met.

HIS expect NHS Forth Valley to address the eleven new and the remaining unmet requirements.

To implement the requirements, a multi-disciplinary stakeholder Working Group was established, chaired by the Acute Services Directorate, Chief Nurse. The Working Group reports to an Oversight Group, which is chaired by the Executive Nurse Director and supported by the Executive Medical Director and staff side partners. The Working Group have worked through the requirements and have developed these into a detailed Improvement and Assurance plan. This is tracked on a weekly basis and is nearing completion for most of the actions to be taken. The Working group are now focussed on evidencing sustainable assurance mechanisms and measure impact.

The Oversight Group reports to the NHS Forth Valley Clinical Governance Committee and the Scottish Government Escalation Assurance Board. To ensure project governance, a CPMO project management structure and process is being used to track activity, manage risks, support communications and develop measurement processes.

The Oversight Group have sought assurance around the measurement methods to provide the appropriate level of governance around the Improvement and Assurance plan. The Forth Valley Improvement team, the Clinical Governance team, the Practice Development team, and the Internal Audit team have been supporting the development of internal checking mechanisms to ensure the delivery of the improvement and assurance plan, as well as an objective review of the actions and outcomes to date.

A project plan is in place which details the work being undertaken across the working group to ensure the improvements are being made, developed and sustained across the system consistently.

The Internal Audit report has been received and the findings accepted and acted upon, they acknowledge the work still to be undertaken to align the appropriate measurement plan.

HIS Improvement teams have completed their work supporting the work of the Working and Oversight groups looking at care and comfort, site safety huddles, psychological safety to voice safety concerns, and contingency bed risk assessment and mitigation processes. This work has been handed over to the Forth Valley teams and they are progressing this, reporting progress to the Oversight group.

The work of the Working and Oversight groups is progressing well and the Clinical Governance Working group will be provided with regular updates on progress and escalation of any areas of concern.

The Oversight group commissioned the development of a Patient/Public Forum to work with the local teams to co-produce actions aimed at meeting the needs of the people that we serve. This mechanism has been very productive with between 13-22 people attending the Patient/Public Forum every two weeks to focus on the requirements of the Safe Delivery of Care report and to co-produce actions with the improvement team, working together with the Working group to support the development of patient focussed change ideas for consideration and development. Two members of the Patient/Public forum have joined the Oversight group to feedback to the Forum the activities.


The Oversight group have also commissioned a whole system review of the findings of the Safe Delivery of Care report, which has been applied in the context of Community Nursing and AHP services, Mental Health, Learning Disability and Midwifery services, as well as across all Children's services. This has allowed the opportunity to ensure the context of the learning has not simply been applied within Acute services, but the application of learning has been applied system wide.

## Recommendation

The Forth Valley NHS Board asked to:

- **note** HIS expectation of NHS Forth Valley to address all the requirements.
- **note** the continued progress of the Working Group
- **note** the assurance role of the Oversight Group
- **note** the development of the Patient/Public Forum and its role in co-production
- **note** the CPMO project structure.
- **note** the reporting structure.

## Assurance

Level of Assurance	System Adequacy	Controls
<b>Reasonable Assurance</b> 	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 the measurement plan and the ongoing assurance mechanisms are still in development.

## Key Issues to be Considered

The project continues to refine the measurement plan to understand impact, consistency of assurance mechanisms and early detection of concerns.

## **Implications**

### **Financial Implications**

None identified as yet, with the exception of existing staffing resources to support this work.

### **Workforce Implications**

This work has required the re-profiling of the Clinical Nurse Managers to lead on this work at a local level, supported by the Board's improvement team and the Practice Development team. The AHP Director is leading the work of the AHP developments, and the implications of the findings are being explored across the organisation, impacting on Chief Nurses in partnerships and Women and Children's services. The support of two CPMO team members have been working with the Chair of the Working and Oversight groups to ensure processes are utilised and embedded in the work of the groups.

A Staff side partner is a member of the Oversight Group and is working with the Working group to test the assumptions of the work that they are doing and the impact on staff. This work and the work of the Oversight and Working group aligns with the wider work across NHS Forth Valley in relation to the development of the organisational culture. Through the work of the Oversight group, we have encouraged openness in a psychologically safe environment to ensure our staff reporting to the Oversight group are comfortable to raise concerns, escalate issues and work with the Oversight group to resolve problems.

### **Infrastructure Implications including Digital**

There has been the requirement to expedite the eCare and Comfort rounding monitoring across the acute site, this has posed some challenges in relation to Agency staff and AHP staff. The issues for Agency staff have been fully resolved this week, ensuring all aspects of Information Governance were covered off. In relation to the work of AHPs being captured through eCare and Comfort rounding, this is still being explored and will be updated in a future update.

### **Sustainability Implications**

There are no specific sustainability issues 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**

All of the actions set out in the HIS Improvement Plan are intended to support improvements in service quality and patient experience.

### **Information Governance Implications**

There has been the requirement to expedite the eCare and Comfort monitoring across the acute site, this has posed some challenges in relation to Agency staff, this has been confirmed as not a risk to information governance and has now been resolved.



**Risk Assessment / Management**

As part of the CPMO process, risks are identified, mitigated and escalated as required. The Risk Register is reviewed every week through the working group.

**Relevance to Strategic Priorities**

Relevance to the delivery of safe, effective, person-centred care and to provide assurance of compliance to standards and guidelines. There is alignment to the “We Care” Nursing and Midwifery strategy in Priorities 1, 2, 3, 4 and 5.

**Equality Declaration**

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

**Communication, involvement, engagement and consultation**

The Clinical Governance Working Group, Clinical Governance Committee, Senior Managers & Clinical Leaders, Scottish Government Assurance Board have also been routinely updated on the work of the Oversight and Working Groups, as well as the Escalation Board and the Escalation Performance and Resources Committee.

**Additional Information**

None.

**Appendices**

Nil

## **FORTH VALLEY NHS BOARD**

TUESDAY 30 MAY 2023

### **9.2 Mid-Year Review Letter For Assurance**

**Executive Sponsor:** Mrs Cathie Cowan, Chief Executive

**Author:** Ms Kerry Mackenzie, Head of Policy & Performance

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#### **Executive Summary**

A mid-year review of performance was undertaken on Tuesday 14 March 2023 via video conference. The meeting was chaired by Maree Todd, Minister for Social Care, Mental Health and Sport. Discussions were supported by Caroline Lamb, Director General of Health & Social Care, and Chief Executive of NHS Scotland; and Christine McLaughlin, Co-Director, Population Health and Chair of the Assurance Board; overseeing NHS Forth Valley's escalation to Stage 4 of the National Performance Framework.

The meeting was attended by Janie McCusker, Chair, NHS Forth Valley and Cathie Cowan, Chief Executive, NHS Forth Valley with discussions focussing on escalation, finance, workforce, service pressures and performance in priority areas.

#### **Assurance**

Not applicable

#### **Recommendation**

The Forth Valley NHS Board is asked to:

- **consider** the key points contained in the Mid-Year Review letter.

#### **Key Issues to be considered**

- **Escalation**

It was acknowledged that the Board's leadership remained committed to delivering the required changes in relation to Escalation. The importance of this being achieved within the agreed timeframe as set out in the Improvement Plan was highlighted whilst the Board ensured that staff, local people and their representatives were engaged and kept up to date. The Board's focus must be on demonstrable, sustained progress that enables consideration of de-escalation in due course. Whilst NHS Forth Valley has not been escalated on the grounds of poor performance, the concerns related to governance, leadership and culture have been evident in poor performance particularly in relation to unscheduled care, out of hours services, mental health services and integration.

#### **Finance**

The Board remains committed to delivering efficiency savings in future years through the Sustainability and Value Programme Board, it was however noted that full delivery of recurring cost improvements in the current and expected context carries risk. The significant and ongoing pressures on the Board's finances were recognised. The Government will continue to work with the Board to monitor the financial position and to assist with longer term financial planning.

## **Workforce**

The Board has continued to experience significant challenges across both planned and unplanned activity, with staffing issues across the system directly impacting on admission and discharge from acute settings. Staffing pressures had been exacerbated by the need to support the introduction of around 70 additional beds to address the extreme and sustained pressures experienced throughout the winter. Progress the Board had made in terms of staff recruitment and retention was welcomed supporting a shift from dependency on agency staff. Cumulative pressures on the health and social care workforce were acknowledged and the full range of actions NHS Forth Valley is taking in terms of the wellbeing and resilience of local staff were recognised.

## **Winter**

The Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to Covid and other challenges was acknowledged including; ensuring the safe management of local demand and capacity, as far as possible. Assurances were provided that good practice and lessons learned from the previous winter have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning; in line with the national Winter Resilience Overview.

## **Unscheduled Care & Delayed Discharge**

It was recognised that the Board and its planning partners were engaged with the national unscheduled care programmes of work, it was agreed the current level of performance against the A&E standard was not acceptable and has to be addressed sustainably as a matter of priority. Progress in respect of sustained improvements to be kept under close review, including as part of the Assurance Board process around escalation.

## **Planned Care Waiting Times**

The current significant pressures across the local health and care system exacerbated by the difficult winter were acknowledged. Assurance was provided regarding the continuing commitment to sustained improvement in elective waiting times performance particularly in relation to the longest waits. It was noted that this would be kept under close review.

## **Cancer Waiting Times**

NHS Forth Valley consistently achieves the 31-day waiting time target however, as with most Boards, has struggled to meet and maintain the 62-day target. Assurance was provided that cancer patients continue to be prioritised for treatment and that any patient whose surgical treatment is deferred due to capacity constraints is rescheduled as quickly as possible. It was recognised that due to an increase in the volume of urgent suspicion of cancer referrals received, the main cancer types can be challenged on waits for first assessment and diagnostic tests. It was also noted that the urology, head and neck and prostate pathways continue to be challenged with high referral rates and ongoing staffing challenges however assurance was provided that these are the key target areas for improvement.

## **Mental Health Waiting Times**

The most recent quarterly performance against the national waiting standard for Child and Adolescent Mental Health Services (CAMHS) was noted as 38.0% and although an improvement from the previous quarter, this was noted to be alarming. The performance however was understood to be a consequence of the Board addressing the backlog of the longest waits, whilst still responding to those who require immediate and urgent care. Recruitment remains a key factor in supporting sustained progress. Assurance was provided that significant and sustainable improvements were expected in the national standard performance during this year.

In terms of Psychological Therapies, achieving the national 90% standard continues to be challenging for the Board. It was noted that, as with CAMHS, staffing remains a significant limiting factor, though recent recruitment success had placed the Board more in line with the national average position. Work in relation to delivering a comprehensive improvement plan is progressing

and Psychological Therapies service is engaging with the enhanced support offered by the Government.

The Government's mental health performance team will continue to work closely with the Board to monitor progress, alongside the escalation Assurance Board; to help address any emerging issues and to provide any additional support.

### **National Drugs Mission**

NHS Forth Valley has performed well in implementing the Medication Assisted Treatment (MAT) standards. The Board's progress reports have demonstrated a lot of good work underway for each of the 10 standards and the Board and its planning partners have made significant positive changes to successfully embed standards 1-5. This will be kept under review.

### **Local Strategy**

All Boards will need to learn from the pandemic experience and adapt, ensuring that the innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. The local healthcare strategy must continue to be informed by meaningful engagement with local people. The Board will also need to harness and ensure full staff support and engagement in the longer term recovery and renewal phase through sustained and effective relationships with the Area Clinical Forum and Area Partnership Forum.

The Minister formally recorded her thanks to local staff for their sustained professionalism and commitment, in the face of unprecedented and unremitting pressures.

### **Implications**

#### **Financial Implications**

There are no 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 direct infrastructure implications as a result of this report.

#### **Sustainability Implications**

There are no sustainability implications as a result of this report.

#### **Sustainability Declaration**

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

√      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 direct quality or patient care implications raised by this report.

#### **Risk Assessment / Management**

There has been no risk assessment undertaken in respect of this report.

#### **Relevance to Strategic Priorities**

As one of 14 territorial NHS Boards, NHS Forth Valley is accountable to Scottish Ministers supported by the Scottish Government Health and Social Care Directorates. NHS Forth Valley is responsible

for the protection and the improvement of the population's health and for the delivery of frontline healthcare 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**

For wider circulation and for publication on the NHS Forth Valley website.

### **Additional Information**

Nil

### **Appendices**

- Appendix 1: NHS Forth Valley Mid-Year Review letter



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Janie McCusker  
Chair  
NHS Forth Valley

Via email: [janie.mccusker@nhs.scot](mailto:janie.mccusker@nhs.scot)

24 April 2023

Dear Janie

## **NHS FORTH VALLEY MID-YEAR REVIEW: 14 MARCH 2023**

1. Thank you for attending NHS Forth Valley's Mid-year Review with your Chief Executive Cathie Cowan on 14 March via video conference. The focus of the agenda was the resilience and recovery of local services, in the context of the ongoing Covid-19 pandemic, and I am writing to summarise the key points.
2. I was supported in the discussion by Caroline Lamb, Director General of Health & Social Care, and Chief Executive of NHS Scotland; and Christine McLaughlin, Co-Director, Population Health and Chair of the Assurance Board; overseeing NHS Forth Valley's escalation to Stage 4 of the National Performance Framework.

### **Escalation**

3. In late November 2022 the Cabinet Secretary announced the Board's escalation for governance, leadership and culture on the advice of the Health & Social Care Management Board; informed by very challenging HIS inspection reports, including where they had not seen the requisite level of improvement between inspections.
4. An Assurance Board was established to bring direct oversight of the escalation and scrutinise NHS Forth Valley's progress against the agreed Improvement Plan. For improvement in NHS Forth Valley to be sustained, the Plan and its implementation must be owned and led locally. You confirmed that local governance arrangements are in place within the Board of NHS Forth Valley. The Assurance Board meets every two weeks and, as noted above, is chaired by Christine McLaughlin. Professor Hazel Borland, former Nurse Director and interim Chief Executive of NHS Ayrshire & Arran, and Dr John Harden, Deputy National Clinical Director, had been leading the senior level external support provided to the Board; engaging with NHS Forth Valley since the escalation came into effect. Professor John Brown, Chair of NHS Greater Glasgow & Clyde, also joined the external support team in January 2023; specifically, to conduct a review of the effectiveness of the governance arrangements within the Board.

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5. You provided an update from the Board's perspective, including the acknowledgement that local leadership and culture needs to change, supported by strengthened governance arrangements. NHS Forth Valley is actively engaging with other Health Boards to understand the actions taken when similar issues arose previously and is establishing what best practice look likes, in terms of leadership and culture. John Brown's review of the governance arrangements, to date, has included the observation of Board meetings and assurance committees, desktop reviews, and one-to-one meetings with Board members and others. It is anticipated that the report on Board governance may be available by June, with interim findings possible before the end of April. The review will provide an assessment of existing governance arrangements against best practice and a set of recommendations, which will then form part of the Improvement Plan.
6. You further provided assurances that all the requirements from the HIS reports have been actioned and that robust monitoring arrangements are in place to ensure sustained delivery. You confirmed that a patients group has been set up which will meaningfully inform the work of the Board, alongside arrangements to strengthen the local staff voice.
7. Christine McLaughlin commented in her role as Chair of the Assurance Board: confirming that the Improvement Plan has been in place since December and good progress is being made. There is evidence of signs of improvement, including positive behaviours and ways of working in responding to the HIS requirements; and a transparent process in place to monitor progress, with updates being regularly published. The Assurance Board had also welcomed the appointment of Jonathan Best as interim Acute Services Director; he is a very experienced operational executive and there had already been positive feedback about his input, including the necessary clarification of roles and responsibilities for local teams. Some of the more challenging relationship issues had manifested themselves in terms of integration and effective working with the local Health & Social Care Partnerships. It was therefore pleasing to note the transfer of the operational management of primary care, mental health and learning disabilities services to the local Partnerships. The NHS Board understands that, whilst this a positive step, ongoing commitment will be required by all planning partners to ensure the new arrangements are effective and sustainable.
8. Christine summarised the view of the Assurance Board that, whilst there are certainly encouraging signs of improvement there is not yet robust evidence of sustained improvement; and that is what the Assurance Board will expect to see over the next quarter (April to June, 2023). During that period, the Assurance Board will consider the outputs and recommendations from the Governance Review, Integration Review and the Organisational Development Programme and the response of the senior leadership team to these. This will then inform the next iteration of the Improvement Plan.
9. In summary, I received assurances that the Board's leadership remains completely committed to delivering the required change. It is important that this is achieved within the timeframes set out in the Improvement Plan; whilst the Board ensures that you are keeping staff, local people and their representatives engaged and up to date. As Caroline Lamb pointed out, the Board's focus must be on demonstrable, sustained progress that enables us to consider de-escalation in due course. Whilst NHS Forth Valley has not been escalated on the grounds of poor performance, the concerns related to governance, leadership and culture have been evident in poor performance particularly in relation to unscheduled care, out of hours services, mental health services and integration. We would cover some of these associated performance areas under their substantive agenda items.

## Finance

10. You confirmed that, in 2021-22, the Board delivered a balanced financial outturn following the receipt of support for Covid-19. £1.9 billion of additional funding was allocated to NHS Boards and Integration Authorities in 2021-22 to meet Covid-19 pressures; NHS Forth Valley and the local Health & Social Care Partnerships received £60.1 million of this funding.

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11. For 2022-23, NHS Forth Valley's baseline resource budget had increased to over £631.1 million. As at month 10, the Board was forecasting breakeven by year-end. Whilst the Board remains committed to delivering efficiency savings in future years through your Sustainability and Value Programme Board, you noted that full delivery of recurring cost improvements in the current and expected context carries risk. We recognised the significant, ongoing pressures on the Board's finances: in addition to Covid, risks carried over into future years include pay pressures and agency costs, the waiting times backlog and prescribing costs; alongside the impact of inflation. The Government will continue to work with the Board to monitor your financial position and to assist with longer term financial planning.

## Workforce

12. I would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication, under unrelenting pressures over the last three years; and to give them an assurance that we will continue to do all we can to support them.
13. You confirmed that the Board has continued to experience significant challenges across both planned and unplanned activity, with staffing issues across the system directly impacting on admission and discharge from acute settings. For the week ending 14 February, NHS Forth Valley's overall rate of absence was 20.0%, with sickness absence at 6.5%; higher than the NHS Scotland average rates of 16.3% and 5.1%, respectively. You confirmed that a number of areas across the system are working to reduced staffing levels or a reduced skills mix. Targeted support is being provided by the Board; as noted above, issues are related to the service pressures including beds consistently being used at or around full capacity. Indeed, staffing pressures had been exacerbated by the need to support the introduction of around 70 additional beds to address the extreme and sustained pressures experienced this winter.
14. We noted some of the welcome progress the Board had made in terms of staff recruitment and retention; shifting from dependency on agency staff. This includes international recruitment with NHS Forth Valley appointing 23 nursing staff members in cohorts one and two, with a further 10 joining in cohort three at the end of March, and 10 more planned for the fourth cohort. You also confirmed that the Board is looking at the international recruitment of other staff groupings, including medical, AHPs and midwives. The Government had published the National Interim Arrangement on *Retire and Return*, which makes it easier for experienced staff to take up part-time work once they have retired, and you confirmed that the Board had recruited around 35 staff members through that route, to date. We also welcomed the Board's work on developing as an anchor institution alongside local partners; and agreed that demonstrable progress on this agenda could help to illustrate why NHS Forth Valley is an attractive employer, with strong career development opportunities.
15. At the national level, the Government's [Winter Resilience Overview](#), backed by £600 million of funding, includes supportive measures for recruitment and retention; such as the recruitment of 1,000 additional staff over the course of this winter, including £8 million to recruit up to 750 nurses, midwives and allied health professionals from overseas, as well as 250 support staff across acute, primary care and mental health; and flexibility for Health Boards to offer 'pension recycling', where unused employer contributions can be paid as additional salary, to support the retention of staff.
16. We remain very conscious of the cumulative pressures on the health and social care workforce and recognise the full range of actions NHS Forth Valley is taking in terms of the wellbeing and resilience of local staff. You confirmed that the Board has established a range of support measures, for staff in order to promote personal resilience, help prevent mental health issues developing, and to promote overall wellbeing in the workplace, not least in light of the current cost of living crisis. These measures will also be material in terms of the local staff recruitment and retention efforts.

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## Winter

17. Given the scale of the cost of living crisis, combined with the continued challenge and uncertainty posed by Covid, a resurgence of seasonal flu and other respiratory illnesses, this winter had emerged as the most difficult our NHS has ever faced. We also remain conscious that most NHS Boards, including NHS Forth Valley, have already faced a sustained period of unprecedented pressures on local services, particularly at the main acute site. As noted above, there have been high attendances coupled with increased acuity, alongside limited staffing and bed capacity.
18. It was reassuring to hear the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to Covid and other challenges; ensuring the safe management of local demand and capacity, as far as possible. You provided assurances that good practice and lessons learned from last winter have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning; in line with the national Winter Resilience Overview. We had jointly agreed a number of overarching priorities with COSLA to help guide our services over winter, with these supporting resilience across our health and care system, ensuring people get the right care they need in the most appropriate setting.
19. One of our key lines of defence this winter, protecting both vulnerable individuals and the system against further pressures, has been the vaccination programme for seasonal flu and Covid-19. The main phase of the winter vaccination programme concluded on 5 December, with further activity continuing to the end of March. NHS Forth Valley has been amongst the top-performing Health Boards in the winter vaccination programme, and the Board continues to focus on inclusivity and removing barriers to anyone being able to attend an appointment. Planning for the spring booster programme is well underway and you confirmed that the Board is confident about delivery to all cohorts. Local staff are to be commended for their tremendous efforts in this key area.

## Unscheduled Care & Delayed Discharge

20. As noted above, NHS Forth Valley has been experiencing sustained pressures across services. Local A&E standard performance remains extremely challenged. The position over recent months is unprecedented and the reasons are complex, including significant workforce pressures, limited bed capacity, delayed discharges and increased acuity; with the 'front door' at Forth Valley Royal Hospital (incorporating the A&E Department and the acute/clinical assessment areas) consistently operating in excess of 100% of core capacity.
21. Against the 4-hour standard, the Board reported 47.1% for the week ending 5<sup>th</sup> of March (the worst performance of all NHS Boards), against the national average of 69.0%. For context, the Board reported 47.2% the previous week; 51.9% in the equivalent week in 2022, and 93.5% pre-Covid performance in the equivalent 2019 week. 12-hour breaches of the A&E standard also remain a significant issue: for the week ending 5<sup>th</sup> of March, the Board had 96 breaches (the fourth highest in Scotland and 10% of the national total), compared to 117 the previous week; 3 in the equivalent week in 2022; and none from the equivalent, pre-Covid week in 2019.
22. We continue to work with all Boards, including NHS Forth Valley, to reduce pressure on hospitals and improve performance; not least via the £50 million Urgent and Unscheduled Care Collaborative programme, which supports further development of Flow Navigation Centres to ensure rapid access to a clinician and scheduled appointments; offers alternatives to hospital, such as *Hospital @ Home*; and directs people to the most appropriate urgent care settings.

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23. Whilst we recognise that there has been a lot of work over the last year; and that the national unscheduled care team has both supported and welcomed the development of local improvement plans, concern has remained about sustained delivery. You assured us that the A&E workforce and planning partners had invested in the necessary improvement actions, as part of the High Impact Changes identified by the Board with national support, e.g. effective triage and discharge without delay. We were further assured that NHS Forth Valley is committed to implementing of improvement plans that will ensure patient safety and a more sustainable Primary Care Out of Hours service; alongside effectively working with local Partnerships to address delayed discharge under your Single System Response Plan, e.g. as of 5 February, there were 26 local patients in interim care home placements; as part of the recent national investment of £8 million to secure additional capacity and help reduce pressures on acute services. Sustained improvement in all these areas will be essential in order for the Board to make meaningful progress with A&E standard performance; and also to deliver on your scheduled care and cancer targets.
24. To conclude, whilst we recognise that the Board and its planning partners are engaged with the national unscheduled care programmes of work, we agreed the current level of performance against the A&E standard is not acceptable, and has to be addressed sustainably as a matter of priority. We will keep progress under close review, including as part of the Assurance Board process around escalation, and look to the Board to deliver sustained improvement.

### Planned Care Waiting Times

25. We recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care. We continue to assist NHS Boards with plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our [Recovery Plan](#), announced in August 2021; and last year's [annual progress update](#).
26. NHS Forth Valley continues to recover planned care services, despite persistent workforce and other challenges. In July 2022, the Cabinet Secretary announced targets to eliminate long waits for planned care across Scotland and I was pleased to note your assurance that there should be no outpatients waiting over 52 weeks locally by the end of March. For inpatients and day cases we once again recognised the progress made and the significant impact of workforce pressures; in particular, affecting staffing and activity in theatres. As at the beginning of March, the Board had 221 inpatients and day cases waiting over 52 weeks with the greatest numbers in general surgery, orthopaedics and gynaecology. NHS Forth Valley is to be commended for being in a relatively strong position with planned care performance and we also welcomed the mutual aid being offered to neighbouring Boards to assist with their backlogs.
27. At the national level, and as noted above, the Centre for Sustainable Delivery continues to work with NHS Boards to introduce new and innovative ways of delivering care that will create additional capacity for inpatient, day case and outpatients, building on the success of initiatives such as the *Near Me* programme, which regularly delivers around 40-50,000 consultations per month nationally. We welcomed an update on progress with the new National Treatment Centre at Forth Valley Royal Hospital which will: expand MRI imaging, open two new operating theatres and create an additional 30-bed inpatient ward for patients undergoing hip and knee surgery; providing an additional 1,500 orthopaedic joint replacements per year. You confirmed that construction of the centre is currently scheduled for completion in June; and should be open to patients from August.
28. Whilst recognising that the current pressures are significant across the local health and care system and have been exacerbated over this most difficult of winters, we were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance; particularly in relation to the longest waits, which we will keep under close review.

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## Cancer Waiting Times

29. The management of cancer patients and vital cancer services has remained a clinical priority during the pandemic. NHS Forth Valley consistently achieves the 31-day waiting time target but, as with most Boards, has struggled to meet and maintain the 62-day target. You provided assurances that cancer patients continue to be prioritised for treatment; and that any patient whose surgical treatment is deferred due to capacity constraints is rescheduled as quickly as possible. Nonetheless, we recognised that, due to an increase in the volume of urgent suspicion of cancer referrals received, the main cancer types can be challenged on waits for first assessment and diagnostic tests. We were therefore pleased to note that the support of a mobile CT scanner had helped to significantly improve the pressures around diagnostics. We also noted that the urology, head and neck and prostate pathways continue to be challenged with high referral rates and ongoing staffing challenges; and were assured these are the key target areas for improvement. The Government's cancer team will continue to provide support and keep progress under close review.

## Mental Health Waiting Times

30. On the face of it, the Board's latest quarter performance against the national waiting standard for Child and Adolescent Mental Health Services (CAMHS) of 38.0%, though an improvement on 31.6% in the previous quarter, is nonetheless alarming. However, I understand this is a consequence of the Board addressing the backlog of the longest waits, whilst still responding to those who require immediate and urgent care. You confirmed that, as a result of the Board's improvement work, the the total waiting list has decreased by over 8%; that those waiting over 18 weeks has decreased by over 14.3%; and that those waiting over 52 weeks waits has decreased by 40.2%. We recognise that recruitment remains the key factor for sustained progress. Nonetheless, we were assured that we can expect to see significant and sustainable improvements in national standard performance during this year.
31. In terms of Psychological Therapies, achieving the national 90% standard continues to be challenging for the Board. We noted that, as with CAMHS, staffing remains a significant limiting factor, though recent recruitment success had placed the Board more in line with the national average position. We also recognised that the service is progressing a comprehensive improvement plan and is engaging with the enhanced support offered by the Government; demonstrating an almost 20% reduction in the number of patients waiting over 52 weeks. The Government's mental health performance team will continue to work closely with the Board to monitor progress, alongside the escalation Assurance Board; to help address any emerging issues and to provide any additional support.

## National Drugs Mission

32. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment by the end of the current Parliamentary session.
33. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards, to enable the consistent delivery of safe, accessible, high-quality drug treatment everywhere in Scotland.
34. NHS Forth Valley has performed well in implementing the MAT standards. We recognise that the Board's progress reports have demonstrated a lot of good work underway for each of the 10 standards; and that the Board and its planning partners have made significant positive changes to successfully embed standards 1-5. As with all priority areas, we will keep progress under close review.

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## Local Strategy

35. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. It was therefore pleasing to note that NHS Forth Valley is making progress on your longer-term strategic outlook and priorities.
36. The local healthcare strategy must continue to be informed by meaningful engagement with local people. The Board will also need to harness and ensure full staff support and engagement in the longer term recovery and renewal phase; not least through sustained and effective relationships with your Area Clinical Forum and Area Partnership Forum.

## Conclusion

37. I hope that by the time of the next Board Review we will be free of some of the more extreme recent pressures and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most difficult periods in its history and are grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review; not least the important improvement work that is required under the escalation process; and to provide as much support as possible.
38. I want to conclude by reiterating my sincere thanks to local staff for their sustained professionalism and commitment, in the face of unprecedented and unremitting pressures, for the benefit of local people.

Yours sincerely



**MAREE TODD**

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**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

### **9.3 Data Protection Officer Report For Assurance**

**Executive Sponsor:** Mr Andrew Murray, Medical Director

**Author:** Mrs Sarah Hughes-Jones, Head of Information Governance

#### **Executive Summary**

The Board's Data Protection Officer (DPO) has a legal responsibility for monitoring compliance with data protection law and to report performance, issues, and risks to the highest management level within the organisation. This report relates to data protection activity within NHS Forth Valley for the period 1 April 2022 – 31 March 2023.


#### **Recommendation**

The NHS Board is asked to:

- **note** the assurance activity referenced in this report.

#### **Assurance**

NHS Forth Valley has appropriate processes and controls in place to manage its obligations under data protection legislation which have been externally evaluated and assured. However, while new processes around Data Protection Assessments embed, and until the Record of Processing Activities (ROPA) is complete, a reasonable level of assurance is reported for the period covered by this report.

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

#### **Key issues to be considered**

#### **Rights of data subjects**

##### Subject access requests (SARs)

Individuals (data subjects) have the right to request access to personal data that NHS Forth Valley holds about them. We are obliged to respond to SARs within one calendar month (with a possible extension to three months for complex requests).

When SARs relate to health records, they are primarily handled by Health and Corporate Records. When SARs relate to non-health records, they are primarily handled by the Information Governance Unit (IGU). In addition, Occupational Health will also respond to SARs directly to ensure confidentiality within the colleague/OH relationship is maintained.

<b>2022/23</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
SARs received (Health)	519	601	498	621
SARs received (Non-Health)	07	17	12	21

<b>2021/22</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
SARs received (Health)	442	481	443	532
SARs received (Non-Health)	19	18	12	16

2022/23 has seen a rise in SAR requests against 2021/22 figures. To provide assurance around NHS Forth Valley's handling of SARs, and to ensure that current processes and procedures are fit for purpose, an audit of the SAR process is planned within the IGU's 23/24 Workplan. This will aim to identify whether SARs are handled consistently across the organisation, share learning, and ensure best practice.

#### Other data protection rights

Data subjects have the right to ask NHS Forth Valley to rectify, erase, or restrict processing of their personal data. They also have a right to object to processing. While NHS Forth Valley will not always need to comply with such a request, they must be responded to within one month (with a possible extension to three months for complex requests). Request volumes for these types of requests continue to be low.

<b>2022/23</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Requests for Rectification	0	1	2	1
Requests for Erasure	0	0	0	0
Requests to Restrict Processing	0	0	0	0
Objections to processing	0	0	0	0

<b>2021/22</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Requests for Rectification	1	2	1	0
Requests for Erasure	0	0	1	0
Requests to Restrict Processing	0	0	0	0
Objections to processing	0	0	0	0

#### Complaints to the UK Information Commissioner (ICO)

If data subjects are unhappy with the way NHS Forth Valley has handled their personal data, or dealt with a request, they can complain to the ICO. Complaints to the ICO remain low.

<b>2022/23</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Complaints to ICO	1	1	0	0

<b>2021/22</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Complaints to ICO	3	1	0	0

#### **Data protection breaches**

A personal data breach means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. This includes breaches that are the result of both accidental and deliberate causes.

Colleagues are encouraged to report all potential data protection breaches (including near misses and low-level incidents or concerns) using the adverse event reporting system

(Safeguard). This is to ensure that the Board builds a culture where incidents are routinely reported and assessed, and opportunities to learn and / or take preventative action are identified.

The IGU assesses all reported incidents, to consider whether the incident is reportable, assess the risk to the individual(s) involved, and make recommendations. Where a data protection breach creates a high risk to the individual(s) concerned, UK-GDPR requires the Board to report the breach to the UK Information Commissioner (ICO) within 72 hours.

The IGU introduced a new register to support the internal analysis of data protection breaches in September 2022. Consequently, this report provides partial data for the period. The new register will support improved trend analysis over time.

<b>2022/23</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
No. of breach concerns:	N/A	6	21	16
No. reported to IGU within 72 hours of becoming known:	N/A	4	15	11
No. assessed to be a data protection breach:	N/A	4	19	10
No. assessed as not a breach / near miss:	N/A	2	10	3
No. assessed as high risk to data subject(s):	3	0	1	0
<b>Reportable to the UK ICO</b>				
No. assessed as medium risk to data subject(s):	N/A	0	8	3
No. assessed as low risk to data subject(s):	N/A	6	11	8

Four data protection breaches were assessed to meet the threshold requiring report to the UK ICO. Three involved a failure of systems which impacted multiple Boards. The fourth involved a letter, containing sensitive health information, being sent to the wrong recipient. In all cases, the security incident / breach policies and procedures were followed ensuring that the situations were responded to appropriately and the impact to data subjects minimised.

## **Data protection activity within NHS Forth Valley**

### Requests for disclosure of personal data from other agencies

NHS Forth Valley receives many requests for personal data from other organisations under Schedule 2 of the Data Protection Act 2018; for example, Police Scotland may request disclosures of personal data when it is necessary for the prevention and detection of crime. While not subject to statutory timescales, the nature of these requests requires timely responses.

<b>2022/23</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Total requests under Schedule 2, 1, 2	58	53	50	80

<b>2021/22</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Total requests under Schedule 2, 1, 2	48	79	52	67

Requests under Schedule 2, 1, 2 remain steady and on a par with the previous year.

### Data Protection Impact Assessments (DPIAs)

DPIAs help to identify data protection issues at the start of a project and reduce the risk of non-compliance with UK-GDPR. Data protection legislation requires DPIAs to be completed in certain circumstances, specifically when personal data processing is identified as being high risk. To embed a culture of compliance, it is recommended that services complete a data

protection assessment when introducing or changing any project, process or system which involves personal data.

The IGU introduced a new register to support the internal analysis of data protection assessments in late 2022. The new register will support improved trend analysis over time and enable a better understanding of the level of risk associated with assessed activities involving personal data.

<b>2022/23</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
DPIAs received:	5	19	32	21
DPIAs referred to the UK ICO	0	0	0	0
No. assessed as high risk to data subject(s):	N/A	1	2	1
No. assessed as medium risk to data subject(s):	N/A	3	8	4
No. assessed as low risk to data subject(s):	N/A	10	4	10

Completion of data protection assessments provide assurance that services are continuing to consider privacy and data protection risks. Where risks are identified, the data protection assessment process enables mitigation to be incorporated into the activity's design, thereby reducing the risk to individuals and the organisation as a whole.

## ROPA

To comply with Article 30 of the UK-GDPR, the IGU is in the process of collating a Record of Processing Activities (ROPA). This is, essentially, a like of the activities undertaken by NHS Forth Valley which involve personal data. The ROPA will set out the purpose of the processing activity, describe the personal data and categories of data subject it involves, identify the lawful basis of processing, the security measures in place to protect the personal data, whether and how personal data is shared, and how long it will be kept. Once complete, the ROPA will support, and be maintained by, other information governance tools and processes such as data protection assessments and the information asset register.

## Data protection enquiries

The DPO and IGU deal with many enquiries about data protection issues from colleagues across the organisation, and wider partners e.g., GP practices. These range from basic to complex enquiries around various areas of data protection compliance including information sharing practice and governance, privacy notices, contractual clauses, and security controls.

## Training

All colleagues are expected to complete mandatory training on data protection by undertaking the Safe Information Handling module. In July 2022, the eLearning platform transferred from LearnPro to TURAS eLearning.

The target compliance for completion of information governance eLearning modules is 90%. The current compliance rates reported by NHSFV are as follows:

	<b>FV Data Protection (Closed)</b>	<b>Safe Information Handling</b>	<b>Safe Information Handling</b>	<b>Safe Information Handling</b>
	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Overall Compliance	71%	68%	55%	48%



The fall in compliance rates in relation to e-learning training is not unique to data protection training and reflects the impact of moving between the two training systems within the reporting period and system data not being directly comparable to pull across.

In addition to e-learning, the IGU will deliver bespoke training to services and teams upon request, and to support services engaged in information governance activities e.g., data protection assessments and breaches.

### ICO Audit

The ICO conducted an audit of NHS Forth Valley's data protection arrangements, relating to Governance & Accountability and Data Sharing, in January 2023. The audit consisted of a desktop review of policies, procedures, and supporting evidence submitted to the ICO, and a number of interviews with key staff, held over MS Teams.

NHS Forth Valley received a High Assurance Rating as a result of the audit. Ten recommendations were made to improve practice. These have been accepted and reported to the Executive Leadership Team and Performance and Resources Committee. Their completion will be monitored through the Information Governance Group.

### **Data protection developments**

#### Data Protection and Digital Information (no. 2) Bill

The UK government has introduced the Data Protection and Digital Information (no. 2) Bill which is currently progressing through the Committee stages and is likely to be brought into law by autumn 2023. As the Bill is still in its early stages, it is still likely to change. At present, key amendments are:

- Refining the definition of personal data in an effort to clarify when a person can be identified from data.
- Removal of the statutory obligation on organisations to appoint a Data Protection Officer. Instead, public authorities will be obliged to identify a Senior Responsible Individual at Board level with responsibilities for data protection compliance (which can thereafter be delegated to another person within an organisation as appropriate).
- Introduce the ability for organisations to refuse subject access requests if they are assessed to be vexatious. This would align data protection legislation with freedom of information law, although is unlikely to substantially impact our approach to the majority of requests.
- Limit the requirement for organisations to maintain a ROPA to those who engage in high-risk processing. As NHS Forth Valley processes special category data (health information on a large scale), we will still be obliged to maintain a ROPA.
- Abolish the role of the UK Information Commissioner and replace with an Information Commission incorporating the roles of the UK Information Commissioner, the Surveillance Camera Commissioner, and the Biometrics Commissioner into one place.
- Relaxing some rules around cookie consent to enable website analytics to be more readily collected.

Overall, at present, the suggested amendments to data protection legislation seem likely to bring only superficial change to NHS Forth Valley's approach to managing personal data. The IGU will follow progress of the Bill to ensure any emerging information risks associated with the change to law are quickly identified and managed in accordance with the Corporate Risk Management framework.

## **Implications**

### **Financial Implications**

There are no direct financial implications raised by this report. Appropriate management of its data protection obligations protects NHS Forth Valley from the risk of financial penalties caused by breaches of legislation.

### **Workforce Implications**

There are no direct workforce implications raised by this report.

### **Infrastructure Implications including Digital**

There are no direct infrastructure implications as a result of this report. Appropriate management of its data protection obligations protects NHS Forth Valley to maintain its essential services.

### **Sustainability Implications**

There are no sustainability implications as a result of this report.

### ***Sustainability Declaration***

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

√      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 direct quality or patient care implications raised by this report. Appropriate management of its data protection obligations protects NHS Forth Valley to maintain its essential services.

### **Information Governance Implications**

This report provides assurance around NHS Forth Valley's adherence to its information governance obligations.

### **Risk Assessment / Management**

This report forms evidence of controls in place against the following organisational risks:

- **SRR.003 – 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.*
- **SRR.015 – Cyber Resilience**  
*If NHS Forth Valley does not build and maintain effective cyber resilience, there is a risk that the cyber security of the organisation may be compromised, resulting in disruption to our ICT systems and service delivery. Increased Cyber risk as reported by National Cyber Competent authorities (NCSC, SG Cyber Unit).*

**Relevance to Strategic Priorities**

Appropriate controls to manage data protection compliance support the Board's ability to deliver its essential 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**

The following individuals have contributed to this report:

Sarah Hughes-Jones, Head of Information Governance & Data Protection Officer (author)

Linda Allen, Data Protection Manager (contributor)

**Additional Information**

Data protection compliance is routinely reported and monitored by the Information Governance Group which meets quarterly.

**Appendices**

None.

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

## **9.4 Clackmannanshire and Stirling HSCP Assurance Report For Assurance**

**Executive Sponsor:** Mrs Cathie Cowan, Chief Executive

**Author:** Ms Lesley Fulford, Senior Planning Manager, C&S HSCP

### **Executive Summary**

To provide assurance to NHS Forth Valley Board of performance in Clackmannanshire and Stirling Health and Social Care Partnership (HSCP).

The report to Health Board presents:

- Strategic Commissioning Plan 2023/2033
- Revenue Budget 23/24
- Ministerial Steering Group
- Integration Scheme Review

In addition to the report presented to Health Board, the HSCP has provided reports to Council and members briefings.

### **Recommendation**

The NHS Board is asked to: -


- **note** the report and progress by the HSCP in meeting its priorities in the Strategic Plan
- **note** a follow up report

### **Assurance**

If NHS Forth Valley financial plans are not aligned to strategic plans and external drivers of change, there is a risk that the 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.

Links to NHSFV risk register number SRR005 and SRR009. See implications section.

*Proposed assurance level:*

Level of Assurance	System Adequacy	Controls
<b>Limited Assurance</b> 	Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.

### **Key Issues to be Considered**

*No key issues identified.*

## **Implications**

### **Financial Implications**

The revenue budget relies on £2M from reserves and this comes with significant and ambitious savings requirement of £4.392M. Should the savings requirement not be achieved, this would present a risk to the Partners, per the Integration Scheme.

### **Workforce Implications**

Team Managers will be required to ensure there are savings made and this will be monitored through grip and control meetings.

### **Infrastructure Implications including Digital**

The range of recording systems (both health and social care) in the HSCP are not designed to share information / data to enable analysis of performance. This poses a challenge for demonstrating performance for the HSCP and requires manual manipulation of information / data.

There is a risk around the complexity of storage systems when HSCP staff are employed by three partner bodies.

### **Sustainability Implications**

There could be a risk to service delivery in line with SRR004 which states the “impact of cessation of treatment/diagnosis on patients, and the risk to the NHS Board that failure to prioritise effectively and plan for the impending changes to case-mix and population need could cause additional, preventable death and harm, as part internal audit action point 08/22.”

### **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

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**

Impending changes to case-mix and population need could cause additional, preventable death and harm and result in an increase in demand - if as a result service delivery is reduced this would have a negative impact on quality of care.

### **Information Governance Implications**

See infrastructure section above.

### **Risk Assessment / Management**

A risk assessment has been undertaken and can be viewed as part of the IJB Audit and Risk Committee Papers.

### **Relevance to Strategic Priorities**

This report supports the ten-year Strategic Commissioning Plan, Locality Plans and Integrated Workforce Plan

**Equality Declaration**

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

**Communication, involvement, engagement and consultation**

This paper has been written by the Senior Planning Manager with input from relevant service leads.

**Additional Information**

*None*

**Appendices**

- Appendix 1: Clackmannanshire and Stirling HSCP Assurance Report

## **Appendix 1: Clackmannanshire and Stirling HSCP Assurance Report**

### **Strategic Commissioning Plan 2023 – 2033**

At the 29 March Integration Joint Board, the Strategic Commissioning Plan for 2023 – 2033 was approved.

The Strategic Commissioning Plan is a key requirement of the Integration Joint Board, as the overarching commissioning body for all delegated functions, as laid out in the Public Bodies, Joint Working Act (2014) Scottish Government Guidance.

Work to develop the new Strategic Commissioning Plan started in March 2022, and 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.

Engagement activity was a key strand of work and included online surveys and community events held throughout the villages and towns, online events for each of the Localities. There were also meetings with local interest and peer support groups as well as regular Locality Planning Network meetings within each of the three Localities. This work links the Health and Wellbeing Outcomes, Strategic Commissioning Plan, Integrated Workforce Plan and, the Locality Plans providing the 'Golden Thread' from the grassroots up including communities and wider stakeholders.

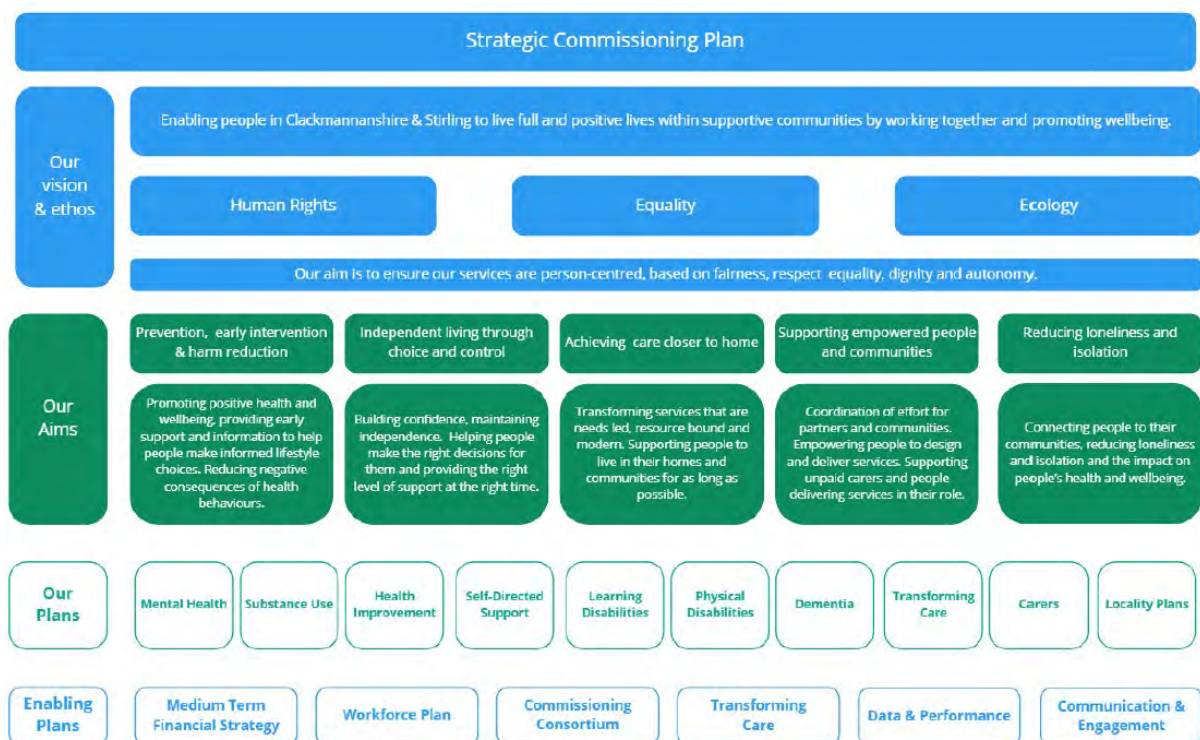
Delivery of the ethical commissioning approach, as previously agreed by the IJB, means delivery of all our commissioning activity within a Commissioning Consortium model with all partners and stakeholders having the opportunity to influence service models. This programme is well underway across a range of care groups.

The vision is "Enabling people in Clackmannanshire & Stirling to live full and positive lives within supportive communities by working together and promoting wellbeing."

The key areas of priority for the IJB, these are:

- Prevention, early intervention and harm reduction
- Independent living through choice and control
- Achieving care closer to home
- Supporting empowered people and communities
- Reducing loneliness & isolation

The image below is the Strategic Commissioning Plans plan on a page.



## Revenue Budget 23/24

At the 29 March Integration Joint Board, the Revenue Budget for 2023/24 was approved, this can be found [here](#).

The economic outlook appears significantly tighter over the medium term which, compounded by high inflation and resultant pressure for increased pay and uplifts on contractual inflation.

The revenue budget relies on £2M from reserves and this comes with significant and ambitious savings requirement of £4.392M. This is in the context of both the direct and indirect impacts of Covid, continue to pose significant risk to our local communities, society, the services we provide, the partnership budget and the wider economy. The economic impact of Covid19 will continue to be felt over both the short and medium to longer term.

Significant risks were identified including, but not limited to:

- Local Government Pay
- Covid costs eliminated
- Required Savings and Efficiency Programmes are delivered

Work continues to identify; risk assess and deliver the required savings across 3 broad thematics:

- Operational Grip and Control
- Strategic Approaches: and
- Policy Options

By 2027/2028 the IJB is looking at a cumulative total for savings of £34.0163M.

The 2023/24 Revenue Budget is anchored within the most challenging set of circumstances the IJB has seen since its establishment with economic turbulence, high inflation, workforce



constraints, very constrained resources and enduring pressure across the whole Health and Social Care system.

There is significant complexity and uncertainty within the budget considerations and close control, monitoring and reporting will be vital across the coming financial year. As such it is important to consider this budget as an initial position allowing the IJB to set a balanced initial budget for 2023/24. Whilst the deployment of £2m of reserves protects service delivery to a degree it can only be viewed as a bridging whilst further options are considered and presented. None of these will be easy or without risk.

## **Ministerial Strategic Group**

This was a key strategic decision taking group in relation to transformational change in health and community care in Scotland. The group was chaired by the Cabinet Secretary for Health and Sport and the COSLA Spokesperson for Health and Social Care. The group was established in 2008 to provide a forum in which leaders from health and social care could meet to discuss matters of mutual interest and to provide leadership and direction.

Audit Scotland published a report in February 2019 outlining recommendations across six headings, these were:

- Collaborative leadership and building relationships
- Integrated finances and financial planning
- Effective strategic planning for improvement
- Governance and accountability arrangements
- Ability and willingness to share information
- Meaningful and sustained engagement

In September 2019 Clackmannanshire and Stirling IJB approved Improvement Plan, this is now being planned for a review.

## **Integration Scheme Review**

The Integration Scheme is a legally binding agreement between Councils and Health Board who are known as 'the parties' in the Integration Scheme. The scheme describes what the parties will do to enable the Integration Joint Board (IJB) to meet its responsibilities (or 'delegated functions'). The current [Integration Scheme](#) was approved by all Constituent Authorities and endorsed by the then Partnership Transition Board in June 2015.

The Integration Scheme was submitted to Scottish Ministers on 1 April 2015, as required, and was approved by Ministers on 4 September 2015 where it was laid before Parliament before coming into force on 3 October 2015. The IJB became responsible for adult and older people's services in April 2016.

Under Section 44 of the Public Bodies (Joint Working)(Scotland) Act 2014 paragraph (5) the Constituent Authorities have a legal duty to formally review the Integration Scheme five years from its date of approval, in this case by October 2020.

An initial review session was held 21 January 2020 with CEX's, CFO, Directors of Finance, Section 95 Officers, Legal & Governance Managers and Senior Planning Manager from HSCP. This constituted the initial review and therefore the constituent authorities have met their statutory duty; the current Integration Scheme remains in place. [Words to this effect were published on the HSCP web page where the Integration Scheme is available.](#) There was recognition of need for further engagement with Elected Members and Health Board

Members on the Integration Scheme. Due to the emergency response to the COVID-19 pandemic this work was not prioritised.

This review is being taken forward by the Senior Planning Manager of the HSCP, with support from key individuals in the partner bodies.

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

### **9.5.1 Clinical Governance Committee Update – 23 May 2023**

**Chair:** Dr Michele McClung, Non-Executive Director

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#### **Key points to note from the meeting:**

#### **Section 6 – Items for approval**

- **6.1 Draft Clinical Governance Strategic Implementation Plan**  
Andrew Murray provided an overview of the Clinical Governance Strategic Implementation Plan. The Strategic Implementation Plan was developed to support the implementation of Clinical Governance across NHS Forth Valley and Health & Social Care Partnership as a key component of the Forth Valley Quality Strategy. The aim of Clinical Governance is to increase the organisational safety and assurance which will in turn increase the resilience and sustainability of corporate support. In developing the Clinical Governance Framework and toolkit, measured learning can be achieved within adverse event reviews, duty of candour and safety improvement work. The implementation plan contains information on the Clinical Governance Meeting Structure and the adapted Vincent Framework. The Clinical Governance Framework, Clinical Governance priorities and the critical success factors which will provide assurance of an effective Clinical Governance approach that delivers a consistently safe, effective service to the people of Forth Valley.
- **6.2 Update to Section 3.4 and 3.6 Terms of Reference**  
Lynda Bennie advised of changes made to the Terms of Reference. The changes were in relation to draft minutes of the Clinical Governance Committee will be presented to the next Board meeting and draft minutes from the Clinical Governance Working Group will be presented to the Clinical Governance Committee.
- **6.3 Draft Clinical Governance Committee Annual Report**  
Lynda Bennie presented the draft Clinical Governance Committee Annual Report, highlighting items presented over the period April 22 to March 23 from the forward planner as well as additional items shared with the Committee over this period. The annual report concludes with a statement of assurance provided by the Chair of the Clinical Governance Committee.
- **6.4 Draft Duty of Candour Annual Report**  
Lynda Bennie presented the draft Duty of Candour Annual Report from the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023. During this period, there were 11 cases where Duty of Candour was implemented. Although some DoC/SAER reviews are still currently in progress, should DoC be triggered assurance was provided that appropriate DoC criteria had been met.
- **6.5 Draft Patient Safety Conversation Annual Report**

Lynda Bennie presented the draft Patient Safety Conversation Annual Report. During the period April 22 to March 23 there was a total of 28 patient safety conversation visits – 20 initial and 8 return. The report highlighted items for discussion which will be taken forward at a Board Seminar on 13<sup>th</sup> June 2023.

## **Section 7 – In our services, Is Care Safe Today?**

- **7.1 Safe Delivery of Care Oversight Group Update**  
Frances Dodd provided an update on the action plans relating to both unannounced inspections to Forth Valley Royal Hospital by HIS.
- **7.2 Internal Audit Report A14/23 Organisation to HIS Report**  
Frances Dodd advised that internal audit had been asked to review the Forth Valley Action Plan to provide assurance of the actions. The audit report A14/23 was shared with the committee members.
- **7.3 Escalation Update**  
Cathie Cowan provided the committee with an update on the escalation improvement action plan, version 2.

## **Section 8 – In our services, Was Care Safe in the Past?**

- The agenda items in Section 8 are reports and presentations which are standard items on the Clinical Governance Committee agenda. These reports contain key safety metrics and narrative which provides assurance of the overall safety in our services. The reports presented at this meeting were:
- **8.1 – Safety and Assurance Report March-April 2023**  
Andrew Murray gave an update to the Committee on the detail within the report.
- **8.2 – Scottish Patient Safety Programme Update – Acute Adult**  
Morven Dunn, Quality & Patient Safety Lead provided the committee with an update on the National Scottish Patient Safety Programme in relation to acute adult. She provided detail of Falls, Deteriorating Patient, National Events and Webinars, the Forth Valley Acute Adult SPSP work and the Forth Valley Acute Adult data submission.
- **8.3 – HAIRT Quarterly Report January- March 2023**  
Jonathan Horwood, Area Infection Control Manager updated the Committee on the detail within the report.
- **8.4 – Healthcare Associated Infection (HAI) Annual Report**  
The HAI Annual Report was presented to the committee by Jonathan Horwood.

## **Section 9 – In our services, Will Care Be Safe in the Future?**

- **9.1 Risk Management Update Quarter 4**  
Sara Mackenzie provided an update for Quarter 4.
- **9.2 Strategic Risk Deep Dive on Out of Hours**  
Sara Mackenzie and Donna Clark provided a joint presentation on risks and mitigations related to the Out of Hours Service. They highlighted there were 10 current controls in place for this risk with 9 further controls planned and underway.

- **9.3 Public Health Update**

An overview of the Governance arrangements in Public Health was presented to the Committee. It was agreed that Public Health reports would be provided at each future committee meeting.

- **9.4 Deanery Visit Update**

Dr Alison McKenzie, Consultant Physician & Associate Director of Medical Education provided an update and SMART objectives regarding a visit to Internal Medicine and Specialties by the West of Scotland Deanery.

## **Section 10 – Is Our Care Person-Centred?**

- **10.1 NHS FV Complaints and Feedback Performance Report**

This report was presented to the Committee by Frances Dodd. It included the complaints activity across NHS FV and a detailed breakdown of the feedback mechanisms in place across the organisation.

## **Section 11 – Are We Learning and Improving?**

- **11.1 Quality Strategy Update**

This paper was deferred to a future meeting.

- **11.2 Significant Adverse Event Report**

Lynda Bennie provided an update on the Significant Adverse Event Review current status. There was discussion around the challenges in meeting the national targets.

## **Section 12 – Are Our Systems Reliable?**

- **12.1 Child Protection Annual Report**

Lorna Hood, Nurse Consultant presented the Child Protection Annual Report 22-23. This report provided information and reflection on the child protection activity during the 12 month period and outlined the work done to continually improve the service.

- **12.2 Adult Support and Protection Update**

Dr Gillian Taylor, Head of Service/Chief Nurse provided an update regarding NHS Forth Valleys adult support and protection improvement work over 22/23. Over this period the organisational structure to ensure public protection arrangements are adequate to meet the accountable and assurance duties nationally stipulated have been refreshed.

- **12.3 Gender Based Violence Update**

Hazel Sommerville, Gender Based Violence & Sexual Assault Service Lead gave an overview of the work carried out by the Gender Based Violence Service to ensure the requirements set out by Scottish Government of CEL 14, SG equally safe standards (2018) Forensic Medical Services Act 2021 and Health improvement Scotland – Healthcare and Forensic Medical Services for people who have experienced rape, sexual assault or child sexual abuse : children, young people and adults (2020) are met.

## **Section 13 – Further Assurance**

- **13.1 Controlled Drugs Assurances SBAR and CD Reporting Template**

Laura Byrne, Director of Pharmacy & Controlled Drugs Accountable Officer presented the Committee with an SBAR relating to the roles and responsibilities of Controlled Drugs Accountable Officer and proposed an assurance reporting structure.

- **13.2 Clinical Governance Working Group Annual Report**

Lynda Bennie summarised the activity of the Clinical Governance Working Group, April 22-March 23.

**Section 14 – For Noting**

- **14.1 Standards and Reviews Report**
- **14.2 Safe Delivery of Care Unannounced Inspection Wishaw**
- **14.3 Reports from Associated Clinical Governance Groups**
  - **14.3.1 Clinical Governance Working Group Minutes 23.03.23**
  - **14.3.2 Draft Clinical Governance Working Group Minutes 11.05.23**
  - **14.3.3 Organ Donation Committee Minutes 22.03.23**
  - **14.3.4 Area Prevention & Control of Infection Minute**
  - **14.3.5 Child Protection Assurance Group Minute 24.01.23**

**Section 15 – AOCB**

## **Clinical Governance Committee Ratified Minute – 21 February 2023 For Assurance**

**Chair:** Dr Michele McClung, Non-Executive Director

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**Minute of the Clinical Governance Committee** meeting held on Tuesday 21 February 2023 at 9.00am via Microsoft (MS) Teams

**Present:** Mrs Margo Biggs  
Mrs Kirstin Cassels  
Mr Robert Clark  
Ms Janie McCusker  
Dr Michele McClung (Chair)  
Mrs Helen McGuire  
Cllr Wendy Hamilton  
Mr John Stuart

<b>In Attendance:</b>	Mrs Lynda Bennie	Mr Jonathan Horwood
	Miss Jennifer Brisbane (Minute)	Ms Chantelle Kemp
	Prof John Brown	Mrs Sara Mackenzie (Item 7.1)
	Ms Laura Byrne	Dr Oliver Milling-Smith (Item 6.2)
	Dr Aileen Cope (Item 6.1.1)	Mrs Olwyn Morrison (Item 9.1)
	Prof Frances Dodd	Mr Andrew Murray
	Mrs Pauline Donnelly (Item 8.1)	Mrs Kathy O'Neil (Item 6.5)

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

Apologies were received on behalf of Mrs Cathie Cowan and Mr Gordon Johnston. The Chair confirmed the meeting was quorate.

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

There were no declarations of interest offered at this time.

### **3. Draft Minute of Clinical Governance Committee meeting held on 8 November 2022**

The minute of the meeting held on 8 November 2022 was approved as an accurate record.

### **4. Matters Arising from the Minute/Action Log**

There were no matters arising from the meeting. The action log was reviewed and agreed, updates were noted within the action log.

### **5. In Our Services, Is Care Safe Today?**

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#### **5.1 HIS Inspections Update**

The Clinical Governance Committee received the 'HIS Inspection Update'.

#### ***The Clinical Governance Committee:***

- ***Noted the HIS expectation of NHS Forth Valley to address all the requirements.***
- ***Noted the establishment of the Working Group.***

- ***Noted the establishment of the Oversight Group.***
- ***Noted the CPMO project structure.***
- ***Noted the Project Plan at Appendix 1.***
- ***Noted the approach, reporting structure and governance structure.***
- ***Confirmed it was content with the level of assurance reported.***

Key points considered:

- Healthcare Improvement Scotland (HIS) inspections took place unannounced where nine requirements were set. A further eleven requirements for improvement were identified following a further inspection.
- A multi-disciplinary stakeholder Working Group was established to meet on a weekly basis with the aim of developing a detailed Improvement and Assurance plan in order to implement the HIS requirements.
- The group commissioned the development of both assurance impact, and measurement methods to provide an appropriate level of governance around the Improvement and Assurance Plan. Furthermore, the group sought internal support of the Improvement, Clinical Governance, Practice Development and the Internal Audit Team to support the development of internal checking mechanisms to ensure the delivery of both plans and provide an objective review of the approach taken.
- A Corporate Portfolio Management Office (CPMO) project management structure and process was adopted to track progress, capture risks and communications associated with the project to ensure governance.
- HIS Improvement Teams provided the Working and Oversight groups with support from Improvement Advisors to focus on care and comfort, site safety huddles, psychological safety to voice safety concerns, and contingency bed risk assessment and mitigation process. The support would be in place until 31 March 2023.
- Regular updates on progress and escalation of concerning areas were to be provided by both groups to the Clinical Governance Committee.

Following a detailed discussion, the committee was reassured:

- The full measurement plan was anticipated to be in place by the end of March 2023.
- Data would be retrieved from a variety of systems to develop an understanding of how to present performance and outcome data to staff and the NHS Forth Valley Board.
- An internal audit review would be carried out to ensure that the process was operating effectively and that nothing would be missed.
- Patient voice would be captured through the Patient Public Forum in order to meet the needs of the public.

Action:

- Questions regarding the HIS Update were to be sent to Prof Dodd within 2 weeks to collate for a further response.

## **5.2 Escalation Update**

The Clinical Governance Committee received the 'Escalation Update'.

***The Clinical Governance Committee:***

- ***Noted the Stage 4 Escalation-Improvement Plan in relation to areas specific to clinical governance.***
- ***Confirmed it was content with the level of assurance reported.***

The purpose of the Escalation Update was to highlight the potential impact on Clinical Governance activities as a result of the Stage 4 Escalation Improvement Plan.



Key points considered:

- A key escalation workstream was the transfer of delegated services to the Health & Social Care Partnership where it was vital that established clinical governance reporting arrangements were preserved during the transition process to maintain oversight of patient safety.
- Work had commenced to mitigate potential implications of fragmentation for clinical governance.
- The Leadership and Culture section of the improvement plan was to continue to be part of the framework and approach used to support the delivery of high quality, continually improving, and compassionate care.
- Patient Safety Walkarounds were to be expanded to reach all areas of the organisation and would be triangulated to the NHS Forth Valley Board to help support effective communication and engagement, and be used as an indicator of culture. In the agreed process all areas received action plans specific to their walkarounds to allow for individual output. Following an extended evaluation period, extensive data was captured and would be reported to NHS Forth Valley Board Seminar and Clinical Governance Committee.
- The care assurance process would be revised to support robust clinical and care governance arrangements. This was to ensure early indication of patient care issues, professional safety and governance arrangements which would enable the organisation and individuals to work together to deliver care to meet and exceed current standards.
- Multidisciplinary work was ongoing to provide assurance on the functionality of the revised care assurance process.
- Consideration of the Clinical Governance input and information shared was required, and it was suggested that the Improvement Team may have had the potential to be involved in monitoring it.

Action:

- Mr Murray, Prof Dodd, Mrs Bennie, Woman & Children's and Acute Services to affirm actions taken and provide assurance that the Clinical Governance arrangements were functioning as anticipated.

## 6. In Our Services, Was Care Safe in the Past?

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### 6.1 Safety and Assurance Report

The Clinical Governance Committee received the 'Safety and Assurance Report'.

***The Clinical Governance Committee:***

- ***Noted the current position, challenges and quality improvement of the specific Scottish Patient Safety Program (SPSP) areas.***
- ***Discussed and scrutinised the current capacity pressures, challenges, changes to process and practice included in the directorate assurance and escalation updates as a consequence of current service pressures.***
- ***Confirmed it was content with the level of assurance reported.***

The Safety and Assurance Report provides data and narrative related to specific Scottish Patient Safety Program (SPSP) work streams to support safety, improvement and reducing harm. The purpose of the report was to support discussion and scrutiny at the Clinical Governance Committee.

Key issues considered:

- Hospital Standardised Mortality Ratios (HSMR) had increased to 1.01 from 0.98.
- Cardiac Arrest Rate had increased to 2.39 per 1,000 for the period of November-December 2022. A predicted deterioration was noted, however it was indicated that rates were highly sensitive to fluctuation.
- Although the Stroke Bundle Compliance had improved to 39% from the last recorded rate of 23%, there was still concern over poor rates correlated with system pressures. The pressures onsite impacted Out of Hours' decision making ability due to efforts of striking a balance between potential harm and risks. The committee were reassured that if the organisation recovered from system pressures, that it would alleviate the impact on Stroke Bundle Compliance.
- The Pressure Ulcer Rate for Grade 2 and 4 were below the national mean.
- The committee were informed that the Directorate Assurance Templates were to provide assurance on the use of correct methodology and escalation.
- The electronic escalation system 'ReSPECT' continued to be implemented into the Deteriorating Patient Work stream.
- The Safety and Assurance Report did not contain a section on impact, however, an update would be provided in the report, with the level of clarity required at the next Clinical Governance Committee Meeting.
- Full attendance at the Falls Leadership Group continued to be challenged however, it was indicated that appropriate levels of governance were in place therefore assurance could be provided.

#### **6.1.1 Scottish Patient Safety Program (SPSP) Maternity Update**

The Clinical Governance Committee received the 'Maternity and Children Quality Improvement Collaborative (MCQIC) Report'.

##### ***The Clinical Governance Committee:***

- ***Noted the Maternity and Children Quality Improvement Collaborative (MCQIC) Report.***
- ***Confirmed it was content with the level of assurance reported.***

The MCQIC was part of the Scottish Patient Safety Programme (SPSP). The purpose of the MCQIC was to improve outcomes for woman, children and babies across Scotland through robust sharing of data.

Key issues considered:

- Still Birth rates spiked in September 2022. HIS were informed of the accelerated rise and a meeting took place to review relevant actions, outcomes and local investigations. The local clinical review group investigations were ongoing and briefing notes were completed for Significant Adverse Event Reviews (SAER) consideration.
- In response to spikes in rate of severe post-partum haemorrhages, the introduction of the Maximum Allowable Blood Loss Calculator, prompt treatments with Tranexamic acid and compliance with the national Pregnancy Related Anaemia Management were identified to mitigate the risk of post-partum haemorrhages.
- Assurance was provided on the low percentage of births with cumulative blood loss captured from Badgernet, an electronic patient record system. The estimated blood loss continued to be clearly recorded. However, the issue arose from clinical notes being inputted into the wrong area of the system therefore work to ensure better compliance had commenced.
- The effective mitigation and diagnoses of infant babies with necrotising enterocolitis (NEC) was noted.

- Warm Bundles were introduced into the Neonatal Unit which resulted in a continuous decline in the recorded rates of hypothermia.
- Further work was required to improve the overall compliance of the Preterm Perinatal Wellbeing Package. HIS developed a national package that, once launched, was to be incorporated into NHS Forth Valley's Woman's pregnancy journey.
- Following a discussion, assurance was provided on the support given to women residing in HMP facilities. The Willow team provided support by building rapport with patients throughout the duration of their pregnancy. A specialist consultant was assigned to the cohort of women who liaised with a clinical psychologist to support perinatal mental health.

## 6.2 Cancer Update

The Clinical Governance Committee received the 'Cancer Services Update' presentation.

### ***The Clinical Governance Committee:***

- ***Noted the Cancer Services Update Presentation.***
- ***Confirmed it was content with the level of assurance reported.***

Key points considered:

- A new regional clinical governance structure was introduced to cancer services to enable an effective medical escalation process.
- The Framework for Effective Cancer Management was refreshed in December 2021 and benchmarked against a Scottish Government paper that focussed on strengthening relationships between primary and secondary care teams to reduce waiting lists.
- Quality Performance Indicators (QPIs) were developed to drive continuous quality improvement in cancer care. Each tumour group received a set of standards to assess performance in relation to the QPIs. It was indicated that HIS would initiate review of QPIs.
- New monthly breach meetings with operations managers were introduced to focus on continued individual patient breach analysis.
- The committee were informed of the NHS Forth Valley Cancer successes for 2022. One of which, was improvements in bridging the workforce gap by recruiting administration staff to provide support and improve engagement with a wider audience.
- It was noted that the greatest challenges faced was the increased workload, depletion of resources available, workforce shortages due to no recurring budgets, and access to imaging facilities.
- The committee were informed that work had progressed to redesign the lung cancer pathway to have all scans completed within 1 week as opposed to 4.
- Suggestions were presented for NHS Forth Valley to have its own Radiology department. It was concluded that it was not a realistic proposal as duplication could not be made across health boards.
- Following discussion around workforce and advancing skill mix, it was proposed that wider nursing and pharmacy Support Workers provide support to release capacity on the Oncology Unit.

## 6.3 Hospital Standardised Mortality Rate (HSMR) Update

The Clinical Governance Committee received the 'Hospital Standardised Mortality Rate Update'.

### ***The Clinical Governance Committee:***

- ***Considered the steps taken by the Medical and Nurse Director to respond to the deterioration in HSMR.***
- ***Confirmed it was content with the level of assurance reported.***

Key issues considered:

- It was noted that HSMR was a marker of quality care, calculated from the observed and predicted mortality rates in relation to acute care.
- For the first time since 2019, NHS Forth Valley's HSMR was greater than 1. This indicated greater observed mortality than predicted which raised concerns of harm within the acute system.
- The Clinical Outcomes Group overseen improvement workstreams against the SPSP priorities and other emerging harms and which had an explicit remit to reduce HSMR.
- Information Services were reviewing the HSMR algorithm to identify areas of improvement and further learning.
- No changes in activity or data was recorded, which suggested that possible harm emerged from other factors such as unscheduled care system pressures.
- The Medical and Nurse Director plan to commission a structured case note review of the patients on key dates where mortality peaked, to assess delays in their care that may have contributed to their outcomes. Emphasis was made on the consideration of system pressures and the correlation with increased mortality rates.
- Assurance was provided on the state of HSMR as there was no further deterioration.

#### **6.4 Healthcare Associated Infection Quarterly Report**

The Clinical Governance received the 'Healthcare Associated Infection Quarterly Report'

The Healthcare Associated Infection Quarterly Report is a 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.

***The Clinical Governance Committee:***

- ***Noted the Quarterly report.***
- ***Noted the performance in respect of the AOP Standards for SABs, DABs, CDIs and ECBs.***
- ***Noted the detailed activity in support of the prevention and control of Health Associated Infection.***
- ***Confirmed it was content with the level of assurance reported.***

Key points considered:

- Total *Staph aureus* bacteraemias (SABs), device associated bacteraemias (DABs), *Clostridioides difficile* infections (CDIs) and *Escherichia coli* Bacteraemia (ECBs) remained within control limits.
- Within the reported quarter there were:
  - 2 hospital acquired SABs
  - 4 hospital acquired DABs
  - 3 hospital acquired CDIs
  - 11 hospital acquired ECBs
- There were no deaths reported with MRSA or *C.difficile* recorded on the death certificate.
- COVID-19 inpatient numbers steadily increased and peaked at 65 inpatients in December.
- The number of Surgical Site Infections (SSI) reported had reduced from 7 cases in the previous quarter to 1 case. Mandatory reporting of SSIs was under review.

- C difficile case numbers increased predominantly due to raised healthcare sourced infections.
- Ecoli targets were under review and the target date was further delayed to March 2024 due to national pressures.
- 7 outbreaks had been reported (5 COVID-19, 1 Influenza, 1 joint infection of COVID-19 and Influenza)

Action:

- Following discussion, it was agreed that Prof Dodd and Dr McClung would liaise to decide how best to strengthen the Infection Control Committee to look at the best prevention across Scotland.

## 6.5 Expert Review on Mental Health (EROMH)- HMP YOI Polmont

The Clinical Governance Committee received the 'Expert Review of Mental Health, HMP & YOI Polmont: Review feedback letter and report'.

***The Clinical Governance Committee:***

- ***Noted the letter and assessment document received by the Chief Inspector of Prisons for Scotland.***
- ***Confirmed it was content with the level of assurance reported.***

The purpose of the paper was to present the outcome of a follow up Review of the Provision of Mental Health at HMP/YOI Polmont. The review was jointly undertaken by HM Inspectorate of Prisons (HMIPS) and Healthcare Improvement Scotland (HIS) and took place in July 2022.

Key points considered:

- Since 2018, significant work was undertaken to address the feedback from both the Expert Review and the Full Inspection which assessed the care provided by NHS Forth Valley as "poor" overall. HIS concurred with NHS Forth Valley's assessment that all actions were complete or in active progress.
- The committee were assured that although there had been a significant national pause in progress due to COVID-19, Forth Valley continued to progress with improvement work throughout the pandemic.
- The improvement work implemented across all 3 Forth Valley Prisons were noted:
  - Improvements were made to the mental health workforce due to the investment from Action 15 funding together with bridging finance from NHS Forth Valley. The additional funding allowed for more experienced mental health nurses, clinical psychologists and allied health professionals to be integrated into the workforce.
  - Enhanced training in trauma informed care was provided to support the additional mental health needs of children and young people. A competency framework was implemented to educate and assess the required skill competency for Registered Mental Health Nurses to ensure individuals mental health was assessed robustly.
  - Robust clinical systems and processes were implemented to align with the rest of specialist mental health services.
  - Clinical management structures were improved so all Forth Valley prisons had dedicated team leads to provide senior support to teams through clinical and managerial supervision, undertaking audit and improvement work to embed practice and provide assurance.
  - The service joined the Quality Network of Prison Mental Health Standards (QNPMHS), a UK wide peer review organisation for prison mental health services. All 3 prisons were initially reviewed in 2021 and Polmont was to

undergo a second review on 23 April 2023. A local group was established to work towards assurance that all Forth Valley prisons met the QNPMHS standards.

- Despite improvements, challenges in workforce recruitment and retention still remained. Alternative roles such as Enhanced Psychological Assistants, Nursing Assistants and Allied Healthcare Professionals were considered to address the shortage of registered band 5 Mental Health Nurses.
- The Prison Oversight Group, Polmont Mental Health Improvement Group and Prison Healthcare Workforce Group were established to continue implementation of improvements following the Expert Review of Mental Health in Polmont.

## **7. In Our Services, Will Care Be Safe in the Future?**

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### **7.1 Risk Management Update Quarter 3**

The Clinical Governance Committee received the 'Strategic Risk Register- Q3 2022/23 Update to Clinical Governance Risks'.

#### ***The Clinical Governance Committee:***

- ***Considered the assurance provided regarding the effective management and escalation of Clinical Governance risks.***
- ***Endorsed the Clinical Governance Strategic risks for Quarter 3, 2022/23 for onward reporting to the Forth Valley NHS Board.***
- ***Confirmed it was content with the level of assurance reported.***

#### **Key points considered:**

- There were no new strategic risks aligned to the Clinical Governance Committee that were identified since the previous review of the Strategic Risk Register.
- It was proposed that risk SRR.016 Out of Hours Service was reduced from 20 (Very High) to 16 (High). Reassurance was provided on the resilience of Out of Hours after concerns were raised on the risk reduction as it remained part of the escalation.
- The sub-risks that sat alongside the Out of Hours action plan were updated and assigned a risk lead.
- The risk description for SRR.004 Scheduled Care was revised to reflect the impact of the pandemic on waiting time targets.
- Following the HIS follow-up inspection in October, the risk which had previously been recorded on Safeguard in relation to 5 beds in 4 bedded bays was revised and escalated to the organisational risk register (Org 08 – Patient Bays).
- There were 19 completed actions and 47 Internal Controls in place, it was noted that the numbers of Internal Controls could potentially decrease due to duplications that had not yet been accounted for.
- The committee were assured that they would receive quarterly update reports on the risks, to track and scrutinise risk mitigation progress and provide onward assurance to NHS Board on the successful management of clinical risk. It was noted that reports to the committee would be expanded to a larger range of risks as the organisational and directorate level risk profiles continued to develop.

#### **Action:**

- Following discussion, it was agreed that a revised target date for Out of Hours would be taken to the committee and noted that the risk would remain amber to maintain awareness.

## **7.2 Assurance Deep Dive on Urgent and Unscheduled Care**

The Clinical Governance Committee received a joint presentation on the 'Assurance Deep Dive on Urgent and Unscheduled Care'.

### ***The Clinical Governance Committee:***

- ***Confirmed it was content with the level of assurance reported.***

Key points considered:

- NHS Forth Valley sat at the poorest position in Scotland for 4 hour Emergency Department performance, with a risk score of 25 (Very High).
- An explanation was provided around mapping linked risks to help inform the review of the strategic risk. The key risks were noted to be at an organisational, directorate and departmental level, which if not managed effectively, could have a detrimental impact on the ability to mitigate the overall strategic risk. Work was ongoing to further embed risk management processes across the organisation, and a project plan was developed in Acute Directorate to help ensure that their risk profile was fully captured.
- The committee were given an overview of assurance assessment process, assurance assessment, analysis and the overall recommendation. The inclusion of an additional line of defence not previously described- line 1B- described the line of defence which was not wholly independent from the operational management but nonetheless provided a degree of scrutiny over activities.
- It was highlighted that whilst the controls were being described as partially effective, there were improvement activities in place to improve the effectiveness of the control.
- An assurance recommendation of reasonable was provided, and it was highlighted that although the definition for controls was that there was evidence of non-compliance, in that case it was focussed around the stages the pieces of work were at therefore they were commenced but not completed.
- The HIS Oversight group were examining the context of patient harm, overflow and poor management of Out of Hour areas.
- Assurance was provided following discussion on the updates received by the committee. Management performance highlights would be shared with the Executive Management Team, Unscheduled Care Steering Board and Performance & Resources Committee in order to provide transparency.

## **7.3 Public Health Update**

There was no paper presented.

A Public Health update would be given at future meeting.

## **8. In Our Care Person Centred?**

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### **8.1 NHS Forth Valley Complaints and Feedback Performance Report**

The Clinical Governance Committee received the 'NHS Forth Valley Complaints and Feedback Performance Annual Report'.

The purpose of the Complaints and Feedback Performance Annual Report was to provide a comprehensive review of complaints activity across NHS Forth Valley and take 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.

### ***The Clinical Governance Committee:***

- ***Noted the position of the complaints performance within the organisation.***
- ***Noted the feedback activity across the organisation.***
- ***Confirmed it was content with the level of assurance reported.***

Key points considered:

- From the period of April to November 2022, it was noted that:
  - There was an increase of 29.1% in complaints where it was indicated that complaint levels had returned to pre-COVID 19 numbers.
  - The 20 day performance target for April-November 2022 was 77.9%, it was noted that the November performance was at 79.2%.
  - The performance for Stage 1 was at 84.2%, and Stage 2 performance was at 47.27%.
- It was noted that out of the 36 recorded complaints that were under investigation by the Scottish Public Services Ombudsman (SPSO), 21 required no further investigations, 1 was not upheld and 14 were outstanding and required a response.
- Key reoccurring themes collated from NHS Forth Valley complaints were:
  - Treatment
  - Communication
  - Staff attitude and behaviour
- Person Centred reports were collated following the analysis of Inpatient Experience Survey's, which were carried out on 5 patients per ward, each week. Feedback gathered from the reports highlighted areas for improvement, one of which reflected patient movement within the hospital.
- 123 stories were shared from Care Opinion, with 84% of which posted by service users. This identified that the rise in service use positively impacted access to care improvement.
- Following discussion, it was noted that families could not be contacted regarding their complaints being used to improve patient care due to anonymity.
- Following discussion, it was noted that staff members who received a complaint sighting their name, would have the complaint shared with them in order to understand the meaning and impact of the issue raised. It was identified that poor staff behaviour often stemmed from a system pressure or lack of workplace sustainability that lead to frustration. The committee were reassured that plans were in place to mitigate staff absence related to stress, anxiety and depression.

**8.2** The Clinical Governance Committee **noted** the NHS Forth Valley Complaints and Feedback Performance Annual Report.

It was noted that the reporting period was incorrect and would be changed to '2021/22'.

Action: Mrs Bennie was to contact Patient Relations regarding the Internal Audit recommendation.

## **9. Are We Learning and Improving?**

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### **9.1 Significant Adverse Events Report**

The Clinical Governance Committee received the 'Significant Adverse Event Report'.

The purpose of the report was to provide the Clinical Governance Committee with information on Significant Adverse Events (SAEs) in relation to the requirements specified by the Scottish Government.



***The Clinical Governance Committee:***

- ***Considered NHS Forth Valley's position on current SAERs with specific regard to compliance of the commissioning, completion and acceptance of SAERs within the timescales of the national framework.***
- ***Confirmed it was content with the level of assurance reported.***

Key points considered:

- HIS produced a framework to promote standardisation of processes for managing significant adverse events. From 1 January 2020, all NHS boards were required to inform HIS of any SAEs commissioned for category 1 events on a monthly basis.
- Timescales were required within the framework for completing reviews, as noted below:
  - Commissioning the SAER- 10 working days from reporting on incident management system.
  - SAER report submission due- 90 working days from date SAE was commissioned.
  - Final approval of SAER report- no later than 30 working days from report submission.
  - Develop improvement plan within 10 working days from report approval.
- Since the last Clinical Governance Committee, 1 SAER had been commissioned within 10 working days from when the incident was reported. The SAER- 00090 was noted to be 111 days out with the framework.
- In addition to the newly commissioned SAER there were 29 SAE reviews in at varied stages of progress, all of which were submitted out with the working 90 day framework.
- It was indicated that the reason for overall process delays was due to the identification of lead reviewers and competing pressure of the clinical staff within the review teams.
- Following discussion, it was emphasised that patients and families were to remain at the centre of each SAER review. The Quality and Clinical Governance teams were invested in supporting the improvement of the SAER process. Work was underway to provide education on SAERs and the streaming process, as well as an expected expansion in reviewers and investigations by incorporating Nurse Managers to lead SAER reviews to enable more capacity.

## **10. Are Our Systems Reliable?**

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### **10.1 Internal Audit**

#### **10.1.1 Internal Control Evaluation**

***The Clinical Governance Committee:***

- ***Noted the assurance on the overall system of controls provided within the Internal Control Evaluation report.***
- ***Noted that some aspects may have been relevant in the production of the Clinical Governance Committee annual report and assurance statements.***

#### **10.1.2 Outstanding Internal Audit Actions for Review**

The Clinical Governance Committee received the 'Outstanding Internal Audit Actions for Review'.

The purpose of the paper was to present the outstanding internal audit action and provide assurance that they were being addressed.

***The Clinical Governance Committee:***

- ***Noted the work being undertaken in place to address the outstanding actions highlighted in the Internal Control Evaluation 2022/23 Report No. A08/23, with specific focus on Clinical Governance.***
- ***Confirmed that it was content with the level of assurance reported.***

The key points considered:

- A draft Clinical Governance Strategic Implementation Plan was launched on 31 January 2023.
- The Clinical Governance webpage containing information and documents went live and was available to all staff.
- Work was ongoing with the Organisational Development team to see how best to support Clinical Governance Committee members in fulfilling their role.
- The Outstanding Internal Actions and work undertaken by the clinical Governance team were:
  - **Action Point Reference 3: Governance Enhancements-** A new process and format for Assurance Committee Minutes was implemented to capture scrutiny.
  - **Action Point Reference 4: Scheduled Care Risk-** A full review of the Scheduled Care Risk would be carried out to capture the impact of cessation of treatment/ diagnosis of patients.
  - **Action Point Reference 5: Annual Reporting and Alignment of Reporting-** Annual reports were to be submitted to the Clinical Governance Committee through a timely fashion as the Clinical Governance report could not be collated until all annual reports were presented.
  - **Action Point Reference 6: Committee Assurances-** Papers submitted to the Clinical Governance Committee and Working Group did not always fully quantify the extent of the risk to the achievement of clinical objectives. Verbal updates to the committee would only be provided in exceptional circumstances to ensure there would be a fully quantified risk.
  - **Action Point Reference 7: Patient Safety Risks-** The revised Urgent and Unscheduled Care risk description stated that an inability to deliver safe levels of unscheduled care could result in potential for patient harm. The Urgent and Unscheduled Care risk was updated to reference the HIS action plan oversight process.

**10.2** The Clinical Governance Committee **noted** the Standards and Reviews Report.

## **11. Further Assurance**

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**11.1** The Clinical Governance Committee **approved** the Terms of Reference for the Clinical Governance 2023/24.

**11.2** The Clinical Governance Committee **approved** the Forward Planner for the Clinical Governance 2023/24.

## **12. Reports from Associated Clinical Governance Groups**

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- 12.1** The Clinical Governance Committee **noted** the Clinical Governance Working Group Minutes from 220922 and 011222.

- 12.1.1** The Clinical Governance Committee **noted** the Clinical Governance Working Group update from 260123.

- 12.2** The Clinical Governance Committee **noted** the Organ Donation Committee Minute from 210922.

- 12.3** The Clinical Governance Committee **noted** the Area Prevention & Control of Infection (APCIC) Minute from 200122.

- 12.4** The Clinical Governance Committee **noted** the Child Protection Assurance Group Minute from 251022.

### **13. Any Other Competent Business**

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- 13.1** The Clinical Governance Committee **noted** feedback from the OD Workshop.

- 13.2** The Clinical Governance Committee **approved** the induction booklet.

- 13.3** The Clinical Governance Committee **endorsed** the Organ and Tissue Donation Policy.

### **14. DATE OF NEXT MEETING**

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Tuesday 23 May 2023 at 09:00, on MS Teams.

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

**9.5.2 Escalation Performance & Resources Committee Minute – 5 April 2023**  
**For Assurance**

**Chair:** Mr Martin Fairbairn, Non-Executive Director

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**DRAFT Minute of the Escalation Performance & Resources Committee** meeting held on Wednesday 5 April 2023 at 12.00pm

**Present:** Mrs Kirstin Cassells  
Mr Robert Clark  
Mr Martin Fairbairn (Chair)  
Cllr Danny Gibson  
Mrs Janie McCusker  
Mr Allan Rennie

<b>Attendance:</b>	Mrs Susan Bishop	Ms Jackie McEwan
	Mrs Annemargaret Black	Mrs Sally McIntosh
	Mrs Cathie Cowan	Mrs Gillian Morton
	Mrs Frances Dodd	Mr Andrew Murray
	Miss Linda Donaldson	Miss Rebecca Reid (Minute)
	Mrs Elaine Kettings	Mr Scott Urquhart
	Ms Kerry Mackenzie	

**1. Welcome**

Mr Martin Fairbairn welcomed everyone to the meeting.

**2. Apologies for Absence**

Apologies were received on behalf of Cllr Fiona Collie, Mrs Patricia Cassidy, Mr Jonathan Best, Dr Michele McClung and Mrs Elsbeth Campbell.

**3. Declarations of Interest**

There were no declarations of interests.

**4. Minute of the meeting held on Friday 24 February 2023**

The minute of the meeting held on Friday 24 February 2023 was approved as an accurate record.

**5. Matters Arising / Action Log**

The action log was reviewed by the committee and following the below amendments were agreed.

**The Escalation Performance & Resources Committee**

- **Noted that action points 2 and 7 were to be marked as complete.**
- **Requested that the dates of the next meetings for both Clinical Governance Committee and Staff Governance Committee be added to the related action points.**
- **Confirmed it was content that the HIS related actions will be monitored by the Escalation Improvement Plan Oversight Group.**
- **Noted the letter submitted by Christine McLauchlin.**

Prof Frances Dodd referred to action point 3 confirming that the HIS related actions and the actions for HIS within the Improvement plan were clarified to be considered by the Escalation Improvement Plan Oversight Group, and in turn this would be monitored by the Clinical Governance Committee. Actions were considered from the Assurance improvement plan version 1 and 2 and linked these back to the HIS project plan. Prof Dodd highlighted several areas that will be considered within the project plan and offered to discuss this plan in detail with chairs of other governance committees.

Letter from Christine McLauchlin, Chair of the NHS Forth Valley Assurance Board, to members of the Scottish Parliament with an update on NHS Forth Valley against their escalated position was highlighted. It was confirmed that the letter articulated the work that had been undertaken against the escalation improvement plan and explained that to drive improvement a sustainable change to leadership would be required.

Mrs Cowan clarified that not all of areas within the acute site were escalated noting that it was the issues surrounding the 4-hour Emergency Access Standard which will be a focus at future Assurance Board meetings in support of driving improvement. Scottish Government had made clear their expectations of improvement across the whole system flow despite the focus being on unscheduled care.

## **6. Improvement Action Escalation Plan v2**

Version 2 of the Improvement Action Escalation Plan was noted to be an iterative document and will continue to be updated where necessary.

### **The Escalation Performance & Resources Committee:**

- **Noted the assurance received in that that appropriate measures were in place to monitor progress with the request of additional information to be provided to the committee at future meetings regarding performance areas.**
- **Noted that progress was being made against the action plan, however there was a request from the Escalation P&RC that information be shared on the impact of the work being undertaken.**
- **Agreed there was a sufficient level of assurance received that progress was being made in respect of improvements and delivery of improvement actions.**

### **Key points highlighted:**

- The executive summary included highlighted areas of focus and a summary of version 1.
- Page 3 of version 2 was areas of the original plan that were determined as medium/long term actions and progress that had been made.
- Discussion had taken place for a refresh of the Healthcare Strategy as whilst recognising the challenges NHS Forth Valley Board members had requested an update at the meeting scheduled for May.
- Scottish Government had commented that dates listed within the document should be considered as to whether they were achievable but were overall satisfied with the document.
- Miss Donaldson had been progressing well with learning from other boards and the presentation provided to the Assurance Board by Miss Donaldson had been well received.

- Depute Chief Executive position will be put through the remuneration committee with a job description before coming back to ELT for consideration, but approval will remain with the NHS Forth Valley Board.
- A member of staff will be appointed to oversee the work being carried out against integration work. Conversation with Scottish Government highlights that this is a whole system approach of improvement.
- The Assurance Board continued to hold the board to account and are monitoring any evidence that can be provided against the improvement plan.

#### Discussion points:

- Following a question Mrs Cowan clarified that the call to action regarding integration was a shared narrative to drive the renewed ambition in relation to health and care and this could be circulated to committee members following the meet. This work was yet to be launched but had been signed off.
- Assurance regarding improvement against performance areas will be provided to the Escalation Performance & Resources Committee through the measurement framework and it was confirmed that all the information required would be drawn from Pentana where possible.
- Consideration should be given to the interim report that would be submitted by Prof John Brown and how recommendations would be progressed.
- Achievement of the 70% EAS by the end of August was a commitment given by Mr Andrew Murray that was founded on specific areas of work where it was known that significant improvement was possible.
- The previous Assurance Board put forward an ask for evidence of how work against the improvement action escalation plan had been implemented and discussed amongst ELT.

#### Action:

- Mrs Cowan will provide a copy of the Terms of Reference for the integration work.

## 7. Measurement Framework

Ms Sally McIntosh explained that the paper set out the ambition of the measurement framework. The aim is that this will become a manageable document and used as an interim solution whilst measurements are being put in place at an operational level. As there is sufficient information asset reporting in place with Pentana, consideration will be given how to leverage this information throughout the organisation.

#### ***The Escalation Performance & Resources Committee:***

- ***Agreed that a good foundation had been set with the measurement framework.***
- ***Recommend that the measurement framework should be provided to the NHS Forth Valley Board for approval.***

#### Key points highlighted:

Details against the three domains of Governance, Culture and Leadership were described and have been rewritten to provide a principal orientated overview within each domain.

The measurement process had been broken down to three elements to track the progress of work being undertaken which included monitoring project work, considering the operational metrics and the performance of strategic plans being put in place.

Within the document dashboards of information that can be extracted from Pentana was included to highlight to the committee the depth of information that can be pulled from the system. Consideration would be required on how to evidence that the data contained within Pentana will drive the activity and the data will be incorporated within projects.

It was noted that guidance had been sought from the Healthcare Improvement Scotland Measurement team regarding the HIS improvement plan and whether the measurements in place will provide the impact anticipated. Feedback was not surprising, but they did comment on the need to rationalise measures.

Discussion points:

The committee commented on the vision statement within page 8 confirming that putting patients first should be listed as the priority.

Determining how the information would be collated across the organisation to be provided to assurance committees remained a work in progress.

## **8. Committee Alignment**

Mrs Cowan provided a presentation to committee members that highlighted the role of the Board Assurance Committees during escalation.

**The Escalation Performance & Resources Committee:**

- **Considered the presentation provided by Mrs Cowan**
- **Noted the HIS improvement plan will sit within the remit of the Clinical Governance Committee.**

Key points highlighted:

The role of Board Assurance Committees was determined as:

- Enabling the appropriate issues to be considered and reviewed by the correct people, using the most relevant information in the most useful format at the right time.
- Seeking a level of scrutiny and assurance that provides rigorous challenge and in doing so receives an effective response.
- Allowing committee members to provide assurance, or not, to the Escalation Performance & Resources Committee.

To provide clarity to the Escalation Performance & Resources Committee of the actions that they are overseeing actions extracted from version 2 of the escalation improvement plan were incorporated into the presentation. Also highlighted were the three key priority areas of the escalation improvement plan which are putting patients first. supporting staff and working in partnership.

A proposal was included that the actions and assurance against Leadership & Culture would be considered by the Staff Governance Committee, Governance would be considered by Performance & Resources committee and Performance would sit with Clinical Governance Committee.

Discussion points:

Clarity was sought regarding the areas of performance to be considered by individual Board Assurance Committees. It was noted that this still needed to be agreed and made clear and a meeting would be convened with Assurance Committee Chairs and Executive leads to progress.

Action:

- Meeting to be arranged with Assurance Committee Chairs and Executive leads to agree what areas of performance will be examined at each of the assurance committees, including areas outwith escalation.

## **9. Any Other Competent Business**

It was highlighted that cognisance should be taken of the Risk Register to ensure that this did not become a restatement of the Improvement Escalation Plan.

On noting the minute from the 9<sup>th</sup> of March Assurance Board and the feedback from papers, the involvement of the Board itself in addressing culture and leadership was highlighted. Discussions then took place determining that clarity would be required on whether this applied to NHS Forth Valley Board or the entirety of the organisation as a Board.

## **10. Date of Next Meeting**

Wednesday 24 May 2023 a 9.30am.

## **For Noting**

The Escalation Risk Register, Letter from Christine McLaughlin, Chair of NHS Forth Valley Assurance Board and Assurance Board Minutes were noted by the Escalation Performance & Resources Committee members.



**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

**9.5.3 Performance & Resources Committee Draft Minute – 28 April 2023  
For Assurance**

**Chair:** Mr Martin Fairbairn, Non-Executive Director

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**DRAFT Minute of the Performance & Resources Committee** meeting held on Friday 28 April 2023 at 9.00am via Microsoft (MS) Teams

**Present:** Mrs Kirstin Cassels  
Cllr Fiona Collie  
Mr Martin Fairbairn (Chair)  
Cllr Danny Gibson  
Ms Janie McCusker

<b>In Attendance:</b>	Ms Claire Alexander	Ms Sara Mackenzie
	Mr John Brown	Mr Andrew Murray
	Ms Morag Farquhar	Mr Jonathan Procter
	Mrs Marie Gardner	Ms Rebecca Reid (minute)
	Ms Claire Giddings	Mrs Jillian Thomson
	Ms Laura Henderson	Mr Scott Urquhart
	Mrs Sarah Hughes-Jones	Ms Vicky Webb
	Ms Kerry Mackenzie	

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

Apologies were received on behalf of Mr Robert Clark, Mrs Cathie Cowan, Professor Frances Dodd, and Miss Linda Donaldson

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

There were no declarations of interest.

**3. Minute of Performance & Resources Committee meeting held on 28 February 2023**

The minute of the meeting held on 28 February 2023 was 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 following the below amendments was agreed.

**The Performance & Resources Committee**

- **Noted that most items on the action log had deadlines and comments regarding progress.**
- **Requested that action point 9 have deadlines added to them rather than noting 'TBC'.**

- **Noted that action point 1 was completed as of the morning of the meeting but would remain on the action log to receive the outcome at the next scheduled meeting.**

## **5. Performance & Resources Committee Planner**

It was confirmed that all agenda items presented at this meeting were detailed on the committee planner.

### **The Performance & Resources Committee:**

- **Noted the detail within the Performance & Resources Committee Planner 2023/2024**
- **Approved the amendments to the planner following the previous meeting**

The paper detailed the content of the Performance & Resources Committee Planner 2023/2024 and highlighted the ongoing work underway to ensure full cognisance had been taken of the Performance & Resources Committee Terms of Reference in developing the plan.

### **Key points considered:**

- The Code of Corporate Governance requires that annually each Standing Committee, including the Performance & Resources Committee, is required to compile an Annual Report concluding how it has discharged its role and remit, and in conclusion providing a statement of assurance.
- Consideration was requested to be given to the Performance & Resources Committee's role regarding performance oversight in relation to clinical and staff matters whilst clarifying the position for Urgent & Unscheduled Care and the other areas subject to Stage 4 Escalation. A meeting of the Assurance Committee Chairs' and Executive leads is being arranged to progress.
- It was confirmed that new tools were available to support benchmarking activities in relation to finance, noting a plan for this activity would be brought back to the committee.
- Compliance with the Scottish Capital Investment Manual would be discussed at the Infrastructure Program Board however it was agreed that the Performance & resources Committee continued to have a role in terms of oversight.

### **Actions:**

- Consideration to be given to the Performance & Resources Committees role regarding performance oversight in relation to clinical and staff matters linked to Escalation.
- Present plan on approach to benchmarking to the Committee.
- Clarify Committee's revised role in relation to Scottish Capital Investment Manual compliance.

## **6. FOR APPROVAL**

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### **6.1 Draft Performance & Resources Annual Report**

To assist NHS Forth Valley Board in conducting a regular review of the effectiveness of the systems of internal control, the Standing Orders within the Code of Corporate Governance requires that this Standing Committee submits an annual report to the NHS Board. This report is submitted in fulfilment of this requirement.

**The Performance & Resources committee:**

- Requested an additional paragraph be included within the annual report bringing together all the work on Scheduled and Unscheduled Care.
- Noted that the annual report should reflect the movement to a hybrid approach for meetings going forward.
- Approved the annual report subject to adjustments.
- Agreed that final approval of the annual planner be delegated to Mr Martin Fairbairn, Chair of the Performance & Resource Committee.

**Key points considered and discussed:**

- Both routine and specific work areas were considered during the financial year 2022/23. The agenda considered urgent business, financial and performance issues, and scrutiny of key issues around priorities and recovery from the Covid-19 pandemic as the Board works to stabilise and improve.
- A number of approvals were sought on a variety of agenda items presented to the committee.
- Focus areas for the committee included Children and Adolescent Mental Health Services, Elective Care, Urgent & Unscheduled, Psychological Therapies, Preparing for Winter, and Cancer Services.
- The committee were presented with several presentations throughout the financial year 2022/23.
- On a quarterly basis updates and assurance was provided regarding the strategic risks aligned to the Performance & Resources Committee.
- Significant coverage was provided for Scheduled and Unscheduled Care and Preparing for Winter which are usually reported separately within the annual planner. These topics had been reported within a combined narrative within the report it was requested for a reflection of the work carried out within these specific areas be included within the annual planner.
- It was acknowledged that despite the work that had been undertaken across the organisation there were still a number of areas facing significant challenges.
- On reviewing the work of the committee throughout the financial year of 2022/23 attention was drawn to areas of consideration in relation to the stage 4 escalation and the committee was satisfied to agree that assurance can be provided that full remit of the committee had been fulfilled.

**Actions:**

- Summary paragraph to be included reflecting on the work in relation to Scheduled and Unscheduled Care.
- The Committee Chair to approve the final version of the Annual Report ahead of presentation to the NHS Board in May

**7. BETTER CARE**

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**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.
- Agreed they were content with the proposed level of assurance.
- Endorsed the proposal of a Board Seminar to highlight the improvements still required within Unscheduled Care.

Key points considered:

- 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.
- Activity submitted to Scottish Government against the outpatient trajectory for the financial year of 2022/23 was confirmed as 87% compliant. Whilst the inpatients trajectory for the financial year of 2022/23 was reported as 81% compliant.
- Imaging achieved 115% in activity against the remobilisation plan for the financial year of 2022/23 and endoscopy achieved 107%.
- Scottish Government continue to be updated weekly with the positions of the areas detailed within the paper.
- Mr Murray provided a brief update against the position within Unscheduled care noting that performance had not improved at the time of the meeting despite the work that had been undertaken. Mr John Burns had requested a detailed update of the ongoing work and in turn a comprehensive update was prepared at the previous ELT meeting. There was a requirement to articulate where improvements are still required and how this would be achieved. Confirmation was provided that a 10% reduction target against delayed discharges had been achieved.
- Following a question regarding the 70% target that was set to achieve by August 2023 Mr Murray confirmed that this remains the ambition and that it should be a reasonable target.
- Discussions regarding the installation of a 3<sup>rd</sup> CT scanner were confirmed to still be underway but first a business case detailing the service requirement was being drafted to be provided to ELT.

Actions:

- Executive to propose which Assurance Committee oversees improvements in the urology cancer pathway.

## 7.2 DNA Update

The Performance & Resources Committee received the presentation 'DNA Update'.

**The Performance & Resources Committee:**

- **Recognised the efficiency information presented.**
- **Agreed that assurance was provided that sufficient work to reduce DNA rates was underway.**
- **Noted the significant actions and the continued monitoring ongoing to drive improvement.**

Key points considered:

- The new outpatient DNA rate and the outpatient return DNA for January-March 2023 were both noted as 7.1% which was the same as January-March 2022.
- 58% of services have improved DNA rates for new outpatient DNA rates whilst 68% of services have improved against the outpatient return DNA rate.
- Within the presentation areas of improvement and areas that still required work against DNA rates were highlighted.
- NHS Forth Valley have consistently remained below the national average for new outpatient DNA rates.
- A various number of workstreams had been introduced to address the DNA rates some of which included carrying out a survey over a 6-week period to determine key themes for DNAs, the local access policy had been updated to provide a more robust system, participating in a national group to update National Access Policy, and benchmarking against national DNAs and removal rates.

- Staff information posters had been created to remind them of the process of the patient access policy. Patient posters had been created to provide information on the process to cancel or change an appointment with the relevant contact information.
- Work was underway with finance to understand the costing for patients not showing up to appointments.
- Questions were raised on whether it would be possible for the key themes identified for DNAs during the 6-week survey process could be shared with the committee at a later date and it was confirmed that this would be a good opportunity to share the findings.

## 8. BETTER VALUE

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### 8.1 GP Sustainability Loans

The Performance & Resources committee received the 'GP Sustainability Loans'.

#### **The Performance & Resources Committee:**

- **Noted the three Sustainability Loan applications highlighted in Table 1 above.**
- **Noted that the Loan applications meet the relevant criteria per DL 2018 (22).**
- **Agreed that the NHS Board has met its obligations under the terms of the GP Sustainability Loan Scheme as described in DL (2018) 22.**

#### **Key points considered:**

- The GP Sustainability Loan Scheme was introduced by the Scottish Government in 2018 for all GP Contractors who own their premises.
- The necessary legal steps have been taken by the Central Legal Office to progress and approve the conditions required for the Loan agreements to be completed. The Practices have utilised their own legal representation to support the process in line with the guidance of the Loan Scheme.
- Following consideration by the Performance and Resources Committee, the NHS Board's Finance Department will contact the Scottish Government in order to draw down the funds. This should be processed within 21 days; however, the precise date will be determined by the Scottish Government.
- The GP Sustainability Loans will require to be signed by the Chief Executive or Director of Finance in order for the Scottish Government to release the funds. The loan agreements will be administered on their behalf by Health Boards.
- The loan will grant the NHS Forth Valley Board an option to purchase the property at any point within the term of the loan, following the issue of a Valuation Notice on the Borrower. This allows the Lender to instruct the District Valuer to carry out a Valuation of the property.
- Once the Valuation has been confirmed, the Lender can then decide if they wish to proceed to purchase the premises. In order to do so, the Lender must serve a Decision Notice and the Loan amount will be offset against the purchase price.
- Where the option to purchase is exercised, the Borrower can lease back the premises at a rental valuation determined by the District Valuer. The premises must, however, be used to provide GP services.
- The lease would be for a period of 15 years with break options at 5 and 10 years. The terms of the lease are set out in the Loan Agreement.

### 8.2 Finance Report

The Performance & Resources received the 'Finance Report'.

**The Performance & Resources Committee:**

- **Noted delivery of revenue and capital financial targets for 2022/23 as outlined below:**
  - **A surplus of £0.221m against the revenue resource limit of £771.6m.**
  - **A break-even position against the capital resource limit of £14.2m.**
  - **A break-even position against the cash requirement with a closing balance of less than £0.050m.**
- **Noted that the draft outturn remains subject to External Audit review, receipt of the final Scottish Government budget allocation letter and confirmation of IJB outturns.**
- **Noted that the draft 2022/23 NHS Board Annual Accounts will be submitted to External Audit in line with the agreed timescale.**
- **Agreed the proposed level of assurance in relation to the financial sustainability for 2022/23.**

**Key points considered:**

- The month 12 results indicate that all 3 mandatory financial targets set by the Scottish Government have been achieved as 31 March 2023 as summarised below:
  - A surplus of £0.221m against the revenue resource limit of £771.6m.
  - A break-even position against the capital resource limit of £14.2m.
  - A break-even position against the cash requirement with a closing balance of less than £0.050m
- The outturn position remained subject to External Audit review.
- The initial draft of the 2022/23 Annual Accounts will be submitted to the NHS Boards External Auditor on 2<sup>nd</sup> May 2023.
- Unexpected late allocations were supplied from Scottish Government, but negotiations took place to reach an agreement to transfer £3m of these allocations to the financial balance for 2023/24 providing an immediate advantage for the financial year ahead.
- Majority of the savings were sources from non-recurring funding which will cause an underlying issue year after year.
- A reported £37.5m was spent on supplementary staffing which represents more than double the pre-covid spend. Work was ongoing to reduce vacancy rates in the hopes to reduce this cost and provide additional savings.

### **8.3 Financial Savings Plan**

The Performance & Resources Committee received the 'Financial Savings Plan'.

**The Performance & Resources Committee:**

- **Noted the £40.6m funding shortfall identified for 2023-24.**
- **Noted the savings plan totals £25.0m for 2023/24, leaving a residual funding gap of £15.6m still to be addressed.**
- **Noted the actions requested by the Scottish Government by 30 June 2023 to reduce the residual funding gap as far as possible.**
- **Agreed that attention should be drawn to the Board of the high risk in place to achieve targets and that there will continue to be a strong focus on reducing the financial gap identified.**
- **Requested that the savings plan be included within the routine finance update provided to the Performance & Resources Committee and the NHS Forth Valley Board.**

- **Confirmed it was content with the level of assurance in relation to the financial sustainability risk.**

Key points considered:

- The 3-year financial plan approved by the NHS Board on 28 March 2023 identified a funding shortfall of £40.6m. Traditional approach to efficiency will not fully address the gap and wider whole system redesign, transformation and reform will be required to ensure services are financially sustainable in the longer term.
- The Scottish Government, through the national Sustainability and Value programme, have set a 3% minimum recurring savings target for all territorial NHS Boards. This is based on 3% of our baseline Revenue Resource Limit (RRL) which equates to £18.9m. However, note that an element of this target (£7.5m) relates to services delegated to IJBs which are out with the scope of this paper.
- Various workstreams had been linked with and a local Sustainability and Value Programme Board was established to drive improvements in financial sustainability.
- To review potential savings opportunities as part of the development of the savings plans for 2023/24 there had been engagement with the Executive Leadership Team, the Area Partnership Forum, and individual Directors.
- Wider staff engagement had been undertaken through a recent “spending well” campaign which sought views from all staff on how the organisation can reduce waste, increase consistency, and improve productivity to become a leaner, greener, more efficient organisation.
- The total planned savings for 2023/24 were estimated at £25m which left a residual funding gap of £15.6m to be addressed.
- Key themes that form the basis of the £25m savings plan were identified to the committee which included the reduction of waste in medicines, reduction of supplementary staffing costs, the phased closure of contingency beds, enhanced sickness absence monitoring, and climate change responsibilities.
- A local self-assessment would be completed by the finance team to ensure that the core elements to provide the NHS Forth Valley Board assurance over the development of the savings plan are in place and that all potential areas for “quick wins” as identified by the national Finance Improvement Group (FIG) have been exhausted. The outcome of the self-assessment will be reported to the ELT in the first instance.
- The Scottish Government have advised that they expect the NHS Forth Valley Board to undertake the following actions by 30 June 2023:
  - Develop a plan to deliver 3% recurring savings in 2023-24 and develop options to meet any unidentified or high-risk savings balance.
  - Development of other measures to be taken to further reduce the financial gap.
  - Define steps to reduce continued Covid-19 related expenditure.
  - Provide an update on the financial risks outlined within the financial plan to assess likelihood of these materialising and the impact these could have on the NHS Forth Valley Board's outturn.
- Confirmation was provided that the draft financial savings plan could be provided to the Performance & Resources Committee ahead of submission to the Scottish Government.

Action:

- 2023/24 savings plan will be further presented to the Performance & Resources Committee before being submitted to Scottish Government on 30<sup>th</sup> June 2023.
- Updates to be provided to the Performance & Resources Committee regarding progress being made against the savings plan.

#### **8.4 Financial Sustainability Strategic Risk Review**

The Performance & Resources Committee received the 'Financial Sustainability Strategic Risk Review' presentation.

**The Performance and Resources Committee:**

- **Endorsed the evaluation of the assurance provided.**
- **Noted the proposed improvements articulated in relation to the current controls.**
- **Agreed the proposed levels of assurance.**

Key points considered:

- The financial sustainability risk was reviewed and re-analysed to refresh the current controls in place.
- The two components to the risk are the controls in place and recognising that the external environment is volatile and uncertain which affected the assurance recommendation.
- To achieve long-term financial sustainability a whole system approach is required.
- The external environment will have an impact on the ability to mitigate the financial sustainability risk and a proactive approach will be necessary.

## **9. BETTER GOVERNANCE**

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### **9.1 Strategic Risk Register**

The Performance & Resources Committee received the 'Strategic Risk Register'.

**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 4 2022/23 for onward reporting to the Forth Valley NHS Board.**
- **Agreed the proposed level of assurance.**

Key points considered:

- The risks aligned to the Performance & Resources Committee are static at the time of this meeting.
- SRR005 Financial Sustainability was discussed previously on this agenda.
- SRR011 IT Infrastructure has been revised, with the title changed to Digital & eHealth – Infrastructure and Strategy, new actions added and a description update.
- Overdue controls had been given additional focus at this review, with actions completed, new target dates added where relevant or revisions made.
- Appendix 1 highlighted the links of the strategic risks to the corresponding corporate objectives of the organisation.
- SRR015.07 Improvements to supply chain security had gone overdue in this quarter and a new target date of 30/11/23 was added. Actions are being progressed in conjunction with other Health Boards.
- There were 3 overdue controls, one within SRR017.07 Communications Strategy to progress with setting up a communication working group. The other overdue controls would be discussed at forthcoming deep dives to review and assess.

### **9.2 Information Commissioners Office Audit**

The Performance & Resources Committee received the 'Information Commissioners Officers Audit'.



### **The Performance & Resources Committee:**

- **Noted the outcome of the ICO's assessment.**

#### **Key points considered:**

- The ICO conducted its audit of NHS Forth Valley in January 2023. The audit consisted of a desktop review of policies, procedures, and supporting evidence submitted to the ICO, and a number of interviews with key staff, held over MS Teams.
- The ICO made ten recommendations (5 High priority, 4 Medium priority, 1 Low priority). These focused on:
  - The need to identify a Deputy Caldicott Guardian.
  - To ensure policies, procedures, and guidance are up to date.
  - Develop a Training Needs Analysis to reflect specific data protection training needed for specialist roles.
  - Ensure a robust mechanism for conducting information governance due diligence of suppliers throughout their contract.
  - Approve and introduce the draft Data Protection Breach procedure.
  - Complete the Record of Processing Activities (ROPA).
- NHS Forth Valley have accepted all recommendations, and the ICO has agreed the Action Plan to progress them. It is proposed that the Information Governance Group monitor the progress of the agreed actions until their completion.
- Confirmation was provided that actions will be discussed at the June meeting of the Information Governance Group and an update of the outcomes would be shared at a later date to the Performance & Resources Committee.

#### **Action:**

- Confirm that regular Information Governance updates have been scheduled throughout 2023/2024

### **10. FOR NOTING**

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**10.1** The Performance & Resources Committee **noted** the Information Governance Group Minute from 08122022

**10.2** The Performance & Resources Committee **noted** the Emergency Planning and Resilience Group Minute from 22112022

### **11. ANY OTHER COMPETENT BUSINESS**

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There was no other competent business.

### **12. DATE OF NEXT MEETING**

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Friday 27 June 2023 at 09:30 in the Boardroom, Carseview House

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

**9.5.4 Staff Governance Committee Ratified Minute – 17 March 2023  
For Assurance**

**Chair:** Mr Allan Rennie, Non-Executive Director

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**Minute of the Staff Governance Committee** meeting held on Friday 17 March 2023 in the Boardroom, Carseview House and via MSTeams.

**Present:**

- Mr Robert Clark
- Mr Nicholas Hill
- Mr Gordon Johnston
- Mr Stephen McAllister
- Mrs Janie McCusker
- Ms Karren Morrison
- Mrs Hilary Nelson
- Mr Allan Rennie (Chair)
- Ms Janet Sneddon

<b>In Attendance:</b>	Mrs Elaine Bell	Mr Jonathan Procter
	Mr Michael Brown	Mr Cameron Raeburn
	Ms Charlene Condeco	Ms Rebecca Reid (minute)
	Mrs Cathie Cowan	Mrs Linda Robertson
	Prof Frances Dodd	Ms Rachel Tardito
	Ms Linda Donaldson	Mr Scott Urquhart
	Mrs Joana Elliot	Ms Susan Walsh
	Mrs Sara Mackenzie	

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

There were no apologies received and the meeting was confirmed as quorate.

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

There were no declarations of interest.

**3. Minute of the Staff Governance Committee meeting held on 23 December 2023**

Following the amendments of Mrs Karren Morrison being moved to present and Mr Jonathan Procter being added to the attendance list, the minute of the Staff Governance Committee meet held on 23 December 2023 was approved.

**4. Matters Arising from the Minute/Action Log**

There were no matters arising from the minute and the action log was reviewed. Ms Donaldson provided a brief update on the Sturrock report confirming this will be presented at the next meeting.

## 5. Staff governance Workplan

The Staff Governance Committee received the 'Staff Governance Committee Workplan 2023/2024'.

### ***The Staff Governance Committee:***

- ***Noted the draft Staff Governance Committee Workplan 2023/2024.***
- ***Reviewed the draft Staff Governance Committee Workplan 2023/2024 and will provide feedback in respect of content and timescales.***

The draft Staff Governance Committee Workplan ensures that the Committee takes sufficient cognisance of its role and remit as laid down in the Terms of Reference, enabling the production of a comprehensive Annual Report and the provision of adequate assurances.

The committee recognises that this may adjust following each meeting as a result of discussions that take place where it determines additional items may be required to be added to the agenda.

Clarified following a question was that the Health & Safety annual report applies to the Health & Safety Committee.

## 6. ESCALATION

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### 6.1 Escalation Improvement

The Staff Governance Committee received the presentation 'Escalation Improvement'.

The role of the Staff Governance Committee in relation to Escalation Improvement was discussed as:

- Enabling the appropriate issues to be considered and reviewed by the right people, using the most relevant information in the most useful format at the right time.
- Enabling a level of scrutiny that produces rigorous challenge and in doing so receives an effective response.
- Allowing Committee Members to provide assurance (or not) to the Board.

Key points considered:

- The NHS Board approved the escalation improvement plan on the 19<sup>th</sup> of December.
- A risk register was produced to mitigate actions reported within the ICE report.
- A brief overview was provided highlighting the immediate and short term actions that were put in place to assist with improvement against the escalation.
- Ms Donaldson had reached out to other Health Boards to obtain advice on good practice put in place during their time in escalation, and to areas of best practice.
- A culture oversight group is being established to monitor progress with the Culture Change and Compassionate Leadership Programme
- Professional leadership and management arrangements will be reviewed across the whole organisation and not only within acute.
- The decision was made take a different approach to launching the Culture Change and Compassionate Leadership Programme. Rather than a single launch event it was agreed that the Executive Leadership team would visits teams system wide raising awareness of the programme throughout April 2023.
- The Ethnic Minority Network launch event had taken place.

- The medium and longer term actions that will be carried out by the organisation were highlighted.
- The improvement plan had been updated in March to reflect actions and timelines of implementation as well as additional actions to monitor progress.
- Escalation Performance & Resources committee will oversee the work carried out against the improvement plan to avoid duplication of work but measures being put in place as a result of the actions from the improvement plan will be highlighted at the Staff Governance Committee.

## 6.2 Internal Control Evaluation

The Staff Governance Committee received the 'Internal Control Evaluation'.

### ***The Staff Governance Committee:***

- ***Noted the Internal Audit assessment of the overall system of controls provided within the Internal Control Evaluation report.***
- ***Noted that some aspects may be relevant in the production of the Staff Governance Committee annual reports and assurance statements.***
- ***Confirmed they were content with the proposed level of assurance.***

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 Internal Audit assessment of 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 with the remit of the Staff Governance Committee.
- An observation highlighted within the ICE report for the Staff Governance Committee specifically was that work would be required to reduce the high volume of papers that are usually circulated ahead of the meeting.
- Included within the ICE report was the recognition that key information was not highlighted within cover papers. Consideration should be given to adjust the formatting of the cover papers to include key summary points and highlight all key risks.
- It was noted that the table on the last page of appendix 1 should state 4 significant risks not 5.

Actions:

- Action points to be drawn from the minute and reflected in the action log to be reported at each meeting.
- Consider the possibility of a different approach for information in cover papers.

## 6.3 HIS – Implications for Staff Governance

The Staff Governance Committee received the 'HIS – Implications for Staff Governance'.

### ***The Staff Governance Committee:***

- ***Noted HIS expectation of NHS Forth Valley to address all the requirements.***
- ***Noted the establishment of the Working Group.***

- ***Noted the establishment of the Oversight Group.***
- ***Noted the CPMO project structure.***
- ***Noted the Project Plan at Appendix 1.***
- ***Noted the reporting structure.***

Key points considered:

- To implement the HIS requirements, a multi-disciplinary stakeholder Working Group was established and reports to an Oversight Group.
- To ensure project governance, a CPMO project management structure and process had been adopted and the detailed project plan was shared with the committee.
- The Internal Audit draft report had been received and being checked for accuracy, the findings were broadly favourable around the approach, they acknowledged work has still to be undertaken to align the appropriate measurement plan.

## **7. STAFF GOVERNANCE STANDARD ACTIVITY**

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### **7.1 HR Director – Staff Governance Report**

The Staff Governance Committee considered the 'HR Director – Staff Governance Report'.

***The Staff Governance committee:***

- ***Noted the content of the paper.***
- ***Noted that the employability manager will be recruited to with interviews in June 2023.***
- ***Noted the activity of the Speak Up Service.***
- ***Noted that 2 advocates have left NHS Forth Valley and that recruitment to Speak Up Advocates and training of new advocates will now commence.***
- ***Noted the proposal to develop and deliver a Speak Up improvement programme.***
- ***Noted that the Speak Up Ambassadors will support the Culture and Leadership Programme to improve how concerns are received.***
- ***Noted that Long Service Award ceremonies will take place in May 2023.***
- ***Noted the progress with the deployment of eRostering and Safe care across the acute site at Forth Valley Royal Hospital.***
- ***Noted the progress on the international recruitment programme, moving forward into cohort 4 and the addition of AHP and medical posts.***
- ***Agreed to continue to support the implementation of eRostering with the plan to extend the program of work till 2024.***

Key points considered:

- The Flexible Work Location Policy remains with the UK Staff Council, pending agreement on changes to Terms and Conditions, there is no immediate plans to issue this policy.
- Work will continue on the Youth Framework and Employability agenda.
- The HR Resourcing Team recently attended the Career Day/Employment Fayres at various Schools/Universities.
- There are currently 8 Modern Apprentices completing their SVQ qualification with Forth Valley College.
- The 5<sup>th</sup> cohort trainees with Project Search have participated in a full training programme within Forth Valley Royal Hospital with colleagues from Serco in a range of roles. The recruitment process for 6<sup>th</sup> Cohort of trainees will commence in April 2023.

- A special meeting of the Area Partnership Forum took place on the 2<sup>nd</sup> February 2023 to focus on understanding the Absence across NHS Forth Valley and exploring ways to improve the absence rates.
- It was anticipated that the turnover rates for staff will increase this year. 1092 staff have left our employment during the year to date 2022 / 2023 in comparison to 917 last year. Of note is the dissolution of the Test and Protect Service which resulted in an increase in staff leaving.
- Based on the data recorded it was confirmed that there had been 127 new starts for newly qualified Nurses / Midwives posts. Of these, 118 were still currently employed with NHS Forth Valley creating a 93% retention rate.
- 12 months post implementation of the exit interview process, Appendix 4 provided assurance that the key objective had been achieved. Of the 1092 employees who left the organisation since February 2022, 141 exit interviews had been submitted.
- NHS Forth Valley launched the Speak up initiative in December 2021 as a confidential, impartial service delivered by 2 trained ambassadors and 6 advocates. The Speak Up service had 34 enquiries in total since its introduction. 44% of concerns had been raised by Nursing and Midwifery staff with 53% of concerns being raised by staff working in the Acute Services Directorate. Monthly meetings of the Speak Up Ambassadors, Senior HR and Staff side are held to provide support and share good practice.
- Cohort 1 & 2 of the internationally recruited nurses are now fully embedded within the organisation. A further 10 nurses have been recruited to NHS Forth Valley (cohort 3) and were due to arrive in Scotland on 30<sup>th</sup> March 2023. The recruitment process for another cohort of 10 nurses (cohort 4) was initiated with anticipation of this cohort arriving at the end of June 2023.
- Significant progress against eRostering implementation continued but it was highlighted that implementation was behind plan and a revised plan had been submitted to ELT.
- As of January 31<sup>st</sup>, all of acute adult inpatient wards had been implemented with eRostering, alongside Cardiology, Theatres and Day Surgery Unit. The Intensive Care Unit was in the early stages of the roster build.

#### Discussion points:

- Questions were raised regarding the exit interview questionnaire and if they are suitable to reflect a true representation on why staff are leaving. It was confirmed that the questions are set nationally and NHS Forth Valley previously requested the opportunity to adjust the questions slightly, but this was not permitted. It was confirmed that this question can be raised again.
- Conversations should be taking place with line managers as a first step to resolve any issues before the exit interview stage. It was noted that it would be of interest to the committee to see if these conversations took place.
- Staffside recognise the recurring themes involved within the speak up service and confirmed that they see a high volume of staff who discuss the same issues who are not willing to discuss this with their line managers. As staffside involvement is not reported it was confirmed that a performance report could be adopted to involve these findings.
- It was proposed that consideration be given on how to report the ongoing work within the speak up service without disclosing any confidential information to encourage openness and trust within the organisation.

#### Actions:

- Question to be raised again on whether the exit interview questionnaire can be adapted to suit NHS Forth Valleys needs to have a better understanding of underlying issues.

- Performance report with staffside involvement to allow for a better understanding of recurring issues.
- Next committee meeting a report to be provided from someone within the speak up service.

## 7.2 Absence Management

The Staff Governance Committee considered the paper 'Absence Management'.

### ***The Staff Governance committee: -***

- ***Noted the content of the paper.***
- ***Noted the commitment from ELT and the Area Partnership Forum to focus on implementing the Attendance Management Policy and reducing absence rates across all Directorates and HSCPs.***
- ***Noted the content of the Attendance Management Action Plan 2023 and the target completion date of end of August 2023 attached at Appendix 1.***
- ***Confirmed they were content with the level of assurance reported.***

### Key points considered:

- Across NHS Forth Valley, absence decreased by 0.21% during January from 8.32% in December to 8.12% in January 2023. Sick headcount reduced by 243 staff and just under 2000 more hours available in month.
- Short term sickness absence decreased from 3.28% to 3.04%, down 0.24%. Long term sickness absence increased slightly from 5.03% to 5.08%, up 0.05%.
- Absence rates across NHS Forth Valley have increased significantly since September 2022, to the highest rate recorded since 2011, when Covid absence was moved from being recorded as special leave to sick leave. Numbers of staff absent due to Covid related issues had risen in the past 2 months with over 50 staff on average on sick leave daily.
- The absence rate of 8.49% for NHS Forth Valley was the highest ever reported absence rate. In comparison to other Boards, NHS Forth Valley was the 2<sup>nd</sup> highest mainland territorial board with NHS Lanarkshire reporting 8.96% and NHS GGC reporting 8.17%. The Scottish average for December was 7.35%.
- A special meeting of the Area Partnership Forum took place on the 2<sup>nd</sup> of February 2023 to focus on understanding attendance management practice and required actions in NHS Forth Valley and exploring ways to improve the absence rates.
- It was anticipated that all actions identified to improve absence rate would be completed by the end of August 2023. Progress would be reported through ELT, Area Partnership Forum, and the Staff Governance Committee.

### Discussion points:

- A KPI and measurement tool to be considered and noted a commitment to create absence management dashboard for organisation that can be broken down by directorate.
- Highlighted was that areas within the organisation with absence rates above 10% are focused on and information is available but not consistently reported.
- Staff side raised concerns on the length of the grievance process and how this could impact on staff resulting in them going on sick leave until the issue is resolved. The question was raised if consideration could be given on how to reduce the length of the process.

### Actions:

- One page of KPI's to be created and compared to the findings of other Health Boards to provide an at a glance view.

- Focus piece to be provided for areas of the organisation with absence rates above 10%.
- Deep dive to be carried out for areas with unspecified absences.

### 7.3 Equality and Inclusion Strategy Progress Update

The Staff Governance Committee received the 'Equality and Inclusion Strategy Progress Update'.

***The Staff Governance Committee is asked to:***

- ***Noted the progress update on the implementation of the Equality & Inclusion Strategy "Everyone Means Everything" 2021-25. The strategy was approved by the NHS Board in November 2021.***
- ***Noted the Equality & Inclusion work plan and plan to achieve the outcomes.***
- ***Confirmed they were content with the level of assurance reported.***

Key points considered:

- NHS Forth Valley continue to make progress and creating effective solutions in advancing equality of opportunity for all people, eliminating unlawful discrimination and fostering good relationships between communities.
- The key sections of 3.3 and 3.4 within the report circulated to the committee were highlighted as important to note as these sections provide a better understanding of what is required to progress against the strategy.
- It was highlighted that collecting data to incorporate within the strategy had been an issue due to statistics not being reported during the pandemic, but work had been ongoing to obtain this information where possible from directorates.
- An area within the staff net was created for work being carried out against the Ethnic and Inclusion Strategy.

### 7.4 Staff Support and Wellbeing

The Staff Governance Committee received the paper 'Staff Support and Wellbeing'.

***The Staff Governance Committee:***

- ***Noted the content of this paper.***
- ***Noted that the NHS Forth Valley Workforce Wellbeing Plan is on track.***
- ***Noted that the Staff Support and Wellbeing Website activity is demonstrating that the most frequently visited support area is the Financial Wellbeing section.***
- ***Noted that the January Wellbeing Taster Week was well received by staff and that feedback has helped to inform the annual programme of events due for launch in April 2023.***
- ***Noted the new Weekly Wellbeing Drop-in Service that has been developed with the Spiritual Care Team.***
- ***Noted the 3 staff surveys due for completion and request feedback at a future meeting.***
- ***Noted that the Minority Ethnic Network has been established with the 1<sup>st</sup> meeting scheduled on 17<sup>th</sup> March 2023.***
- ***Noted the work progressing to establish further networks – LGBTQ+, Carers, Disability and Menstrual Health and Menopause.***
- ***Noted the Staff Support and Wellbeing Logic Model that will allow measurement against short, medium and long term plans.***
- ***Confirmed they were content with the level of assurance reported.***



## 7.5 Safe Staffing

The Staff Governance Committee received the paper 'Safe Staffing'.

### ***The Staff Governance Committee:***

- ***Noted the update and the confirmed timeline for the implementation of the Health and Care (Staffing) (Scotland) Act 2019.***
- ***Confirmed they were content with the level of assurance reported.***

Key points considered:

- Full implementation of the Health and Care (Staffing)(Scotland)Act 2019 will take place on 1<sup>st</sup> April 2024.
- Following implementation first reports must be submitted by March 2025. There is a requirement that every Health Board must provide information to the Scottish Ministers on the steps they have taken to comply with the legislation as soon as reasonably practicable after the end of each financial year.
- Scottish Government have already commenced some initial stakeholder engagement and in partnership with the Healthcare Staffing Programme are in the process of developing a communication and engagement plan.
- NHS Forth Valley have volunteered to be a test site for the pre-implementation testing of the effectiveness of the statutory guidance and are awaiting the outcome of the offer.
- Health Boards are encouraged to establish their Healthcare Staffing Programme Board and governance arrangements, utilise the board self-assessment template to assess their readiness for the implementation of the Act and access support available through the Healthcare Staffing Programme.
- The governance and reporting arrangements will be formed in the structure of a strategic oversight group with workings groups feeding into this from the various different staffing groups affected.

## 7.6 Staff Governance Assessment Tool and Action Plan

The Staff Governance Committee received the 'Staff Governance Assessment Tool and Action Plan'.

### ***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.***
- ***Confirmed they were content with the level of assurance reported.***

Key points considered:

- The Staff Governance Assessment Tool was designed to provide assurance to the Staff Governance Committee and the NHS Forth Valley Board that the 5 strands of Staff Governance Standard are being adhered to.
- All Directorates and HSCPs have completed a Staff Governance Standard Action Plan.
- Progress against the agreed actions will be reported on a quarterly basis.

Discussion points:

- It was recognised there had been no staff side involvement when building action plans and agreed that the involvement from staff side would be beneficial for directorates and partnerships.
- The high level of detail within the self-assessments was noted but a more simplistic summary highlighting significant areas was requested to be included within the cover paper to assist with reducing the volume of papers circulated.

Actions:

- A brief description of progress against directorate and partnerships action plans to be included within covering paper of the report.
- Meeting between directorate, partnerships and staff side to take place to include staff side involvement within self-assessments.

## **7.7 Audit of Employee Relations cases – ED Improvement Action Plan**

The Staff Governance Committee received the 'Audit of Employee Relations cases – ED Improvement plan'.

***The Staff Governance Committee:***

- ***Noted progress made in the establishment of an Employee Relations (ER) Quality Assurance Audit Tool.***
- ***Noted the findings and learning following the audit of a further six ER closed cases.***
- ***Confirmed they were content with the level of assurance reported.***

Key points considered:

- Following an External Culture and Governance Review within the Emergency Department, Forth Valley Royal Hospital, there were specific concerns regarding a small number of ER cases which had required support of the HR Directorate.
- An audit tool was designed and embedded within the HR practice in the form of quarterly audits of randomly selected closed ER Cases.
- Six randomly selected closed employee relations cases were examined in detail against the KPI's.
- Key themes discovered during the examinations included the requirement for early intervention, appropriate training should be undertaken by investigating officers and commissioning managers should be aware of capacity issues when considering timescales for completion.

## **7.8 Occupational Health Service Mental Health & Wellbeing Pilot Project**

The Staff Governance Committee received the 'Occupational Health Service Mental Health & Wellbeing Pilot Project'.

***The Staff Governance Committee:***

- ***Noted the content of this paper.***
- ***Noted the contents of the presentation.***
- ***Confirmed they were content with the level of assurance reported.***

Key points considered:

- A November 2021 review of OHS service provision identified a major gap in service for Staff referring into OHS for mental health & wellbeing support.
- The psychology service was overwhelmed with referrals with no opportunity for stratification of case work due to lack of other therapists to support staff.
- In order to secure funding for 21/22 OHS Mental Health & Wellbeing pilot project a review of industry and clinical best practice was undertaken.
- HSE Working Minds campaign launched in 2021.
- Stress, anxiety and depression are the number one reasons for work-related illness in the UK and these are on the rise.
- The Pilot Project 21-23 aims to address pressures on NHS Forth Valley staff, as evidenced by Board metrics by making the case for preventative and supportive Mental Health & Wellbeing initiatives.
- The Pilot Project aims to establish a stepped approach to the provision of mental health services for NHS Forth Valley staff.
- Highlighted within the presentation was preventative measures that could be taken to reduce stress within the workforce and encourage good mental health.
- In keeping with the stepped-care approach our Counsellors and CAAP support staff presenting with difficulties at home or work, psychological distress, and/or mental health issues amenable to short- to medium-term interventions. They offer psychological assessment and signpost staff members to internal and external sources of help.
- HSE Working Minds campaign advocates peer support. The departments noted the requirement for volunteers to assist with the pilot.
- The stepped-care approach will continue to be monitored against accessibility, waiting time improvements and the outcomes reported by the pilot.
- It was confirmed that referrals to OHS counselling had increased by 349% in 2022/2023 in comparison to 2021/2022. The high increase rate had resulted in longer waiting times as there was not enough resources available to support the needs of the service.
- Within the presentation the outcomes of the pilot project were highlighted.
- Confirmation was provided that funding would be required for the OHS Counselling and Psychological Therapies team (CAPTS) to continue provision of mental health support in line with the stepped-care approach.
- To continue building the peer support network assistance in doing so was requested from those in attendance of the Staff Governance Committee meeting.
- The requirement of sufficient signposting to the peer support network across the organisation should be considered.
- The awareness of peer support within the organisation is critical so there was a suggestion on whether a communication piece could be circulated detailing the support that would be available.
- As it was requested for volunteers to support this project pilot a clear indication of what would be required from such individuals should be circulated.

**Actions:**

- Consideration to be given to increasing the signposting to the peer support network pilot.
- Communications piece to be created highlighting available support.
- Detailed indication to be created of what would be required from volunteers to the project.

## **8. STAFF GOVERNANCE ANNUAL REPORTS**

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## 8.1 NHS Forth Valley Workforce Planning Update Report

The Staff Governance Committee considered the 'NHS Forth Valley Workforce Planning Update Report'.

### ***The Staff Governance Committee:***

- ***Noted that the NHS Forth Valley Workforce Plan 2022 - 2025 has been updated to include an Executive Summary, additional information on Volunteers and summary Action Plan.***
- ***Noted that the Workforce plan is an iterative document and that Scottish Government will arrange further discussion with NHS Forth Valley to inform subsequent annual revisions to the workforce plan.***
- ***Noted that the Workforce Plan 2022 – 2025 has been published on NHS Forth Valley Website.***
- ***Noted the quarterly Directorate Workforce Action Plans update.***
- ***Noted that the deep dive review of workforce risk has been brought forward and completed highlighting the actions required relating to Workforce Planning.***
- ***Noted that an audit has been undertaken relating to Workforce Planning and is in draft form. The Staff Governance Committee will receive this report including a SMART action plan at the next meeting.***
- ***Noted the progress against the actions agreed within the Workforce Plan***
- ***Confirmed they were content with the level of assurance reported.***

### Key points considered:

- The ICE report highlighted gaps within the NHS Forth Valley Workforce plan and an update of action points to mitigate the gaps will be presented at the next Staff Governance Committee meeting.
- Input to the workforce plan was required from all areas of the organisation.
- The NHS Forth Valley workforce plan was approved by the NHS Forth Valley Board following the addition of an Executive Summary and additional information on Volunteers and Third Sector.
- Directorate workforce plans were developed using the 5 pillars of workforce planning and it was confirmed that there were 41 actions to be carried out as an organisation. Of these 41 actions, 16 had been completed whilst the rest remained in progress.
- Across the workforce plan the main concerns highlighted were the gaps within the workforce, vacancy rates and affordability issues.
- The Deep Dive Review of strategic risks for workforce had been brought forward and completed. This review highlighted recommendations and cross referenced with the workforce plan.

### Discussion points:

- Highlighted was that current workforce model was not sustainable or affordable, to assist with creating a more sustainable and affordable organisation a healthcare strategy was required.
- It was confirmed that the requirement for realistic goals and timescales would be beneficial in improving the workforce and that an NHS Forth Valley Board Seminar could be scheduled with the Workforce Plan and Healthcare Strategy being an agenda item.

### Actions:

- Workforce Planning report and SMART action plan to be presented to the committee following audit approval.

- Consideration to be given for a Board Seminar to discuss the Workforce plan and healthcare strategy.

## 9. RISK MANAGEMENT

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### 9.1 Workforce Strategic Risk Deep Dive

The Staff Governance Committee received the 'Workforce Strategic Risk Deep Dive'.

***The Staff Governance Committee:***

- ***Considered the assurance provided regarding SRR009 Workforce Plans.***
- ***Noted the proposed improvements articulated within the further controls.***
- ***Confirmed they were content with the level of assurance reported.***

Key issues considered:

- The Workforce Strategic risk deep dive was provided to the committee to provide assurance of the assessment carried out against SRR009 Workforce Plans.
- There are 8 current controls in place for this risk, with 4 further controls planned and underway.
- Most of the controls are preventative in nature which is important from a proactive perspective.
- The majority of controls were either "absolutely critical", "very important" or "important", which indicated no wasted effort/resource in applying incorrect controls.
- 5 of the current controls had been assessed as partially effective. In most cases gaps and associated improvements had been identified. One of the controls had been assessed as partially effective due to the reactive nature (the wellbeing controls).
- Following reanalysis of SRR009 the risk rating had been amended to a 20 with a target score of 9.
- The deep dive allowed for the Staff Governance Committee to receive assurance on the effective management of aligned Strategic Risks for onward reporting as part of wider Board Assurance activity.
- The risk description included in appendix 1 was amended to highlight adjustments made to the risk following the deep dive that was carried out.
- In order to achieve the target risk score a gap analysis would be required to inform the workforce plan and associated action plan.

Actions:

- Workforce Strategic deep dive will now be presented to the Staff Governance Committee in May rather than December.

### 9.2 Strategic Risk Register

The Staff Governance Committee received the 'Strategic Risk Register'.

***The Staff Governance Committee:***

- ***Considered the assurance provided regarding the effective management and escalation of Staff Governance risks.***
- ***Endorsed the Staff Governance Strategic risks for Quarter 3, 2022/23 for onward reporting to the Forth Valley NHS Board.***
- ***Confirmed they were content with the level of assurance reported.***

Key issues considered:

- An update regarding the deep dive in to SRR009 was provided in agenda item 9.1.
- SRR018 Primary Care Sustainability is static at this review. However, the linked organisational risk, Org 14 Non-Delivery of Scottish General Medical Services Contract, has increased in score from 12 (High) to 16 (High). This is due to inability to meet the full expectations of the MOU, pressures in primary care and recruitment constraints (particularly around the pharmacotherapy workforce supply), which are impacting negatively on service sustainability.
- Staff Governance Committee will continue to receive regular updated reports on these risks on a quarterly basis, to effectively track and scrutinise risk mitigation progress and provide onward assurance to NHS Board on the successful management of staffing risk.

### 9.3 Health & Safety Quarterly Report

**The Staff Governance Committee:**

- ***Noted the contents of the report as providing assurance regarding health and safety issues for NHS Forth Valley.***
- ***Confirmed they were content with the level of assurance reported.***

Key issues considered:

- Clarity was provided that the date of preparation noted within appendix 1 should state January 2023 rather than 2022.
- The reviewing of adverse events within the 9-day KPI was below what is required and not improving. Historical events not reviewed prior to 31<sup>st</sup> October had reduced.
- Compliance with manual handling training was below expectations identified in March 2022 but improving.
- Compliance with Violence and Aggression training was a little short of what was projected in March 22, capacity remains to meet the target set. High risk areas had achieved 86% compliance, however Moderate risk areas have achieved 52% with the main area of concern being Acute Services, an action plan has been discussed and implemented (Section 7).
- Key to the success of the Health & Safety Control Book audit programme is that actions identified are followed through. A self-reporting monitoring approach has been adopted, however the response rate had not been good. This was followed up directly by the Head of Health & Safety with Directors and Chief Officers as appropriate.
- Work to review the ligature risks were underway and allocations will be given within the capital plan to address the environmental issues.

## 10. REPORTS FROM COMMITTEES FOR NOTING

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- 10.1 The Staff Governance Committee **noted** the Remuneration Committee minute held on 08 July 2022 & 03 September 2022.
- 10.2 The Staff Governance Committee **noted** the Health and Safety Committee minute held on 16 November 2022.
- 10.3 The Staff Governance Committee **noted** the Area Clinical Forum minute held on 17 October 2022.
- 10.4 The Staff Governance Committee **noted** the Area Partnership Forum minute held on 20 January 2023.

- 10.5 The Staff Governance Committee **noted** the Clackmannanshire & Stirling HSCP minute held on 01 December 2022.
- 10.6 The Staff Governance Committee **noted** the Facilities and Infrastructure Partnership Forum minute held on 01 December 2022.
- 10.7 The Staff Governance Committee **noted** the Emergency Department Working Group minute held on 27 October 2022 & 09 December 2022.

**11. FOR NOTING**

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- 11.1 The Staff Governance Committee noted the Circulars and Policies.

**12. ANY OTHER COMPETENT BUSINESS**

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There was no other competent business for discussion.

**13. DATE OF NEXT MEETING**

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Friday 12 May 2023 in the Boardroom, Carseview (hybrid)

**FORTH VALLEY NHS BOARD**

TUESDAY 30 MAY 2023

**9.6.1 Area Clinical Forum Minute – 16 February 2023  
For Assurance**

**Chair:** Mrs Kirstin Cassels, Non-Executive Director

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**Minute of the Area Clinical Forum meeting held on Thursday 16 February 2023 at 6.15pm via MS Teams**

**Present:** Kirstin Cassells (Chair)  
James King  
Rhona King  
Geraldine Law  
Alison McMullan

**In Attendance:** Cathie Cowan, Chief Executive (Item 5)  
Mrs Sarah Smith, Corporate Services Assistant/PA (*Minute Taker*)

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

The Chair welcomed everyone to the meeting and confirmed the meeting was quorate.

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

There were no declarations of interest made.

**3. Draft minute of Area Clinical Forum meeting held on 17 November 2022**

The note of the meeting held on 17 November 2022 was approved as an accurate record subject to the following amendment:

- James King to be added to the attendance.

**4. Matters Arising from the minute/action log**

Kirstin informed Forum members of the changed Agenda layout. This was in line with Corporate Guidelines and was being applied to all Board and Governance Committees.

There were no matters arising and it was agreed an action log would be compiled for future meetings.

**5. ACF Committee Planner**

This was noted as an additional requirement in line with Corporate Guidelines. The following items were proposed:

- Development Session - Kirstin outlined discussions held regarding reinvigoration of the Area Medical Committee and the Area Nursing and Midwifery Advisory



Committee. It was agreed any development session would take place once Chairs were in place for all Committees. Item would be revisited in 6-8 months.

- Recruitment and Retention with potential HR linkage.
- Training and development of staff
- Staff Awards in August/September with ACF and Area Partnership Forum acting as sponsors. A Short Life Working Group would be established.
- Healthcare Strategy
- Digital & eHealth Strategy
- Challenge around Shared Care Options and inability to access without Clinical Portal/Emergency Care Summary/Open Eyes. Not an issue within other Boards. Challenge with Information Governance in NHSFV noted. Risk Benefit approach to be taken, with paper to be brought to ACF which would enable escalation within the Board.

It was agreed that Cathie Cowan would link in with ACF Admin to review forward planners for the Board and the Performance and Resource Committee. This would ensure read across for any key items. **Action: Admin**

## **6. FOR DISCUSSION**

### **6.1 Escalation Plan**

Cathie Cowan, Chief Executive, by way of background, reminded colleagues of the NHS Scotland Performance Management Framework, with 5 levels. As the sponsor of NHS Boards, the Director General for Health and Social Care had a management framework in place to ensure delivery of services and targets within budget and with appropriate governance.

NHS Forth Valley was escalated to Stage 4 on 23/11/23 which was where there were significant risks to delivery/quality/financial performance or safety. In that case, an Oversight Team was established that would work alongside the Board and report to the Directorate General.

Escalation of NHS Forth Valley was undertaken due to concerns around Governance, Leadership and Culture. Concerns had also been raised in relation to completion of Integration of Health and Social Care and other performance related issues, namely Out of Hours; Emergency Care and Mental Health.

The process of escalation was outlined, noting creation of an Oversight (Assurance) Board, Chaired by Christine McLaughlin, Director of Population Health within Scottish Government. Members of the Assurance Board were outlined noting a wide representation and meetings were held fortnightly. A written report was presented monthly, which was added to the NHSFV website. In between this, a verbal report was presented. The initial report was focussed around Integration of Health and Social Care.

Paperwork circulated to the ACF provided information around the Improvement / Escalation Plan which was approved by the NHS Board on 19/12/22. This was where direction was set by the Board to the Executive Leadership Team to implement. The Plan also included detail around risk management/issues arising and engagement with key stakeholders. Culture was also a key factor and the plan detailed the work to be undertaken to improve and shape and influence culture.

It was noted that a number of other Boards have been escalated for a number of reasons. Learning was being undertaken with linkage undertaken with Boards experiencing similar challenges.

Cathie then outlined the improvement plan was discussed, noting key areas:

Leadership & Culture – work within ELT to address and improve relationships. Scoping work had been undertaken with Organisational Development, led by Frances Dodd, Director of Nursing, supported by Linda Donaldson, Director of HR.

Due to various issues, a number of interim posts had been in place on the Acute Site. All had now been returned to their substantive posts. An Acting Director of Acute, Jonathan Best, had been appointed to the organisation.

Work was also underway to progress the Michael West work from 2022 to review and address culture.

The Emergency Department Review was noted, with Cathie confirming appointment of an external team due to issues highlighted by Staff Unions. Cathie was very open around the issues and outlined the work being undertaken to address.

Governance was discussed noting this comprised of controls and operational environs and related to how business was undertaken. Also related were Policies/Regulations/Standing Financial Instructions and all other aspects that impacted on the safety of the Board. An independent review had been commissioned from Professor John Brown, Chair of Greater Glasgow and Clyde. This would comprise of a review of all key areas to ensure compliance with legislation.

Another large piece of work was being undertaken around Integration, noting delays in transfer of operational management into Partnerships. The Chief Officers (Directors of Health and Social Care) reported to Cathie for Health and Local Authority Chief Executive for delivery of Council and NHS Services. Differentiation between Partnerships and Integration Joint Board was noted. Significant progress has been made in this area with transfer of Primary Care and Out of Hours and contract management to Falkirk as the Lead Partnership and Specialist Mental Health and Learning Disabilities Services being led by Clackmannanshire / Stirling Partnership.

An update was provided around performance areas, noting a review of Out of Hours undertaken by Sir Lewis Ritchie, which had 12 recommendations. Workforce was a key area and significant work was underway across the organisation.

For Mental Health, focus was around addressing long waits. Psychological Therapy waits for last month were 70% with target of 90%. Significant reduction was noted in key areas such as waits over 12 months. A similar position was noted in CAHMS with reduction of waits from 601 to 271. Children waiting over 18 weeks had reduced from 352 in Quarter 1 (April to June) to 25, with none waiting over 1 year.

4 hour emergency access standard was outlined, noting this was a barometer of the system. This enabled a full understanding of issues across the system. Entry and exit blocks were noted, with patients being bedded in ED overnight. Work was underway to withdraw from contingency beds and treatment rooms, noting poor patient and staff experience.

Cathie provided reassurance to the ACF as Chief Executive, along with the NHS Board of their assurance and commitment to address these performance issues.

Kirstin highlighted the gaps within the ACF around Nursing and Midwifery as well as Clinicians which prevented a view of clinical input from the Acute site. Appointment to ANMAC and Area Medical Committee would enable representation of these key areas.

The ACF were advised of Kirstin's role in the work, which included providing input from a Clinicians view. ACF representation was also being considered in terms of the Escalation Improvement Plan.

The Escalation Board were clear that continued improvement was expected with a long-term approach being taken. Kirstin agreed to provide an update at future ACF meetings.

The ACF acknowledged and thanked Cathie for her honesty and transparency around the challenges.

## **7. FOR NOTING**

### **Area Pharmaceutical Committee**

A meeting was held in December. At this time Kirstin was re-elected to the Chair of the Committee.

Key points from the meeting were noted as follows:

- Serial prescribing – work was continuing due to unprecedented Community Pharmacy workforce challenges. Resource had been allocated and liaison ongoing with GP Practices.
- Community Pharmacy Discharge Project – work was carried out within GG&C where Community Pharmacy issued discharge medication for patients. The aim was to save bed hours. Pharmacy Winter money was received within NHSFV and a 7-week Pilot had commenced on one ward in Bellfield and one in Acute.

#### **7.1 ED Working Group 27/10/22 & 09/12/22**

The minutes had been circulated for information.

#### **7.2 Area Optical Committee 29/08/22 & 24/10/22 (*this was taken after Item 7.4*)**

Rhona reiterated previous discussions around Serial Prescribing noting this was key focus at the Committee. Detail was provided around the forthcoming meeting with an Ophthalmologist attending to discuss referral case scenarios from Community Optometry in hospital due to some challenges in this area. The role of Vice Chair remained vacant.

#### **7.3 GP Sub Committee 22/11/22**

James King provided an update advising Orthopaedics and DEXA scanning had been key areas of discussion. As part of the interface work with Primary and Secondary Care, discussion at Committee was required prior to introduction of new pathways, however this was not happening. Learning was being undertaken by the Hospital to involve GPs along with other AHP's.

In relation to Information Discharge Letters, James advised a Short Life Working Group had been established to address, noting challenges within Primary Care and Pharmacy. Addition had been made to the Board Risk Register.

#### **7.4 Psychology Advisory Committee 12/10/22 & 14/12/22**

An update was provided by Alison McMullan. The 'on the ground' representation of the Committee was noted, which had aided in useful outcomes in to benefit working lives of staff. Recruitment and Retention was a key area, noting often the lowest paid staff are those having larger commuter costs.

**Area Nursing and Midwifery Advisory Committee** – Chair of the Committee has resigned. Kirstin was linking with Frances Dodd, Director of Nursing around this area.

#### **Allied Health Professionals**

A flash report had been circulated to identify key highlights from each of the Care Groups. This provided detail around each of the following areas:

- AHP Delivery Framework
- Long Covid Update
- Falls and Frailty Overview
- Care Homes update
- MSK update
- AHP Children's Services Update
- NES Framework
- Current concerns across all Care Groups

Detail was provided around the delivery model noting increased demand on AHP service. The future aim was the Committee would have representation across all areas.

**Area Medical Committee (*taken after APC update*)** – Committee was still in abeyance. James confirmed weekly meetings being held with hospital Consultants relating to escalation work. Andrew Murray, Medical Director, had confirmed his commitment to reconvene the Committee with request made for representatives.

### **8. BETTER GOVERNANCE**

#### **8.1 Terms of Reference**

It was confirmed the Terms of Reference should be submitted to Committees for yearly review and approval. Kirstin sought clarification around the Terms of Office for the ACF which was noted as 2 years. The appointment from the Cabinet Secretary was 4 years. This would be confirmed and amended to 4 years. Virtual approval would then be sought from the Forum. **Action: Admin**

### **9. AOCB**

It was confirmed that Agenda changes related to Board reporting Committees only.

Alison McMullan advised that she would be retiring at the end of May 2023. Both Kirstin and James expressed their thanks on behalf of the Committee for her support. The ACF acknowledged Alison's significant contribution.

There being no other competent business, the Chair closed the meeting at 8.20 pm.

**FORTH VALLEY NHS BOARD**

TUESDAY 30 MAY 2023

**9.6.2 Area Partnership Forum Minute – 20 January 2023  
For Assurance**

**Chair:** Mr Robert Clark, Non-Executive Director

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**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**

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**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**

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**Minute of 12 August 2022** No matters raised under this agenda item.

## 5. EMERGING ISSUES

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### 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 24<sup>th</sup> 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 30<sup>th</sup> 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 how many of the 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 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**

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### **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**

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### **7.1 Update on ED**

ED Working Group meeting taking place on 5<sup>th</sup> 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 requested 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 5<sup>th</sup> 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.

## **8 Circulars and Policies**

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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.

## **9 Any Other Competent Business**

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Mrs Cowan noted that all papers for Committee meetings were to be presented on the agreed template which would be shared with all.

Miss 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.

## **10 Date of Next Meeting**

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The next meeting will take place on **Wednesday 1<sup>st</sup> March at 2.30 pm on MS Teams**

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

**9.7.1 Clackmannanshire & Stirling IJB Ratified Minute – 1 February 2023  
For Assurance**

**Chair:** Mr Allan Rennie, Non-Executive Director

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**Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on  
Wednesday 01 February 2023 in the Board Room, Carseview House, 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 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  
Dr Kathleen Brennan, GP Clinical Lead, HSCP  
Dr Andrew Murray, Medical Director, NHS Forth Valley  
Marie Valente, Chief Social Work Officer, Stirling Council  
Abigail Robertson, Staff Representative, Stirling Council  
Lorraine Robertson, Head Nurse Mental Health & Prison Healthcare/Chief Nurse  
Clackmannanshire & Stirling HSCP

**Advisory Members**

Nikki Bridle, Chief Executive, Clackmannanshire Council  
Lesley Fulford, Senior Planning Manager, HSCP  
Lee Robertson, Senior Manager of Legal and Governance and Monitoring Officer,  
Clackmannanshire Council  
Heather Buchanan, Resources & Governance-Legal Services, Clackmannanshire Council

**In Attendance**

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.

Mr Rennie welcomed Helen Duncan from Town Break who is joining as a Third Sector representative for Stirling.

He noted that Pam Robertson, Joint Trade Union Committee Representative, would be standing down as a non-voting member and would be replaced by Andrew Kane.

Apologies for absence were noted on behalf of:

Councillor Danny Gibson, Stirling Council  
Robert Clark, Employee Director, NHS Forth Valley  
Carol Beattie, Chief Executive, Stirling Council  
Carolyn Wyllie, Head of Community Health and Care, HSCP  
Cathie Cowan, Chief Executive NHS Forth Valley  
Louise Murray, Carers Representative, Stirling  
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council

## **2. NOTIFICATION OF SUBSTITUTES**

There were no notifications of substitutes noted.

## **3. DECLARATIONS OF INTEREST**

There were no declarations of interest noted.

## **4. CASE STUDY – COMMUNITY LINK PROGRAM FV**

Danielle McPhilemy, Community Link Worker, presented her case study to the Integration Joint Board.

Ms McPhilemy presented the story of a veteran in his words about his struggles due to feelings of loneliness, isolation and shared details of the support provided, and the positive outcomes including a sense of purpose.

The Integration Joint Board discussed the beneficial impact of Community Link Workers and along with the funding to support these roles within the Third Sector to maximise reach into communities.

Mr Rennie and Ms Black thanked Ms McPhilemy for the inspirational presentation and acknowledged the excellent work being carried out. They agreed it would be beneficial for her to attend future meetings and share more case studies and updates with the Integration Joint Board.

## **5. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/EMERGENCY ITEMS**

None.

## **6. MINUTE OF MEETING HELD ON 23 NOVEMBER 2022**

The Integration Joint Board approved the draft minute of the meeting held on 23 November 2022 subject to the following amendment:

Ms Coulter requested the minutes were updated to reflect the point she raised about whether the rate of falls was related to individuals being cold due to the cost of living crisis.

## **7. CHIEF OFFICER UPDATE**

The Integration Joint Board considered the report provided by Ms Annemargaret Black, Chief Officer.

Ms Black thanked the Integration Joint Board members for attending the development session on 25 January 2023 and explained the Code of Conduct development session, originally scheduled for that day, would have to be rearranged to another date.

The Chief Officer Update provided information and progress on a range of areas not covered in detail elsewhere on the agenda.

There were several key issues within the report, and in separate papers, which included:

- System Pressures
- Intermediate Care and Reablement improvement work
- Vaccination update
- Delayed Discharge and Discharge without Delay Programme
- NHSFV escalation and associate improvement plan including the implementation of the Public Bodies Act 2014 and required delegation of key NHS services
- Draft Clackmannanshire and Stirling Strategic Commissioning Plan 2023/24 to 2033/34
- Public Sector Equality Duty
- Funding for Interim Care Beds
- Implementation update on Rapid and Rural teams
- Falls improvement work update

Ms Black explained the whole system of care was facing unprecedented challenges and the key focus of the Health and Social Care Partnership was to continue with the whole system working, using data to help the Integration Joint Board understand pressure points, demands, and service redesign opportunities. She added that significant data improvements, including automation, were required to help modernise the approach and that much of the data the service had access to was developed manually.

Although there were still ongoing challenges with recruitment for the Rapid and Rural Assessment Teams, she was pleased to highlight the recent successes in Clackmannanshire and Urban Stirling. Within the Stirling Rural area, recruitment to posts had been challenging, resulting in going back out to advert multiple times. The Rural team leader has been in post since October 2022; Care coordinator, Senior Home Support workers and Home Support workers are back out to advert. Across the Rapid and Rural Care at Home business cases, there are still 17 Home Support Worker posts still to fill.

To understand the reasons for this and provide learning for future recruitment campaigns Mr Murray will be facilitating a session with key people involved to see how the process could be improved and what lessons can be learned for the future.

The Integration Joint Board discussed concerns which were raised regarding recent changes to Covid-19 testing requirements and vaccine uptake, especially for staff working in hospitals and care homes. Ms Black confirmed everyone was following government guidance and staff encouraged to have the vaccine.

Further updates were provided including the improvement with delayed discharges, the NHS Forth Valley escalation and the further delegation of NHS services and due diligence involved. Previous concerns had been raised regarding falls and Ms Black highlighted the Test of Change undertaken by AHP with the Scottish Ambulance Service with the aim to reduce the number of uninjured fallers being taken to hospital. Discussions were ongoing and a presentation would be provided to the Strategic Planning Group in due course. In response to a question regarding reviewing past reports to ensure Equality Impact Assessments (EQIA) where applicable, Ms Black noted that some had been completed but not published.

Finally, she expressed a big thank you to the HSCP staff, workforce, partners, and unpaid carers for all their hard work.

#### **The Integration Joint Board:**

##### **1) Noted the content of the report.**

## **8. BUDGET AND FINANCE**

### **8.1 FINANCE REPORT**

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Mr Murray had prepared a set of financial projections based on financial performance for the first 9 months of the financial year to 31 October 2022. This indicated a projected overspend of £2.968m on the Set Aside Budget for Hospital Services and a projected overspend on the Integrated Budget of £0.706m.

He explained that financial pressures in relation to the set aside budget are currently being met in full by NHS Forth Valley, however the position required discussion and further consideration in relation to the review of the Integration Scheme.

Further to the discussion at the November IJB meeting, NHS Forth Valley's Director of Finance had provided a risk share proposal on 9 December 2022 for 2022/23, including a share of Ward 5 contingency bed costs in Stirling Community Hospital. In response to a question regarding whether this was a pragmatic approach, Ms Black confirmed it should be a proportionate share of beds used for Clackmannanshire and Stirling residents. It was agreed that Recommendation 3 should be amended to include the approval of the proposal.

Mr Murray added that, as detailed in previous financial reports, he continued to model the estimated exceptional Covid related costs within the Integrated Budget and was confident that sufficient evidence existed to justify utilising a degree of this funding to bring the integrated budget into financial balance for the year. He added that estimates for this continued to be reflected within financial submissions to Scottish Government monthly.

The projection on the Integrated Budget included costs associated with the exceptional ongoing impacts of Covid particularly on costs of provision of Adult Social Care. This was estimated at £0.845m and was included in the Quarter 3 costs return to Scottish Government.

Mr Murray explained that the letter at appendix 2 stated the Covid reserve balance on 31 March 2022 was £13.153 million, however the correct amount was £12.999 million. Mr Murray confirmed he has asked Scottish Government Finance colleagues to correct the opening balance, so the amount reclaimed was accurate and had received a positive response. He also informed members that a year-end reconciliation process would be required to ensure the IJB was funded for actual costs.

The Integration Joint Board discussed the performance against savings targets and the impact of the current challenges being faced across the Health and Social Care system. Ms Black noted concerns as Local Authorities and NHS Boards were also under pressure to make savings. It was also noted that the set aside would continue to be challenged if there wasn't continued investment into the community as well as in early intervention and prevention.

#### **The Integration Joint Board:**

- 1) Noted the 2022/23 projection based on Financial Performance for the first 9 months of the financial year.**
- 2) Noted the significant financial issues and pressures, key assumptions and risks.**
- 3) Discussed, considered and approved the risk share proposal received from NHS Forth Valley's Director of Finance including share of Stirling Community Hospital ward 5 contingency bed costs (Section 2.4).**
- 4) Noted the position in relation to Covid Earmarked Reserves and Scottish Governments further letter stating that this will be reclaimed basis of Month 8 financial returns.**
- 5) Agreed that a specific report in relation to the cost pressures associated with Family Health Services Prescribing is brought to the March meeting of the Finance and Performance Committee.**

## **8.2 BUDGET UPDATE AND IJB BUSINESS CASE**

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Mr Murray explained that preparation of an IJB Business Case was a requirement of the Integration Scheme. The 2023/24 IJB Business Case was written in advance of the presentation of the Scottish Draft Budget to the Scottish Parliament on 15 December 2022 based on best information and intelligence available at the time of writing. It was presented to the Finance and Performance Committee on 21 December 2022 along with a presentation covering the key points and implications of the Scottish Draft Budget. Key budget implications from the constituent authorities were also presented with Chief Finance Officers from both Local Authorities participating. The implications of the Scottish Draft Budget took the estimated budget gap for 2023/24 to £7.018m.

The Finance and Performance Committee discussed in detail the financial gap and proposal that the estimated financial gap was approached through a combination of 50% from transformation and efficiency and 50% through service and policy options

including potentially service reduction and disinvestment options. Mr Murray stressed the importance to align investment to the Strategic Commissioning Plan priorities based on the guiding principle of 'Needs led, Resource bound'. Therefore, the combination of 50% from transformation and efficiency and 50% through service and policy options (including potentially service reduction and disinvestment options) was not approved.

Members of the Integration Joint Board expressed concerns around this proposal and discussed the timeframe involved for confirmation of proposed payments from the constituent authorities in line with the Integration Scheme. While this would enable the Finance and Performance Committee to scrutinise the options to meet the financial gap and deliver a balanced budget it was felt that due to the challenges faced a seminar should be held ahead of the March IJB meeting. This would provide all IJB members the opportunity to consider and discuss the updated options in detail and provide assurances ahead of formal approval.

**The Integration Joint Board:**

- 1) Noted the IJB business case was considered by the Finance and Performance Committee on 21 December 2022 and the Committee approved its submission to the constituent authorities.**
- 2) Noted the impact of the Scottish Draft Budget on the assumptions within the business case.**
- 3) Noted the revised estimated financial gap of £7.018m for financial year 2023/24.**
- 4) Did not approve the proposed approach of 50% of the gap being met by savings and 50% from other service and policy options. A special budget seminar to be held prior to the meeting in March 2023 to scrutinise further.**
- 5) Noted ongoing work to develop the budget and agree that a substantive update is presented to the Finance and Performance Committee on 1 March 2023.**

**9. PERFORMANCE**

**9.1 QUARTER 3 PERFORMANCE REPORT  
(OCTOBER-DECEMBER 2022)**

The Integration Joint Board considered the paper presented by Ms Annemargaret Black, Chief Officer.

Ms Black provided an overview of the content of the Quarter 3 Performance Report and explained that the purpose of the report was to ensure the Integration Joint Board fulfilled its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, and relevant targets and measures including in the Integrated Functions, and as set out in the current Strategic Commissioning Plan.

**The Integration Joint Board:**

- 1) Reviewed the content of the report.**
- 2) Noted that appropriate management actions continue to be taken to address the issues identified through these performance reports.**
- 3) Approved quarterly reports that are normally presented first at the Finance & Performance Committee and subsequently at the available Board meeting.**

**10. PLANNING, COMMISSIONING, DIRECTIONS, AND NEEDS ASSESSMENT**



## **10.1 STRATEGIC COMMISSIONING PLAN 2023-2033**

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest explained that the purpose of the report was to provide an update of the draft Strategic Commissioning Plan 2023-2033 to the Integration Joint Board for their feedback. The Strategic Commissioning Plan set out the arrangements for carrying out integration functions in Clackmannanshire and Stirling over the ten-year period within the financial envelope. The Health and Social Care Partnership area was divided into three locality planning areas, Clackmannanshire, Stirling Rural and Stirling Urban.

The Integration Joint Board discussed the need to invest to deliver change and how the Strategic Plan would guide the investment required, with a need to review the budget throughout its lifespan. In response to a question regarding engagement Ms Forrest confirmed there had been wide engagement with the wider communities as part of the Locality Planning to set priorities. She also noted that beside the overarching Strategic Commissioning Plan itself, once approved there would be the associated implementation plan. Ms Black confirmed alongside the delivery plan there would also be an investment plan and a risk register and that the team would progress these to support implementation. Both Service User reps confirmed the engagement undertaken which was reflected in the plan.

### **The Integration Joint Board:**

- 1) Provided assurance to the Board of the approach to develop the draft Plan.**
- 2) Agreed to continue to seek feedback from stakeholders and partners on the draft before final publication in March 2023.**
- 3) Asked officers to provide final version to the Board in February prior to publication in March 2023**

## **10.2 LOCALITY PLANNING**

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest explained that in May 2022, three Locality Planning Network groups were established – one to represent each of Clackmannanshire and Stirling's HSCP localities. Clackmannanshire and Stirling Health and Social Partnership identified and agreed on three Locality areas;

- Clackmannanshire
- Stirling (Urban)
- Stirling (Rural)

She explained that the purpose of the Locality Planning Networks was to:

- Support the principles that underpinned collaborative and integrated working and ensure that a strong vision for service delivery was achieved.
- Develop robust communication and engagement methods between services and the public that were required to assure the effectiveness of locality arrangements.
- Support GPs to play a central role in providing and co-ordinating care to local communities and, by working more closely with a range of others including the

wider primary care team, secondary care, social care and third sector providers - to help improve outcomes for local people.

- Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care.

Each Locality Planning Network Group have drafted individual Locality Plans based on the data and feedback from all stakeholders which lay out the priorities for each Locality area which would then align strategically, operationally and with commissioning. The Integration Joint Board noted the importance of people with lived experience and the enthusiasm of the communities to be involved. Noting it was important to build on this with robust communications and continued engagement.

#### **The Integration Joint Board:**

- 1) Considered and approved the direction of the three draft Locality Plans - which align to the priorities of the Strategic Commissioning Plan (2023-2033).**
- 2) Approved that Officers provide an update to the Integrated Joint Board (IJB) annually, in line with annual review of the Strategic Commissioning Plan, additional quarterly updates will be provided to the Transforming Care Board and Strategic Planning Group.**

### **10.3 IJB DEVELOPMENT SESSIONS**

The Integration Joint Board considered the paper presented by Lesley Fulford, Senior Planning Manager.

Ms Fulford explained that officers had established a working group to look at a potential development programme and three main areas emerged when putting together the proposal for the IJB Development sessions.

- What would the Integration Joint Board hope to achieve from this programme of development work?
- What topics would be of most value for the Integration Joint Board and its members?
- What would the level of capacity be for the Integration Joint Board and its members to attend?

The development sessions would support IJB members in their development through a range of topics and strengthen their knowledge in health and social care integration. The draft proposal outlined the potential topics with risk woven through them all, the timings and short-, medium- and long-term development areas.

#### **The Integration Joint Board:**

- 1) Approved the development sessions proposal.**

## **11. FOR NOTING**

**11.1 Action Log**  
Noted

**11.2 Decision Log**  
Noted

**11.3 Minutes**

Noted

- a. Audit and Risk Committee – 2022.11.16
- b. Finance and Performance Committee – 2022.11.02
- c. Joint Staff Forum – 2022.10.06
- d. Strategic Planning Group – 2022.07.28
- e. Clinical and Care Governance Group – 2022.07.28

**12. ANY OTHER COMPETENT BUSINESS (AOCB)**

None

**13. DATE OF NEXT MEETING**

29 March 2023 2-4 pm

**9.7.2 Falkirk IJB Ratified Minute – 18 November 2022  
For Assurance**

**Chair:** Dr Michele McClung, Non-Executive Director

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**Minute of meeting of the Integration Joint Board held remotely on Friday 18  
November 2022 at 9.30 a.m.**

**Voting Members:** Fiona Collie (Vice Chair)  
Stacey Devine  
Anne Hannah  
Gordon Johnston  
Stephen McAllister  
Michelle McClung (Chair)

**Non –voting  
Members:** Margo Biggs, Service User  
Patricia Cassidy, Chief Officer (IJB39, IJB40) Ian  
Dickson, Third Sector Representative  
Carol Ann Harrower, Carer Representative  
David Herron, GP Representative  
Elaine Kettings, Chief Nurse, HSCP  
Steven Kirkwood, Chief Finance Officer (IJB41, IJB42) Sara  
Lacey, Chief Social Work Officer  
Kenneth Lawrie, Chief Executive, Falkirk Council  
Roger Ridley, Staff Representative, Falkirk Council

**Also Attending:** Michelle Campbell, Personal Assistant, Social Work  
Hugh Coyle, Corporate Risk Co-Ordinator, Falkirk Council  
(IJB43)  
Phillip Heaton, ADP Lead Officer (IJB47)  
David Keenan, HSCP Governance Support Officer  
(IJB49)  
Lorraine Love, Substitute Third Sector Representative  
Calum MacDonald, Performance and Quality Assurance  
Manager (IJB48)  
Sara MacKenzie, Corporate Risk Manager, NHS Forth  
Valley (IJB44)  
Colin Moodie, Chief Governance Officer  
Margaret Petherbridge, Project Development Manager  
Gillian Sherlock, Substitute Service User Representative  
Paul Surgenor, Communications Officer (IJB50)  
Martin Thom, Head of Integration  
Suzanne Thomson, Senior Service Manager (IJB46)  
Gail Woodcock, Head of Integration (IJB45)

### **IJB35. Apologies**

There were apologies from Cathie Cowan, Victoria McRae, Gillian Morton and Andrew Murray.

### **IJB36. Declarations of Interest**

There were no declarations of interest made.

### **IJB37. Minute**

#### **Decision**

**The Integration Joint Board approved the minute of meeting held on 2 September 2022.**

### **IJB38. Action Log**

#### **Decision**

**The Integration Joint Board noted the Action Log.**

### **IJB39. Chief Officer Report**

The Integration Joint Board considered a report by the Chief Officer which provided an update on the current developments within the Falkirk Health and Social Care Partnership (HSCP). The report also provided an update on the ongoing systems pressures being experienced across health and social care services.

The report provided information on the following matters:-

- Delegated authority to the Chief Officer;
- Systems Pressures;
- HSCP Structure;
- HSCP Service Update;
- Forth Valley Royal Hospital Emergency Department (ED) Improvement Action Plan: Progress Update;
- The Strategic Plan;
- Carers Update;
- HSCP Workforce Plan 2022 – 2025;
- Tackling Poverty in Falkirk;
- National Care Service;
- Scottish Covid-19 Inquiry, and
- IJB Financial Update.

The Board asked if further detail could be provided on the work to incentivise external providers to expand their assessment capacity to accelerate the roll out of Prescribing Proportionate Care. In response to the question, the Head of Integration (G Woodcock) said that one of the key challenges in the roll out of Prescribing Proportionate Care had been the

lack of people to undertake the assessment. The proposal had been to create an incentive for external providers to provide people who are skilled and qualified to undertake assessments. It had been hoped that this additional capacity would increase the number of people being identified who could benefit from the Prescribing Proportionate Care approach.

In addition to this, the Board asked if work related to this type of assessment had been outsourced previously. The Head of Integration (G Woodcock) did not have information to hand to say if this had been outsourced previously. However, they did highlight that in Falkirk there had been difficulty releasing staff capacity within the internal workforce who were qualified to conduct this type of assessment.

In response to a question regarding contingency planning for potential industrial action, the Chief Officer informed the Board that the Partnership had been part of an NHS working group to ensure that the most vulnerable were protected during a potential nurses' strike. Furthermore, the Chief Officer highlighted that other industrial action that had been planned by teachers could have had an impact on employees across the system. Active discussions had been ongoing to limit the impact of industrial action on service users.

Asked if the UK Government's Autumn Statement would have had an impact on the IJB's finances, the Chief Finance Officer advised that it was too early to tell and further work would be required to assess the impact.

## **Decision**

### **The Integration Joint Board:-**

- (1) agreed to delegate authority to the Chief Officer to ensure timely decisions are taken to respond to seasonal and system pressures including improvement work and service redesign decisions, to be reviewed at the Board meeting in March 2023;**
- (2) noted the ongoing work that is being progressed around the HSCP structure to ensure that the Partnership can deliver its priorities in line with the Strategic Plan;**
- (3) noted timescales for the implementation of the internal redesign of internal care at home services have been extended to March 2024;**
- (4) noted the anticipated timeframe for implementation of the new day opportunities for older people model has been extended to October 2023;**
- (5) noted the progress update on the ED Improvement Plan;**
- (6) noted the ongoing work to review the Strategic Plan including the first phase consultation feedback;**
- (7) noted the ongoing work of the Carers Strategy Implementation Group, and**

**(8) noted the publication of the HSCP Workforce Plan 2022 – 2025.**

#### **IJB40. Co-ordination of FV Wide IJB Functions and Services**

The Integration Joint Board considered a report by the Chief Officer which provided an update on the progress with the operational transfer of delegated functions and budgets. This included services which were specified in the approved Integration Scheme.

The report outlined the functions which had been delegated to the IJB to date and set out the proposals that:

- strategic planning and operational management of Specialist Mental Health & Learning Disability services, staff and budget would transfer to the Clackmannanshire & Stirling HSCP as the lead HSCP for these services by the end of 2022. The preparation of a job description for a Head of Strategic Planning for Mental Health and Wellbeing had been underway and recruitment would be completed in early 2023;
- strategic planning and operational management of Primary Care e.g., General Practice including the Out of Hours Services, Community Pharmacy, Public and General Dental Services and Optometry services and Contract would be transferred to the Falkirk HSCP, as the lead HSCP for primary care services including Out of Hours services by the end of January 2023;
- Falkirk IJB Chief Officer would also manage the General Medical Services (GMS) Contract on behalf of the Health Board by the end of January 2023, reporting to the NHS Chief Executive as contracts were not a delegated function. This arrangement of management by the Chief Officer and Health Board oversight would reduce the risk of fragmentation of the whole system of Primary Care, and
- Falkirk IJB would be responsible for the co-ordination of any pan Forth Valley strategic planning for elements of health improvement, while the Clackmannanshire and Stirling IJB would retain local strategic planning. Any national reporting, co-ordination or leadership would be carried out by Falkirk HSCP. The existing resource would be split across both HSCP's for local planning and operational delivery.

Falkirk IJB had an outstanding audit action regarding the transfer of operational management of service delivery, staff and budget responsibilities to the IJB. The proposals set out in the report would complete the required action. The IJB Chief Finance Officers and Chief Officers were to work with the NHS Director of Finance, Head of HR and professional Clinical Directors and governance leads to complete a due diligence exercise. This would enable the appropriate transfer of strategic planning, operational management of services, staff and budget responsibilities, as well as understanding and addressing any service or governance risks.

The Board commended the work to progress the transfer of outstanding functions to the IJB. The Board noted that a full-scale review of the

arrangements had been scheduled for 2026, however asked if interim reviews or progress updates would be provided in anticipation of a National Care Service being established. The Chief Officer highlighted that an initial review had been scheduled to take place within a year of the functions being transferred. However, there was an overdue action to review the Integration Scheme and the Chief Officer had anticipated that a review of the newly delegated services could be included in a review of the Integration Scheme.

The Board asked the Chief Officer what the perceived benefits and risks of the transfer of new functions had been. The Chief Officer advised that the community had been aware of the difficulties in accessing GPs following the Covid-19 pandemic and that the transfer of strategic management and operational delivery of Primary Care services would build on the work of the Primary Care Improvement Plan rollout. Work had been progressing to build multi-disciplinary team around GPs in locality areas to work with them and plan a range of community-based support that would have a particular focus on prevention. The transfer of functions would require close consultation, engagement, and joint planning to avert any risks.

A question was asked about the role the IJB can play in Falkirk Council planning decision-making. The Chief Officer reported that IJBs are not statutory consultees in the process. However, the IJB had successfully exercised its strategic responsibility in some recent planning applications. With the new responsibility for Primary Care, there was an expectation that the Partnership would play a greater role in Council planning decisions going forward.

The Board requested a more detailed description of the services which were being transferred to the IJB. The Chief Officer agreed to prepare a report for the next meeting of the Board and to provide a report to the Joint Staff Forum.

## **Decision**

### **The Integration Joint Board:-**

- (1) noted that the proposals set out in the report would complete the transfer of functions and budgets in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Scheme;**
- (2) agreed the proposed coordination arrangements with Falkirk and Clackmannanshire & Stirling as the Lead HSCP's as set out in section 4, and**
- (3) approved the terms of agreement attached at appendix 2 subject to agreement by Clackmannanshire & Stirling IJB.**

**Kenneth Lawrie joined the meeting during consideration of the previous item.**

## **IJB41. 2022/23 Finance Report**



The Integration Joint Board considered a report by the Chief Finance Officer which provided a summary of the financial position for the five-month period ended 31 August 2022, which included the projected outturn for the year. A net overspend of £0.395m had been reported at 31 August 2022, primarily due to overspend pressures within set aside and primary care services and a community healthcare services underspend, largely in respect of community hospitals. The forecast outturn anticipated a break- even position by 31 March 2023.

The overall annual budget for financial year 2022/23 at the time amounted to £281.985m, comprising £244.956m in respect of the integrated budget and £37.029m in respect of set aside. This represented an increase of £4.453m compared to the £277.532m budget reported to the IJB in September due to several additional in-year funding allocations, budget transfers and reserve movements.

The report highlighted key issues in terms of year-to-date performance in relation to:-

- Large hospital services (set aside);
- Primary healthcare services;
- Community healthcare services;
- Social care services, and
- Year To Date (YTD) savings delivery.

Earmarked reserves of £15.401m had been available to meet covid costs, with no new Scottish Government funding expected in 2022/23. The Finance report to the September Board meeting declined a request from the NHS Board to support covid-related expenditure from IJB reserves, pending further clarification from Scottish Government. The Scottish Government had since advised of their intention to claw-back excess IJB covid funds from IJB reserves because of revised guidance which reduced admissible covid costs in 2022/23.

It had been the intention of the Scottish Government to redistribute excess covid funds and Health Boards had been advised of the allocations they were to expect. Scottish Government had also confirmed that IJBs should not directly fund covid related expenditure for large hospital services (set aside). Scottish Government had advised that further guidance will be issued regarding excess covid funds and it had been anticipated these would be reclaimed before the end of the financial year. In addition to this, the report provided updates on winter pressures and other developments.

The forecast at the time of the meeting suggested an underspend of £2.399m for the integrated budget and an overspend of £1.869m against the set aside budget by 31 March 2023. While the detailed forecast suggested an underspend by 31 March 2023, a break-even position was reported to the IJB Board at this time. This was due to Covid funding uncertainty the considerable system-wide pressures which may have resulted in additional spending over the winter period.

The 2022/23 pay awards remained outstanding and the budget position assumed a 2% inflationary uplift, in line with advised payroll modelling. Scottish Government had confirmed the increase above original modelling

would be funded for Agenda for Change and Medical staffing, through resource re-profiling. Other pay awards above 2% presented a financial risk. A share of the Scottish Government £140m contribution towards the local government 2022/23 pay award had been anticipated, although this was yet to be confirmed.

The Board asked how a breakeven position could be forecast by 31 March 2023 given that a net overspend was reported in the 5-month period to the end of August 2022 and that it had been the intention of the Scottish Government to claw back excess covid funds. The Chief Finance Officer explained that there were additional ringfenced reserves which would offset any overspend in other areas. The Chief Officer highlighted that the IJB had to make a lot of assumptions as there continued to be uncertainty in terms of budget decisions and the funding allocations from both the Scottish and UK Governments.

The Board asked a question regarding the underspend in Primary Care Improvement. In response, the Chief Finance Officer advised that in previous years there had been an underspend and that rather than leave this to accumulate in reserves, there had been efforts to use the funds for other work streams. Despite having an over recruitment policy there had still been year-end underspends in Primary Care due to challenges in the labour market.

The Chief Finance Officer agreed to report back on progress against the outstanding SJC 2022/23 pay awards at the request of the Board.

## **Decision**

### **The Integration Joint Board:-**

- (1) noted the year to date overspend of £0.395m reported as at 31 August 2022;**
- (2) noted that the risk share agreement for 2022/23 had not been agreed;**
- (3) instructed the Chief Finance Officer to work with NHS and Council colleagues to conclude the risk sharing agreement as a matter of urgency;**
- (4) noted that a break even position is forecast to be achieved at 31 March 2023;**
- (5) approved the breakdown of the payments to Falkirk Council and NHS Forth Valley as per the Directions summary provided at appendix 1.**
- (6) approved the contribution of £1m from the IJB's HRA housing adaptations reserve towards the Falkirk Council new build project at Wilson Avenue (Oakbank), Polmont, and**
- (7) approved the creation of a "Cost of Living" earmarked reserve of £1.8m to provide the IJB with flexibility over 2022/23 and 2023/24, during a period of considerable uncertainty including the impact of fuel, energy and general price pressures, provider**

**sustainability concerns, interim care need and covid funding uncertainties.**

## **IJB42. Business Case**

The Integration Joint Board considered a report by the Chief Finance Officer which presented the 2023/24 business case. This summarised the IJB's funding requirements and financial planning assumptions for the forthcoming financial year.

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

The business case outlined the following: -

- 2023/24 financial planning assumptions and caveats;
- Strategic priorities and delivery plan actions;
- 2023/24 financial projection – revenue;
- 2023/24 efficiency savings, and
- 2023/24 financial projection – capital.

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

The Chief Finance Officer was to 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 required to be concluded.

In response to a question regarding pay uplifts, the Chief Finance Officer explained that the amount the Health Board has to pass over to the IJB in pay uplifts is determined nationally, assuming a 2% uplift at the time. Local Authorities had been directed to pass over a flat cash budget with no obligation to pass on any increased funding. In previous years, Falkirk Council had made some form of contribution to pay uplifts.

## **Decision**

### **The Integration Joint Board:-**

- (1) approved the 2023/24 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.**

#### **IJB43. Strategic Risk Management Performance Report – April 2021 to June 2022**

The Integration Joint Board considered a report by the Chief Finance Officer which presented the IJB's Strategic Risk Management Performance Report for the period April 2021 to June 2022.

The report included: -

- The HSCP Risk and Assurance Reporting Framework;
- A summary of Falkirk IJB strategic risks;
- A summary of Falkirk HSCP partners' strategic risks, and
- A progress update on the Risk Management Action Plan.

This report provided assurance on the adequacy and effectiveness of the risk management arrangements in place within the Falkirk IJB and HSCP between April 2021 and June 2022. The update on the Risk Management Action Plan demonstrated that good progress had been made to address the issues raised in an Internal Audit in 2021/22 which provided limited assurance on the IJB's Risk Management arrangements.

This was the first annual report, and it would be enhanced in future years by including more details on, for example, deep dives outcomes, risk appetite, risk management training, and significant operational risks. Future reports would cover the period April to March annually and would be submitted to the IJB's Audit Committee in June 2023 alongside the Annual Governance Statement.

#### **Decision**

##### **The Integration Joint Board:-**

- (1) noted the Strategic Risk Management Performance Report for April 2021 to June 2022 presented at appendix 1, and**
- (2) noted that future reports will cover the period April to March annually and would be submitted to the IJB's Audit Committee alongside the Annual Governance Statement.**

#### **IJB44. IJB Risk Management Strategy**

The Integration Joint Board considered a report by the Corporate Risk Manager which presented the IJB's revised Risk Management Strategy. It set out the principles and approaches to Risk Management which were to be followed by the IJB and staff within the Health and Social Care Partnership. Implemented consistently and effectively, it would add value by supporting the day-to-day activities of the HSCP and support decision-making and prioritisation by the IJB.

The Risk Management Strategy formed part of the wider progress on the IJB Risk Management Action Plan agreed by the IJB Audit Committee in June 2022 and provided evidence of progress being made on the recommendations from the 2020/21 Falkirk IJB Internal Audit Review of the Risk Management Arrangements.

The 2020/21 Falkirk Integration Joint Board Internal Audit Review of Risk Management Arrangements noted that while the existing strategy contained most of the expected elements, there were areas in which the strategy could be further developed. Following discussion between the Chief Finance Officer, NHS Forth Valley Corporate Risk Manager and Falkirk Council Corporate Risk Co-ordinator, it had been agreed that the Risk Management Strategy should be redrafted to align with the NHS Forth Valley strategy, incorporating necessary elements from the Falkirk Council Corporate Risk Policy.

Further amendments would be made to the strategy once risk appetite and tolerance statements were agreed. This would provide details of the trigger points at which risks will be escalated/de-escalated. Addition of further detail on the processes for review and reporting of operational risks would be added to the strategy or with the provision of operational guidance.

Further detail would be provided on the mechanisms for provision of assurance to the Audit Committee and the Board (based on the assurance principles outlined in the strategy), and this will take the form of Assurance Deep Dives.

A review of the strategy would be conducted at the end of the financial year to incorporate additions/amendments, with a view to submitting the updates to the IJB in September 2023.

## **Decision**

### **The Integration Joint Board:-**

- (1) approved the Risk Management Strategy, and**
- (2) noted that further amendments would be made to the strategy:**
  - once appetite and tolerance statements are agreed;**
  - with the addition of further detail on the processes for review and reporting of operational risks;**
  - to provide detail on the mechanisms for provision of assurance to the Audit Committee and the Board (based on the assurance principles outline in the strategy).**

### **IJB45. Slow Stream Rehabilitation Bedded Care**

The Integration Joint Board considered a report by the Head of Integration (G Woodcock). This provided an update on the capacity across the local health and care system which had been continuing to experience significant pressures as a result of increasing demand and ongoing staffing pressures, as well as evidence of people's increased frailty and decline in mobility.

These capacity pressures were negatively impacting on transfers of care,

resulting in some people not being able to be in the most appropriate place for their care needs.

A review of data showed an increased length of time required in reablement, which indicated a potential need for slower stream rehabilitation out with a hospital environment. This had been supported by an analysis undertaken in 2019, which identified that Falkirk had a much lower proportion of intermediate care than other areas.

An options appraisal had been undertaken to identify a suitable solution to address this issue. The preferred option identified was to transition an existing in-house long-term care home into an intermediate rehabilitation care facility. A further options appraisal identified Cunningham House as the preferred facility for this transition. This evaluated the suitability of each of the internal care homes to transition to support slow stream bedded care. This evaluation had included consideration of space to support movement and handling, including hoist equipment, space to undertake gymnasium rehabilitation and facilities to support home living practice and condition of the building.

The business case set out the investment and change support that would be required for this transition, including additional allied health professional and nursing staff, purchase of gym equipment and the refurbishment of a gym area within the facility. This was considered and agreed by the HSCP Senior Leadership Team in October 2022. It had been anticipated that the solution put in place would require to be available until the delivery of the Falkirk Community Hospital Masterplan programme.

The Chief Officer had approved this business case under their delegated authority in consultation with the IJB Chair and Vice Chair. A consultation had been undertaken with staff, residents and their families, IJB members, local and senior elected members and Trade Union representatives. The proposal had been considered and was positively supported by all groups through the process.

## **Decision**

### **The Integration Joint Board:-**

- (1) noted the options appraisal and business case that had been developed to support the delivery of a bedded care rehabilitation service for those people who require an extended period of rehabilitation in a homely setting in the local community, and**
- (2) noted the business case had been approved by the Chief Officer under her delegated authority in consultation with the IJB Chair and Vice Chair and work was underway to implement the plans.**

## **IJB46. Equality Outcomes and Mainstreaming Report 2022-2023 & Progress Report 2017-2021**

The Integration Joint Board considered a report by the HSCP Governance

Support Officer and Senior Service Manager which presented the Equality Outcomes and Mainstreaming Report 2022-2023 & Progress Report 2017- 2021 for the approval of the Board.

Following the Board's approval to extend the Equality Outcomes (2017 – 2021) until 2023, a public consultation was launched on 10 October for a three-week period, closing on 31 October. The consultation had been open to individuals who live within the Falkirk Health & Social Care Partnership (HSCP) area. A total of 8 people responded to the survey and helped inform the Equality Outcomes. In response to the consultation feedback, there were no changes made to the Equality Outcomes.

Falkirk IJB had been required to publish a set of Equality Outcomes and report on mainstreaming at intervals of no more than 4 years and report on progress at intervals of no more than two years. For efficiency, the Equality Outcomes and Mainstreaming report and progress report were within a single document.

Officers had met to consider the guidance issued by the EHRC and had developed a high-level action plan that sets out the steps that will be taken to ensure compliance with Equalities Duties. In addition to this, Officers had considered the required work to develop a new set of Equality Outcomes. In recognition of the guidance issued by the Equality & Human Rights Commission (EHRC) and the desire to set meaningful and evidence-based Outcomes, the Board was asked to delegate authority to Officers led by the Senior Service Manager to develop and consult on new Outcomes. This would give Officers the necessary scope and time to complete the work in line with the EHRC guidance.

The Board felt that 8 responses to a public consultation was a low figure in relation to work of this level of importance and asked that for future consultations, further work is done to publicise them to ensure higher levels of engagement. The Senior Service Manager highlighted that the consultation period coincided with the consultation on the Strategic Plan and a number of other consultations. The consultations ran simultaneously to align the Equality Outcomes with the ongoing Strategic Plan work.

Assurance was provided that efforts are made to ensure consultations are as meaningful as possible.

## **Decision**

### **The Integration Joint Board:-**

- (1) approved the Equality Outcomes and Mainstreaming Report 2022-2023 & Progress Report 2017 – 2021;**
- (2) agreed to delegate authority to Officers to develop and consult on a new set of draft Equality Outcomes for 2023 – 2027, and**
- (3) noted a report on the draft Equality Outcomes 2023 – 2027 will be submitted to the Board for approval in June 2023**

#### **IJB47. Falkirk Alcohol & Drug Partnership Progress Report**

The Integration Joint Board considered a report by the ADP Lead Officer which provided an update to the Integration Joint Board on progress of Falkirk Alcohol and Drug Partnership (ADP). The report outlined the progress made towards:

- Delivering the Medication Assisted Treatment (MAT) Standards (Implementation Plan & Quarterly Progress Report);
- Recommissioning of the third sector drug & alcohol treatment service provision;
- Reporting of progress to Scottish Government (Annual Report & Self-Assessment), and
- ADP Progress and Membership & Governance Structure review.

The Board acknowledged the importance of the work carried out by the ADP and commended the work of the Partnership. The ADP Lead Officer was asked if the intervention training would be rolled out to other schools in addition to Falkirk High. In response, they said that there had been plans to roll the training out to more schools. The training in schools formed part of a wider piece of work around naloxone and prevention training across Falkirk and the development of a new naloxone strategy for the area.

#### **Decision**

**The Integration Joint Board noted the activity and achievements of the Falkirk Alcohol and Drug Partnership.**

#### **IJB48. Performance Monitoring Report**

The Integration Joint Board considered a report by the Performance & Quality Assurance Manager, Falkirk HSCP, Head of Policy & Performance, NHS Forth Valley, Performance Review Officer, Falkirk Council presenting the Performance Monitoring Report September 2021 – September 2022, to support the Integration Joint Board (IJB) to fulfil its ongoing responsibility to ensure effective monitoring and reporting of service delivery. The report provided a summary of key performance issues and drew on a basic balanced scorecard approach, with a focus on exception reporting.

The report focused on local performance indicators and data, providing a year-on-year comparison. This includes information on delayed discharges and Emergency Department (ED) performance.

Social Work Adult Services (SWAS) had introduced a new social work information system during June and July 2022. Once established the system would allow for more effective and efficient performance monitoring. Data from the previous system had not yet fully migrated across.

In response to a question about delayed discharge, the Chief Officer said that was a reflection of the systems pressures and that work had been



ongoing to address this, as detailed in the Chief Officer report. In addition to this the Board asked how the option of Self-Directed Support could be increased. The Head of Integration (M Thom) said that the Liquidlogic system that had been implemented focusses on the use of Self-Directed Support. The use of Self-Directed Support had been monitored and more training was being rolled out to staff and it had been anticipated that there would be an increased uptake in its use over the next 12 months.

## **Decision**

### **The Integration Joint Board:-**

- (1) noted the Performance Monitoring Report, and**
- (2) noted that appropriate management actions continued to be taken to address the issues identified through these Performance Monitoring Reports.**

### **IJB49. IJB Governance Report**

The Integration Joint Board considered a report by the HSCP Governance Support Officer and Senior Service Manager which provided an update on a range of governance matters relevant to the Board.

The IJB had a place for two representatives from the Third Sector. One of the positions had been vacant. Officers worked with the CVS Falkirk Partnership Manager to develop a process to recruit to this vacancy. This was outlined in the IJB Governance Report which was agreed by the Board in September 2022. Following the conclusion of the recruitment process, the Board was asked to appoint Ian Dickson as a Third Sector representative. The Board was also asked to appoint Lorraine Love as his substitute.

Work had been undertaken to identify a new Carer Representative. The Board was asked to appoint Carol Ann Harrower as the Carer Representative. In addition to this, there had been a vacancy for a service user representative substitute. Following a recruitment process, the Board was asked to approve Gillian Sherlock as the service user representative substitute.

Members were surveyed on their preferences for meeting arrangements in October 2022. The options that were put to members for consideration were: a return to full in-person meetings, using a hybrid format whereby some members would be present in the same room and others could join virtually, or continuing with the current arrangements of meeting remotely. Members indicated a preference for using a hybrid format and agreed that all Quarter 1 Board and Committee meetings in 2023 will follow a hybrid format, with the in-person aspect being hosted in Forth Valley College. This decision would be kept under regular view.

## **Decision**

### **The Integration Joint Board:-**

- (1) approved the appointment of Ian Dickson as a Third Sector**

representative on the Board and approved the appointment of Lorraine Love as his substitute;

- (2) approved the appointment of Carol Ann Harrower as the carer representative;
- (3) approved the appointment of Gillian Sherlock as a service user representative substitute;
- (4) noted that the Integration Joint Board had met and exceeded the target that 50% of the Board's members are women in advance of the Gender Representation on Public Boards (Scotland) Act 2018 Act coming into effect on 31 December 2022;
- (5) noted that the Lead Officer - Climate Change from Falkirk Council would submit the Integration Joint Board's annual climate change report on behalf of the Board;
- (6) agreed the proposed timetable of meetings for 2023;
- (7) noted the forward planner for 2023;
- (8) agreed that the Board and Committees will meet on a hybrid basis for 2023 and note that this arrangement will be kept under regular review, and
- (9) agreed that all Board Development sessions will be held in person.

#### **IJB50. HSCP Communications Update**

The Integration Joint Board considered a report by the Communications Officer which provided a summary of communications activity undertaken during July – September 2022.

The Partnership's communications activity had covered key service developments, media issues, and improvements to the website and digital channels.

#### **Decision**

**The Integration Joint Board noted the communications update.**

#### **IJB51. Approved Minutes of Meetings**

The Integration Joint Board considered the following minutes of the committees and groups:-

IJB Clinical and Care Governance Committee – 20  
May 2022 IJB Audit Committee – 17 June 2022  
Strategic Planning Group – 5 August 2022

#### **Decision**

**The Integration Joint Board noted the minutes of committees and groups.**

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

**9.8.1 Audit & Risk Committee Annual Report 2022/2023**  
**For Assurance**

**Committee Chair:** Cllr Fiona Collie, Non-Executive Director

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**ANNUAL REPORT OF AUDIT & RISK COMMITTEE FOR THE YEAR END 31 MARCH 2023**

**1. PURPOSE**

To assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

**2. AUDIT AND RISK COMMITTEE**

**2.1 Purpose of Committee**

The purpose of the Audit and Risk Committee is to ensure that NHS Board activities including Patients Private Funds and Endowment Funds are:

- Within the law and regulations governing the NHS; and
- That an effective system of internal control is maintained to give reasonable assurance that assets are safeguarded, waste or inefficiency avoided and reliable financial information produced and that value for money is continuously sought.

**2.2 Composition**

During the financial year ended 31 March 2023 membership of the Audit and Risk Committee comprised:

Chairperson	Cllr Les Sharp – to 30 <sup>th</sup> April 2022 Cllr Fiona Collie – from 1 <sup>st</sup> July 2022
Vice Chair	Mr John Stuart – from 1 <sup>st</sup> July 2022
Members	Mr John Ford – to 30 <sup>th</sup> April 2022 Cllr Susan McGill – to 30 <sup>th</sup> April 2022 Mr Stephen McAllister – to 30 <sup>th</sup> April 2022 Mr Martin Fairbairn – 1 <sup>st</sup> May 2022 to 30 <sup>th</sup> June 2022 Ms Michelle McClung – 1 <sup>st</sup> May 2022 to 30 <sup>th</sup> June 2022 Cllr Danny Gibson – from 1 <sup>st</sup> July 2022 Mr Robert Clark

**2.3 Meetings**

The Committee has met on four occasions during the period from 1 April 2022 to 31 March 2023, on the undernoted dates:

Wednesday 22<sup>nd</sup> June 2022

Friday 21<sup>st</sup> October 2022

Friday 20<sup>th</sup> January 2023

Friday 24<sup>th</sup> March 2023

This is in accordance with the requirements of the remit of the Committee. Due to the ongoing impact of Covid-19 restrictions, all meetings continued to be held virtually using Microsoft Teams.

Mr Fairbairn Chaired the meeting held on Wednesday 22<sup>nd</sup> June 2022. Professor John Brown and Mrs Susan Walsh observed the meeting held on 24<sup>th</sup> March 2023.

The attendance schedule is attached at Appendix 1.

## **2.4 Business**

The Committee considered a combination of routine and specific work areas during the financial year. The routine work was largely in relation to internal financial controls, internal and external audit plans and internal and external audit reports. Specific areas considered in accordance with the Committee remit included:

### **Internal Control and Corporate Governance**

- Review of Risk Management Annual Report and key areas within the Risk Management Strategy;
- Receiving and reviewing quarterly and annual reports issued by Counter Fraud Services (CFS) including the review and consideration of cases relevant to NHS Forth Valley;
- Completion and consideration of the Audit Committee Self-Assessment Checklist as to ensure Audit and Risk Committee business is conducted in line with guidance published within the Audit Committee Handbook;
- Review of Best Value activities for assurance that arrangements to secure continuous improvement in performance, efficiency, economy, quality and cost are in place;
- Update on National Fraud Initiative;
- Review of Post Transaction Monitoring process;
- Update on Legal Claims lodged against NHS Forth Valley during the financial year;
- Consideration of the local implications of the various national audit publications;
- Consideration of guidance issued by the Scottish Government Health Finance Directorate regarding amendments made to the NHS Scotland Accounting Manuals for 2022/23; and
- Consideration given to impact of updates to the Payment Verification Process for Primary Medical Services.

### **Internal Audit**

- Approve the Internal Audit Annual Plan;
- Receive regular reports on progress against delivery of the Plan;
- Consider the Annual Internal Audit and Governance Overview Reports;

- Regular review and consideration of reports issued relating to the Audit Follow-up process to enable assurance to be provided to the NHS Board that agreed protocols are being followed; and
- Review and approval of Audit Follow-Up procedures in line with guidance held within the Audit Protocol.

### **External Audit**

- Review of Report to those Charged with Governance on the Audit of the 2021/22 Financial Statements;
- External Audit Annual Plan for 2022/23;
- Review of Internal Controls within NHS Forth Valley and also Internal Audit Reliance letter;
- External Audit Annual Report to the Board and Auditor General for Scotland 2022; and
- Review and consideration of reports on specific aspects of control environments and performance audits on areas requested by NHS Forth Valley.

Details of business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information and highlighted that during 2022/23 all meetings held were Quorate.

## **3. OUTCOMES**

Throughout the financial year items of particular interest or importance were presented to the Audit Committee and these can be summarised as follows.

- At the first meeting in June 2022, the Annual Accounts were presented and also those for Endowment and Patients Funds. The Committee provided assurance for approval of these accounts to the NHS Board. In addition, External Audit presented their Annual Report for 2020/21 and also the proposed Audit Opinion and Letter of Representation.
- The Risk Management Annual Report was presented to Committee at the June 2022 meeting where members were given assurance that there were adequate and effective risk management arrangements in place within NHS Forth Valley. The Committee were also provided with an update on Strategic Risks each quarter throughout the financial year.
- The Director of Finance presented a paper that updated the Committee on three Service Audits that were prepared in accordance with the International Standard on Assurance Engagement No. 3402: Practitioner Services, National IT Services and National Single Instance. Mr Urquhart asked the Committee to note that all three audit reports had been awarded an unqualified opinion. With regard to Practitioner Services, a sub-committee of the NSS Audit and Risk Committee was established to oversee the action plan outlined by management following the qualified opinion for Primary Care Contractor Payments in 2020/21 and also 2019/20.
- The Principal Auditor provided regular updates on the work of Counter Fraud Services throughout the year including updates on local cases within NHS Forth Valley that had been subject to Counter Fraud Services reviews.
- At the October 2022 meeting the Committee were updated on the outcome of a tendering exercise undertaken to appoint External Auditors for the Endowments and Patient Funds.

- Throughout the financial year the Committee were provided with updates on progress in relation to the South-East Payroll Consortium Programme to deliver a Shared Services approach to payroll services and a single employer process. The Committee were informed at the January 2023 meeting that staff would Tupe transfer to their new employer on 1<sup>st</sup> February 2023 after which there would be an initial six month transition period to enable the new service to be established.
- At the January 2023 meeting the Regional Audit Manager presented the updated Internal Audit Framework and the Committee were also provided with an overview of the findings within the Internal Control Evaluation for 2022/23.
- The Chief Executive presented a paper to the Committee at the January 2023 meeting outlining work progressed following NHS Forth Valley being escalated to Stage 4 of the NHS Scotland Performance Escalation Framework for concerns relating to Governance, Leadership and Culture. The Chief Executive also confirmed concerns had also been raised in relation to a range of performance-related issues, notably in GP and Primary Care Out of Hours services, unscheduled care, mental health, and integration.
- The Head of Policy and Performance provided regular updates on work performed on the Code of Corporate Governance and also NHS Forth Valley's Best Value Framework.
- The External Audit Annual Plans for 2022/23 was approved at the March 2023 meeting.
- Updates to NHS Forth Valley's Standing Orders, Standing Financial Instructions, Scheme of Delegation and Committee remits within the Code of Corporate Governance were presented by the Director of Finance at the March 2023 meeting.
- The Audit Committee Annual Report was approved at the meeting held in March 2023.

Specific areas of future work will include:

- The 2022/23 Statutory Accounts for Exchequer, Endowment and Patient Funds will be reviewed at the Audit Committee meeting scheduled for 20<sup>th</sup> June 2023.
- Internal Audit Plan for 2023/24 – completed via a comprehensive risk assessment process.
- The Board will continue to work in partnership with the Scottish Government and External Audit in times of significant uncertainty over the longer term level of funding that will be provided to Boards across Scotland. This will allow the Board to continue to progress further service redesign and help deliver operating efficiencies.
- Ongoing implications of changes to International Financial Reporting Standards and their impact on NHS Forth Valley will continue to be monitored.
- Recommendations made within both Internal and External Audit reports will continue to be reviewed as part of the Audit Follow-up process and regular update reports will also continue to be presented to the Committee.

#### **4. ASSESSMENT CHECKLIST**

In line with guidance published in the Scottish Government Handbook, the Audit Committee Terms of Reference should be regularly reviewed and in addition the Audit and Risk Committee should also review its own effectiveness. To assist this process the Self-Assessment Checklist from the Audit and Assurance Committee Handbook was developed is appended at Appendix 3 and is an update to the checklist completed in March 2022. The Audit and Risk Committee Terms of Reference were reviewed at the meeting of 25<sup>th</sup> March 2022.

## **5. CONCLUSION**

### **Statement of Assurance**

Throughout 2022/23 the Audit and Risk Committee received reports from Internal and External Audit. These reflected the work identified in the approved Internal Audit Plan or reports which had a national perspective but a local impact.

The Committee has considered these reports to seek reassurance that the Board has in place an effective system of internal control which gives reasonable assurance that assets are safeguarded, waste or inefficiency avoided, and reliable financial information produced and that value for money is continuously sought.

I am satisfied as Chair of the Audit and Risk Committee that the conduct of business, including the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Code of Corporate Governance.

**Cllr Fiona Collie (Chair, Audit & Risk Committee)**  
**NHS Forth Valley**  
**March 2023**



## Appendix 1

### AUDIT COMMITTEE ATTENDANCE RECORD – 2022/23

#### Members

NAME	POSITION	ORGANISATION	22/06/22	21/10/22	20/01/23	24/03/23
Cllr Fiona Collie	Chairperson	Audit & Risk Committee	-	P	P	P
Mr Martin Fairbairn	Member	Audit & Risk Committee	P	-	-	-
Ms Michelle McClung	Member	Audit & Risk Committee	P	-	-	-
Mr Robert Clark	Member	Audit & Risk Committee	P	P	P	P
Mr John Stuart	Member	Audit & Risk Committee	-	AA	P	P
Cllr Danny Gibson	Member	Audit & Risk Committee	-	-	P	-

#### In Attendance

NAME	POSITION	ORGANISATION	15/07/21	13/08/21	22/10/21	21/01/22
Mr Scott Urquhart	Director of Finance	NHS Forth Valley	P	P	P	P
Mrs Cathy Cowan	Chief Executive	NHS Forth Valley	P	P	P	P
Mr Tony Gaskin	Chief Internal Auditor	FTF Audit Services	P	P	P	P
Mrs Jocelyn Lyall	Regional Audit Manager	FTF Audit Services	P	P	P	P
Ms Shona Slayford	Principal Auditor	FTF Audit Services	P	P	P	P
Mr John Cornett	Assistant Director	Audit Scotland	P	-	-	-
Mr Adam Haahr	Senior Audi Manager	Audit Scotland	P	-	-	-
Ms Aimee MacDonald	Senior Auditor	Audit Scotland	P	-	-	-
Ms Chloe Mellon	Auditor	Audit Scotland	P	-	-	-
Ms Karla Graham	Auditor	Audit Scotland	P	-	-	-
Mr Paul McAllister	Auditor	Audit Scotland	P	-	-	-
Mr John Watkins	Chartered Accountant	Dickson & Middleton	P	-	-	-
Ms Karlyn Watt	Senior Audit Manager	Deloitte	-	-	P	P

Mr Jonathan Procter	Director of Facilities & Infrastructure	NHS Forth Valley	P	-	-	-
Mrs Sara Mackenzie	Corporate Risk Manager	NHS Forth Valley	P	-	P	P
Ms Kerry Mackenzie	Head of Policy & Performance	NHS Forth Valley	P	P	P	P
Ms Vicky Webb	Risk Manager	NHS Forth Valley	-	P	-	-
Mrs Jillian Thomson	Deputy Director of Finance	NHS Forth Valley	P	P	P	P
Mrs Christine Carruthers	Accounting Services Manager	NHS Forth Valley	P	-	-	-
Mr Graeme Bowden	Capital Accountant	NHS Forth Valley	P	P	P	P

**AUDIT COMMITTEE****SCHEDULE OF BUSINESS CONSIDERED 2022/23**

All business discussed was in an Open Forum.

<b>DATE OF MEETING</b>	<b>TITLE OF BUSINESS CONSIDERED</b>
<b>22 June 22</b> *	Minutes of Previous Meeting
*	Declarations of Interest
*	Matters Arising & Actions from Previous Meetings
*	Patients Funds Members Report & Annual Accounts
*	Endowment Funds Members Report & Annual Accounts
*	Internal Audit Progress Report
*	Internal Audit Annual Report 2021/22
*	Internal Audit Annual Plan 2022/23
*	Proposed External Audit Annual Report 2021/22 incorporating ISA260 Report
*	Proposed Audit Opinion and Letter of Representation
*	NHS Forth Valley Annual Accounts 2021/22
*	Audit Follow-Up Procedure
*	Audit Follow-Up Report
*	Annual Reports and Assurance Statements 2021/22
*	SFI Waiver Highlight Report
*	Quarter 4 2021/22 Strategic Risk Report
*	Risk Management Annual Report 2021/22
*	Risk Management Strategy
*	Counter Fraud Services Quarterly Report - Quarter ending 31 <sup>st</sup> March 2022
*	Counter Fraud Services Year End Report 2021/22
*	Service Audit Reports
<b>21 Oct 2022</b> *	Minutes of Previous Meetings
*	Declarations of Interest
*	Matters Arising & Actions from Previous Meetings
*	National Shared Services - Payroll
*	Internal Audit Progress Report
*	External Audit Arrangements 2022/23
*	Audit Follow-Up Report
*	Quarter 1 2022/23 Strategic Risk Report
*	Code of Corporate Governance
*	Appointment of Endowment and Patient Funds Auditors
*	Counter Fraud Services Quarterly Report - Quarter ending 30 <sup>th</sup> June 2022
*	Post Transaction Monitoring
<b>20 Jan 2023</b> *	Minutes of Previous Meeting

*	Declarations of Interest
*	Matters Arising & Actions from Previous Meetings
*	National Shared Services - Payroll
*	Audit and Risk Committee Action Log
*	Internal Audit Progress Report

<b>DATE OF MEETING</b>	<b>TITLE OF BUSINESS CONSIDERED</b>
*	Internal Audit Framework
*	Internal Control Evaluation
*	Year End Audit Planning Arrangements
*	Audit Follow-Up Report
*	Quarter 2 2022/23 Strategic Risk Report
*	Best Value Framework
*	Escalation – Governance Arrangements
*	Counter Fraud Services Quarterly Report - Quarter ending 30 <sup>th</sup> September 2022
*	Blueprint for Good Governance
<b>24 Mar 2023</b> *	Minutes of Previous Meeting
*	Declarations of Interest
*	Audit & Risk Committee Action Log
*	Internal Audit Progress Report
*	External Audit Annual Plan 2022/23
*	NHS in Scotland 2022
*	Audit Follow-Up Report
*	Quarter 3 2022/23 Strategic Risk Report
*	Audit and Risk Committee Terms of Reference
*	Audit and Risk Committee Annual Report 2022/23
*	Code of Corporate Governance Update
*	NHS Scotland Accounting Manuals 2022/23
*	Legal Claims
	National Fraud Initiative
*	Counter Fraud Services Quarterly Report - Quarter ending 31 <sup>st</sup> December 2022

### Appendix 3

#### SELF ASSESSMENT CHECKLIST

Role and remit	YES/NO/NA	Comments/Action
Does the audit committee have written terms of reference?	Yes	
Do the terms of reference cover the core functions of an audit committee as identified in the <i>SG Audit Committee Handbook</i> ?	Yes	
Are the terms of reference approved by the audit committee and reviewed periodically?	Yes	Reviewed Annually
Has the audit committee been provided with sufficient membership, authority and resources to perform its role effectively and independently?	Yes	
Does the body's governance statement mention the audit committee's establishment and its broad purpose?	Yes	
Does the audit committee periodically assess its own effectiveness?	Yes	Annual Report Prepared

Membership, induction and training	YES/NO/NA	Comments/Action
Has the membership of the audit committee been formally agreed by the management board and or Accountable Officer and a quorum set?	Yes	
Are members appointed for a fixed term?	Yes	Membership reviewed Annually
Does at least one of the audit committee members have a financial background?	Yes	
Are all members, including the chair, independent of the executive function?	Yes	
Are new audit committee members provided with an appropriate induction?	In Part	Induction provided to New Board Members and review of Individual Training needs discussed with Chair.

Has each member formally declared his or her business interests?	Yes	Annual Declaration  Declaration of Interests requested at each Committee Meeting
Are members sufficiently independent of the other key committees of the Board?	Yes	As far as is feasible recognising limited number of Non-Executive Directors
Has the audit committee considered the arrangements for assessing the attendance and performance of each member?	Yes	Attendance recorded in Annual Report. Chair meets with each Non-Executive Director annually.

Meetings	YES/NO/NA	Comments/Action
Does the audit committee meet regularly, at least four times a year?	Yes	
Do the terms of reference set out the frequency and broad timing of meetings?	Yes	Timing covered in Agenda
Does the audit committee calendar meet the body's business and governance needs, as well as the requirements of the financial reporting calendar?	Yes	
Are members attending meetings on a regular basis and if not, is appropriate action taken?	Yes	
Does the Accountable Officer attend all meetings and, if not, is he/she provided with a record of discussions?	Yes	
Does the audit committee have the benefit of attendance of appropriate officials at its meetings, including representatives from internal audit, external audit and finance?	Yes	

Internal control	YES/NO/NA	Comments/Action
Does the audit committee consider the findings of annual reviews by internal audit and others, on the effectiveness of the arrangements for risk management, control and governance?	Yes	
Does the audit committee consider the findings of reviews on the effectiveness of the system of internal control?	Yes	

Does the audit committee have responsibility for review of the draft governance statement and does it consider it separately from the accounts?	In part	The Governance Statement is reviewed as part of the Annual Accounts Approval process The Governance Statement requirements were considered by the Committee.
Does the audit committee consider how accurate and meaningful the governance statement is?	Yes	Internal and External Audit both review the Annual Governance Statement and provide comment prior to Audit Committee review.
Does the audit committee satisfy itself that the arrangements for risk management, control and governance have operated effectively throughout the reporting period?	Yes	Internal Audit Annual Report. Audit Committee also approves the Risk Management Strategy and receives the Risk Management Annual Report.
Has the audit committee considered how it should coordinate with other committees that may have responsibility for risk management and corporate governance?	Yes	Risk Management control process is responsibility of Audit and Risk Committee. The Strategic Risk Register is reviewed by Forth Valley NHS Board on a quarterly basis, with relevant risks considered at each Governance Committee.
Has the audit committee satisfied itself that the body has adopted appropriate arrangements to counter and deal with fraud?	Yes	Regular Reports are considered and a presentation on the role of Counter Fraud services was delivered.
Has the audit committee been made aware of the role of risk management in the preparation of the internal audit plan?	Yes	Process is covered in both 5-Year and Annual Plan.
Does the audit committee's terms of reference include oversight of the risk management process?	Yes	
Does the audit committee consider assurances provided by senior staff?	Yes	
Does the audit committee receive and consider stewardship reports from senior staff in key business areas such as Finance, HR and ICT?	NA	Audit Committee role covers assurance and other Committees and the Board cover Performance.

Financial reporting and regulatory matters	YES/NO/NA	Comments/Action
Is the audit committee's role in the consideration of the annual accounts clearly defined?	Yes	
Does the audit committee consider, as appropriate:		

• the suitability of accounting policies and treatments	No	Nationally determined; changes approved.
• major judgements made	Yes	As part of the Annual Accounts process.
• large write-offs	Yes	Reported but Scheme of Delegation covers. SGHD are required to approve over a certain limit.
• changes in accounting treatment	Yes	
• the reasonableness of accounting estimates	No	Predominantly major issues will have been included in Performance Reports.
• the narrative aspects of reporting?	NA	Not in role; reviews accounts.
Is an audit committee meeting scheduled to receive the external auditor's report to those charged with governance including a discussion of proposed adjustments to the accounts and other issues arising from the audit?	Yes	
Does the audit committee review management's letter of representation?	Yes	Issues covered in External Audit Report.
Does the audit committee gain an understanding of management's procedures for preparing the body's annual accounts?	In part	Covered through Audit Review and timetabling.
Does the audit committee have a mechanism to keep it aware of topical legal and regulatory issues?	Yes	Part of Remit

Internal audit	YES/NO/NA	Comments/Action
Does the Head of Internal Audit attend meetings of the audit committee?	Yes	
Does the audit committee approve, annually and in detail, the internal audit plans including consideration of whether the scope of internal audit work addresses the body's significant risks?	Yes	
Does internal audit have a direct reporting line, if required, to the audit committee?	Yes	
As well as an annual report from the Head of Internal Audit, does the audit committee receive progress reports from the internal audit service?	Yes	



Are outputs from follow-up audits by internal audit monitored by the audit committee and does the committee consider the adequacy of implementation of recommendations?	Yes	Responsibility for monitoring the Follow-up process transferred to Internal Audit during 2022/23 with the protocol updated accordingly. Status reports are presented at each meeting of the Audit & Risk Committee.
If considered necessary, is the audit committee chair able to hold private discussions with the Head of Internal Audit?	Yes	
Is there appropriate co-operation between the internal and external auditors?	Yes	
Does the audit committee review the adequacy of internal audit staffing and other resources?	In part	Any issues would be covered in Progress Reports. FTF Partnership Board reviews staffing arrangements.
Are internal audit performance measures monitored by the audit committee?	In part	Internal audit KPIs are normally reported to A&R Committee as part of the progress reports to each meeting. Due to issues associated with an update of the Retain time management system, performance measures were not reported in June and October 2022. KPIs were reported to the January and March 2023 meetings and will be reported in the internal audit annual report 2022/23.
Has the audit committee considered the information it wishes to receive from internal audit?	Yes	Receives routine, Internal Control Evaluation and Annual Reports where comment opportunity available to change.
Has the Committee considered formal terms of reference defining internal audit's objectives, responsibilities, authority and reporting lines?	Yes	Defined in Standing Financial Instructions and Audit Service Level Agreement and Service Specification.

External audit	YES/NO/NA	Comments/Action
Does the external audit representative attend meetings of the audit committee?	Yes	
Do the external auditors present and discuss their audit plans and strategy with the audit committee (recognising the statutory duties of external audit)?	Yes	
Does the audit committee chair hold periodic private discussions with the external auditor?	Yes	Opportunity provided annually to meet the Audit Committee Chair in private. Also includes Internal Audit.

Does the audit committee review the external auditor's annual report to those charged with governance?	Yes	
Does the audit committee ensure that officials are monitoring action taken to implement external audit recommendations?	Yes	
Are reports on the work of external audit presented to the audit committee?	Yes	
Does the audit committee assess the performance of external audit?	Yes	Questionnaire on performance circulated by Audit Scotland. Completed in part by the Director of Finance and in part by Audit Committee Chair.
Does the audit committee consider the external audit fee?	Yes	As part of the Annual External Audit Plan but with limited opportunity to influence

Administration	YES/NO/NA	Comments/Action
Does the audit committee have a designated secretariat?	Yes	
Are agenda papers circulated in advance of meetings to allow adequate preparation by audit committee members?	Yes	
Do reports to the audit committee communicate relevant information at the right frequency, time, and in a format that is effective?	Yes	
Does the audit committee have guidelines and/or a pro forma concerning the format and content of the papers to be presented?	NA	Standard Board format utilised as far as possible.
Are minutes prepared and circulated promptly to the appropriate people, including all members of the Board?	Yes	Draft Minutes are prepared and circulated to the next feasible Board Meeting.
Is a report on matters arising presented or does the chair raise them at the audit committee's next meeting?	Yes	Matters Arising on each Agenda. Opportunity for any attendee to raise a Matter Arising at the meeting.
Do action points indicate who is to perform what and by when?	Yes	As applicable
Does the audit committee provide an effective annual report on its own activities?	Yes	

Overall	YES/NO/NA	Comments/Action
Does the audit committee effectively contribute to the overall control environment of the organisation?	Yes	The Audit and Risk Committee has a key role in contributing to the overall control environment through its workplan.
Are there any areas where the audit committee could improve upon its current level of effectiveness?	Yes	Updates have been made to the draft Terms of Reference to reflect improvements and consistency with other Committees.
Does the audit committee seek feedback on its performance from the Board and Accountable Officer?	Yes	Summarised outputs from the Committee are reported to the NHS Board.

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

**9.8.2 Clinical Governance Committee Annual Report 2022/2023  
For Assurance**

**Committee Chair:** Dr Michele McClung, Non-Executive Director

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**ANNUAL REPORT OF FORTH VALLEY CLINICAL GOVERNANCE COMMITTEE FOR THE  
YEAR ENDED 31 MARCH 2023**

**Medical Director Overview of Year**

During the year April 2022 to March 2023 there were capacity pressures within the Acute Site as well as the wider NHS system. This was reflected in the reduction of agenda items which involved updates from clinical staff. The utilization of contingency areas and challenges with access targets had an impact on the ability to provide safe, effective and person centred care. During this time patient safety remained a priority across NHS Forth Valley with effective clinical governance in place.

I would like to thank the members and attendees of the Clinical Governance Committee as well as those members of staff who have prepared and presented reports for the meetings.

Mr Andrew Murray, Medical Director

**1. PURPOSE**

To assist NHS Forth Valley Board in conducting a regular review of the effectiveness of the systems of internal control, the Standing Orders within the Code of Corporate Governance requires that this Standing Committee submits an annual report to the NHS Board. This report is submitted in fulfillment of this requirement.

**2. CLINICAL GOVERNANCE COMMITTEE**

**2.1 Purpose of Committee**

The purpose of the Clinical Governance Committee in 2022/2023 was to provide the NHS Board with:

- Systems assurance – that clinical governance mechanisms are in place and effective throughout the local NHS system and services that are commissioned from independent providers and other partner agencies.
- Public Health Governance – that the principles and standards of clinical governance are applied to the Public Health activities of the Board.

- Clinical Risk Management - assurance that an appropriate approach is in place to deal with clinical risk management across the system, working within the NHS Forth Valley Risk Management Strategy

## 2.2 Composition

During the financial year ended 31 March 2023 membership of Clinical Governance Committee comprised:

Present:

- Dr Michele McClung, Non- Executive Director, Committee Chair
- Mr Gordon Johnston, Non-Executive Director, Committee Vice Chair
- Mrs Kirstin Cassells, Area Clinical Forum Chair
- Mr Robert Clark, Employee Director
- Ms Janie McCusker, NHS Forth Valley Chair
- Mr Martin Fairbairn, Non-Executive Member (Until June 2022)
- Mr John Stuart, Non-Executive Director
- Mrs Margo Biggs, Patient Public Panel member
- Mrs Helen McGuire, Patient Public Panel member

In Attendance:

- Mr Andrew Murray, Medical Director (Executive Lead)
- Ms Laura Byrne, Director of Pharmacy
- Mrs Cathie Cowan, Chief Executive
- Professor Frances Dodd, Executive Nurse Director
- Ms Linda Donaldson, Director of Human Resources
- Dr Graham Foster, Director of Public Health
- Mrs Lynda Bennie, Head of Clinical Governance
- Mr Jonathan Horwood, Infection Control Manager

## 2.3 Meetings

The Committee has met on four occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates: -

Tuesday 17 May 2022  
 Tuesday 23 August 2022  
 Tuesday 8 November 2022  
 Tuesday 21 February 2023

The Clinical Governance Committee attendance record for 2022/2023 is attached at **Appendix 2**.

All meetings of the Clinical Governance Committee were quorate.

## 3. BUSINESS

The Committee considered both scheduled and emerging priorities to ensure appropriate flow of information and breadth of clinical risk and governance was captured during the financial year 2022/2023 with a specific focus on patient safety. The meeting agendas were structured

following the Vincent Framework <sup>1</sup> and were carried into the meeting agendas throughout the year to demonstrably provide assurance of safe care.

1 <https://www.health.org.uk/publications/the-measurement-and-monitoring-of-safety>

CGC Agenda Item	Core CGC Reports and Updates Received
In Our Services Is Care Safe Today?	Information outwith the scheduled programme of reports but relevant to raise at CG
Was Care Safe in the Past?	Reports and presentations which are standard items on the CGC agenda. These items contain key safety metrics and narrative which provides assurance of overall safety in our services
Will Care be Safe in the Future?	Risk Management and the identification of new harms raised through our NHSFV Clinical Outcomes Group (COG) are discussed in this section of the agenda
Is Our Care Person Centred?	The NHS Complaints and Feedback Performance Report and Person Centred Care annual reports are presented to the CGC under this item on our agenda
Are We Learning and Improving?	Under this item we share Quality Improvement workstreams as well as learning from adverse events
Are Our Systems Reliable?	This is the section where we receive updates on the wider system to provide assurance of safe systems and processes including Risk Management

### 3.1 Key Assurance Reports Presented at Every CGC Meeting

#### Safety and Assurance Report

This report is a standard agenda item and provides data and narrative relating to specific SPSP work streams to support safety, improvement and reducing harm. The report also includes directorate assurance updates from the Acute Services Directorate, Woman and Children's Directorate, Mental Health and Learning Disability Directorate and Pharmacy.

#### Standards and Reviews Report

This report provides information on published standards, guidelines, inspections and reports, with additional guidance to assist in actioning. This report is now only required to be tabled for noting at CGC meetings however specific 'deep dives' will be undertaken and presented where appropriate.

#### Healthcare Associated Infections (HAI) Report

The Healthcare Associated Infection (HAI) is a 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), E coli bacteraemias (ECBs), incidents and outbreaks and all HAI other activities across NHS Forth Valley.

#### Person Centered, Complaints, Feedback Performance Report

provides 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.

### **Significant Adverse Event Review (SAER) Report**

Significant Adverse Events (SAEs) are events that have either resulted in or had the potential (significant near miss) to result in significant harm to people or the organisation. This report provides the Clinical Governance Committee with information on Significant Adverse Events (SAEs) in relation to the requirements specified by the Scottish Government Framework.

### **Risk Management Report**

The report provides an update on the Strategic Risk Register with a focus on Clinical Governance risks, risk appetite and escalation.

### **Items Identified on the Forward Planner that were not presented at the CGC meetings**

The committee did not receive regular public health updates due to the pressures within the team. This was risk assessed, identified as a potential gap and was escalated. Going forward appropriate oversight of public health governance will be provided.

### **3.2 Additional Items Received out-with and supplementary to the Core Assurance Reports and forward planner items**

In addition to the Forward Planner items, additional items were considered by the committee in 2022-2023

### **3.3 In Our Services Is Care Safe Today? Active Governance Section**

#### **HIS Unannounced Inspection of FVRH**

At the meeting in May the committee were updated on the HIS unannounced inspection of FVRH which took place in April 2022. The committee were assured that once the inspection and improvement plan were published the committee would be updated on progress. An update was provided at the November meeting which related to a further unannounced HIS inspection which took place in FVRH on 27<sup>th</sup> and 28<sup>th</sup> September. The committee were made aware that 3 areas of concern were particularly 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

The committee did not have the opportunity to review the HIS inspection report as it was not published until 5<sup>th</sup> December. At the meeting in February an update was provided which included:

- The HIS expectation of NHS Forth Valley to address all the requirements
- The establishment of a Working Group
- The establishment of an Oversight Group, chaired by the Executive Nurse Director and supported by the Medical Director
- The Corporate Project Management Office (CPMO) project structure
- The project plan

#### **Stage 4 Escalation Update**

At the meeting in February the committee received an update on the Stage 4 Escalation Improvement Plan. The committee received the update which specifically the potential impact on Clinical Governance activities as a result of the Stage 4 Escalation Improvement Plan.

### **System Safety Update**

At the meeting in August the committee were advised of severe system pressures due to capacity and significant concern regarding patient harm as a result. The committee were advised that the detail would be discussed at the Performance and Resources Committee.

### **3.4 Was Care Safe In The Past?**

- The group were made aware that Hospital Standardised Mortality Ratio (HSMR) had remained static at 1.01 and were advised of the plans underway to review the information in order to identify any causal factors.
- Scottish Patient Safety (SPSP) detailed reports on:
  - Falls
  - Mental Health
  - Maternity
- The committee received an update on Cancer Services including the new clinical governance structures, the Framework for Effective Cancer Management and Quality Performance Indicators. The update also provided detail on Forth Valleys successes and challenges.
- A deep dive was undertaken into the Mental Welfare Commission visits detailed in the Safety and Assurance Report. The presentation highlighted the key themes and recommendations from the visits as well as the good practice observed. This was shared with FV Mental Health and Learning Disability (MH&LD) service to allow benchmarking and learning.
- A detailed paper was presented to the group highlighting the outcome of a follow up review undertaken by chief inspector of prisons and HIS in the provision of Mental Health Services at Polmont Prison. The group actively discussed the issues, challenges and risk mitigations as well as the improvement work that is taking place to ensure sustainable improvements in alignment with the quality standards.

### **3.5 Will Care Be Safe in the Future?**

- The group were advised of a Programme of Patient Safety Conversation Visits which commenced in April 2022. These visits took place in the clinical/work environment and are designed to allow front line clinical staff and Board members to have a conversation about patient safety. The purpose will support triangulation of safety information and help support the safety culture and meaningful staff engagement
- An Assurance Deep Dive on Urgent and Unscheduled Care was presented to the committee. This included detail on the Forth Valley position, risk mapping, the assurance assessment process, assurance assessment analysis and the recommendations.

### **3.6 Is Our Care Person Centred?**

- The committee received the NHS Forth Valley Complaints and Feedback Performance Annual Report 2021-2022.

### **3.7 Are We Learning and Improving?**

- Quality and quality improvement is key to supporting the assurance process and therefore an update on the quality improvement activities of the FV Quality team was shared with



the committee at the May meeting. Assurance was provided on the linkage to the National Scottish Patient Safety Collaborative supporting patient safety and benchmarking.

### **3.8 Are our Systems Reliable?**

- During the year committee members were given the opportunity to engage with FV Organisational Development. This was to support the members to fulfil their role including scrutiny and assurance. This involved structured interviews to inform development requirements as well as a supported workshop. An induction package was developed in response to feedback from the structured interviews. This was approved and shared with all committee members and attendees at the meeting in February.
- The Internal Control Evaluation 22/23 Report No. A08/23 was shared with the committee. There was also a paper presented which updated on the current situation in relation to any outstanding actions from the report.

### **3.9 Further Assurance**

- During the year reports are presented to the committee to provide assurance of compliance with agreed priorities and legislation Reports presented:
  - Child Protection
  - Adult Support and Protection (verbal update)
  - Gender Based Violence and Sexual Assault
  - Clinical Governance Working Group Annual Report
  - Duty of Candour Annual Report
  - Medical Education Appraisal Annual Report
  - Medical Appraisal and Revalidation Annual Report
  - Minutes from Clinical Governance Working Group
  - Minutes from the Organ Donation Committee
  - Minutes from the Area Prevention and Control of Infection Committee
  - Minutes of the Child Protection Action Group
  - The Organ and Tissue Donation Policy was approved at the meeting in February

## **4. SUMMARY**

Through the financial year 2022/23 the Clinical Governance Committee was presented with various items and outcomes can be summarised as follows:-

- Assurance and Governance was provided by having an oversight and adequate reporting mechanisms from the various groups within the Clinical Governance infrastructure.
- While the agenda structure provided a breadth of safety assurance, there was also scrutiny of proposed changes to systems and processes specifically related to the impact on patient safety from capacity and system pressures.
- It was agreed that due to the level of information presented for discussion and scrutiny the number of meetings scheduled going forward would be increased to 6 per year.
- Other elements of the Clinical Governance infrastructure report directly to the committee either because it is sensible to do so, or in compliance with guidance with an example being Healthcare Associated Infection.
- Due to the capacity and system pressures it has not been possible to include clinical representatives from the services to present directly to the Committee but through the minutes of the Clinical Governance Working Group and standard reports there is a means of capturing safety issues internally generated and those that come from external agencies.

- A review of the Clinical Governance Committee Terms of Reference was undertaken. Amendments were approved along with an additional proposal 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 Clinical Governance Committee Forward Planner outlined the major items the Clinical Governance Committee had to consider as part of its schedule of work for 2022/2023 supporting the committee to fulfil its terms of reference.

## **5. CONCLUSION**

### **STATEMENT OF ASSURANCE**

As Chair of the Clinical Governance Committee during the year 2022/2023, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in Standing Orders. As a result of the work undertaken during the year, I can confirm that adequate scrutiny of Clinical Governance arrangements were in place throughout NHS Forth Valley during the year. As stated in 3.1, the committee was unable to fully fulfil the Terms of Reference as there were no Public Health Governance Updates.

An external review of governance arrangements, aligned to the revised Blueprint for Good Governance document, is in progress as part of the NHS Board response to escalation to Stage 4 of the NHS Scotland Performance Escalation Framework. The review is expected to conclude in June 2023.

I would like to pay tribute to the dedication and commitment of fellow members of the committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the committee.

**Dr Michele McClung**

**CHAIRPERSON 2022/2023**

**On behalf of the CLINICAL GOVERNANCE COMMITTEE**

# Clinical Governance Committee – Record of Attendance – Year 1 April 2022 to 31 March 2023

## Appendix 1

NAME	POSITION	17 May	26 August	8 November	21 February
<b>MEMBERS</b>					
Mrs Margo Biggs	Public Involvement Network	Present	Present	Present	Present
Mrs Kirstin Cassells	Area Clinical Forum Chair	Present	Present	Present	Present
Mr Robert Clark	Employee Director	Apologies	Apologies	Apologies	Present
Mr Martin Fairbairn	Non- Executive Member	Present	/	/	/
Cllr Wendy Hamilton	Non-Executive Member	/	/	Present	Present
Mr Gordon Johnston	Non- Executive Member	Present	Present	Present	Apologies
Ms Janie McCusker	NHS Forth Valley Chair	Present	Present	Present	Present
Dr Michele McClung	Committee Chair	Present	Apologies	Apologies	Present
Mrs Helen McGuire	Public Involvement Network	Present	Present	Apologies	Present
Mr John Stuart	Non-Executive Director	Present	Present	Present	Present
<b>IN ATTENDANCE</b>					
Mrs Lynda Bennie	Head of Clinical Governance	Present	Present	Present	Present
Miss Jennifer Brisbane	Minute Taker	/	/	/	Present
Ms Laura Byrne	Director of Pharmacy	Present	Present	Present	Present
Mrs Cathie Cowan	Chief Executive	Apologies	Present	Present	Apologies
Prof Frances Dodd	Executive Nurse Director	/	/	Present	Present
Miss Linda Donaldson	Human Resources Director	Present	Present	Present	Apologies
Mr Jonathan Horwood	Infection Control Manager	Present	Present	Present	Present
Miss Chantelle Kemp	Minute Taker	Present	Present	Present	Present
Mrs Gillian Morton	Interim Director of Nursing	Present	Present	/	/
Mr Andrew Murray	Medical Director & Executive Lead	Present	Present	Present	Present

Key:

/ Attendance not required  
 \*\* Absent – No apologies received

## Clinical Governance Committee Forward Planner 2022/23

## Appendix 2

Clinical Governance Committee Forward Planner 2022				
	17 May 2022	23 August 2022	8 November 2022	21 February 2023
<b>IS CARE SAFE TODAY?</b>				
Organisational Safety Huddles	REAL TIME			
Care Assurance System	REAL TIME			
Leadership Walk-rounds & Safety Conversations	SCHEDULED PROGRAMME			
<b>WAS CARE SAFE IN THE PAST?</b>				
*Safety And Assurance Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Care Assurance Update				
HSMR Detailed Review				<input checked="" type="checkbox"/>
SPSP Update	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Falls	<input checked="" type="checkbox"/>			
Pressure Ulcer / CAUTI	BY EXCEPTION			
Deterioration / COG				<input checked="" type="checkbox"/>
Mental Health		<input checked="" type="checkbox"/>		
Medicines / 1y Care	BY EXCEPTION			
Maternity			<input checked="" type="checkbox"/> *	*deferred <input checked="" type="checkbox"/>
SNAP	AS PUBLISHED, DETAIL BY EXCEPTION			
Cancer Update				<input checked="" type="checkbox"/>
*HAIRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
*Standards And Reviews	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Additional	AS REQUIRED			
<b>WILL CARE BE SAFE IN THE FUTURE?</b>				
*Risk Management Update	<input checked="" type="checkbox"/> (Q4)	<input checked="" type="checkbox"/> (Q1)	<input checked="" type="checkbox"/> (Q2)	<input checked="" type="checkbox"/> (Q3)
New Harms Identified Through COG				<input checked="" type="checkbox"/>
Essential Safety Training Completion	STAFF GOVERNANCE COMMITTEE			
Implementation Of Quality Strategy	ONGOING			
Public Health Update				
<b>IS OUR CARE PERSON CENTRED?</b>				
*Person Centred / Complaints / SPSO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ARE WE LEARNING AND IMPROVING</b>				
Quality Improvement Report	<input checked="" type="checkbox"/>			
Significant Adverse Event Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Duty Of Candour	<input checked="" type="checkbox"/>			
<b>ARE OUR SYSTEMS RELIABLE?</b>				
Public Protection update				
Child Protection	<input checked="" type="checkbox"/>			
Adult Support & Protection	<input checked="" type="checkbox"/>			
Gender Based Violence	<input checked="" type="checkbox"/>			
Medical Education Annual Report		<input checked="" type="checkbox"/>		
<b>TRIANGULATION</b>				
Patient Safety Conversation Visits/Annual Report	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Clinical And Care Governance Referrals	CONSIDERED ON THE AGENDA			
Exception Reporting To The Board	CONSIDERED ON THE AGENDA			
<b>FURTHER ASSURANCE</b>				
Clinical Governance Committee Annual Report				<input checked="" type="checkbox"/>
Clinical Governance Working Group Annual Report				<input checked="" type="checkbox"/>
Person Centred – Annual Report				<input checked="" type="checkbox"/>
Child Protection Annual Report				<input checked="" type="checkbox"/>
Medical Appraisal & Revalidation Annual Report	<input checked="" type="checkbox"/>			
CGC Terms of Reference				<input checked="" type="checkbox"/>
CGC Forward Planner				<input checked="" type="checkbox"/>
<b>MINUTES</b>				
Clinical Governance Working Group	Ratified Minutes to be shared when available			
Organ Donation Committee				
Area Infection Prevention & Control Group				
Child Protection Action Group				
Adult Support and Protection Group				

\*core report

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

**9.8.3 Performance & Resources Committee Annual Report 2022/2023**  
**For Assurance**

**Committee Chair:** Mr Martin Fairbairn, Non-Executive Director

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**ANNUAL REPORT OF PERFORMANCE AND RESOURCES COMMITTEE FOR THE YEAR**  
**ENDED 31 MARCH 2023**

**1. PURPOSE**

To assist NHS Forth Valley Board in conducting a regular review of the effectiveness of the systems of internal control, the Standing Orders within the Code of Corporate Governance requires that this Standing Committee submits an annual report to the NHS Board. This report is submitted in fulfilment of this requirement.

**2. PERFORMANCE AND RESOURCES COMMITTEE**

**2.1 Purpose of Committee**

The purpose of the Performance and Resources Committee in 2022/2023 was:

To scrutinise, on behalf of the Board, all financial and operational performance focusing on strategic planning, organisational priorities and ensuring that corrective actions are taken as required and improvements in performance acknowledged.

To oversee the ongoing development of a performance management culture in the organisation where performance management is seen as part of the day job striving for excellence and focusing on improvement in all aspects of NHS Board business.

Ensure the production of an Annual Plan, incorporating the Board's Financial Plan/Capital Plan/AOP and setting out the overall direction for the year for Board approval. The Committee will also ensure actions are in place to support the delivery of the plan acknowledging partnership delivery plans.

Ensure NHS Forth Valley delivers its statutory obligation to comply with information governance and General Data Protection Regulation (GDPR). Maintain an overview of the work to deliver improvements in Information Governance ensuring appropriate prioritisation of this work.

**2.2 Composition**

During the financial year ended 31 March 2023 membership of Performance & Resources Committee comprised:

- Mr John Ford, Committee Chair (until April 2022)
- Mr Martin Fairbairn, Non-Executive Director (Committee Chair from May 2022)
- Mrs Kirstin Cassells, Area Clinical Forum Chair

- Mr Robert Clark, Employee Director
- Cllr Fiona Collie, Non-Executive Director (until April 2022) (from August 2022)
- Cllr Danny Gibson, Non-Executive Director (from August 2022)
- Ms Janie McCusker, NHS Forth Valley Chair
- Cllr Susan McGill, Non-Executive Director (until April 2022)
- Cllr Les Sharp, Non-Executive Director (until April 2022)
- Mr John Stuart, Non-Executive Director (until June 2022)

## 2.3 Meetings

The Committee has met on six occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates: -

Tuesday 26 April 2022  
 Tuesday 28 June 2022  
 Tuesday 30 August 2022  
 Tuesday 25 October 2022  
 Tuesday 20 December 2022  
 Tuesday 28 February 2023

The Performance and Resources Committee attendance record for 2022/2023 is attached at **Appendix 2**.

All meetings of the Performance & Resources Committee were quorate.

## 2.4 Business

The Committee considered both routine and specific work areas during the financial year 2022/23. The agenda considered urgent business, financial and performance issues, and scrutiny of key issues around priorities and recovery from the Covid-19 pandemic as the Board works to stabilise and improve.

Areas of business considered in 2022/2023 are detailed in the Performance and Resources Committee planner at Appendix 1. Areas of business considered included:

### For Approval

- Sustainability and Capacity Proposal
- Disposal of Surplus Properties
- Performance & Resources Committee Annual Report 2021/2022
- Performance & Resources Committee Planner 2022/2023
- Performance & Resources Committee Terms of Reference

### Better Care

- Recovery & Performance Scorecard
- Elective Care Update
- Urgent and Unscheduled Care Update
- Psychological Therapies Update
- Child & adolescent Mental Health Services Update
- Preparing for Winter, Developing Future Sustainable Services Update
- Preparing for Winter, Unscheduled Care Response
- Out of Hours Improvement Action Plan
- Cancer Services Update

## **Better Value**

- Finance Report
- Draft Financial Plan 2023/24 to 2025/26
- Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update
- Sustainability Update
- Property Asset Management Strategy – Approach and Timeline
- Property & Asset Management Strategy / Whole System Plan Update
- Corporate Portfolio Management Office / Cost Improvement Plan Update
- Cyber Security and Controls
- Pentana Update
- Digital and eHealth Strategy – Progress and Update

## **Better Governance**

- ED Review Update
- Strategic Risk Register
- Out of Hours Patient IT System
- Network and Information Systems Regulations Audit Update
- Internal Control Evaluation
- Information Governance Assurance Update
- Clackmannanshire & Stirling HSCP Strategic Commissioning Plan 2023 – 2033
- Falkirk HSCP Draft Strategic Plan 2023 - 2026

## **For Information**

- Community Planning Partnership Update
- Code of Corporate Governance
- Emergency Planning and Resilience Group Minutes
- Information Governance Group Minutes
- Emergency Planning and Resilience Team Annual Report
- ED Working Group Minute

## **3. OUTCOMES**

### **Items Approved by the Performance & Resources Committee in 2022/2023**

- The Performance & Resources Committee Forward Planner outlined the major items the Performance & Resources Committee had to consider as part of its schedule of work for 2022/2023 supporting the committee to fulfil its terms of reference.
- Two vacant properties were highlighted as being surplus to requirement. Approval was given to commence the trawl process as laid out in the NHS Scotland Property Transactions Handbook noting if no other public sector partner showed interest in these properties, the next step would be to place these properties on the open market.
- A full review of the Performance and Resources Terms of Reference was undertaken. Amendments were approved along with an additional proposal 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.

## **Better Care**

- **Elective Care Update**

The presentation received detailed the immediate response to the Covid-19 Pandemic and the impact of significant delays to treatments which was causing potential harm and poorer outcomes for the patients of Forth Valley. Several priorities and opportunities were highlighted, including the opportunity to radically re-design sustainable services and scale up new ways of working, making sure that all fallow capacity was staffed, anticipatorily replacing posts where people were retiring in next 5 years in areas where capacity was needed, and improving theatre productivity.

- **Urgent & Unscheduled Care Update**

Forth Valley was the only board with performance below 50% in relation to the 4-hour access standard. The immediate responses were aimed at tackling waiting times such as Winter Capacity planning, new strategic responses, and the reintroduction of the Gold Command structure. A whole system response was required with key areas of work to support improvement detailed including, redesign of urgent care with the introduction of the Flow Navigation Hub, NHS 24, redesign of triage and maximization of the Rapid Access & Care Unit and discharge without delay. The transformation of care was broken down into three categories, assess, optimise, and transfer. The development and implementation of virtual capacity was described with the expansion of Hospital at Home, Community Heart Failure and Community Respiratory Services and Outpatient Parenteral Antimicrobial Therapy.

The implications in relation to patient and staff experience being seen across the whole system were highlighted with poor Board compliance having a negative impact on the reputation of NHS Forth Valley.

- **Preparing for Winter, Developing Future Sustainable Services Update**

The challenges being encountered across the system were highlighted and acknowledged with particular focus on the difficulties being faced within the Emergency Department. An assessment of the anticipated levels of demand during winter was provided noting that these were likely to increase and exceed the available capacity. The 3 key areas of focus were the immediate actions taken in preparation for winter, the Flu and Covid-19 booster vaccination programme and the delivery of productive gains agreed with Scottish Government. The difficult position on the acute sight was worrying with the complexities of the situation acknowledged. The assessment of utilising space within Falkirk Community Hospital had been discussed with confirmation that the site would not pass fire standards and there would be significant cost and significant lead in time if we were to proceed. Modelling work was undertaken to manage scenarios with confirmation that conversations with Scottish Government were ongoing.

- **Preparing for Winter, Unscheduled Care response**

As NHS Forth Valley entered 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 was 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 had 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 had been reflected in the HIS report. The redesign of the front door to meet compliance with the 4-hour emergency access standard referred 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 this level of achievement was not maintained.

Following release of the HIS report 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.

- **Urgent & Unscheduled Care Summary**

Being treated in a timely manner in the ED is important for both clinical outcomes and the experience of patients, with ED or A&E waiting times often used as a barometer for overall performance of the NHS and social care system. Performance has continued to deteriorate during 2022/2023 when compared to previous years. It is acknowledged that this is unacceptable for our patients and our staff and therefore NHS Forth Valley has continued to invest in services to support the ongoing redesign of urgent and unscheduled care including Out of Hours services, planned care and expansion of Hospital @ Home. Plans to improve Urgent & Unscheduled Care performance are yet to deliver and focus continues on triage redesign, new pathways to support scheduling of patients who traditionally present to the ED, improving pre-noon and weekend discharge rates and delays in transfer or discharge and reducing our length of stay continue.

Whole system work to support unscheduled care is being addressed through the Escalation Improvement Plan with Scottish Government support and oversight.

- **Cancer Services Update**

Referrals to cancer services were noted to be increasing with performance against the 62-day national referral to treatment standard consistently about 70%. Specific areas of cancer services were highlighted to be facing a variety of challenges with regard to achievement of the waiting time target, however work was underway to support performance and improvement.

NHS Forth Valley had benchmarked cancer services against the Framework for Effective Cancer Management. It was highlighted that quality performance indicators were assigned to all tumour groups to drive improvement which continued to be reviewed annually under the Regional Annual Governance Performance and Improvement Framework.

NHS Forth Valley was due to release a new Cancer Strategy document however this was on hold until the Scottish Government released their 10-year strategic plan which would include a 3-year action plan.

- **Psychological Therapies**

Performance against the target remained stable between 60% and 70% however the service has struggled to sustain significant improvement. With Scottish Government support an improvement plan has been developed to focus on decreasing the waiting list and increasing capacity. A number of service wide issues were highlighted including recruitment, increased demand for supervision/training, increased demand on the service and limited data.

The redesign of Adult Psychological Therapy services allowed all new patients to receive an early assessment appointment to support patients to be matched with the correct treatment option e.g., signposting patients to another department, online/digital therapy, group, single model therapy or complex multi-model therapy. Service wide actions were noted to be progressing to support improvements with a trajectory in place to achieve the target by September 2023. This was predicated on achieving and maintaining adequate staffing levels.

- **Child and Adolescent Mental Health Services**

Performance against the target was unstable with a projected dip in performance expected by year end before moving on an upward trend to meet the LPD standard

by the end of quarter 1, 2023. The waiting list for children who had received their first assessment but were yet to begin treatment was projected to achieve the target of 0 children waiting over 18 weeks at this time. A national service model called Choice and Partnership Approach (CAPA) had commenced. The introduction of this service means that, once established, children will receive a choice appointment within 4 weeks of referral, the required treatment is then identified, with an estimated 8-10 week wait before treatment commencing. Due to the large number of children on the waiting list it has not been possible to offer the 4-week choice appointments. An increase in referrals was highlighted noting an increase in acuity.

NHS Forth Valley has contracted Healios, an independent contractor, to work with children over the age of seven years to boost service capacity and support achievement of the trajectory.

- **Recovery & Performance Scorecard**

The Recovery & Performance Scorecard was considered at each meeting of the Performance & Resources Committee. The Scorecard considered key monthly metrics in relation to system-wide performance as work continued to stabilise services and provided a month on month progress overview. Following a review of the scorecard in December 2022, a number of metrics that had been reported pre Covid-19 were reintroduced and additional metrics added to support the provision of a more detailed system-wide picture.

## **Better Value**

- **Finance Report**

The Committee has at each of its meetings, considered the Finance Report, robustly scrutinising the underlying variances, trends, forecasts, and risks, in order to provide assurance to Forth Valley NHS Board with regard to the delivery of financial targets and achievement of Best Value.

- **Corporate Portfolio Management Office (CPMO) Update**

Regular updates were provided by the CPMO noting support to several projects and initiatives considered to be of National, Regional, and organisational priority. The CPMO continued to work with key stakeholders to progress programmes and projects identified as beneficial to support achievement of organisational financial objectives and had been working in partnership with the Director of Finance to establish the Cost Improvement Oversight Group.

- **Cost Improvement Plan**

A 3-stage approach to cost improvement had been agreed that comprised Infrastructure, Plans, and Delivery. Discussions around the Infrastructure highlighted that a Cost Improvement Oversight Group (CIOG) had been established. The terms of reference for this group had been agreed with governance and oversight through the Performance & Resources Committee. The group was supported by Corporate Planning Management Office (CPMO). Engagement and testing options for the delivery of saving and value were being planned with leadership and ownership of plans critical to successful delivery. It was highlighted that in terms of delivery a whole system approach was required to maximise opportunities.

- **Pentana Update**

Pentana Risk is a cloud-based performance management system that can manage vital organisational metrics while supporting the delivery of strategic aims and

project management. The Corporate Performance Team has 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 had 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. Recent developments including Care Assurance Audits, Care Assurance Ward Level Portals, Health Visiting Documentation Quality Audits, Mental Health Drug Related Action Planning, Risk Management and Emergency Department Review were highlighted.

- **Capital Projects, Properties, Equipment & eHealth Update**

The Committee received regular updates in relation to Capital Projects, Properties, Equipment & eHealth Update, and the Digital Strategy. Updates relating to primary care premises, Falkirk Community Hospital, the National Treatment Centre detailing the NHSScotland Assure process, property transactions, and the Digital and eHealth Delivery Plan were received with a detailed status report highlighting key dates, cost, and progress.

- **Sustainability Update**

The draft NHS Scotland Climate Emergency and Sustainability Strategy 2022/2026 detailed several national targets with the reduction of greenhouse gas emissions by at least 75% by 2030 and 90% by 2040 and the use of renewable heating systems by 2038. The date for achieving net-zero emissions had been brought forward to 2040 with this a requirement for the NHS Forth Valley estate. A number of working groups were established including waste management, transport, greenspace and biodiversity, procurement, and sustainable communities. A collective effort was required to address this agenda.

Building emissions comparing 2015/16 to 2020/21 highlight a reduction of 41.5%, and medical gases emissions have reduced since 2018/19 from 10.5% of total volatiles to 1.5%.

- **Network and Information System Regulations Audit Update**

A considerable amount of work had been undertaken and would continue against the public sector Cyber Resilience Framework due to be released early 2023.

The annual Network and Information System (NIS) audit had been undertaken against the cyber resilience framework. Challenges were noted in 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). Compliance against NIS since introduced in NHS Forth Valley in 2018 had continued to improve whilst the risk exposure continued to drop. Success against 2 of the 3 KPIs was noted. One 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.

- **Financial Plan 2023/24 to 2025/26**

It was highlighted that the scale of the financial challenge was unprecedented and given the nature of the financial environment and operating context, it was unlikely that financial balance will be delivered during the 3-year period of the plan based on current planning parameters.

The Plan recognised that whole system redesign and reform was 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 was highlighted as a key theme to be embedded

within the refresh of the NHS Forth Valley healthcare strategy and would underpin associated future workforce and digital health strategies.

It was confirmed that the level of gap for income and expenditure is unlikely to be met by efficiency savings alone and an estimated £10m deficit was projected for 2023/24. Covid-19 legacy costs remained a high risk as previously £12.5m had been allocated for covid funding but this has been reduced significantly to £5m for 2023/24.

## **Better Governance**

- **ED Review Update**

An update on the delegated responsibilities placed on the Performance & Resources Committee by the Health Board to oversee implementation, monitor progress, and escalate issues relating to the nursing workforce & professional oversight of safe staffing and corporate governance recommendations set out in the Health Board approved ED Improvement Action Plan was presented.

- **Strategic Risk Register**

The Performance & Resources Committee received regular update reports on a quarterly basis on the risks aligned to the Committee to effectively track and scrutinise the risk mitigation progress, to provide assurance to the NHS Board on the successful management of risk.

The risk score for SRR.005 Financial Sustainability increased from 20 to 25.

Risk SRR.012 Covid-19 Remobilisation was closed. Covid-19 considerations were included in the reviews of all the existing strategic risks, with additional controls added where necessary.

A new risk SRR.017 Environmental Sustainability and Climate Change was formulated to reflect the impact of our responsibilities in terms of Environmental Sustainability and Climate Change. The initial score for this risk was 20.

- **Out of Hours Patient IT System**

A cyber incident that impacted services across the NHS in all four UK nations was described. The incident took place at OneAdvanced, a company that supplies software solutions and services to NHS Boards. Within NHS Forth Valley, Adastra the system used to support Out of Hours patient referrals was impacted. Business continuity measures were immediately activated along with forensic work to investigate the nature and impact of the situation. Contingency measures were kept under review at a local and national level.

A report has been made to the UK Information Commissioner, as per the Board's responsibilities under data protection legislation. The Scottish Government had also been notified as the competent authority under the NIS Regulations.

- **Internal Control Evaluation (ICE)**

On 20 January 2023, the Audit and Risk Committee noted 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. Key areas that align specifically with the remit of the Performance & Resources Committee were considered where it was noted that topics discussed within committee meetings comply with the remit reported.

- **Minutes**

Minutes of the Information Governance Group and Emergency Planning and Resilience Group were regularly received by the Committee.

Minutes of each meeting of the Performance & Resources Committee have been timeously submitted to the Board.

#### 4. RISK ASSURANCE AND REPORTING

The Performance and Resources Committee receives updates and assurance reports on the following Strategic Risks currently aligned to the Committee on a quarterly basis. The year end position for each of these Strategic Risks is highlighted in table 1.

**Table 1:** Performance & Resources Committee Strategic Risks

Code	Risk Title	Risk Status	Key Mitigation
SRR.003	<b>Information Governance</b> 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	16	<b>Current:</b> <ul style="list-style-type: none"> <li>• Mandatory Information Governance Training for all staff</li> <li>• Privacy Breach detection system</li> <li>• Web filtering system</li> <li>• Data Protection Officer</li> <li>• Information Asset Register</li> </ul> <b>Further:</b> <ul style="list-style-type: none"> <li>• Revised DPIA processes</li> </ul>
SRR.005	<b>Financial Sustainability</b> If our recurring budget is not sufficient to meet the recurring cost base there is a risk there will be an increasing recurring gap in our finances, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision.	25	<b>Current:</b> <ul style="list-style-type: none"> <li>• Savings Plans to minimise medicines spending</li> <li>• Alignment of Financial Plans with Workforce Plans, and a focus on reducing absences and vacancies</li> <li>• Structured Savings Plans</li> <li>• Communications Programme – ‘Spending Well’</li> </ul> <b>Further:</b> <ul style="list-style-type: none"> <li>• Strengthening of control mechanisms around use of supplementary staff</li> <li>• Programme of cost awareness and engagement with clinical teams</li> <li>• Cost Recovery Mechanisms</li> <li>• Recharging overseas residents</li> </ul>
SRR.010	<b>Estates and Supporting Infrastructure</b> 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	20	<b>Current:</b> <ul style="list-style-type: none"> <li>• NHS Board Capital Plan</li> <li>• Estates Asset Management System</li> <li>• Falkirk Community Hospital Strategic Assessment</li> <li>• Primary Care Premises Initial</li> </ul>

	local requirements.		<p>Agreement</p> <p><b>Further:</b></p> <ul style="list-style-type: none"> <li>• Development of “whole system” action plan</li> </ul>
SRR.01 1	<p><b>Digital &amp; eHealth - Infrastructure and Strategy</b></p> <p>If NHS FV does not develop a Digital and eHealth strategy which enables transformation and improvement as well as minimising technical vulnerabilities, there is a risk that other key organisational strategies cannot fully deliver the intended benefits, or the IT infrastructure could fail, impacting on long-term sustainability and efficient and effective service delivery.</p>	12	<p><b>Current:</b></p> <ul style="list-style-type: none"> <li>• Annual Digital and eHealth Delivery Plan 2023/24</li> <li>• Lifecycle System Matrix</li> <li>• Security Patches</li> </ul> <p><b>Further:</b></p> <ul style="list-style-type: none"> <li>• Network &amp; Information Systems Review Audit Action Plan</li> <li>• Delivery of the 34 projects within the Annual Plan</li> <li>• Development of Digital Health and Care Strategy (2023-2026)</li> </ul>
SRR.01 4	<p><b>Healthcare Strategy</b></p> <p>If the planned review of the NHS Forth Valley Healthcare Strategy does not incorporate learning from the COVID-19 pandemic, consideration of population need, 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 not meet the needs of the population, resulting in inability to reduce pressures on services, workforce and finance.</p>	15	<p><b>Current:</b></p> <ul style="list-style-type: none"> <li>• NHS Forth Valley Strategic Programme Boards</li> <li>• Performance Reporting</li> <li>• Regional Planning Meetings</li> <li>• Strategy Deployment Session to inform Healthcare Strategy</li> <li>• Needs Assessment completed</li> </ul> <p><b>Further:</b></p> <ul style="list-style-type: none"> <li>• National Elective Centre Development</li> <li>• Strategic Deployment Matrices</li> <li>• Partnership Working</li> <li>• Development of Healthcare Strategy (three phases – consultation document, period of consultation, development of final strategy).</li> </ul>
SRR.01 5	<p><b>Cyber Resilience</b></p> <p>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).</p>	20	<p><b>Current:</b></p> <ul style="list-style-type: none"> <li>• Cyber Resilience Framework</li> <li>• Digital and eHealth Strategy</li> <li>• NIS Audit Recommendations</li> <li>• Change Management</li> </ul> <p><b>Further:</b></p> <ul style="list-style-type: none"> <li>• Cyber Security Awareness and Training</li> <li>• Supply Chain assurance</li> <li>• Business Continuity Plans</li> <li>• Gatekeeping process for third party access</li> </ul>

Code	Risk Title	Risk Status	Key Mitigation
SRR.017	<b>Environmental Sustainability and Climate Change</b> 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.	20	<b>Current:</b> <ul style="list-style-type: none"> <li>• Climate Emergency and Sustainability Board</li> <li>• Climate Emergency Response and Sustainability Team</li> <li>• Head of Climate Emergency and Sustainability</li> </ul> <b>Further:</b> <ul style="list-style-type: none"> <li>• Explore opportunities to share resources</li> <li>• Continue to seek Capital and Revenue funding</li> <li>• Successful implementation of the Environmental Management System</li> <li>• Communications Strategy</li> </ul>

## 5. ISSUES FOR CONSIDERATION IN NHS FORTH VALLEYS GOVERNANCE STATEMENT

There are no exceptional issues, noting that issues in respect of stage 4 escalation will be considered in a broader context with the Governance Statement, and that any risks relevant to the business of Performance and Resources Committee have been mitigated and/or managed effectively throughout 2022/23.

## 6. CONCLUSION

I am satisfied as Chair of the Performance and Resources Committee that the conduct of business, including the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Code of Corporate Governance.

I can confirm as Chair of the Performance and Resources Committee that effective financial and operational performance monitoring arrangements were in place within NHS Forth Valley during the financial year ended 31 March 2023, and through adequate scrutiny this was demonstrated to the Committee.

An external review of governance arrangements, aligned to the revised Blueprint for Good Governance document, is in progress as part of the NHS Board response to escalation to Stage 4 of the NHS Scotland Performance Escalation Framework. The review is expected to conclude in June 2023.

I wish to acknowledge the contribution and commitment of Committee Members and attendees, and to thank those who have prepared reports and attended meetings.

**Mr Martin Fairbairn**

**CHAIR**

**On behalf of the**

**PERFORMANCE AND RESOURCES COMMITTEE**



## Appendix 1 - Performance and Resources Committee Forward Planner 2022/2023

Corporate Planning	26 Apr	28 Jun	30 Aug	25 Oct	20 Dec	28 Feb
Community Planning Partnership Update (4.1.2)			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency Planning and Resilience Group minute (part of 4.2.3)	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Emergency Planning & Resilience Group Annual Report (part of 4.2.3)			<input checked="" type="checkbox"/>			

Performance and Risk	26 Apr	28 Jun	30 Aug	25 Oct	20 Dec	28 Feb
Recovery & Performance Scorecard (4.2.4, 4.1.1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Strategic Risk Register (4.2.5, 4.2.6)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Elective Care Update (part of 4.2.1, 4.2.3)	<input checked="" type="checkbox"/>					
CAMHS Update (part of 4.2.1, 4.2.3)				<input checked="" type="checkbox"/>		
Psychological Therapies Update (part of 4.2.1, 4.2.3)				<input checked="" type="checkbox"/>		
Unscheduled Care Update (part of 4.2.1, 4.2.3)			<input checked="" type="checkbox"/>			
Cancer Services Update (part of 4.2.1, 4.2.3)					<input checked="" type="checkbox"/>	
Preparing for Winter, Developing Future Sustainable Services Update (4.1.1, 4.2.1, 4.3.1)				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Out of Hours Improvement Action Plan					<input checked="" type="checkbox"/>	
Emergency Department Action Plan Implementation (4.2.1, 4.2.3)	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Approve Performance Management Framework (4.2.2)	Previously every 2 years. Work required to progress					
Review approach to performance monitoring & reporting (4.2.3)	Links to work around ongoing review of Performance Scorecard and reporting					

Finance and Efficiency	26 Apr	28 Jun	30 Aug	25 Oct	20 Dec	28 Feb
Finance Report (4.3.1, 4.3.4 [IJB finances])	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Draft Financial Plan 2023/24 (4.3.1, 4.3.4 [IJB finances])						<input checked="" type="checkbox"/>
Pentana Update (part of 4.2.3)						<input checked="" type="checkbox"/>
CPMO Update / Cost Improvement Plan (4.3.2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Staffing Investment (part of 4.2.3)			<input checked="" type="checkbox"/>			
Internal Control Evaluation 2022/2023 (4.3.3)						<input checked="" type="checkbox"/>
Benchmarking (4.3.3)	Area for development					

Property and Asset Management	26 Apr	28 Jun	30 Aug	25 Oct	20 Dec	28 Feb
Property Asset Management Strategy – Approach & Timeline (4.4.1)		<input checked="" type="checkbox"/>				
Property Asset Management Strategy (4.4.1)						<input checked="" type="checkbox"/>
Property Acquisitions & Disposals (4.4.2)	As required			<input checked="" type="checkbox"/>		
Approve change control notifications for PFI facilities (4.4.3)	As required					

Capital Projects/ Digital strategy	26 Apr	28 Jun	30 Aug	25 Oct	20 Dec	28 Feb
Capital & Infrastructure Projects, Property Transactions, Medical Equipment & eHealth Update (4.5.1, 4.5.2, 4.7.1)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Sustainability Update (4.5.1)		<input checked="" type="checkbox"/>				
Compliance with Scottish Capital Investment Manual (4.5.3)	As required in relation to business cases. Routine reporting from Infrastructure Programme Board. To be agreed					
Approve reviewed/updated policies relating to capital projects and major equipment (4.5.4)	As required in line with policy review dates					
Digital Strategy (4.7.1)						<input checked="" type="checkbox"/>

Information Governance	26 Apr	28 Jun	30 Aug	25 Oct	20 Dec	28 Feb
Information Governance Group Minutes (4.6.1 and 4.6.2)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Network & Information Systems Regulations Update (4.6.1 and 4.6.2)					<input checked="" type="checkbox"/>	
Cyber Security & Controls (4.6.1 and 4.6.2)					<input checked="" type="checkbox"/>	
Information Governance Group Annual Report (4.6.1 and 4.6.2)						
Information Governance Update (4.6.1 and 4.6.2)						<input checked="" type="checkbox"/>

Other	26 April	28 June	30 August	25 October	20 December	28 February
Previous Minutes (part of 5.1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Performance & Resources Committee Planner (part of 5.1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Performance & Resources Committee Terms of Reference						<input checked="" type="checkbox"/>
Performance and Resources Committee Annual Report (5.1, 5.3)		<input checked="" type="checkbox"/>				
Clackmannanshire & Stirling HSCP Strategic Commissioning Plan 2023/2033						<input checked="" type="checkbox"/>
Falkirk HSCP Draft Strategic Plan 2023 – 2026						<input checked="" type="checkbox"/>

## Appendix 2

### Performance and Resources Committee – Record of Attendance – Year 1 April 2022 to 31 March 2023

NAME	POSITION	26 April	28 June	30 August	25 October	20 December	28 February
<b>MEMBERS</b>							
Mr John Ford	Committee Chair	Present	/	/	/	/	/
Mr Martin Fairbairn	Non-Executive Director (Committee Chair from May 2022)	Present	Present	Present	Present	Present	Present
Mrs Kirstin Cassells	Area Clinical Forum Chair	Present	/	Present	Present	Present	Present
Mr Robert Clark	Employee Director	Present	Present	Present	Present	Present	Present
Cllr Fiona Collie	Non-Executive Director	Apologies	/	Present	Apologies	Present	Apologies
Cllr Danny Gibson	Non-Executive Director	/	/	Apologies	Present	Present	Present
Ms Janie McCusker	NHS Forth Valley Chair	Present	Present	Present	Present	Present	Present
Cllr Susan McGill	Non-Executive Director	Apologies	/	/	/	/	/
Cllr Les Sharp	Non-Executive Director	Present	/	/	/	/	/
Mr John Stuart	Non-Executive Director	Present	Present	/	/	/	/
<b>IN ATTENDANCE</b>							
Mrs Cathie Cowan	Chief Executive	Present	Apologies	Present	Apologies	Present	Present
Prof Frances Dodd	Executive Nurse Director	/	/	/	Present	Present	Present
Miss Linda Donaldson	Human Resources Director	Apologies	Present	Present	Apologies	Apologies	Present
Ms Kerry Mackenzie	Head of Policy & Performance	Present	Present	Present	Present	Present	Present
Mr Andrew Murray	Medical Director	Present	Present	Present	Present	Present	Present
Mr Jonathan Procter	Director of Facilities & Infrastructure	Present	Present	Present	Present	Present	Apologies
Mr Scott Urquhart	Director of Finance	Present	Apologies	Present	Present	Present	Present

**Key:**

/

Attendance not required

\*\*

Absent – No apologies  
received

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

**9.8.4 Staff Governance Committee Annual Report 2022/2023**  
**For Assurance**

**Committee Chair:** Mr Allan Rennie, Non-Executive Director

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**ANNUAL REPORT OF STAFF GOVERNANCE COMMITTEE FOR THE YEAR END 31 MARCH 2023**

**1. PURPOSE**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, standing orders require that this standing committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

**2. STAFF GOVERNANCE COMMITTEE**

**2.1 Purpose of committee**

The purpose of the Staff Governance Committee is to provide the NHS Board with the assurance that:

- There is a culture within NHS Forth Valley where the highest possible standard of staff management is understood to be the responsibility of everyone working in Forth Valley and is built upon partnership and collaboration.
- Staff governance mechanisms are in place and effective throughout the local NHS system.
- Performance is reviewed against the Staff Governance standard.

**2.2 Composition**

During the financial year ended 31 March 2023 membership of **Staff Governance Committee** comprised:

Chairperson – Mr Allan Rennie, Non-Executive Board Member

**MEMBERSHIP**

Ms Janie McCusker, Chair, NHS Forth Valley Board (Vice Chair of the Staff Governance Committee)

Mr Robert Clark, Employee Director

Ms Janett Sneddon, Staff Side Representative

Ms Karren Morrison, Staff Side Representative

Mr Nicolas Hill, Staff Side Representative

Mr Gordon Johnston, Non-Executive Board Member

Cllr Wendy Hamilton, Non-Executive Board Member

Mr Stephen McAllister, Non-Executive Board Member

**IN ATTENDANCE**

Mrs Cathie Cowan, Chief Executive  
Miss Linda Donaldson, Director of Human Resources  
Professor Frances Dodd, Director of Nursing  
Mrs Elaine Bell, Interim Associate Director of HR  
Mr Michael Brown, Head of HR Resourcing  
Mrs Margaret Kerr, Head of Organisational Development  
Mr Jonathan Proctor, IM&T Director / eHealth Lead  
Ms Linda Robertson, HR Service Manager, Staff Governance

The committee membership and those in attendance comply with the agreed Terms and Conditions.

### **2.3 Meetings**

The Committee met on four occasions during the period from 1 April 2022 to 31 March 2022 on the undernoted dates:

- 13 May 2022
- 16 September 2021
- 23 December 2022
- 17 March 2023

The attendance schedule is attached at Appendix 1.  
All meetings of the Staff Governance Committee were quorate.

### **2.3 Business**

The Committee considered both routine and specific work areas during the financial year 2022/2023. Areas considered included:

- The external review conducted into ED and subsequent recommendations
- Staff Governance Committee workplan and monitoring tool
- Staff Support and Wellbeing and attendance management
- Workforce planning
- Safe Staffing
- Once for Scotland workforce policies
- Organisation Development including updates on education, learning and training including iMatter
- Staff engagement experience – iMatter Pulse Survey
- Health and Safety, including the Health & Safety Strategy & Governance Framework
- Risk management
- Youth and employability framework
- Post Sturrock group update
- National Whistleblowing Standards
- Speak Up Initiative
- Exit Interview Programme
- eRostering
- International Recruitment
- Band 2 – 3 Health Care Support Worker National Project
- Test and Protect Workforce
- Equality, Diversity and Inclusion Strategy and workplan
- Staff Governance Assessment tool and Action plans
- Industrial Action Resilience activity
- Occupational Health Service Mental Health and Wellbeing pilot project
- Stage 4 Escalation: Culture Change and Compassionate Leadership; HIS
- ICE

Full details of the business items considered are attached at Appendix 2.

### 3. OUTCOMES

Through the financial year the Committee were presented with various items summarised as follows: -

#### **Staff Governance Committee Assurance Plan and Workplan**

The Staff Governance Assurance Plan and Workplan were developed to support committee members fulfil their Board assurance and scrutiny role. Following each committee a report was issued to the NHS Board, to highlight achievements, issues, risks, and any actions taken. The Staff Governance Committee in May 2022 agreed a number of additional areas that were to be included within the Assurance plan as highlighted within the ICE Report for 2021/22. These included:

- ED Assurance Plan – staff Governance section including the HR Review
- Review of Achievements relating to the workforce plan and remobilisation plans after July 2022
- eRostering progress report
- HRD and OD reports
- Whistleblowing Annual report

- Staff Governance Standard Monitoring to reflect the quarterly Directorate / HSCP self-assessments
- 

The Staff Governance Committee workplan has been revised again in March 2023 and reviewed in line with the role and remit as laid down in the Terms of Reference, to enable the production of a comprehensive Annual Report and the provision of adequate assurances.

### **Staff Governance Monitoring Tool**

A Staff Governance Assessment tool was designed to provide assurance to the Staff Governance Committee that the 5 strands of the Staff Governance Standard were being adhered to. This assessment tool was completed by all Directorates and HSCPs in 2022 and action plans were created for each area based on the findings from the assessment. These action plans were shared at the September 2022 meeting with updates on progress shared quarterly.

### **Staff Support and Wellbeing**

The Strategic Workforce Wellbeing plan was approved by the NHS Board on 26 July 2022 and the Staff Support and Wellbeing Website was refreshed before going live on 31 August 2022. The Staff Governance Committee has received quarterly updates on progress and activities against the Wellbeing plan. The achievements noted for the year were that the Plan is on track; that the website is being well used by our staff with the most frequently visited area being the Financial wellbeing section; the NHS Forth Valley January Wellbeing Taster Week had been well received by staff and has helped to inform the annual programme of wellbeing events being launched; A Weekly Wellbeing Drop in Service has been developed by the Spiritual Care Team; 3 staff surveys have been completed; the Minority Ethnic Network has been established with work progressing with other networks including LGBTQ+, carers, disability and Menstrual health and menopause; a logic model has been established to allow measurement against the plan.

### **Attendance Management**

The management of attendance and the improvement of staff wellbeing are key priorities for NHS Forth Valley. The NHS Board and the Staff Governance Committee have flagged concerns regarding the worsening absence position. Absence rates across NHS Forth Valley have increased significantly since September 2022, to the highest rate recorded since 2011 in December 2022 of 8.49% (the Scottish Average was 7.35%) when Covid absence was moved from being recorded as special leave to sick leave. High absence levels are driving significant supplementary staff costs to ensure patient safety and continuity of care. Total expenditure on temporary staffing, for all reasons including absence, totals £32m in 2022/23 which is unsustainable and unaffordable. This is a key area of focus for cost improvement in 2023/24 aligned to improvement plans and workforce controls. Absence Deep Dives have been undertaken and Attendance Management is a standing item on the agenda with agreement that progress against the improvement action plan will be monitored through the Staff Governance Committee. The key actions identified are themed under Measurement; Training; Learning from others; Supports for Staff and managers; Case Reviews; Return to Work; Corporate Objectives; Wellbeing and will be completed by August 2023 and are being monitored through the Staff Governance Committee. An absence dashboard with key measurement framework will be in place to monitor improvement / achievement against the expected targets. Draft measurements have still to be agreed. Some examples of anticipated outcomes that are being further explored include:

- Absence rates will reduce across all Directorates



- PDR / PDPs rate will be at least 75%
- Essential / Mandatory Training will be at least 75%
- All Directors and Senior Managers will have an absence reduction target agreed and incorporated within their objectives
- NHS Forth Valley will comply with all aspects of the Once for Scotland Attendance Management policy – KPI's will be monitored
- Attendance Management Training will be reviewed and uptake monitored and reported
- Learning from other Boards will be considered
- Mental Health Supports will be implemented and uptake monitored
- Temporary placement programme will be implemented
- Peer support framework will be in place

### **Workforce Planning**

In compliance with the Scottish Government requirement to re-introduce a 3 yearly planning cycle across NHS Scotland, the NHS Forth Valley Workforce Plan 2022- 2025 was approved by the NHS Board on 29 November 2022 and is published on the NHS Forth Valley website. The Workforce Plan is an iterative document and the ICE report AO8/23; SRR009 Workforce Plans Assurance Risk Assessment; Workforce Planning report A17/23 all identify that the Workforce Plan does not fully comply with the requirements of DL 2022(09). It was agreed at the March 2023 Staff Governance Committee that a SMART action plan would be shared to mitigate the gaps identified, namely gaps within the workforce; vacancy rates and affordability. A number of areas for improvement in risk controls have been identified. These include:

- The next iteration of the workforce plan should detail the current and future staffing required to meet expected demand and the action plan needs to include quantifiable actions to address staffing gaps.
- Workforce planning needs to align with financial and service planning and costing information needs to be included within the Workforce plan.
- In the medium term, there will be an expectation of significant reduction in agency costs and bank usage.

Progress against the action plan within the Workforce Plan has been reported to the Staff Governance Committee. Directorate Workforce Action Plans have been developed using the 5 pillars of workforce planning. Consideration is being given for a Board Seminar to discuss the Workforce Plan aligned to the refreshed Health Care Strategy.

### **iMatter**

The 2022 iMatter survey closed in September 2022 and outcomes were reported to the Staff Governance Committee in December 2022. NHS Forth Valley achieved a 56% return across the organisation (a 3% improvement on the year before). EEI was 76 noting that 89% of the organisation had received reports which was a positive outcome.

### **Test and Protect Workforce**

The Staff Governance Committee had responsibility for the oversight of the arrangements of the Test and Protect Workforce. The Staff Governance Committee acknowledged the contributions that the Test and Protect Staff employed within NHS Forth Valley had made since 2019 and noted the work of the Partnership Working Group that was established to manage the redeployment process and ending of the fixed term contracts by the end of September 2022.

### **Health and Safety**

Health and Safety was a standing item for discussion. The Committee has welcomed the progress reports and acknowledged the work of the Health and Safety Team in ensuring the organisation meets its statutory obligations.

### **Risk Management Workplan and Strategy**

Risk Management is a standing item for discussion. The Committee has welcomed the progress reports and acknowledged the work of the Risk Manager in ensuring the organisation meets its statutory obligations. Assurance assessments are a fundamental component of a robust Risk Management framework providing the committee with an objective assessment of controls to ensure they are designed and operating effectively. A workforce strategic deep dive was undertaken and reported to the Staff Governance Committee in March 2023. There are 26 controls in place of which 5 have been assessed as partially effective. The improvements in risk controls identified will be incorporated within a Workforce improvement plan in May 2023.

### **Youth and Employability Framework**

The Staff Governance Committee received quarterly updates on progress against the youth and employability framework during 2022 - 2023 including: Project Search 4<sup>th</sup> cohort graduation ceremony in November 2022, the successful completion of 4 graduates and the start of the 5<sup>th</sup> cohort due for completion in July 2023 working in partnership with SERCO and Forth Valley College; The school placement programme for 4<sup>th</sup> to 6<sup>th</sup> year restart following pause due to Covid; The Anchor Springboard work including Job Fayres targeting school leavers and 6 modern apprentices currently completing SVQ qualifications; the NHS Youth Academy and Increased employability with the investment from NHS Forth Valley Health Board in an Employability Manager.

### **Whistleblowing**

Whistleblowing was a standing agenda item during 2022-23, with regular reports on the implementation of the national whistleblowing standards and the development of key performance indicators. The Whistleblowing Annual Report 2021/22 was presented to the September 2022 Staff Governance Committee and the NHS Board. A review of the Whistleblowing service is being undertaken by the Whistleblowing Champion and Executive Lead to ensure sufficient confidential contacts are in place. Quarterly updates on whistleblowing activities are provided at each Staff Governance Committee.

### **Staff Voice**

**Speak Up Initiative** was launched in NHS Forth Valley in December 2021 as a confidential, impartial service delivered by 2 trained ambassadors and 6 advocates. The Staff Governance Committee received quarterly reports on progress. In March 2023, the service had received 34 enquiries since inception.

**Exit interview process and programme** was introduced in February 2022. Staff Governance Committee received the 12 month post implementation report which identified that of 1092 employees who had left the organisation, 141 exit interviews had been submitted.

### **Escalation Improvement**

The role of the Staff Governance Committee in relation to Escalation Improvement was agreed at the meeting in March 2023. The issues being considered by the committee include progress relating to workforce; culture and leadership issues flagged within the Improvement plan. Progress achieved to date includes the ELT development programme; launch of the Culture Change and Compassionate Leadership Programme; launch of the NHS Forth Valley Minority Ethnic Network; professional leadership and management reviews; HIS – Implications for Staff Governance Committee.

### **Partnership Fora**

Minutes of all Partnership Fora were presented by the Employee Director and members raised queries regarding any issues that had not already been addressed on the agenda.

#### **4. CONCLUSION**

##### **STATEMENT OF ASSURANCE**

As Chair of the Staff Governance Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the committee has allowed us to fulfil our remit as detailed in Standing Orders. As a result of the work undertaken during the year, I can confirm that adequate and effective Staff Governance arrangements are in place across NHS Forth Valley.

We have made progress and, as this report recognises, we are addressing challenges on escalation, absence management and workforce planning. I would like to pay tribute to the commitment of all those who have contributed to the work of the committee in a tough year.

**Mr Allan Rennie**

**Chair**

**On behalf of STAFF GOVERNANCE COMMITTEE**

## STAFF GOVERNANCE COMMITTEE ATTENDANCE RECORD – 2022/2023

NAME	POSITION	ORGANISATION	13.05.22	16.09.22	23.12.22	17.03.22
Allan Rennie	Non-Executive Board Member	NHS Forth Valley	P	P	P	P
Janie McCusker	Chair, NHS Forth Valley Board	NHS Forth Valley	P	AA	P	P
Gordon Johnston	Non-Executive Board Member, Whistleblowing Champion	NHS Forth Valley	P	P	P	P
Stephen McAllister	Non-Executive Board Member	NHS Forth Valley	P	AA	P	P
Cll Wendy Hamilton	Non-Executive Board Member	NHS Forth Valley		P	P	P
Robert Clark	Employee Director	NHS Forth Valley	P	P	P	P
Karren Morrison	Staff Side Representative	NHS Forth Valley	P	P	P	P
Janett Sneddon	Staff Side Representative	NHS Forth Valley	P	P	P	P
Hilary Nelson	Staff Side Representative	NHS Forth Valley		P	P	P
Nick Hill	Staff Side Representative	NHS Forth Valley		P	P	P

NAME	POSITION	ORGANISATION	13.05.22	16.09.22	23.12.22	17.03.22
Cathie Cowan	Chief Executive	NHS Forth Valley	P	P	P	P
Linda Donaldson	Director of Human Resources	NHS Forth Valley	P	P	P	P
Frances Dodd	Executive Nurse Director	NHS Forth Valley			P	P
Scott Urquhart	Director of Finance	NHS Forth Valley	-	-	P	P
Gillian Morton	Interim Director of Nursing	NHS Forth Valley	P	P	-	-
Jonathan Procter	Director of Facilities and Infrastructure	NHS Forth Valley	AA	P	P	P
Elaine Bell	Interim Associate Director of HR	NHS Forth Valley	P	AA	AA	P
Linda Robertson	HR Service Manager	NHS Forth Valley	P	P	AA	P
Margaret Kerr	Head of Organisational Development	NHS Forth Valley	P	P	P	P

Cameron Raeburn	Head of Health and Safety	NHS Forth Valley	P	AA	-	P
Sara Mackenzie	Corporate Risk Manager	NHS Forth Valley	P	P	P	P
Michael Brown	Head of HR Resourcing	NHS Forth Valley	-	P	P	P
Joanna Elliott	Head of Occupational Health Services	NHS Forth Valley	-	-	AA	P
Rachel Tardito	HR Projects Manager	NHS Forth Valley	-	P	P	P
Jacqui Bryceland	Acting Deputy Director of Nursing	NHS Forth Valley	-	P	-	-
James O'Kane		NHS Forth Valley	-	P	-	-
Rebecca Reid	Corporate Services Assistant	NHS Forth Valley	P	P	P	-

**Key**

P – Present

A – Absent – no apologies received

AA – Absent – apologies received

- Attendance not required

**STAFF GOVERNANCE COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2019/20**

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
13 May 2022	<ul style="list-style-type: none"> <li>• Draft Minute of Meeting held on 18 March 2021</li> <li>• <b>Staff Governance Standard Activity</b> <ul style="list-style-type: none"> <li>○ Annual Staff Governance Committee Assurance Plan &amp; Work Plan</li> <li>○ HR Director Staff Governance Report <ul style="list-style-type: none"> <li>▪ Workforce Dashboard</li> <li>▪ eRostrering</li> <li>▪ Recruitment Update</li> <li>▪ International Recruitment</li> <li>▪ Band 2 – 3 Healthcare Support Worker National Project</li> <li>▪ Workforce Planning</li> <li>▪ Our People Strategy Update</li> </ul> </li> <li>○ Test and Protect Workforce</li> <li>○ Staff Governance Assessment Tool and Action Plans</li> <li>○ Staff Support and Wellbeing</li> <li>○ ED Oversight and Assurance of External Review</li> <li>○ National Whistleblowing Standards</li> <li>○ Update on Organisational Development Priorities including learning, education, Training and iMatter</li> </ul> </li> <li>• <b>Staff Governance Annual Reports</b> <ul style="list-style-type: none"> <li>○ Youth Employability Framework: Apprenticeship Services and Employability Annual Report</li> <li>○ Remuneration Committee Annual Report</li> <li>○ Health and Safety Annual Report</li> <li>○ Appropriately Trained and Developed Annual Report</li> </ul> </li> <li>• <b>Risk Management</b> <ul style="list-style-type: none"> <li>○ Health &amp; Safety Quarterly Report – Q4</li> <li>○ Risk Management Report – Workforce</li> </ul> </li> <li>• <b>Reports from Committees</b> <ul style="list-style-type: none"> <li>○ Area Partnership Forum</li> <li>○ Acute Services Partnership Forum</li> <li>○ Health &amp; Safety Committee 16.02.22</li> <li>○ Estates and Infrastructure Partnership Forum 11.11.21</li> <li>○ Joint Staff Forum Clacks and Stirling HSCP</li> <li>○ Joint Staff Forum Falkirk HSCP</li> </ul> </li> <li>• <b>Circulars and Policies</b></li> </ul>
16 September 2022	<ul style="list-style-type: none"> <li>• Draft Minute of Meeting held on 13 May 2022</li> <li>• <b>Staff Governance Standard Activity</b> <ul style="list-style-type: none"> <li>○ Staff Governance Committee Work plan</li> <li>○ HR Director: Staff Governance Report <ul style="list-style-type: none"> <li>▪ Workforce Policies</li> <li>▪ Employability</li> <li>▪ Absence</li> <li>▪ Workforce Dashboard</li> <li>▪ eRostrering</li> <li>▪ Recruitment update</li> <li>▪ International Recruitment</li> <li>▪ Speak Up Service Update</li> <li>▪ Exit Interview process update</li> <li>▪ Review of National Clinical Support Worker Nursing Profiles</li> <li>▪ Test and Protect Workforce</li> <li>▪ Post Sturrock Group</li> </ul> </li> </ul> </li> </ul>

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ Our People Strategy update</li> </ul> </li> <li>○ Staff Support and Wellbeing</li> <li>○ Safe Staffing</li> <li>○ Update on Organisational Development Priorities including Learning, Education, Training and iMatter</li> <li>○ Whistleblowing</li> <li>○ ED oversight and Assurance of External Review <ul style="list-style-type: none"> <li>▪ ED Working group Terms of Reference</li> <li>▪ Audit of ER Cases update</li> <li>▪ Once for Scotland Key Performance Indicators</li> <li>▪ Staff Governance Assessment Tool and Action Plan</li> </ul> </li> <li>● <b>Staff Governance Annual Reports</b> <ul style="list-style-type: none"> <li>○ Equality and Diversity Workplan</li> <li>○ NHS Forth Valley Workforce Plan 2022 – 2025</li> <li>○ Annual PDP and Medical Appraisal Report</li> </ul> </li> <li>● <b>Risk Management</b> <ul style="list-style-type: none"> <li>○ Health &amp; Safety Quarterly Report</li> <li>○ Risk Management Report – Workforce</li> </ul> </li> <li>● <b>Reports from Committees</b> <ul style="list-style-type: none"> <li>○ Health and Safety Committee meeting 3<sup>rd</sup> May 2022</li> <li>○ Area Clinical Forum Note 19<sup>th</sup> May 2022</li> <li>○ Area Partnership Forum 17<sup>th</sup> June 2022</li> <li>○ Clackmannanshire &amp; Stirling HSCP Joint Forum 23<sup>rd</sup> June 2022</li> <li>○ Facilities and Infrastructure Partnership Group 26<sup>th</sup> May 2022</li> </ul> </li> <li>● <b>Circulars and Policies</b></li> </ul>
23 December 2022	<ul style="list-style-type: none"> <li>● Draft Minute of Meeting held on 16 September 2021</li> <li>● Draft Minute of the Remuneration Committee meeting held on 21 October 2021</li> <li>● <b>Risk Management</b> <ul style="list-style-type: none"> <li>○ Health &amp; Safety Quarterly Report – Q2 2021- 22</li> </ul> </li> <li>● <b>Staff Governance Standard Activity</b> <ul style="list-style-type: none"> <li>○ Staff Governance Committee Workplan and Monitoring Tool</li> <li>○ HR Director – Staff Governance Report, including Workforce Dashboard Data</li> <li>○ Staff Support and Wellbeing, Including Healthily Working Lives <ul style="list-style-type: none"> <li>▪ Corporate Wellbeing Strategy</li> <li>▪ Post Sturrock Action Plan</li> </ul> </li> <li>○ Our People Strategy – Update on Progress</li> <li>○ Update on Organisational Development Priorities including Learning, Education &amp; Training</li> <li>○ National Whistleblowing Standards – Update</li> <li>○ Speak Up Initiative</li> </ul> </li> <li>● <b>Reports from Committees</b> <ul style="list-style-type: none"> <li>○ Area Partnership Forum – 5.11.21</li> <li>○ Health &amp; Safety Committee 26.08.21</li> <li>○ Facilities &amp; Infrastructure Partnership Forum – 12.08.21</li> <li>○ Clackmannanshire &amp; Stirling Joint Staff Forum – 29.07.21</li> <li>○ Falkirk Joint Staff Forum – 29.07.21</li> <li>○ Mental Health &amp; Learning Disability Partnership Forum – 28.09.21</li> <li>○ Staff Support &amp; Wellbeing Programme – 21.10.21</li> </ul> </li> <li>● <b>Items for Noting</b> <ul style="list-style-type: none"> <li>○ Circulars and Policies</li> </ul> </li> </ul>

**FORTH VALLEY NHS BOARD**  
TUESDAY 30 MAY 2023

### **9.9.1 AREA CLINICAL FORUM ANNUAL REPORT 2022/2023**

**Committee Chair:** Mrs Kirstin Cassels, Non-Executive Director

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## **ANNUAL REPORT OF AREA CLINICAL FORUM FOR THE YEAR ENDED 31 MARCH 2023**

### **1. PURPOSE**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

### **2. AREA CLINICAL FORUM**

#### **2.1 Purpose of Committee**

The purpose of the Area Clinical Forum is to support the work of the NHS Board by:

- Reviewing the business of the Area Professional Committees to ensure a co-ordinated approach on clinical matters among the different professions and within the component parts of the local NHS system (Acute Services, Primary Care, Health Improvement, etc.)
- Promoting work on service design, redesign and development priorities and playing an active role in advising the NHS Board on potential for service improvement.
- Sharing best practice among the different professions and actively promoting multi-disciplinary working – in both health care and health improvement.
- Engaging widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of Area Professional Committees.
- Providing the NHS Board with a clinical perspective on the development of the Local Health Plan and the NHS Board's strategic objectives.
- Investigate and take forward particular issues on which clinical input is required on behalf of the NHS Board, taking into account the evidence base, best practice, clinical governance, etc., and make proposals for their resolution.
- Advise the NHS Board on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.



## 2.2 Composition

During the financial year ended 31 March 2022 membership of Area Clinical Forum comprised:

- Kirstin Cassells, Area Pharmaceutical Committee
- James King – Area Medical Committee
- Elizabeth Kilgour, Nominated Lead, Healthcare Sciences Forum
- Claire Neal, Deputy Chair, Psychology Advisory Committee
- Fiona McPhail, Area Dental Committee (*until July 2022*) #
- Gillian Lennox, Area Dental Committee (*from July 2022*) \*
- Rhona King, Area Optical Committee
- David Herron, GP Sub Committee (*added due to Area Medical Committee not meeting. Circulation of minutes agreed at ACF on 21/07/22*) \*
- Geraldine Law, Allied Health Professionals (*from 17 November 2022*) \*
- Alison McMullan, Psychology Advisory Committee (*until April 2023*) #

### In Attendance

- Mrs Cathie Cowan, Chief Executive
- Mr Andrew Murray, Medical Director

### Key

- # - Retired/left the Forum
- \* - New member of the Forum

## 2.3 Meetings

The Area Clinical Forum has met on 4 occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:

19 May 2022  
21 July 2022  
17 November 2022  
17 February 2023

The attendance schedule is attached at Appendix 1.

The meeting on 19 May 2022 was not quorate but went ahead with acknowledgement no decisions could be made. The meeting on 22 September 2023 was cancelled as it was not quorate. All remaining meetings of the Area Clinical Forum were quorate. All meetings were held via MS Teams.

## 2.4 Business

The topics considered by the Area Clinical Forum were crucial to key national policies and initiatives. The following items were included in the range of topics discussed:

- Strategic Priorities/Updates
  - Innovation Plan
  - AHP Strategy

- Specific Reporting/Discussions
  - Minutes of Reporting Groups
  - Workforce Planning
  - Staff Awards
  - Review of ACF/1:1

Full detail of the business considered is attached at Appendix 2.

Minutes of the meetings of the Area Clinical Forum have been timeously submitted to the NHS Board for information.

## **2.5 Other Committees**

The ongoing impact of the Pandemic should be recognised, specifically around the Area Medical Committee and the Area Nursing and Midwifery Committee which have not met since the last Annual Report and remain 'in abeyance'. A change in staffing roles should also be acknowledged, with the Chair of the Area Nursing and Midwifery Committee standing down due to a change in role. In order to ensure an appropriate pathway for escalation remained open, it was agreed the GP Sub Committee minute would be presented to the Area Clinical Forum and the Chair would be invited to attend future meetings. In their absence, an update would be provided by James King who was also a member of this Committee.

The following Committees regularly updated the Forum on the work undertaken through presentation of and discussion around minutes.

- Allied Health Professional Committee
- Area Dental Committee
- Area Medical Committee (in abeyance)
- Area Nursing and Midwifery Committee (in abeyance)
- Area Optical Committee
- Area Pharmaceutical Committee
- Area Psychology Committee
- Healthcare Sciences Forum

## **3. OUTCOMES**

Through the financial year the Area Clinical Forum were presented with various items and the outcomes can be summarised as follows:

- The Area Clinical Forum continued to support each of the Professional Advisory Committees, encouraging specific updates from each allowing any issues to be highlighted and escalated as required. This allowed for continued effective communications between the Professional Advisory Committees and the NHS Board. As stated in previous report, work was continuing to improve ACF attendance.

## **4. CONCLUSION**

### **STATEMENT OF ASSURANCE**

The Area Clinical Forum is a well established part of the NHS Forth Valley single system. As the only Forum where representatives from all the Advisory Committees meet regularly with Directors and Senior Managers, the Forum is uniquely placed to provide guidance and influence the development and delivery of services provided by NHS Forth Valley Healthcare Values. Having established itself in this role, the Forum strives to remain effective and positive in supporting the structure and forums that drive developments in NHS Forth Valley.

As Chair of the Area Clinical Forum during financial year 2022/2023, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Forum has allowed us to fulfil our remit as detailed in the Standing Orders. The challenges of the Committees remaining in abeyance was noted, however the addition of the GP Sub Committee minutes and representation provided a pathway for escalation of issues. As a result of the work undertaken during the year, I can confirm that adequate and effective advice was agreed by all Clinicians and given to the NHS Board as part of the implementation of the Primary Care Improvement Plan.

As stated throughout this Report, the impact of the Pandemic should be recognised on the frequency and attendance at reporting Committees and indeed the Area Clinical Forum.

I would again pay tribute to the dedication and commitment of fellow members of the Forum and to all attendees. I would like to thank all those members of staff who have prepared reports and attended meetings of the Forum, and express my thanks to the Sarah Smith, Corporate Services Assistant for her effort in support of the Forum.

(Signed). 

**Kirstin Cassells**  
**CHAIRPERSON**  
**On behalf of Area Clinical Forum**

**AREA CLINICAL FORUM ATTENDANCE RECORD – YEAR 2022 / 2023**

<b>Name</b>	<b>19/05/22</b>	<b>21/07/22</b>	<b>17/11/22</b>	<b>16/02/23</b>
Kirstin Cassells	P	P	P	P
James King	AA	P	P	P
Elizabeth Kilgour	P	P	AA	AA
Claire Neal	P	AA	-	-
<b>Fiona McPhail</b>	AA	#	#	#
<b>Gillian Lennox</b>	-	AA	P	AA
Rhona King	A	P	P	P
David Herron	AA	AA	AA	AA
Geraldine Law	-	-	P*	P
Alison McMullan	P	P	P	P
<b>In attendance</b>				
Linda Donaldson	IA	-	-	-
Linda Robertson	IA	-	-	-
Wendy Nimmo	-	IA	-	-
Susan Bishop	-	IA	-	-
Pauline Beirne	-	-	-	IA
Cathie Cowan	-	-	-	IA
Sarah Smith – Minute	IA		IA	IA

**Key:**

- P Present
- A Absent with no apologies given
- AA Absent with apologies received
- IA In Attendance
- Attendance not Required
- # Retired/left the Forum
- \* New member of the Forum

## APPENDIX 2

### AREA CLINICAL FORUM SCHEDULE OF BUSINESS CONSIDERED 2022 /2023

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
19 May 2022	<ul style="list-style-type: none"> <li>• Welcome and apologies</li> <li>• Workforce Planning</li> <li>• Minutes of Area Clinical Forum 18 November 2021</li> <li>• Minutes of Reporting Groups/Feedback from Chairs <ul style="list-style-type: none"> <li>○ Area Dental Committee - 30 March 2022</li> <li>○ Area Pharmaceutical Committee - 6 April 2022</li> <li>○ Psychology Advisory Committee – 13 April 2022</li> <li>○ Area Optical Committee</li> <li>○ Healthcare Sciences Forum</li> <li>○ Allied Health Partnership – New Chair awaited</li> <li>○ Area Medical Committee – <i>in abeyance</i></li> <li>○ Area Nursing Midwifery Advisory Committee – <i>Chair Elaine Kettings</i></li> </ul> </li> <li>• AOCB <ul style="list-style-type: none"> <li>○ Salary sacrifice for electric car purchase</li> <li>○ Independent contract response to board re patient complaints</li> </ul> </li> <li>• Future Agenda Items</li> <li>• Date of next meeting</li> </ul>
21 July 2022	<ul style="list-style-type: none"> <li>• Welcome and apologies</li> <li>• Innovation Plan</li> <li>• Minutes of Area Clinical Forum 19 May 2022</li> <li>• Minutes of Reporting Groups/Feedback from Chairs <ul style="list-style-type: none"> <li>○ Area Pharmaceutical Committee - 25 March 2022</li> <li>○ Psychology Advisory Committee -</li> <li>○ Area Optical Committee 25 March 2022</li> <li>○ Healthcare Sciences Forum</li> <li>○ Area Dental Committee</li> <li>○ Allied Health Partnership – <i>New Chair awaited</i></li> <li>○ Area Medical Committee – <i>In Abeyance</i></li> <li>○ Area Nursing Midwifery Advisory Committee – <i>Chair Elaine Kettings</i></li> </ul> </li> <li>• AOCB</li> <li>• Future Agenda Items</li> <li>• Date of next meeting</li> </ul>
17 November 2022	<ul style="list-style-type: none"> <li>• Welcome and apologies</li> <li>• Minutes of Area Clinical Forum 21 July 2022</li> <li>• Minutes of Reporting Groups/Feedback from Chairs <ul style="list-style-type: none"> <li>○ Area Optical Committee 30/05/22 &amp; 29/08/22</li> <li>○ Healthcare Sciences Forum – Flash Report</li> <li>○ ED Working Group 26/09/22</li> <li>○ Area Dental Committee</li> <li>○ Area Pharmaceutical Committee</li> <li>○ Psychology Advisory Committee</li> <li>○ Allied Health Partnership</li> <li>○ Area Medical Committee – <i>In Abeyance</i></li> <li>○ Area Nursing Midwifery Advisory Committee – <i>Chair Elaine Kettings</i></li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Review of ACF/1:1</li> <li>• AHP strategy in Forth Valley</li> <li>• Staff Awards</li> <li>• AOCB</li> <li>• ACF 2023 dates</li> <li>• Future Agenda Items</li> <li>• Date of next meeting</li> </ul>
17 February 2023	<ul style="list-style-type: none"> <li>• Apologies for Absence / Confirmation of Quorum</li> <li>• Declaration (s) of Interest (s) Minute of Area Clinical Forum meeting held on 17 November 2022</li> <li>• Matters Arising from the Minute/Action Log</li> <li>• ACF Committee Planner</li> <li>• Escalation Plan <ul style="list-style-type: none"> <li>○ ED Working Group – 27/10/22 &amp; 09/12/22</li> <li>○ Area Optical Committee – 29/08/22 &amp; 24/10/22</li> <li>○ GP Sub Committee – 22/11/22</li> <li>○ Psychology Advisory Committee – 12/10/22 &amp; 14/12/22</li> <li>○ Area Pharmaceutical Committee</li> <li>○ Area Nursing and Midwifery Advisory Committee</li> <li>○ Area Pharmaceutical Committee</li> <li>○ Allied Health Professionals</li> <li>○ Area Medical Committee</li> </ul> </li> <li>• Terms of Reference</li> <li>• AOCB</li> </ul>