NHS
Forth Valley

There will be a meeting of the **Forth Valley NHS Board** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW** on **Tuesday 25 July 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. **Minute of Forth Valley NHS Special Board meeting held on 23 June 2023**   Seek Approval

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

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

7. **FOR APPROVAL**

7.1 **Annual Review of Risk Appetite & Tolerance**   Seek Approval
(Paper presented by Mr Scott Urquhart, Director of Finance) *10.50-11.05am*

7.2 **Strategic Risk Register – Quarter 4 Update**   Seek Approval
(Paper presented by Mr Scott Urquhart, Director of   *11.05-11.15am*
Finance)

7.3 **Climate Emergency & Sustainability Strategy and**   Seek Approval
Action Plan 2023-2026   *11.15-11.30am*
(Paper presented by Mrs Cathie Cowan, Chief Executive)

7.4 **Chief Internal Auditor Appointment**   Seek Approval
(Paper presented by Mr Scott Urquhart, Director of Finance)   *11.30-11.35am*

8. **BETTER CARE**

8.1 **Escalation Update**   Seek Assurance
(Paper presented by Mrs Cathie Cowan, Chief Executive)   *11.35-12.05pm*

BREAK   12.05-12.15pm

8.2 **Healthcare Associated Infection Reporting Template**   Seek Assurance
(Paper presented by Prof Frances Dodd, Executive Nurse Director)   *12.15-12.25pm*

8.3 **Performance Scorecard**   Seek Assurance
(Paper presented by Mrs Cathie Cowan, Chief Executive)   *12.25-12.40pm*

8.4 **Person Centred Complaints and Feedback Report**   Seek Assurance
(Paper presented by Prof Frances Dodd, Executive Nurse Director)   *12.40-12.50pm*

9. BETTER VALUE

9.1 **Finance Report**   Seek Assurance
(Paper presented by Mr Scott Urquhart, Director of Finance)   *12.50-01.05pm*

10. BETTER GOVERNANCE

10.1 **Annual Report Summary 2022/2023**   Seek Assurance
(Paper presented by Mrs Cathie Cowan, Chief Executive)   *01.05-01.15pm*

10.2 Governance Committee Minutes   Seek Assurance
    01.15-01.45pm

    10.2.1 Clinical Governance Committee Draft Minute: 23/05/2023
    (Paper presented by Dr Michele McClung, Committee Chair)

    10.2.2 Escalation Performance & Resources Committee Ratified Minute: 24/05/2023
    Escalation Performance & Resources Committee Ratified Minute: 13/06/2023
    Escalation Performance & Resources Committee Draft Minute: 04/07/2023
    (Paper presented by Mr Robert Clark, Committee Vice-Chair)

    10.2.3 Performance & Resources Committee Draft Minute: 27/06/2023
    (Paper presented by Mr Robert Clark, Committee Vice-Chair)

    10.2.4 Staff Governance Committee Ratified Minute: 12/05/2023
    (Paper presented by Mr Allan Rennie, Committee Chair)

10.3 Advisory Committee Minutes   Seek Assurance

    10.3.1 Area Clinical Forum Ratified Minute: 20/04/23
    (Paper presented by Mrs Kirstin Cassells, ACF Chair)

    10.3.2
    Area Partnership Forum Ratified Minute: 01/03/23
    Area Partnership Forum Ratified Minute: 30/05/23
    Area Partnership Forum Ratified Minute: 27/06/23 (Paper
    presented by Mr Robert Clark, APF Co-Chair)

11. FOR NOTING

11.1 **Falkirk Integration Joint Board Ratified Minute: 31/03/2023**   Seek Assurance

11.2 **Clackmannanshire & Stirling Integration Joint Board**   Seek Assurance
Ratified Minute: 29/03/2023

12. ANY OTHER COMPETENT BUSINESS

12.1 Emerging Topics

13. DATE OF NEXT MEETING

Tuesday 26 September 2023 at 10.30am

Closed Session Agenda

Item of business	Grounds for consideration in Closed Session as detailed within the Code of Corporate Governance
• Minute of the NHS Board Closed Session held on 30 May 2023	The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation. The business necessarily involves reference to personal information and requires to be discussed in private in order to uphold the Data Protection Principles.
• Annual Delivery Plan	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.
• National Treatment Centre Update	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.

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

For Approval

Item 3 – <u>DRAFT</u> Minute of the Forth Valley NHS Board Meeting held on Tuesday 30 May 2023 at 10.30am

Present:	Ms Janie McCusker (Chair)	
	Mr Robert Clark	Mr Gordon Johnston
	Mrs Kirstin Cassels	Mr Stephen McAllister
	Mrs Cathie Cowan	Dr Michelle McClung
	Prof Frances Dodd	Mr Allan Rennie
	Mr Martin Fairbairn	Mr Scott Urquhart
	Cllr Wendy Hamilton	

In Attendance: Prof John Brown, Chair of Greater Glasgow & Clyde
Mrs Elsbeth Campbell, Head of Communications
Mrs Patricia Cassidy, Director of Health & Social Care
Dr Jennifer Champion, Deputy Director of Public Health
Miss Sinead Hamill, Board Secretary (Minute)
Mr Jonathan Horwood, Area Infection Control Manager
Ms Kerry Mackenzie, Head of Policy and Performance
Mrs Sarah Mackenzie, Corporate Risk Manager
Miss Jackie McEwan, Corporate Business Manager
Mrs Gillian Morton, Director CPMO/ Women and Children's Directorate
Mr Jonathan Procter, Director of Facilities & Infrastructure

1.   **Apologies for Absence**

The Chair welcomed everyone to the meeting.

Apologies were noted on behalf of John Stuart, Fiona Collie, Danny Gibson and Linda Donaldson.

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 28 March 2023 was approved as an accurate record.

Mr Fairbairn wished to highlight from the minute item 7.3, the Level of Prison Complaints. Prof Dodd informed the Board that there was and continues to be a high level of complaints within the prison patient population. Mrs Cowan referred to the majority relating to medication complaints. Board Members noted a recent change to the external pharmacy provider to the Scottish Prison Service.

4.   Matters Arising from the Minute / Action Log

01. Complete
02. Seminar to focus on workforce to be rescheduled, 7 July Staff Governance Committee will focus on Leadership and Culture escalation response.
03. Hand Hygiene - Board Members noted that Hand Hygiene had now been included in the HAIRT Report. Prof Dodd informed the Board that there is work ongoing to improve hand hygiene observed rates vs. self-reporting.
04. Cancer including urology deep dive to be progressed via Performance & Resources Committee – provisionally planned for August.

5.   Patient/Staff Story

Prof Frances Dodd, Executive Nurse Director introduced the patient story informing Board Members that the story highlighted the positive and enhanced patient experience as a direct result of the person-centred approach adopted by the patient's clinician.

The patient through a video story compared the different patient experiences after receiving surgery on their right hand at a hospital outwith Forth Valley. Due to complications the patient was readmitted back to hospital after contacting NHS 24. The patient referred to her infected wound and a need to go back to surgery which meant a longer stay in hospital.

During the patient's second experience at NHS Forth Valley the patient described being put at ease by the clinician with regular communications and involvement in their care and treatment decisions. The patient wanted to thank the clinician for making the experience positive. Prof Dodd highlighted the importance of person-centred care and the involvement of patients in decision making.

Mr Murray acknowledged the approach by the clinician which was something he would want for all patients. Mr Murray proposed to find a way to share patient stories internally.

6.   FOR APPROVAL

6.1   Draft Healthcare Strategy Outline

The NHS Board considered a paper 'Draft Healthcare Strategy Outline' presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan referred to planning for the future and work to refresh the Board's Healthcare Strategy during 2022/23 being overtaken by a need to develop a fundamental new medium to long term strategy that has transformation at its core in response to the significant challenges facing health and care systems post pandemic. Mrs Cowan also acknowledged Covid-19 challenging our thinking and as an outcome being more aware of the benefits of promoting wellbeing, investing in innovative roles to address gaps in workforce, and supporting flexible and remote working including remote consultations.

Board Members noted that the new Healthcare Strategy for 2023 - 2028 will take into account 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 18th April 2023. Board Members also noted the strategy being developed would take account of the Integration Joint Boards Strategic Commissioning Plans and Community Planning Partnership priorities.

In summary, Mrs Cowan shared the timetable and engagement process to inform the development of the Healthcare Strategy, and how the Board will set out its response to improve health outcomes with a focus on prevention and early intervention, patient care, staff experience whilst working collaboratively with partners and make the best use of available resources.

Mrs Cowan gave thanks to her directly line managed staff for their work to date and commitment to develop and build sustainable services with staff and partners.

Mr McAllister asked if the performance indicators proposed would align to Government priorities. Mrs Cowan referred to the Cabinet Secretary's 14 commitments and `being able to demonstrate the Board's response supported by a suite of measures to chart performance. Dr Champion confirmed the Strategy would also include population health outcomes.

Mr Rennie asked about communications to support the development and implementation of the Strategy. Mrs Campbell confirmed there would be a Communications Plan. The Plan due to be shared with ELT, would describe a number of ways to support good communications and engagement including opportunities to receive feedback, including feedback that Prof Dodd will receive through the Patient Forum.

Mr Johnston highlighted the need to respond to and address inequalities. Dr Champion agreed and confirmed that the Board would want to focus on both access to health care and population health inequalities. Mr Fairbairn agreed with a focus on inequalities notably to improve the health of the population.

Mr Fairbairn also highlighted Strategic Aim number three: Better Value and sought greater clarity on how the Board was delivering against this specific aim. Mrs Cowan confirmed that the new Strategy at its core should maximise value for patients both in outcomes and experience at the lowest cost.

The Forth Valley NHS Board:
- *Approved the approach set out within the attached document.*
- *Noted the engagement period.*
- *Noted the timetable to present a final Healthcare Strategy draft for approval in November to the Board.*

6.2 **Clinical Governance Strategic Implementation Plan 2022-2026**

The NHS Board considered a paper 'Clinical Governance Strategic Implementation Plan 2022-2026' presented by Mr Andrew Murray, Medical Director.

Ms McCusker informed Board members that the Clinical Governance Strategic Implementation Plan (SIP) 2022 - 2026 had been approved at the Clinical Governance Committee and was being presented today to be endorsed by the Board.

Mr Murray reminded Board Members that the Clinical Governance SIP has been developed to support Board wide including Partnership clinical governance arrangements. Mr Murray referenced the adopted Vincent framework as a key part of the Board's Quality Strategy. Board Members noted the extensive consultation process.

Mr Fairbairn referred to appendix 2 - 'how we would measure priorities' and asked about the Patient Safety Conversation Visits and how these would be measured in regard to

coverage and impact. Mr Murray confirmed that the evaluation of Visits to date was scheduled to be shared at a Board Seminar scheduled for the 13th of June 2023.

Mrs Cassidy highlighted a lack of engagement with the Partnership and a need for this to be shared with the Integration Joint Boards. The role of the Clinical & Care arrangements should also be added to avoid duplication. Mr Murray referred to clinical governance as the system by which the NHS works to monitor and improve the quality of care and service delivery in care settings including those services delivered in both Partnerships. Mr Murray referred to the Board's accountability and the reporting arrangements set out in Page 15 and the importance as described in the Plan to create the conditions for an effective NHS safety culture. Mr Murray also welcomed the opportunity to have a discussion with Mrs Cassidy.

The Forth Valley NHS Board:
- ***Endorsed the Clinical Governance Strategic Implementation Plan approved by the Clinical Governance Committee on 23 May 2023.***

7. BETTER CARE

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 Horwood to present the Healthcare Associated Infection Reporting Template. Mr Horwood highlighted that Annual Operational Plan (AOP) targets have been further extended until March 2024 and that staph aureus bacteraemia (SAB), and device associated bacteraemia (DAB) remain within normal control limits. The Board noted that there had been no surgical site infection and no MRSA or C Diff (CDI) deaths reported this month.

Board Members noted the work underway by the Infection Prevention Control Team (IPCT) to understand and monitor CDIs given the increase this month.   Board Members also sought assurance on the ongoing challenges with e coli bacteraemia (ECB) case numbers which had resulted in S Govt HAI Policy Unit evoking the National Support Framework. Prof Dodd confirmed meetings had taken place and that support would be ongoing by ARHAI to support the Board reduce ECBs over the coming months.

Mr Horwood also highlighted one Covid-19 outbreak in Forth Valley Royal Hospital which had been appropriately managed. Board Members noted that nationally Covid numbers remained low with recent Covid guidance removing the need for facemasks.

The Forth Valley NHS Board:
- ***Noted the HAIRT report.***
- ***Noted the performance in respect of the AOP Standards for SABs, DABs, CDIs & ECBs.***
- ***Noted the detailed activity in support of the prevention and control of Health Associated Infection.***

7.2 Performance Scorecard

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

Mrs Cowan informed Board Members that the CAHMS 18-week RTT performance continues to drop (37.5%) whilst the service focuses on addressing long waits. Board Members noted an increase in referrals - 375 (Jan to April) compared to 252 for the same period in 2022. The Board's performance remained an outlier compared to other NHS Boards.

Psychological Therapies RTT dropped for the month of April to 74.0% when compared with the previous month (78.2%), however when compared to last year (April) the performance had increased from 66.2% to 74%. Performance was in line with other NHS Boards.

Urgent & Unscheduled Care performance month on month had made small improvements - 42% (Dec) to 53.8% (June) whilst being able to reduce reliance on contingency beds. Improvements in Flow 1, redirection, Discharge without Delay and prenoon week and weekend remained key to increasing overall performance. Board members were informed that the Partnerships had signed up to reduce delayed discharges by 10%. Discharges both those delayed and including community transfers on the acute site remained static (65/75 daily). Mr Murray confirmed he would be updating the Performance & Resources Committee on progress to deliver the 4-hr EAS 70% trajectory.

Ms Mackenzie informed Board members that planned care performance continues to deliver on the agreed long wait standards. Board members were informed that imaging has become a challenge and waits had increased notably in access to CT scanning.

Board members were assured that Cancer services remained a priority for Scheduled Care with improvements being made which will be brought to the Performance and Resources Committee. Mrs Cowan confirmed that improvement work in lung, colorectal and urology pathways were being progressed to improve the 62-day performance standard. Timely access to diagnostics would continue to be a factor.

Board Members noted that delayed discharges continue to reduce, however community transfers on the acute site remain static. Board Members also noted that an informative update on DNA rates was delivered to the Performance and Resources Committee.

Mr Rennie asked that an absence trajectory to meet the agreed Board 2% reduction over time be added. Ms Mackenzie informed Board members that quarterly figures are not available until December 2023, which made it difficult to include in the scorecard however a monthly trajectory could be added to the Staff Governance Committee dashboard under development.

Mrs Cassels also highlighted absence and asked for an update on the success of getting people back to work vs. back to their role. Mrs Cowan informed Board Members that an additional Staff Governance Committee had been scheduled at the request of the Committee Chair to discuss specifically workforce performance including return to work as part of leadership and culture escalation improvement actions.

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 highlighted the key issues notably an increase in the number of complaints received, a deterioration in local resolution compliance, SPSO activity and improvements made in response to learning from complaints.

Board Members noted performance in each of the indicators including the top themes: communication, staff attitude and behaviour and treatment concerns. Board Members also noted the increase in complaints, drop in overall performance and current vacancies within the Patient Relations Team.   Prof Dodd confirmed that there had been a decrease in performance notably within the Acute Services Directorate and support was being given to staff given the current pressures on the acute hospital site.   Prison healthcare complaints were noted, and Board Members referred to the earlier update and reference to high numbers of medication related complaints.

Prof Dodd highlighted the outcome of the patient experience survey for patients in contingency beds and the favourable feedback.

Ms McCusker asked for an update on the work to review the current training programme (indicator 3). Prof Dodd confirmed that the new Head of Service would be looking at this when she took up post.

Mr Clark sought assurance that staff were being encouraged to deal with complaints as stage one if appropriate. Prof Dodd referred to the stage one compliance rates as an indication of staff being empowered to act and deal with issues as they occur. Mr Clark also highlighted the themes notably involving staff attitude and asked that these be monitored as part of cultural improvement actions, this was supported.

Mrs Cowan in picking up Mr Clark's point added that Senior Charge Nurses and managers operating at a middle management level irrespective of location needed to be able to act and feel empowered within their Teams to resolve matters or implement improvements, this was acknowledged.

The Forth Valley NHS Board:
- *Noted the current position of the complaint's performance within the organisation.*
- *Noted the feedback activity across the organisation.*

7.4   Whistleblowing Standards and Activity Report

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

Prof Dodd identified that the number of Whistleblowing complaints whilst low continue to rise which has enabled the team to test the Board's overall response and processes. Board Members noted that timeframes for completion of investigation was an issue and Prof Dodd had identified a gap in available access to confidential contacts and lead investigators. Recruitment was underway to increase confidential contacts. Board Members noted that staff training for whistleblowing had increased.

Stage 2 concerns were noted as timeframes had not been met with complexity being highlighted as an issue. Prof Dodd confirmed a review of the infrastructure in place to support whistleblowing was being developed and would be discussed at ELT.

Cllr Hamilton sought clarity on the number of partially upheld complaints and number of extensions to timescale to investigate concerns and whether increasing the team would impact on both measures. Mr Johnston confirmed that the number of confidential contacts had been appropriate up until now, but with more staff feeling able to speak up an increase in access to contacts and lead investigators was required to meet timescales. Increasing the number of contacts was unlikely to impact on the outcome of investigations.

Dr Champion wished to know what support was in place for those staff being complained about, to ensure their wellbeing was also considered to avoid staff going off sick. Prof Dodd expected this to be addressed as business as usual. Mr Clark shared Dr Champion's concern and shared that this issue had been discussed at the Employee Directors national meeting and more attention and access to additional support was highlighted at a requirement for both Parties.

Dr McClung asked about national benchmarking data. Mr Johnston confirmed there was no specific date and that the 2022/2023 report would be released soon.

The Forth Valley NHS Board:
- ***Noted Whistleblowing performance in NHS Forth Valley in Quarter 3 of 2022/23.***

8.   BETTER VALUE

8.1   Finance Report

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

Mr Urquhart referred to a number of key points from the Finance Report, notably the end year annual accounts process, the month one financial position and associated financial risk to deliver end year break even. Board Members noted the work underway to support the annual accounts process with the Annual Accounts being presented to the Audit and Risk Committee for recommendation to the Board for approval - both the Committee and NHS Board 'special' meeting were scheduled to take place in June 2023.

Mr Urquhart provided an update on the opening position of the new financial year. Board Members noted the overspend of £1.9 million and a balanced capital position at end of April 2023.   Mr Urquhart confirmed as reported previously the overspend was broadly in line with the projected year end outturn and deficit of £15.6 million. A detailed savings plan had been presented to the Performance & Resources Committee with work underway to address the financial gap.

Mr Urquhart referred to the financial risks as set out in section 2 of the paper, and highlighted workforce, both recruitment/retention and absence rates. Board Members noted that workforce accounts for half of the total operating expenditure and this remained a significant risk given the ongoing supplementary spend associated with additional beds to support demand. Reducing supplementary spend remained a key area of focus along with prescribing.

Mr Urquhart referred to the quarter one report to Scottish Government and a requirement to set out how the Board intended to reduce the £15.6 million gap.

Ms McCusker wished to know if the emerging risks will be captured in the risk register. Mr Urquhart confirmed the issues contributing to this significant risk was described in the Board's Strategic Risk Register. Board Members also noted additional cost pressures e.g., devices (diabetes), new drugs and therapies and IJB cost pressures aligned to risk sharing agreements.

Mr Urquhart confirmed funding for prison healthcare had been received however it was not yet known if this would be recurring.

Mr McAllister highlighted bank and agency spend, and it was noted this would be covered in more detail under item 8.2.

The Forth Valley NHS Board:
- *Noted the progress on the 2022/23 Annual Accounts process.*
- *Noted the 2023/24 Month 1 revenue overspend of £1.9m and balanced capital position as at 30 April 2023.*
- *Noted 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.*
- *Noted 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.*

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

The NHS Board considered a paper 'National Principles for the Management of Agency Workforce Supply to NHS Scotland Health Boards' presented by Prof Frances Dodd, Executive Nurse Director.

Prof Dodd informed Board members that the Chief Nursing Officer (CNO) had commissioned and led a task and finish group to look at supplementary staffing including nursing agency spend. The work was intended to eradicate the use of off-framework agency nursing staff from 1 June 2023. Board Members noted this was a national approach and would be implemented by all NHS Boards.

Board Members noted that in line with other NHS Boards off-framework agency use had tripled during the pandemic because of unfilled vacancies, sickness and unfunded additional contingency beds across the NHS estate. Board Members noted that the use of supplementary staff to support contingency beds continued to be significant coupled by a relatively static delayed discharge position. Investment in permanent staff and the roll out of eRostering remained two key Board priorities.

Board Members considered the key issues across each of the three phases and the compliance against each of the actions. Prof Dodd set out the approval process and the likely financial impact of reducing reliance on off-framework agency staff.
Mr Clark whilst supporting the paper highlighted a need to ensure patient safety was a key factor when determining staffing levels. Prof Dodd agreed that patient safety remained a key consideration and highlighted that prison healthcare was as an area that was likely to need off-framework staff whilst recruitment to permanent posts continued.

Mr McAllister sought clarity on the financial impact as a consequence of implementing this approach and whether this would be sustainable given the workforce challenges being felt

nationally. Prof Dodd confirmed that the financial implications were still being revised. Ms McCusker proposed that the outcome of this work be reported through the correct assurance committee.

The Forth Valley NHS Board:
- *Noted the progress in relation to the preparedness for the 1 June 2023 deadline.*
- *Noted the risks identified and the mitigating actions taken.*
- *Noted the compliance with identified Scottish Government conditions for implementation readiness.*

9. BETTER GOVERNANCE

9.1 Escalation Update

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

Ms McCusker highlighted the importance of the Board being assured from the Escalation Update. Ms McCusker reminded Board Members that the Board of NHS Forth Valley had previously approved NHS Forth Valleys Escalation Plan version 2, on the 28th of March 2023.

Mrs Cowan referred to the Escalation letter issued by Caroline Lamb, Director General of Health & Social Care and Chief Executive of NHS Scotland. The letter highlighted a requirement to strengthen leadership informed by effective governance and cultural improvement. The letter also referred to areas of performance that the Board were heavily engaged with e.g., urgent and unscheduled care to support sustainable improvement.

Mrs Cowan before updating the Board on progress referred to the Board's guiding principles of 'putting patients first', supporting our staff' and an ongoing commitment to 'working in partnership.'

Mrs Cowan focused on two specific areas notably leadership and culture noting the review of governance commissioned by the Board remained ongoing and would inform planned Board development. Mrs Cowan highlighted ELT and ongoing work to support positive teamwork and relationship building, including an offer of mediation. Acute services and integration also continue to be a key focus. The appointment of an Acting Acute Services Director has enabled senior staff to return to their roles to fulfil their responsibilities which has created stability and a sense of a cohesive team on the acute hospital site. The Board also recommitment in November to invest in additional management capacity within each of the Health & Social Care Partnerships to support pan Forth Valley new roles. The Chief Officers supported by colleagues in Local Authority and NHS HR Teams are progressing the recruitment to these three new roles. David Williams, Scottish Government, Professional Advisor is supporting the review of Integration Schemes and a review of progress against MSG previously assessed proposals e.g., collaborative leadership and building relationships, agreed governance and accountability arrangements and information sharing etc.

In summary, the Board is strengthening the voices of patients and staff through a series of services including peer support and speak up and through the Public Partnership Forum. Ongoing communications to share progress and learning from the impact of our actions also continues this is set out in our draft Measurement Framework for Board consideration. In meetings with local MPs/MSPs absence, supplementary spend and turnover have featured in our discussions. Work to address the c.1% absence gap between Scottish NHS

Boards average rates and NHS Forth Valley remains a key priority as does recruitment and retention. Supplementary spend as discussed earlier is a key priority as set out in the previously approved Financial Plan.

Governance using the Board Committee structure is now in place with the Escalation P&R Committee seeking assurance from Staff, P&R and Clinical Governance Committees to then provide assurance to the Board.

Performance updates are set out in the paper with many already discussed as part of the Board's performance report. HIS progress and Out of Hours services are being reported through the Clinical Governance Committee. In Out of Hours the thirty-one actions in response to the twelve recommendations are mainly completed with workforce actions proving to be more challenging. For example, SAS have not been able to support joint appointments currently because of their own workforce pressures. New roles - e.g., HCSW is evaluating well.

Dr McClung supported the direction including metrics described in the Measurement Framework and noted the progress as set out in the Escalation Improvement Plan. Demonstrating impact in areas such as culture was something that would take time.

Mr Fairbairn confirmed that Escalation P&R Committee members were reporting assurance on actions and connections to areas of escalation, the measurement framework would provide performance data over time. Mr Fairbairn reported on Committee members seeking assurance on ELT development to support improved team working and had requested an update to the next Escalation Performance & Resources Committee.

Mr Rennie noted the work underway and reported that at his request due to a late paper that he had asked for an additional Staff Governance Committee meeting to allow time to focus on leadership and culture and the metrics to support progress and provide assurance. Mr Rennie asked that trajectories be provided to align with the actions and associated outcomes. Mrs Cowan agreed to look at how this could be presented.

Mr Johnston whilst supporting the Measurement Framework asked how complaints aligned with culture and how care opinion could be used to ensure patients were having a positive experience. Prof Dodd referred to the patient experience data set out in the Person-Centred Complaints and Feedback report. It was noted that the metrics presented required more consideration to ensure they were sensitive to management intentions. Mr Murray was keen to review the metrics to ensure they could show improvement or not over time.

Dr McClung referred to data reporting including tabular formats. Dr McClung highlighted the need to resolve the hand hygiene metrics (observed vs. self-reporting). Prof Dodd agreed that this could be a cultural measure. Mrs Cowan highlighted that observed vs. self-reporting was commonly misreported - i.e., reported differently as referenced in many academic papers.

Dr Champion referred to page 12 - working in partnership and proposed adding population health measures to illustrate management intention and leadership to support prevention going forward. Mr Urquhart also highlighted adding metrics e.g., audit follow up performance measures, this was supported.

The Forth Valley NHS Board:
- ***Considered 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.***

- *Noted the performance as set out in the update and noted 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.*
- *Noted 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.*

9.2 Mid-Year Review Letter

The NHS Board considered a paper 'Mid-Year Review Letter' presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan referred to the Board mid-year review held on Tuesday, 14 March 2023 via video conference. Board members noted the meeting was chaired by Maree Todd, Minister for Social Care, Mental Health and Sport. Discussions were supported by Caroline Lamb, the Director General and NHS Chief Executive for NHS Scotland and Christine McLaughlin, Co-Director of Population Health and Chair of the Assurance Board. Mrs Cowan highlighted that discussions were supported overseeing NHS Forth Valley's Escalation to Stage 4 of the National Performance Framework.

The meeting was attended by Janie McCusker, Chair of NHS Forth Valley and Cathie Cowan, Chief Executive for NHS Forth Valley with discussions focusing on escalation, finance, workforce, service pressures and performance in priority areas. Board members considered the key points in the letter and noted that the areas discussed featured in Board discussions and decision making.

The Forth Valley NHS Board:
- *Considered the key points contained in the Mid-Year Review letter.*

9.3 Data Protection Officer Report

The NHS Board considered a paper 'Data Protection Officer Report' presented by Mr Andrew Murray, Medical Director.

Mr Murray invited Mrs Sarah Hughes-Jones, Head of Information Governance to present the Data Protection Officer Report. Mrs Hughes-Jones informed Board members that NHS Forth Valley has appropriate processes and controls in place to manage its obligations under data protection legislation as evaluated by an external review process conducted by the ICO - Board Members noted that NHS Forth Valley had received a High Assurance Rating from the Audit. However, while new processes around Data Protection Assessments embed including completion of the Record of Processing Activities a reasonable level of assurance is being reported currently.

Mrs Hughes-Jones informed Board members that the UK Government had introduced a Data Protection and Digital Information (no.2) bill currently progressing through the Committee Stages and likely to be brought into law Autumn 2023.

Mr Fairbairn acknowledged the outcome of the Audit and the significance of the findings. Ms McCusker thanked Ms Hughes-Jones and her team for this outcome.

The Forth Valley NHS Board:
- *Noted the assurance activity referenced in this report.*

9.4   Clackmannanshire and Stirling HSCP Assurance Report

The NHS Board considered a paper 'Clackmannanshire and Stirling HSCP Assurance Report' presented by Mrs Cathie Cowan, Chief Executive in the absence of Ms Black, Chief Officer.

Mrs Cowan confirmed the report being presented was intended to provide the Board Members with HSCP performance assurance. However, the assurance level was reported as limited, notably in regard to meeting financial targets and savings of £4.392 million. The impact on the Board through the risk sharing agreement was significant if savings were not delivered thy the HSCP Team.

Ms Mackenzie informed Board members that the Clackmannanshire and Stirling HSCP Assurance Report will be presented to the Board twice a year.

The Forth Valley NHS Board:
- ***Noted the report and progress by the HSCP in meeting its priorities in the Strategic Plan.***
- ***Noted a follow up report.***

9.5   Governance Committee Minutes

**9.5.1 Clinical Governance Committee Update: 23/11/2022
Clinical Governance Committee Ratified Update: 21/02/2023**

Dr McClung provided an overview of the most recent Clinical Governance Committee meeting 21/2/2023. Board members noted that an update was provided on the action plan relating to both unannounced inspections to Forth Valley Royal Hospital by HIS as well as the significant areas of discussion including patient safety conversation annual report.

The NHS Board noted the assurance provided through the minute of the Clinical Governance Committee meeting 21/02/2023.

9.5.2 Escalation Performance & Resources Committee Ratified Minute: 05/04/2023

Mr Fairbairn informed Board members that the Escalation Performance and Resources Committee had met again since 5 April 2023 and had focused on the Improvement Action Plan, Measurement Framework Committee alignment. The NHS Board noted the ratified minute of the Escalation Performance & Resources Committee meeting 05/04/2023.

9.5.3 Performance & Resources Committee Draft Minute: 28/04/2023

Mr Fairbairn informed Board members that the points he wished to cover had been covered throughout the meeting. The NHS Board noted the assurance provided through the draft minute of the Performance & Resources Committee meeting 28/04/2023.

9.5.4 Staff Governance Committee Ratified Minute: 17/03/2023

Mr Rennie identified that Workforce and Absences were two key topics from the Staff Governance Committee meeting. The NHS Board noted the assurance provided through the ratified minute of the Staff Governance Committee Meeting 17/03/2023.

9.6   Advisory Committee Minutes

9.6.1   Area Clinical Forum Ratified Minute: 16/02/2023

Mrs Cassels informed Board members that Mrs Cowan provided an update on NHS Forth Valley's escalation to Stage 4 of the National Performance Framework and the Forum members discussed escalation and how they could play into the Culture & Leadership Programme. Board Members noted a development session was also discussed at the Area Clinical Forum Meeting.

Mrs Cassels highlighted that the ACF meeting dates had been rescheduled to align with governance structures as the ACF meetings had been out of sync with meetings of the NHS Board. Mrs Cowan agreed it was important to align dates to ensure the ACF was actively engaged in papers, providing advice and feedback to the NHS Board.

The NHS Board noted the assurance provided through the ratified minute of the Area Clinical Forum Meeting 16/02/2023.

9.6.2   Area Partnership Forum Ratified Minute: 21/01/2023

Mr Clark informed the Board that the most recent Area Partnership Forum meeting had been cancelled and rescheduled due to a high level of annual leave and not being quorate. The NHS Board noted the assurance provided through the ratified minute of the Area Partnership Forum Meeting 21/01/2023.

9.7   Integration Joint Board Ratified Minutes

9.7.1   Clackmannanshire and Stirling IJB: 01/02/2023

Mr Rennie informed Board members that the meeting held 1 February 2023 had to reconvene to March 2023.

Mr Urquhart wished to highlight that the IJB outturn is a risk. Board members noted that if this is not met an update will be provided.

The NHS Board noted the assurance provided through the minute from the Clackmannanshire and Stirling IJB 01/02/2023.

9.7.2   Falkirk IJB: 18/11/2022

Mrs Cassidy informed Board members that the most recent meeting of Falkirk IJB was a key meeting focussing on the 2023/24 Business Case. This summarised the IJB's funding requirements and financial planning assumptions for the coming financial year.

The NHS Board noted the assurance provided through the minute from the Falkirk IJB 18/11/2022.

9.8   Assurance Committee Annual Reports 2022/2023

9.8.1   Audit & Risk Committee

Mr Urquhart provided an over review of the report which sets out business for over the year along with a self-assessment checklist. Board members noted that the end of year report for the Audit and Risk Committee had filled its remit.

The NHS Board noted the assurance provided through the Audit and Risk Committee Annual Report 2022/23.

9.8.2   Clinical Governance Committee

Dr McClung informed Board members that the Clinical Governance Annual Report 2022/23 had been submitted.

The NHS Board noted the assurance provided through the Clinical Governance Committee Annual Report 2022/23

9.8.3   Performance & Resources Committee

Mr Fairbairn informed Board members that the Performance and Resources Committee met remit.

The NHS Board noted the assurance provided through the Performance and Resources Committee Annual Report 2022/23.

9.8.4   Staff Governance Committee

Mr Rennie informed the Board of the realistic targets and that the Staff Governance Committee had took learning from the ICE report.

The NHS Board noted the assurance provided through the Staff Governance Committee Annual Report 2022/23.

9.9   Advisory Committee Annual Reports 2022/2023

9.9.1   Area Clinical Forum

Mrs Cassels informed the Board that the Annual Report gave the Area Clinical Forum the chance to reflect and identify changes and achieve changes.

The NHS Board noted the assurance provided through the Area Clinical Forum Annual Report 2022/23.

10.   ANY OTHER COMPETENT BUSINESS

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

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

For Approval

Item 3 – <u>DRAFT</u> Minute of the Forth Valley NHS Board Meeting held on Friday 23 June 2023 at 10.00am

Present:	Ms Janie McCusker (Chair)	
	Cllr Fiona Collie	Mr Andrew Murray
	Mrs Cathie Cowan	Dr Michele McClung
	Mr Martin Fairbairn	Mr Allan Rennie
	Cllr Danny Gibson	Mr John Stuart
	Cllr Wendy Hamilton	Mr Scott Urquhart

In Attendance: Mrs Patricia Cassidy, Director of Health & Social Care
Miss Sinead Hamill, Board Secretary (Minute)
Mr Jonathan Procter, Director of Facilities & Infrastructure
Mrs Jillian Thomson, Deputy Director of Finance

1.   **Apologies for Absence**

The Chair welcomed everyone to the meeting.

Apologies were noted on behalf of Robert Clark, Stephen McAllister, Frances Dodd, Gordon Johnston, and Kirstin Cassels.

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

There were no declarations of interest made.

3.   **NHS Forth Valley Annual Accounts 2022/23**

The NHS Board considered a paper 'NHS Forth Valley Annual Accounts 2022/2023' presented by Mrs Cathie Cowan, Chief Executive and Accountable Officer.

Mrs Cowan invited Mr Scott Urquhart, Director of Finance to present the paper seeking approval of the audited NHS Board Annual Accounts and the audited Patients Funds Annual Accounts for financial year 2022/23. A substantial level including independent (internal and external auditors) assurance was reported which reflected the robust process in place for the production and audit of the annual accounts.

With respect to the NHS Board Accounts, Mr Urquhart advised that all 3 statutory financial targets had been met with a small surplus of £229k reported against the Board's Revenue Resource Limit, a balanced position against the Capital Resource Limit and achievement of the cash target. This was in line with the estimated outturn previously provided to the Performance and Resources Committee.

Deloitte, the Board's new external auditors, provided an unmodified opinion on the NHS Board's accounts and Mr Urquhart confirmed that there were no material issues arising from the audit. It was noted that three recommendations were included in the

external audit report relating to finance system functionality, longer term financial planning and climate change targets. Action was already underway to progress these.

Cllr Collie, Chair of the Audit and Risk Committee, advised that the NHS Board's accounts were considered by the Audit and Risk Committee on 20 June 2023 and the Committee was content to recommend approval of the Accounts to the NHS Board.

Mr Urquhart confirmed that the Internal Audit Annual Report was also considered at the Audit and Risk Committee, and this confirmed that the Board had adequate and effective internal controls in place during 2022/23. Board members noted that the Internal Audit Annual Report was still in draft pending management responses. Mr Urquhart explained that 13 recommendations (3 significant, 5 moderate and 5 merit attention) had been identified throughout the report and leads would be assigned to take this forward.

Mr Fairbairn queried how the Internal Control Evaluation (ICE) report, the internal audit annual report and the external audit reports linked to Stage 4 Escalation. Mr Urquhart confirmed that both sets of Auditors had reflected on escalation when reaching their levels of assurance and recommendations. Mrs Cowan noted the level of consistency in the external and internal audit annual reports and the independent assurance provided.

Mr Fairbairn queried how would significant findings/recommendations be highlighted to the appropriate Committees. It was explained that as in previous years the ICE report would be presented to all three Committees - Clinical Governance, P&R Committee and Staff Governance for scrutiny of actions being progressed and their impact to inform level of assurance reached. Audit & Risk Committee also regularly receives updates on audit follow up actions which was in line with the audit follow up protocol. Cllr Collie referred to the ICE Report and realignment of the relevant committees for assurance purposes.

Mr Rennie highlighted the Staff Governance Committee (SGC) findings/recommendations set out within the ICE report and asked how these would be addressed. Mrs Cowan informed the Board that the report was still in draft and management responses have still to be considered, however in the meantime it was her intention to take the workforce governance recommendations to the SGC to ensure the Members were sighted and involved in both the scrutiny and assurance of implementation of agreed actions.

With respect to the patient funds annual accounts for 2022/23, Mr Urquhart reported that Dickson Middleton, the external auditors, confirmed that the financial statements gave a true and fair view of the position. There were no material findings or issues arising from the audit process. Cllr Collie advised that the Patients Funds Accounts were also considered by the Audit and Risk Committee on 20 June 2023 and the committee was content to recommend approval of the Accounts to the NHS Board.

The Chair recorded her thanks to Mr Urquhart and his team on behalf of the Board for effective management of the accounts process, supporting budget holders in year and meeting all three financial targets.

The Forth Valley NHS Board:

- ***Approved the Forth Valley NHS Board Annual Accounts for the year ended 31 March 2023.***

- *Approved the Patients' Funds Annual Accounts of NHS Forth Valley for the year ended 31 March 2023.*
- *Noted delivery of all financial targets for 2022/23.*
- *Noted that the approved audited Annual Accounts of the NHS Board will be made public following confirmation that they have been laid before Parliament.*

4. ANY OTHER COMPETENT BUSINESS

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

ACTION LOG: NHS Forth Valley Board

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
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. Seminar currently postponed.	In Progress
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~~ Marie Gardiner	To be scheduled on planner of agreed committee. August 2023	To be examined through P&RC as agreed at meeting of committee chairs and executive leads on 24.05.23.	Complete – date scheduled on P&RC Planner
005	30.05.23	Patient Story	Comms piece to be progressed in respect of ensuring patient stories are shared.	Elsbeth Campbell	End July 2023	Patient Stories are included in Board Meeting Summary posted on the Staff Intranet. Board Summary highlighted in the next Staff Brief emailed to all staff. Patient stories posted on the video section of the NHS Forth	Complete

						Valley website and on social media as part of our Feedback Friday.	
006	30.05.23	Person Centred Complaints & Feedback report	Establish comparisons in relation to other board and prison complaints.	Frances Dodd	End August 2023		In progress
007	30.05.23	Healthcare Strategy	Timeline and Communication plan to be presented to ELT.	Janette Fraser/ Elsbeth Campbell	End June 2023	On ELT agenda 10 July 2023.	Complete
008	30.05.23	Healthcare Strategy	Present initial draft strategy to the Performance & Resources Committee in October ahead of NHS Board approval in November.	Cathie Cowan	End October 2023	Scheduled on P&RC planner.	In progress
009	30.05.23	Performance Scorecard	Scottish comparison in relation to average length of stay to be added.	Kerry Mackenzie	End June 2023	Scottish comparison included on scorecard.	Complete
010	30.05.23	Escalation Improvement Plan Update	Additional Escalation Performance & Resources Committee to be scheduled.	Cathie Cowan	Before 4 July 2023	Additional meeting held on 13.06.23.	Complete

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

NHS
Forth Valley

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

7.1 Risk Appetite and Tolerance Levels
For Approval

Executive Sponsor: Mr Scott Urquhart, Director of Finance

Author: Mrs Sara MacKenzie, Corporate Risk Manager

Executive Summary
The enclosed report details the proposed appetite and tolerance levels for NHS Forth Valley, and work that has been undertaken to revise and improve the Risk Assessment matrix.
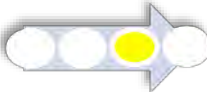
Recommendation
The NHS Board is asked to:
- **consider** the report and approve the proposed risk appetite and tolerance levels.
- **approve** the changes to the Risk Assessment matrix (amended categories and score ranges).

Assurance
The paper and appendices provide assurance in support of the role of the Board in approval of risk management arrangements, systems, and processes.

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.

This assurance assessment relates to the process for developing a risk appetite framework and associated appetite statements. The risk appetite framework is based on guidance from the Good Governance Institute and HM Government Orange Book, tailored to suit organisational needs.

Key Issues to be Considered
Following discussion at the Board Seminar in February, the Risk Assessment matrix has been reviewed and considered by a short life working group.

The key amendments are:
- separation of Injury/Illness to Patients/Visitors and staff into two categories – Health and Safety and Patient Harm. This manages the tension between our obligations in terms of Health and Safety legislation balanced against our need to take a degree of risk in delivering safe and effective care to patients.
- Removal of the Complaints and Claims category
- Amendment of Objectives/Project to focus on Transformation/Innovation
- Revision of the Staffing and Competence category to Workforce, and to include wellbeing, skills mix and use of supplementary staff.
- Addition of Health Inequalities and Environmental Sustainability and Climate Change

The score ranges have been adjusted to allow greater scope to reach target scores:

Current score range:

Score Ranges	
Low 1-3	
Medium 4-9	
High 10-16	
Open 20-25	

Proposed score range:

Score Ranges	
Low 1-6	
Medium 8-10	
High 12-16	
Open 20-25	

The proposed appetite and tolerance levels are as follows:

Impact Category	Appetite	Tolerance
Health and Safety	Averse	No Tolerance
Service/Business Interruption	Averse	Cautious
Workforce	Averse	Cautious
Patient Harm	Cautious	No Tolerance
Patient Experience	Cautious	Moderate
Financial	Cautious	Moderate
Adverse Publicity / Reputation (Public Confidence)	Cautious	Moderate
Inspection / Audit	Cautious	Moderate
Health Inequalities	Cautious	Moderate
Transformation/Innovation	Moderate	Open
Environmental Sustainability and Climate Change	Moderate	Open

It is proposed that the application and effectiveness of the appetite and tolerance levels in supporting risk escalation and prioritisation is continually monitored, with a situational update provided to the Audit and Risk Committee and 6 months' time, and that the levels are reviewed by the Board one year from approval.

Background and details of the consultation undertaken are provided in the main report.

Implications

Financial Implications
Effective risk management should reduce uncertainties around capital and revenue budgets. The NHS Forth Valley Risk Assessment matrix includes a category describing Financial impacts. Application of risk appetite may result in re-prioritisation of finances to address risks which are further away from appetite.

Workforce Implications
Effective risk management should support staff resources, health and wellbeing, with the NHS Forth Valley Risk Assessment matrix including a category considering impacts to workforce and Health and Safety. Application of risk appetite may result in re-prioritisation of staff resources to address risks which are further away from appetite.

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

Sustainability Implications
The NHS Forth Valley Risk Assessment matrix includes a category describing Environmental Sustainability and Climate Change impacts, and there is an associated appetite and tolerance level. Application of risk appetite will support informed risk-taking where there are impacts on Environmental Sustainability and Climate Change.

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

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

Quality / Patient Care Implications
Effective risk management supports the provision of quality patient care, with the NHS Forth Valley Risk Assessment matrix containing impact categories relating to Patient Harm and Patient Experience. Application of risk appetite will support informed risk-taking where there are patient harm and/or patient experience impacts.

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

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

Relevance to Strategic Priorities
Risk Management is an essential tool in supporting the organisation to achieve its strategic objectives and implement management arrangements to mitigate threats to those objectives. Effective application of risk appetite and tolerance will support decision-making and prioritisation of resource to mitigate risks to strategic objectives.

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

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

Communication, involvement, engagement and consultation

- April-September 2022 – consultation with subject matter experts relevant to the risk assessment matrix categories.
- Clinical Governance Working Group 28th July 2022
- ELT 12th September 2022
- ELT 9th January 2023
- Board Seminar 14th February 2023
- Risk Assessment Matrix Working Group Friday 10th March 2023 and 4th May 2023
- Audit and Risk Committee Tuesday 20th June 2023

Additional Information
N/A

Appendices

- Appendix 1: Risk Appetite Statement Summary
- Appendix 2: NHS Forth Valley Risk Assessment Matrix v2.0

Proposed Risk Appetite and Tolerance Levels

1. **Introduction**

Public Sector organisations cannot be entirely risk averse, and it is not possible or desirable to manage all risks to a low level and remove the uncertainty from decisions. Therefore, the Board needs to agree the level of risk with which it aims to operate. Risk Appetite and Tolerance statements are a means by which the Board can understand, describe and communicate the level of risk which it considers to be justifiable and proportionate to the impact, including to patients, the wider public and our workforce.

Risk Appetite	Risk Tolerance
Amount and type of risk we are willing to seek or accept in pursuit of our objectives.	The maximum level of risk the organisation can bear regarding each type of risk before it is significantly impacted. (early warning system)

The risk appetite that is set should be desirable, achievable (under optimal conditions) and reflect organisational priority.

It is intended to be a supportive framework which influences risk-taking throughout the organisation but doesn't constrain it – there is scope for professional judgment (with rationale provided) and adjustment of the appetite/tolerance levels to reactive to requirements or changes in the environment.

There are benefits to the practical application of risk appetite:

- It provides escalation trigger points (when a risk is out of appetite and when it is out of tolerance)
- The subjectivity is taken away from the setting of target scores (the appetite range becomes the target score range)
- It supports decision making (resources can be allocated to risks further away from the desired appetite level)
- It allows further prioritisation (if you have several risks with the same score, mitigate those furthest from appetite first)
- It supports budget setting/approval of business cases

2. **Background**

The NHS Board approved the risk appetite framework at figure 1 in July 2022, as part of the Risk Management Strategy 2022-2025:

Figure 1:

Averse	low appetite for risk, we want to reduce the uncertainty as much as possible
Cautious	minimal appetite, preference is towards safer delivery options
Moderate	accept that a greater degree of risk has to be accepted to achieve objectives
Open	recognition that risks have to be actively taken in pursuit of transformation

This framework is based on guidance from the Good Governance Institute and HM Government Orange Book, tailored to suit organisational needs.

Each risk category is assigned an appetite and tolerance level, and the risk appetite level is mapped to a risk score range on the risk assessment matrix as demonstrated in the example at figure 2, i.e. if we have an averse appetite for a risk, our optimal range of outcomes would lie in the score range of 1-6. This integrates risk appetite into the risk management process itself, rather than being a separate process.

Figure 2:

Risk Categories, e.g.	Risk Appetite Level	Score Range
Patient Experience	Averse	Low (1-6)
Service / Business Interruption	Cautious	Medium (8-10)
Finance	Moderate	High (12-16)
Public Confidence	Open	Very High (20-25)

Each risk is assigned a lead category from the risk matrix (usually the highest scoring impact category), thus setting the risk appetite level and target score. The tolerance range is the level subsequent to the appetite level, i.e. if the appetite is averse, the tolerance will be cautious and so on.

If a risk is in appetite, it is considered to have reached the target score and less frequent monitoring is required. If a risk is in tolerance, this acts as an early warning indicator that action is required and the risk should be monitored more frequently. If the risk remains in tolerance for six months or more, it should be escalated. If a risk is out of tolerance, it should be escalated immediately and monitored frequently.

3. Consultation
In some cases, risk appetite is already defined for us in other ways, for example, through the requirements and consequences of Health and Safety legislation, requirements of professional registration or financial limits set out in standing financial instructions.

A period of consultation took place involving subject matter experts relevant to the risk impact categories, looking at the range of outcomes associated with each appetite level to ascertain what was desirable and achievable.

Following this consultation, the proposed appetite and tolerance levels were presented to ELT in September 2022, who requested to see the concept operating in practice. A period of testing was undertaken on the strategic risk register and a selection of directorate and departmental risk registers.

Findings were reported back to ELT in January 2023, as follows:
- The range of scores associated with "averse" is too low at 1-3, therefore it is proposed that the range is increased from 1-6
- The proposed levels were broadly correct, based on the risk registers sampled
- Across Acute, Nursing and Women and Children's, the most common categories are Patient Experience and Service/Business Interruption, therefore they shouldn't have the same appetite levels

- There is a tension between our ability to reach the appetite levels for strategic risks compared to tactical/operational risks

The last point arises because it is much more difficult to get strategic risks back within appetite due to their macro nature. However, as stated earlier, risk appetite is intended to influence risk-taking behaviour throughout the organisation, and having two differing sets of risk appetite would be confusing. Therefore, it is proposed that the tolerance range is the target for strategic risks in the first instance and then consider what the residual risk elements are and whether it is appropriate to diverge the risks.

At the conclusion of the consultation, the proposed appetite and tolerance levels were as follows:

Impact Category	Appetite	Tolerance
Injury/illness to patient/visitor/staff	Averse/Cautious*	No Tolerance
Service/Business Interruption	Averse	Cautious
Staffing, Competence and Wellbeing (Option One)	Averse	Cautious
Patient Experience	Cautious	Moderate
Financial	Cautious	Moderate
Adverse Publicity / Reputation (Public Confidence)	Cautious	Moderate
Inspection / Audit	Cautious	Moderate
Objectives/Project	Cautious/Moderate**	Moderate/Open**
Environmental Sustainability and Climate Change	Moderate	Open
Complaints/Claims	N/A ***	

A presentation was delivered at the Board Seminar in February 2023, and there were some queries around the categories which had two appetite levels. This had arisen due to difficulties arriving at one clear level, for example Injury/illness to patient/visitor/staff. It would be difficult to deliver patient care objectives such as remobilising a stroke patient if we were averse to risk in that category, but it would also result in potential Health and Safety breaches if we had a cautious appetite. It was agreed that a short life working group would be set up to review the risk assessment matrix itself to resolve this, and to ensure it is fit for purpose and meets user needs.

4. Risk Assessment Matrix Short Life Working Group
The risk assessment matrix is a national document used by NHS Boards in Scotland, however does not seem to have undergone any review for some time. Other Boards have made amendments to the matrix they are using, for example NHS Lanarkshire, and other Boards are interested in revising the document, for example, NHS Fife. The revised matrix has been shared with NHS Fife, NHS Lanarkshire and NHS Greater Glasgow and Clyde.

The Short Life Working Group consisted of a non-clinical Executive Director, a clinical Executive Director, three non-executive Directors, the Head of Policy and Performance, the risk team and representation from CPMO.

The risk team reviewed the risk assessment matrix based on difficulties that had been experienced when scoring risks with risk leads, particularly clinicians. The categories causing the most confusion were Injury/illness to patient/visitor/staff and Patient Experience. The terminology used in the descriptors was not familiar to clinicians and made it difficult for them to assess impact. In addition, some of the terminology was relevant to Health and Safety, e.g. RIDDOR requirements, and Health and Safety law applies to everyone therefore the category didn't allow for risk taking to treat patients.

Objectives/project caused confusion, as all risks should impact on objectives therefore people were either selecting it in every case or not at all, so has been revised to focus on Transformation/Innovation. The Complaints and Claims category seemed superfluous, as they would arise through some of the other impact categories such as Patient Experience. Gaps around Environmental Sustainability and Climate Change and Health Inequalities had also been identified so categories covering these have been added. Staffing and competence category has been changed to Workforce, and to include wellbeing, skills mix and use of supplementary staff.

The score ranges required adjustment to allow greater scope to reach target scores:

Current score range:

Score Ranges
Low 1-3
Medium 4-9
High 10-16
Open 20-25

Proposed score range:

Score Ranges
Low 1-6
Medium 8-10
High 12-16
Open 20-25

A revised matrix was developed and taken to the Short Life Working Group, where discussion and feedback took place over two sessions, with a final version circulated for feedback. In addition to this, consultation took place with the Acting Director of Public Health to sense check the category descriptors and set an appropriate appetite and tolerance level for Health Inequalities.

5. Summary of Proposed Levels
Taking into consideration the output from the consultation and the Risk Assessment Matrix Short Life Working Group, the proposed levels are as follows:

Impact Category	Appetite	Tolerance
Health and Safety	Averse	No Tolerance
Service/Business Interruption	Averse	Cautious
Workforce	Averse	Cautious
Patient Harm	Cautious	No Tolerance
Patient Experience	Cautious	Moderate
Financial	Cautious	Moderate
Adverse Publicity / Reputation (Public Confidence)	Cautious	Moderate
Inspection / Audit	Cautious	Moderate
Health Inequalities	Cautious	Moderate
Transformation/Innovation	Moderate	Open
Environmental Sustainability and Climate Change	Moderate	Open

Key points to note:

- Patient Harm has a higher appetite than Health and Safety to allow for delivery of patient care objectives
- There is no tolerance for either – if a risk is out with the appetite range it should be escalated and monitored monthly until within appetite or as low as reasonably practicable
- Despite challenging constraints in the external environment, Workforce has an "averse" appetite to ensure that staff wellbeing and meeting requirements of professional registrations are prioritised
- The "open" tolerance for innovation is to support scoping, provision of detail around the case for change and consideration of all potential delivery options
- A "moderate" appetite and "open" tolerance for Environmental Sustainability and Climate change is recommended due to proximity. The need to manage risk in some of the other category areas is more pressing due to system pressures and escalation, but over time the Board may need to reduce this due to the negative impact of climate change on the health of our population.

The appetite statements themselves are included at Appendix 1.

6.   Monitoring and Review

It is proposed that the application and effectiveness of the appetite and tolerance levels in supporting escalation and prioritisation is continually monitored, with a situational update provided to the Audit and Risk Committee and 6 months' time, and that the levels are reviewed by the Board one year from approval.

NHS Forth Valley Audit and Risk Committee 20th June 2023

Appendix 1 - RISK APPETITE STATEMENT SUMMARY

Risk appetite represents the amount of risk NHS Forth Valley is willing to seek or accept in the pursuit of its objectives. The purpose of the tolerance range is to provide a buffer zone allowing active management of a risk before it requires escalation, and to prevent an unmanageable number of risks being escalated. Anything over the tolerance range will require escalation and immediate action. The risk appetite statements should act as a framework to support and influence risk-taking behaviour within the organisation.

Impact Category	Appetite Level/Statement	Tolerance Statement
Patient Harm	Cautious: NHS Forth Valley exists to deliver safe, effective, person-centred care to its population. We recognise that to meet patient care objectives where the benefit exceeds the risk, there are occasions where we must operate with a **CAUTIOUS APPETITE** for risks which could result in patient harm.	There is no tolerance for this type of risk.
Patient Experience	Cautious: NHS Forth Valley has a sustained focus on improving care and experience of patients, families, and carers. We have a **CAUTIOUS APPETITE** for risk, reflecting our desire for positive patient experience and quality clinical outcomes, but recognising that it is not possible to avoid all risk and uncertainty in this area, particularly in the current operating environment.	Moderate: We are prepared to operate in the **MODERATE TOLERANCE** range for Patient Experience for a defined period, to ensure that essential health and social care needs are quickly and effectively met, and while mitigation plans are being actively developed.

Transformation/Innovation	**Moderate:** NHS Forth Valley has a **MODERATE appetite** for innovation, accepting that a greater degree of risk is required to maximise innovation and opportunities to improve patient experiences and outcomes, transform services and ensure value for money.	**Open:** We will operate with an **OPEN TOLERANCE for innovation** to allow the scoping of innovation projects to provide the detail of the case for change. This would be for a defined period while all potential delivery options are considered. Once in the initiation and planning stage for the innovation project to be implemented, the appropriate appetite level would be reconsidered in line with organisational process for initiating a new project.
Health and Safety	**Averse:** Any injury, illness or loss of life as a result of NHS FV failing to comply with Health and Safety obligations would be unacceptable. Therefore, there is an **AVERSE APPETITE** for risks that may compromise the Health and Safety of patients, staff, visitors and public and others accessing NHS FV services/venues.	There is no tolerance for this type of risk, but we recognise that on some occasions we will have to accept risks that have been reduced as low as reasonably practicable, and these are likely to fall into the cautious range.
Service/Business Interruption	**Averse:** NHS Forth Valley has an **AVERSE APPETITE** for risks which could result in Service/Business Interruption. Delivery of Health and Social Care is a priority, and while it may not be possible to eliminate risk, there is a focus on ensuring that essential health and social care needs are met quickly and effectively.	**Cautious:** We are prepared to operate in the cautious tolerance range for Service/Business Interruption for a defined period of time while mitigation plans are being actively developed.

Workforce	**Averse:** NHS Forth Valley is committed to recruiting and retaining a confident, flexible, trained workforce. We have an **AVERSE APPETITE** for risks to staffing, competence and wellbeing, particularly those which could result in contravention of relevant Professional Standards. It may not always be feasible to reach the desired range of outcomes, but nonetheless this is an area which we will prioritise until risks are ALARP*.	**Cautious:** NHS Forth Valley will operate with a **CAUTIOUS TOLERANCE,** to support staff to innovate and improve their workplace, balancing the risk against the reward to be gained from the significant staff knowledge and experience which is available. This will be for a defined period while mitigation plans are implemented. The priority will remain adherence to professional standards, and staff should continue to work within the limits of their competence, exercise "duty of candour" and raise concerns when they come across situations that put patients or public at risk.
Financial	**Cautious:** NHS Forth Valley's strategic aim is high quality and sustainable clinical services. We wish to achieve financial sustainability by spending well and making the most of our resources. Therefore, we have a **CAUTIOUS APPETITE** for Financial risk as budgets are constrained and unplanned / unmanaged budget variance could affect our ability to achieve statutory financial targets, potentially increases reputational risk and places pressure on divisions and departments. Well informed risks can be taken but budget variances are to be minimised and VFM is the primary concern.	**Moderate:** We will operate with a **MODERATE TOLERANCE** for a defined period while mitigation plans are implemented. We are prepared to accept the possibility of limited unplanned / unmanaged budget variance. VFM is the primary concern but we are willing to consider other benefits for a limited budget variance.

Inspection/Audit	**Cautious:** NHS Forth Valley has a **CAUTIOUS APPETITE** for risks impacting on Inspection/Audit. We are prepared to take informed risks which could result in recommendations, improvement notices or criticism, provided that the benefit outweighs the negative outcome.	**Moderate:** NHS Forth Valley has a **MODERATE TOLERANCE** for risks impacting on Inspection/Audit. Due to constraints in the current operating environment, we are prepared to take informed risks, for a defined period, which could result in recommendations, improvement notices or criticism, even where the benefits/negative impacts are balanced.
Public Confidence	**Cautious:** NHS Forth Valley has a **CAUTIOUS APPETITE** for risks impacting on public confidence which flow from informed decision-making, in order that achievement of strategic objectives is not hindered.	**Moderate:** We are prepared to operate within a **MODERATE TOLERANCE** range for Public Confidence for a defined period of time while mitigation plans are being actively developed.
Health Inequalities	**Cautious:** NHS Forth Valley has a **CAUTIOUS APPETITE** as there is a need to take a degree of balanced risk to achieve potential rewards from undertaking cost-effective prevention activities and addressing health inequalities. We are focused on reducing healthcare generated inequalities.	**Moderate:** Recognising that tackling health inequalities requires integrated working across the whole health and care system, NHS Forth Valley has a **MODERATE TOLERANCE** to allow partners to actively collaborate to develop mitigation plans.
Environmental Sustainability and Climate Change	**Moderate:** NHS Forth Valley has a **MODERATE APPETITE** for risks impacting on Environmental Sustainability and Climate Change, being mindful of our commitment to reaching net zero, and of the negative impact on the health of our population.	**Open:** It would not be appropriate to have an open appetite due to the effect of climate change on the long-term health of the population we serve. However, we will operate in the **OPEN TOLERANCE** range while we actively seek mitigations which provide value and sustainability.

NHS Forth Valley Risk Matrix

In using the matrix you should consider the potential areas of impact that your risk presents to NHS Forth Valley and score appropriately. The final assessment of the impact of your risk is not an aggregation of your scores - it is based on your highest score in any one of the following categories. They are provided as a guide and professional assessment will determine the most applicable impact score. The highest scoring impact will determine the risk category and target score for the risk.

Impact – What could happen if the risk occurred? Assess for each category and use the highest score identified.

The impact scale is from an organisational level perspective. It reflects the key areas that if impacted could prevent the organisation achieving its priorities and objectives. The scale is a guide and cannot cover every type of impact therefore judgement is required.

Dynamic decision making/ dynamic risk assessment should still occur in your operational day-to-day management of the service

Category	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Patient Harm *(through delivery or omission of care, risk results in unintended/unexpected but avoidable physical or psychological harm to a patient)*	Adverse event Negligible effect on patient	Minor episode of harm not requiring intervention	Harm which requires intervention but doesn't trigger Duty of Candour response	Harm, such as sensory, motor, or intellectual impairment which has lasted or is likely to last at least 28 days OR Pain or psychological harm which lasts, or is likely to last, at least 28 days And triggers Duty of Candour	Severe harm such as death or permanent disability, either physical or psychological (e.g., removal of wrong limb/organ or brain damage) And triggers Duty of Candour
Patient Experience *(risk could impact on how a patient, their family or carer feels during the process of receiving care)*	Reduced quality patient experience Locally resolved verbal complaint or observations	Unsatisfactory patient experience directly related to care provision – readily resolvable Justified written complaint peripheral to clinical care	Unsatisfactory patient experience/clinical outcome with potential for short term effects Justified written complaint involving lack of appropriate care Themes emerging – readily or locally resolvable	Unsatisfactory patient experience /clinical outcome with potential for long-term effects Multiple justified complaints Serious problem themes emerging, informed from more than one source	Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects Complex Justified complaints Confirmed serious problem themes from more than one source Involvement of Scottish Public Services Ombudsman

Transformation/Innovation (*risk could impact on ability to successfully adapt and transform*)	Barely noticeable reduction in scope/quality/ schedule Negligible impact on achievement of intended benefits	Minor reduction in scope/quality/ schedule Minor impact on achievement of intended benefits	Reduction in scope/quality/project/programme objectives or schedule Some intended benefits will not be achieved	Significant project/programme over-run Significant proportion of intended benefits will not be achieved	Failure to deliver project/programme Failure to achieve sustainable transformation
Health and Safety (*risk could impact on staff/public, or a patient out with delivery of care*)	Adverse event leading to minor injury not requiring first aid No staff absence	Minor injury or illness, first aid treatment required Up to 3 days staff absence	Agency reportable, e.g., Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling RIDDOR over 7- day absence due to injury/dangerous occurrences	Major injuries/long term incapacity /disability (e.g., loss of limb), requiring, medical treatment and/or counselling RIDDOR over 7- day absence due to major injury/dangerous occurrences.	Incident leading to death(s) or major permanent incapacity RIDDOR Reportable/FAI
Service Delivery/ Business Interruption (*risk could impact on ability to efficiently and effectively deliver services*)	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care/ quality of service provision	Some disruption in service with unacceptable impact on patient care Resources stretched Prolonged pressure on service provision	Sustained loss of service which has serious impact on delivery of patient care Contingency Plans invoked Temporary service closure	Permanent loss of core service/ facility Major Contingency Plans invoked Disruption to facility leading to significant "knock on" effect Inability to function as an organisation
Workforce (*risk could impact on staff wellbeing, staffing levels and competency*)	Negligible impact on staff wellbeing Temporary reduction in staffing levels/skills mix Individual training/competency issues	Minor impact on wellbeing, requires peer support Short-term reduction in staffing levels/skills mix (<6 months) Small number of staff unable to carry out training or maintain competency levels Increased usage of supplementary staff	Moderate impact on staff wellbeing, requires line manager support Medium-term reduction in staffing levels/skills mix (>6 months) Moderate number of staff unable to carry out training or maintain competency levels Reliance on supplementary staff in some areas	Serious impact on staff wellbeing, requires referral to support services Long-term reduction in staffing levels/skills mix (>9 months) Significant number of staff unable to carry out training or maintain competency levels Reliance on supplementary staff in multiple areas	Critical impact on staff wellbeing, co-ordinated response and referral to support services Loss of key/high volumes of staff Critical training and competency issues throughout the organisation Unsustainable reliance on supplementary staff across organisation.

Category					
Financial (*risk could impact through unplanned cost/reduced income/loss/non-achievement of intended benefit of investment*)	Some adverse financial impact but not sufficient to affect the ability of the service /department to operate within its annual budget	Adverse financial impact affecting the ability of **one or more** services/ departments to operate within their annual budget	Significant adverse financial impact affecting the ability of **one or more** directorates to operate within their annual budget	Significant adverse financial impact affecting the ability of the organisation to achieve its annual financial control total	Significant aggregated financial impact affecting the long-term financial sustainability of the organisation
Inspection/Audit (*risk could impact on outcome during/after inspection by internal/external scrutiny bodies*)	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action	Challenging recommendations that can be addressed with appropriate action plan	Mandatory improvement required. Low rating. Critical report. High level action plan is necessary	Threat of prosecution. Very low rating. Severely critical report. Board level action plan required
Public Confidence (*risk could impact on public/stakeholder trust and confidence, and affect organisation's reputation*)	Some discussion but no impact on public confidence No formal complaints or concerns	Some concerns from individuals, local community groups and media – short-term Some impact on public confidence Minor impact public perception and confidence in the organisation	Ongoing concerns raised by individuals, local media, local communities, and their representatives - long-term Significant effect on public perception of the organisation	Concerns raised by national organisations/scrutiny bodies and short-term national media coverage Public confidence in the organisation undermined Use of services affected	Prolonged national/international concerns and media coverage Issues raised in parliament Legal Action/ /Public Enquiry/FAI/Formal Investigations Critical impact on staff, public and stakeholder confidence in the organisation
Health Inequalities (*risk could increase health inequalities, particularly those that are healthcare generated*)	Negligible impact on health inequalities such as morbidity/mortality and healthy life expectancy No impact on services	Minor impact on health inequalities such as morbidity/mortality and healthy life expectancy Some services experience increased pressures	Moderate impact on health inequalities such as morbidity/mortality and healthy life expectancy Causes short term increased pressures across the system	Serious exacerbation of health inequalities such as morbidity/mortality and healthy life expectancy Causes long term pressures in system/affects ongoing viability of a service	Critical exacerbation of health inequalities such as morbidity/mortality and healthy life expectancy Affects whole system stability/sustainability
Environmental Sustainability / Climate Change (*risk could impact on environment, ability to comply with legislation/targets or environmentally sustainable care*)	Limited damage to environment, to a minimal area of low significance Negligible impact on ability to comply with climate legislation/targets or ability to reach net zero Negligible impact on ability to provide environmentally sustainable care	Minor effects on biological or physical environment Minor impact on ability to comply with climate legislation/targets or ability to reach net zero Minor impact on ability to provide environmentally sustainable care	Moderate short-term effects but not affecting eco-system Moderate impact on ability to comply with climate legislation/targets or ability to reach net zero Moderate impact on ability to provide environmentally sustainable care	Serious medium term environmental effects Serious impact on ability to comply with climate legislation/targets or ability to reach net zero Serious impact on ability to provide environmentally sustainable care	Very serious long term environmental impairment of eco-system Critical non-compliance with climate legislation/targets or ability to reach net zero Critical impact on ability to provide environmentally sustainable care

Likelihood – What is the likelihood of the risk occurring? Assess using the criteria below.

Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
It is assessed that the risk is <u>very unlikely</u> to ever happen.	It is assessed that the risk is <u>not likely</u> to happen	It is assessed that the risk <u>may</u> happen	It is assessed that the risk is <u>likely</u> to happen	It is assessed that the risk is <u>very likely</u> to happen
<10% chance that the risk may occur	10-20% chance that the risk may occur	21-50% chance that the risk may occur	51-75% chance that the risk may occur	>75% chance that the risk may occur
Will only occur in exceptional circumstances	Unlikely to occur but potential exists	Reasonable chance of occurring - has happened before on occasions	Likely to occur - strong possibility	The event will occur in most circumstances

Risk Assessment Table – Multiply likelihood score by impact score to determine the risk rating (score).

LIKELIHOOD					
5	Low 5	Medium 10	High 15	Very High 20	Very High 25
4	Low 4	Medium 8	High 12	High 16	Very High 20
3	Low 3	Low 6	Medium 9	High 12	High 15
2	Low 2	Low 4	Low 6	Medium 8	Medium 10
1	Low 1	Low 2	Low 3	Low 4	Low 5
	1	2	3	4	5
	IMPACT				

NHS Forth Valley

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

7.2 Strategic Risk Review Q4 2022/23
For Approval

Executive Sponsor: Mr Scott Urquhart, Director of Finance

Author: Mrs Sara MacKenzie, Corporate Risk Manager

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

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

The enclosed report presents an update to the Strategic Risk Register for Quarter 4, 2022/23.

Recommendation
The NHS Board is asked to:
- **consider** the assurance provided regarding the effective management and escalation of Strategic Risks.
- **approve** the proposed changes to the Strategic Risk Register for Quarter 4 2022/23.

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

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

Key Issues to be Considered
Since the previous review of the Strategic Risk Register presented to the Board in March, the following changes have been made:

- One score increase: SRR0018 Primary Care Sustainability – score increased from 16 (High) to 20 (Very High).
- One new risk: SRR019 Culture and Leadership – current score 12 (High).

If these changes are approved by the NHS Board, the Strategic Risk Register will comprise a total of 13 risks, 8 Very High, 5 High.

The enclosed review report provides detailed analysis on the Quarter 4 Strategic Risk Profile.

All strategic risks continue to be frequently reviewed and updated. The following Deep Dive Assurance Reviews took place during the Q4 review period:

- SRR005 - Financial Sustainability – presented to the Performance and Resources Committee with an assessment of Reasonable assurance in relation to the internal control environment, and Limited assurance regarding our ability to mitigate against external factors.
- SRR016 – Out of Hours Service – presented to the Clinical Governance Committee with an assessment of Reasonable assurance.

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

Implications

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

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

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

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

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

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

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

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

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

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

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

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

Communication, involvement, engagement and consultation

Risk reviews were conducted with Risk Owners and/or Risk Leads.

Audit and Risk Committee 20th June 2023

Staff Governance Committee 12th May 2023

Clinical Governance Committee 23rd May 2023

Performance and Resources Committee Friday 28th April 2023

Additional Information
N/A

Appendices

- Appendix 1: Strategic Risk Register Q4 2022/23

Contents

1. Summary and Key Messages

2. Strategic Risks in Focus

3. Risk Controls Progress Update

4. Strategic Risk Deep Dives

5. Risk Trend Analysis

Appendix 1 – Strategic Risk Register

1. Summary and Key Messages

Summary of Changes:

Risk Profile:

- There is one new risk:

  SRR019 – Culture and Leadership – current score 12

- One Strategic Risk has increased in score:

  SRR018 – Primary Care Sustainability – increased from 16 (High) to 20 (Very High)

The following Assurance Deep Dives took place during the Q4 review period:

- SRR005 - Financial Sustainability – presented to the Performance and Resources Committee with an assessment of Reasonable assurance in relation to the internal control environment, and Limited assurance regarding our ability to mitigate against external factors

- SRR016 – Out of Hours Service – presented to the Clinical Governance Committee with an assessment of Reasonable assurance.

Other:

- SRR011 IT Infrastructure has been revised, with the title changed to Digital & eHealth – Infrastructure and Strategy, description updated and new actions added

- A strategic risk in relation to Prevention and Health Inequalities has been drafted for consideration by ELT

- Risk Management training has now been launched with the first session delivered on 3rd May.
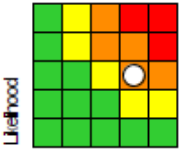
2. Strategic Risks In Focus – link to Corporate Objectives
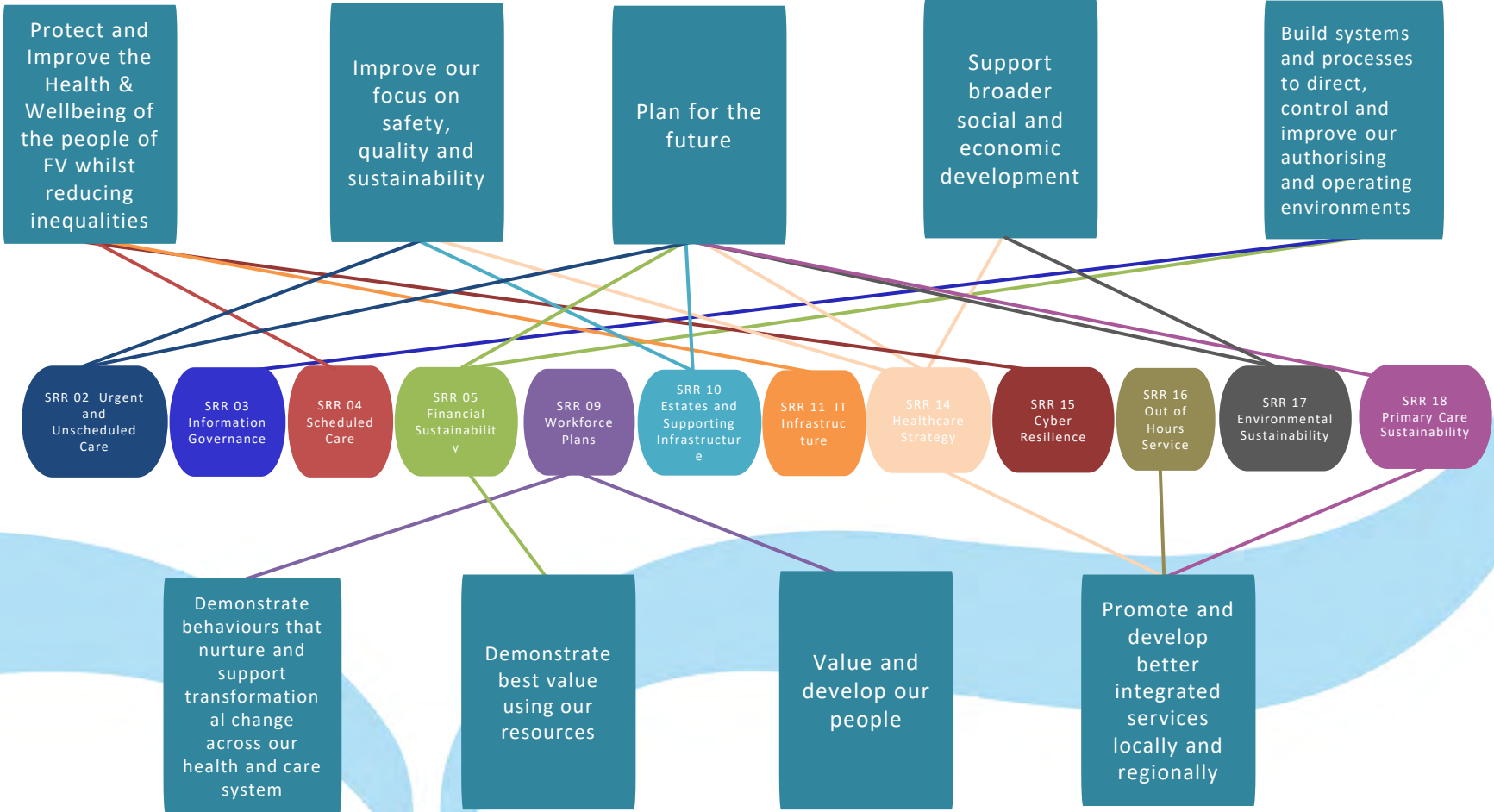
2. Strategic Risks in Focus - Dashboard

Ref	Risk Title	Previous Score	Current Score	Date Assessed	Assessment History Risk Score	Risk Trend	Target Risk Score	Governance Group	Lead Impact Category
SRR.002	Urgent and Unscheduled Care	25	25	02-May-2023	25; 25; 25		9	Clinical Governance Committee	Patient Experience
SRR.005	Financial Sustainability	25	25	20-Apr-2023	25; 25; 25		9	Performance and Resources Committee	Financial
SRR.004	Scheduled Care	20	20	14-Mar-2023	20; 20; 20		9	Clinical Governance Committee	Patient Experience
SRR.009	Workforce Plans	20	20	28-Apr-2023	20; 20; 16		9	Staff Governance Committee	Financial
SRR.010	Estates and Supporting Infrastructure	20	20	27-Mar-2023	20; 20; 20		9	Performance and Resources Committee	Health & Safety (Hazard)
SRR.015	Cyber Resilience	20	20	18-Apr-2023	20; 20; 20		16	Performance and Resources Committee	Services / Business Interruption
SRR.017	Environmental Sustainability and Climate Change	20	20	28-Mar-2023	20; 20; 20		16	Performance and Resources Committee	Objectives / Project (Long-term Improvements)
SRR.018	Primary Care Sustainability	16	20	04-May-2023	20; 16; 16		6	Staff Governance Committee	Services / Business Interruption
SRR.003	Information Governance	16	16	13-Apr-2023	16; 16; 16		9	Performance and Resources Committee	Financial
SRR.016	Out of Hours Service (OOHS)	16	16	02-May-2023	16; 16; 16		9	Clinical Governance Committee	Patient Experience
SRR.014	Healthcare Strategy	15	15	17-Apr-2023	15; 15; 15		9	Performance and Resources Committee	Financial
SRR.011	Digital & eHealth - Infrastructure and Strategy	12	12	18-Apr-2023	12; 12; 12		6	Performance and Resources Committee	Services / Business Interruption
SRR.019	** NEW ** Culture and Leadership		12		12	–	9	Staff Governance Committee	Public Confidence

2. Strategic Risks in Focus - New

SRR 019 Culture & Leadership	Risk Description	Risk Owner	Risk Lead	Reason for Change
	If NHS Forth Valley does not foster a cohesive culture with strong leadership, there is a risk that our people will not have a shared sense of purpose and understanding of how their work contributes to achievement of our objectives, negatively impacting our overall performance, ability to deliver on key strategies and effect sustainable change, and impacting staff morale and public/stakeholder confidence.	Linda Donaldson	Margaret Kerr	Risk articulated to capture the need for an effective culture and strong leadership to improve our overall performance and ability to effect sustainable change. These were two of the priority areas highlighted for improvement when the Board was escalated to stage 4 of the NHS Scotland Performance Escalation Framework. The approach to the Culture Change and Compassionate Leadership programme has been chosen to ensure that the views and experiences of a broad range of staff are captured and listened to, allowing us to directly address these issues and make tangible changes to improve the experience of staff and the wider culture. The risk scores 20 at untreated level, but with the progress made so far, it has been reduced to 12.
Constant	Staff Governance Committee			
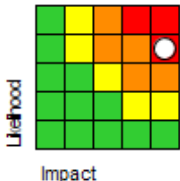
Current Controls in Place
Whistleblowing procedures including "Speak Up" service
Resources supporting development of culture are available on the intranet
Personal Development Reviews
iMatter
Recognising Our People
Culture Change and Compassionate Leadership Programme - Phase 1 (scoping) is complete.
Culture Change and Compassionate Leadership Programme - Awareness raising by the ELT - delivering presentations at meetings and carrying out walk rounds across the organisation.
ELT co-produced Organisational Development Programme - scoping and agreement.

Further Controls Required
Phase 2 – Diagnostics/Discovery
Phase 3 – Synthesis
Phase 4 – Design/Delivery
Delivery of ELT Development Programme - 6 session programme to inform NHS Board priority setting in response to SG Policy and IJB Directions, supported by team objectives.
Delivery of Board Development Programme to consider the Board's vision, values and corporate objectives.
Expansion of the Whistleblowing infrastructure to increase confidential contacts, Lead Investigators, and development of whistleblowing network.

2. Strategic Risks in Focus – Increase in Score

SRR.018 Primary Care Sustainability	Risk Description	Risk Owner	Risk Lead	Reason for Change
	If workforce composition and accommodation for Primary Care does not evolve to meet changing population needs and internal/external pressures such as increasing costs/technological advances, there is a risk that critical quality and sustainability issues will be experienced in the delivery of general medical services, leading to pressures in neighbouring practices and across other parts of the system (e.g. ED/urgent care, OOH).	Patricia Cassidy	Scott Williams	On 04 May 2023, it was agreed at the GP Sustainability Group that SRR 018 - Primary Care Sustainability risk would be increased from 16 (4 x 4) to 20 (4 x 5) = 20. Two major factors behind this increase are an unexpected spending review late last year, which saw GPs lose out on previously agreed Primary Care Improvement funding, and delays in implementation of the 2018 GMS contract. Unless an agreement is reached with GPs to mitigate service disruption around the PCIP element then GP sustainability will be impacted.
Increasing	Staff Governance Committee			

Current Controls in Place
Sustainability Improvement loans process in place
Primary Care Improvement Plan being delivered (circa 180 posts recruited) - proactively supporting recruitment etc. (PCIP Improvement Plan iteration 3 substantively delivered in March 2022 - 180 of 200 posts).
Expansion of community pharmacy services. Further development of pharmacy first service.
GP IT Programme Board established to look at wider IT issues affecting Primary Care including remote working and telephony solutions.
Roll out of remote server solution - around 50 laptops have been distributed.
Primary Care Programme Board Re-established November 2021
Premises Improvement funding in place (capital budget available each year, revenue budget carried over from last year)
Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are informed and involved in primary/community care developments, quality improvement resources to support PCIP and patient safety implementation
Strong and regular engagement with SG and BMA (British Medical Association) in place regarding national MOU funding allocations / requirements
GP Sub-committee (GPs working collaboratively) put together an away day, and developed a paper outlining actions to improve recruitment and retention in FV, e.g. attracting and supporting trainee doctors. As at 06 April, currently funding GP sessions to help implement the outputs from the paper.
Board appointed GPs where there are issues such as rural practices.
Targeted recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for Primary Care roles – e.g. ongoing investment in investors in people, promote i-matter, work to achieve gold healthy working lives rating, support CPD.
Capital Investment Programme in PC premises initial agreement completion Dec-21. Initial Agreement has now been approved, and 4 x outline business cases will be commenced over the next year for significant premises replacement. As at 06 April, current agreement is for Stirling business case to continue. It is likely there may be a pause on other business cases pending confirmation of further SG funding.
Primary Care Premises Group established - deals with sustainability loans, and the 4 business cases e.g. Falkirk Community Hospital and Primary Care Programme Board.

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

3. Risk Controls Progress Update

Internal Controls

110	8	44
SRR - Internal Controls	SRR - Further Controls Completed in Last Quarter	SRR - Further Controls Completed in Last 12 Months

Further Controls

69	11	11	51
SRR - Total Further Controls	SRR - Overdue Further Controls	SG - Further Controls Due Next Quarter	SRR - Further Controls Due Within 12 Months

Commentary:

- 11 controls are currently overdue, compared to 19 at Q3.
- 8 of these have progressed to 80% completion or above, 1 is 75% complete.
- The remaining 3 require review

4. Strategic Risk Assurance Deep Dives - SRR005 Financial Sustainability

Assurance Activity Applied to Current Controls

Line	Value
1st Line	3
2nd Line	9
3rd Line	
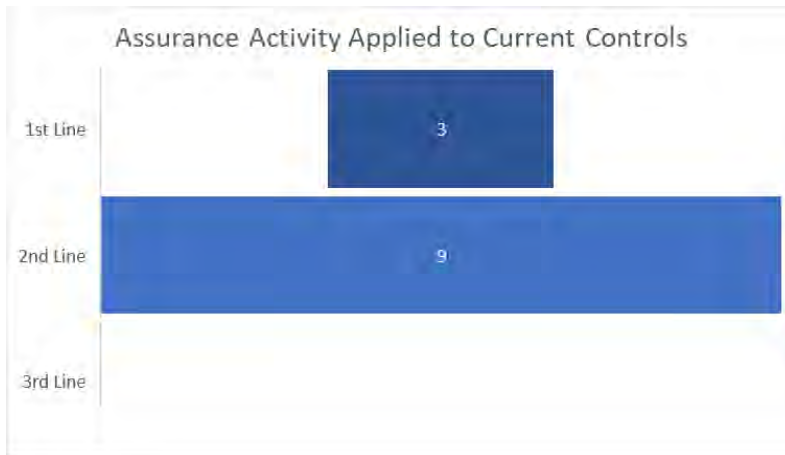
Commentary

The assurance assessment covers only the controls listed against the risk, therefore does not capture the third line activity which takes place in relation to the standard financial control environment.

First Line activity could be bolstered to support the whole systems approach, for example through business area representatives on the Medicines Optimisation Board developing a closer link between actions agreed through the MOB into the directorate/HSCP savings plans.

Second Line activity could be enriched through the Area Partnership Forum, utilising their knowledge of the issues and pinch points facing staff, and enabling interventions to be placed in areas of highest impact.

Assurance Recommendation for SR005: Financial Sustainability

Level of Assurance		System Adequacy	Controls
In relation to our internal control environment - Reasonable Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
In relation to our ability to mitigate against external factors - Limited Assurance		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.

4. Strategic Risk Assurance Deep Dives - SRR016 Out of Hours Service

Assurance Activity Applied to Current Controls

Line	Value
1st Line	12
Line 1B	4
2nd Line	3
3rd Line	2
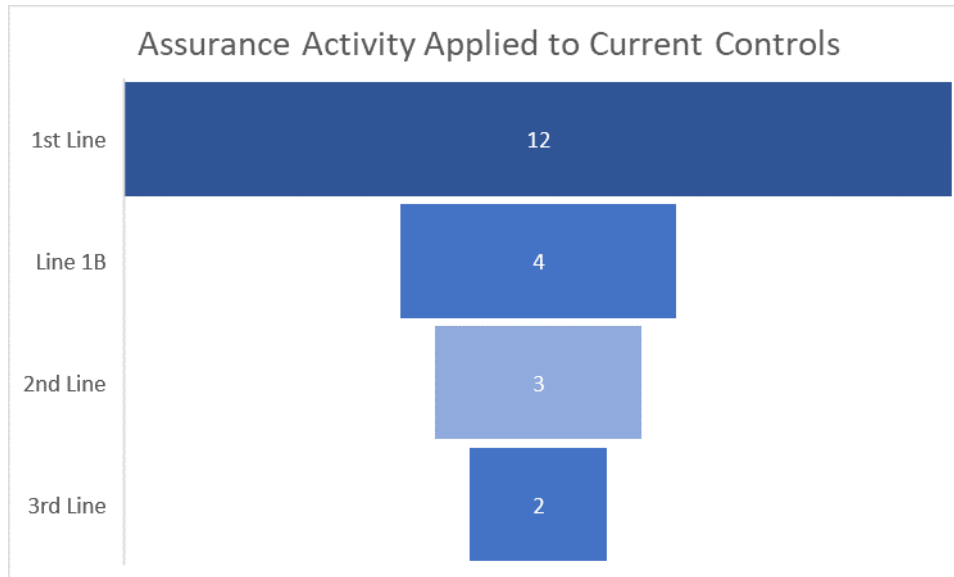
Commentary

There is a great deal of activity being undertaken at the first line of defence to provide and take assurance regarding the mitigation of the risk. Assurance activity also takes place at line 1B - not wholly independent of the operational management of the risk, but nonetheless provides oversight and scrutiny, such as the Clinical Governance Working Group.

Escalation Performance and Resources Committee and Clinical Governance Committee provide a 2nd Line of Defence.

The Scottish Government Assurance Board and the Primary Care National Out of Hours Operations meeting provide a 3rd Line of Defence.

Assurance Recommendation for SR016: Out of Hours

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.

5. Risk Trend Analysis

Risk Movement - Strategic Risks

Risk Score Profile - Strategic Risks
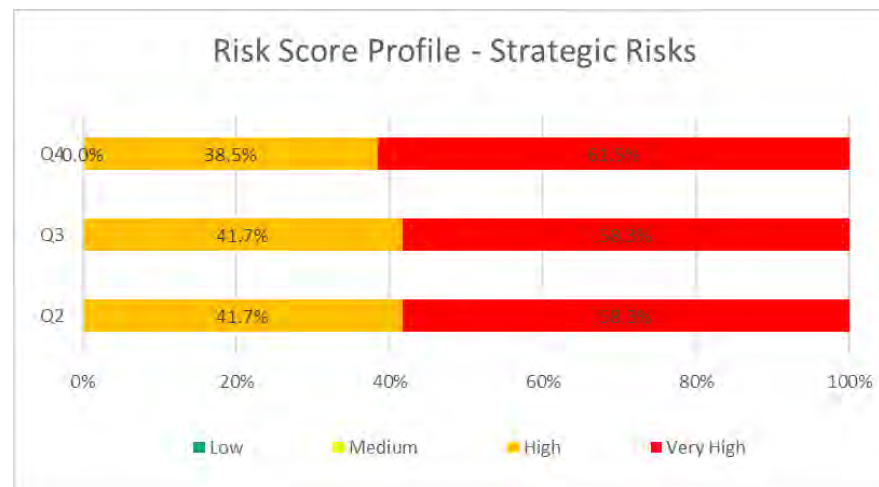
Commentary:

There is one new risk – SRR019 Culture and Leadership, and one increase in score – SRR018 Primary Care Sustainability.   If these changes are approved, the overall number of strategic risks will increase to 13, with 8 Very High, 5 High.

Commentary:

The strategic score profile has shifted slightly at this quarter, due to the increase of SRR018 from High to Very High.

5. Risk Trend Analysis

Risk Categories

Legend:
- Financial
- Health & Safety (Hazard)
- Objectives / Project (Long-term Improvements)
- Patient Experience
- Public Confidence
- Services / Business Interruption
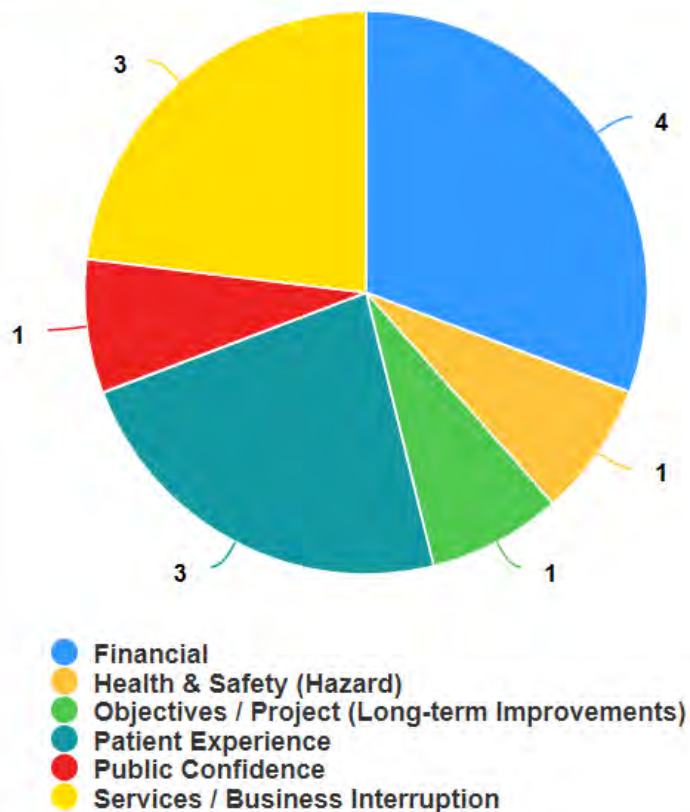
Commentary:

Financial:

SRR003 Information Governance – Financial

SRR005 Financial Sustainability

SRR014 Healthcare Strategy

SRR009 Workforce Plans

Patient Experience:

SRR002 Urgent and Unscheduled Care

SRR004 Scheduled Care

SRR016 Out of Hours

Objectives/Project:

SRR017 Environmental Sustainability and Climate Change

Health and Safety (Hazard):

SRR010 Estates and Supporting Infrastructure

Service/Business Interruption:

SRR011 IT Infrastructure

SRR015 Cyber Resilience

Public Confidence:

SRR019 – Culture and Leadership

NHS Forth Valley

Ref	ID Date	Risk Title	Risk Description	Risk Category Description	Untreated Score	Current Controls In Place	Current Score	Current Risk Trend	Further Controls Required	Further Controls Owner	Original Due Date	Further Controls Target Date	Progress	Target Score	Last Review Date	Review Notes	Risk Owner	Risk Lead
SRR .002	22-Jan-19	Urgent and Unscheduled Care	If NHS FV does not take immediate steps to create capacity, and address whole system pressures through delivery of the Urgent and Unscheduled Care programme in the longer term, there is a risk that we will be unable to deliver safe levels of unscheduled care, resulting in potential for patient harm.	Patient Experience	25	Urgent and Unscheduled Care Delivery Groups established, reporting to UUCPB and in line with new Scottish Government Urgent and Unscheduled Care Collaborative - 4 workstreams established: Access; Optimise; Transfer; Interface	25		"Whole System" Urgent and Unscheduled Care Collaborative Programme (UUCC) - 2 year programme to deliver the first tranche focusing on Re-Design of Urgent Care, Urgent and Emergency Assessment, Virtual Capacity, and Discharge Without Delay (whole system flow). Existing workstreams have been subsumed into this programme. Urgent and Unscheduled Care Programme (UUCP) - Re-Design of Urgent Care (including elements of HIC 4 Urgent and Emergency		31-Jul-24	31-Jul-24	20%	9	02-May-23	Two meetings have taken place with the NHS Scotland Chief Operating Officer on Thursday 20th and Wednesday 26th April, the second of which was a deep dive into the supporting data and plans to provide assurance that the right workstreams were in place for the UUC Programme. The Scottish Government were assured by the detail contained within the plans. The Board discussed the plans within a closed session, with a Board seminar planned for the 9th of May.

There is now greater stability within the leadership for Unscheduled Care, with a Programme Manager in place and an Associated Medical Director. There has been a period of instability, with 4 different programme managers over the last 4 months, and also within the Discharge Without Delay workstream, with the previous team leaving and three new people now in place, however this transition period is settling with regular meetings taking place to gain an understanding of the reporting and the tasks required. It is too early to pick up any metrics but this should be forthcoming - the key metric being discharge before noon. | Jonathan Best; Andrew Murray; Phyllis Wilkieson | Jonathan Best; Judith Rooney; Phyllis Wilkieson |
						UUCP- High Impact Changes have been identified and a 2 year programme has been agreed with SG which focuses on Re-design of Urgent Care, Urgent and Emergency Assessment, Virtual Capacity and Discharge Without Delay (whole system flow). Previous unscheduled care workstreams and projects have been subsumed into new High Impact Change Plan.			Urgent and Unscheduled Care Programme (UUCP) - Virtual Capacity		31-Jul-24	31-Jul-24	20%					
						Operational Daily Grip, supported by Gold Command Structure where required (to co-ordinate the system/partnership response, and consider all possibilities to ensure flow and capacity).			Urgent and Unscheduled Care Programme (UUCP) - Discharge Without Delay (whole system flow).		31-Jul-24	31-Jul-24	20%					
									Increase Capacity to close contingency beds currently in use across FVRH including those in Treatment Rooms, 4 bedded bays, to create capacity at front door.		31-Jan-23	31-Jul-23	90%					
									Increase Community Beds and community based care - Care at Home provision and care home placements		31-Jan-23	31-Jan-23	90%					
									Scope new model for delivering specialist rehabilitation and transitional intermediate nurse/AHP led care		31-Jan-23	31-Jan-23	80%					
									Expand Hospital @ Home 30-50 virtual beds		30-Apr-23	30-Apr-24	20%					
									Feasibility study to review bed base and functionality.		30-Apr-23	30-Apr-23	0%					
SRR .005	13-Jun-22	Financial Sustainability	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.	Financial	25	Minimise Medicines Spending:
- Savings Plan for Primary Care Medicines
- Savings Plan for Acute Medicines	25		Strengthening of control mechanisms for supplementary staff, for example suppliers have been written to informing them that we will not use off-contract agencies from 1st June. Escalation mechanisms being implemented in wards and departments to provide a range of options before they opt for the use of agency staff.		30-Jun-23	30-Jun-23	0%	9	20-Apr-23	Risk has been subject to a deep dive at this review. Existing controls and actions have been unlinked to allow a focus on the additional activities that are taking place to mitigate the risk. The outstanding control in relation to the development of a decision matrix has been completed. The Internal Audit Review of Financial Sustainability is being led by the deputy Finance Director. The field work is almost complete and the intention is to report to the next Audit and Risk Committee. At that point, this action will be captured as part of Assurance Activity. The remaining outstanding control in relation to Value Management (now called Teams Based Approach) will be maintained in the system and attached to other relevant risks. The control in relation to Transformation Programmes has been removed - the details will be captured as part of the Savings Delivery Plan.	Scott Urquhart	Jillian Thomson
						Minimise Workforce Spending:
- Align Financial Plans with Workforce Plans.
- Reduce:
• Absences
• Vacancies

Reduce usage of Contingency Beds | | | Commission internal audit review of financial sustainability. This will be undertaken in 2 phases with a focus on core financial and budgetary controls and how these controls link to cost improvement plans being developed and implemented. Planned start date of 1 September 2022. | Scott Urquhart | 28-Feb-23 | 30-Jun-23 | 0% | | | | | |
						Structured Savings Plans			Launching a programme of cost awareness and engagement with clinical teams - Finance team running clinically led sessions to raise financial awareness, working with individual teams around how much things cost in their area to increase understanding of their cost base, and that they understand the level of financial pressure that we are going in to.	Jillian Thomson; Scott Urquhart	31-Mar-24	31-Mar-24	0%					
						Communications programme around "spending well" - staff suggestions on cost improvement schemes submitted via the intranet.			Ensuring appropriate cost recovery mechanisms are in place, for clinical activity taking place in other health boards.	Jillian Thomson; Scott Urquhart	31-Mar-24	31-Mar-24	0%					
									Recharging overseas residents - recharge proportion to individual or their insurance company - done ad hoc at the moment. Spend to save - needs a post to drive this.		31-Mar-24	31-Mar-24	0%					

SRR.004	22-Jan-19	Scheduled Care	If NHS FV does not consider and plan for current and future changes to population and associated demand/case-mix, there is a risk that the model for delivery of planned care will not meet demand or prioritise effectively, resulting in poorer patient outcomes, avoidable harm and failure to meet targets.	Patient Experience	20	Acute Service Directorate has, as part of the recovery process, reorganised scheduled care. Clinical leadership has been incorporated into the delivery structure. A local Scheduled Care Delivery Group has been established which is chaired by the Associate Medical Director for Scheduled Care. Clinical Directors and Clinical Leads attend along with operational managers.	20	Implement a Scheduled Care Dashboard to show live performance against standards and train all staff in its use.	Chris Bernthal; Vivienne Meldrum	30-Sep-21	31-Mar-22	80%	9	24-Apr-23	Score is static at this review. The risk description has been revised to capture 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. The risk will be fully reviewed as part of the deep dive planned for September 2023.	Jonathan Best; Phyllis Wilkieson	Marie Gardiner; ~~Stephanie McNairney~~
						Strategic Deployment Matrix to agree priorities and align resources prepared annually in line with Annual Delivery Plan guidance to meet National Waiting Times Plan trajectories		Comprehensive Job Plan Review to free up scheduled care capacity.	Juliette Murray	30-Sep-21	30-Apr-23	95%					
						Scheduled Care Performance Management process in place		Ongoing recruitment as per Investing in Sustainability programme schedule for Scheduled Care	Juliette Murray	31-Mar-24	31-Mar-23	80%					
						FVRH Weekly site and monthly meetings in place to review trajectories and identify relevant mitigating actions. Onward reporting to P&R Committee.		Work ongoing to establish local clinical and management ownership of waiting times		30-Sep-22	30-Sep-22	98%					
						All urgent and suspected cancer pathways are maintained via tracking and reporting carried out by Cancer Service Manager		Assessment of the effectiveness of the non-consultant model of care.	Marie Gardiner	31-Mar-24	31-Mar-24	0%					
						A flexible capacity mobilisation plan has been developed to maximise scheduled care services including adoption of virtual clinics and implementation of Advanced Referral Clinical Triage (ARCT) across scheduled care services.		A 24 month plan has been developed to improve efficiency and address the impact of the NTC as far as possible with the resources available, and will require further work to change the service model to be fully effective.	Marie Gardiner	31-Mar-24	31-Mar-24	0%					
						Recurrent and non recurrent capacity deficits within scheduled care service identified and sustainability plan created to match requirements.											
						Approval given by NHS Board to invest NRAC monies recurrently on a sustainable solution											
						NHS Forth Valley, in line with the rest of NHS Scotland, continues to prioritise and treat those patients most in need of surgery with the application of clinical prioritisation to support appropriate, timely and safe care - Priority level 1a - Procedure (for surgical patients) or admission (medical patients) needed within 24 hours; Priority level 1b - Procedure (for surgical patients) or admission (medical patients) needed within											
						Apply Realistic Medicine principles to Scheduled Care											
						Seek assurances and evidence each month that services are closing their capacity gaps. Escalate to Director of Acute Services.											
						Enhanced 3 stage validation exercise to be undertaken around urgent and routine prioritisation, and completed by the end of April 2022: Stage 1 Administrative Validation, Stage 2 Patient Validation, Stage 3 Clinical Validation.											
SRR.009	22-Jan-19	Workforce Plans	If NHS Forth Valley does not implement effective, fully costed strategic workforce planning based on projected demand there is a risk that we will not have a sustainable workforce that is the right size, with the right skills and competencies, within an affordable budget, resulting in significant pressures on staff health and wellbeing, sub-optimal service delivery to the public and increasing pressure on our financial sustainability.	Financial	25	Submission of costed overarching workforce plan in line with annual plan to Scottish Government	25	Increasing employability through Anchor Institution Work - includes the Youth Academy and University College Health Partnership workstreams.	Elaine Bell; Linda Robertson	31-Mar-25	31-Mar-25	20%	9	28-Apr-23	New additional control added - Implementation of Attendance Management Action Plan - presented at the last Staff Governance Committee - absence rate is currently between 8 and 9% with a stretch target of 4.5%.	Linda Donaldson	Elaine Bell; Linda Robertson
						Detailed demographic profiling completed due to age range of medical workforce in particular to inform recruitment plans		Exploration of Regional Workforce Solutions, such as the Medical Associate Professional Roles.	Elaine Bell; Linda Robertson	31-Mar-25	31-Mar-25	20%			This control has been added as an improvement in attendance management should lead to reduced reliance on bank/agency staff, which should reduce the financial impact (impact score was increased from 4 to 5 for Finance as last quarter due to the level of spend on bank/agency staff).		
						Directorate "risk-based" workforce action plans with measurable objectives, monitored through the Staff Governance Committee.		Gap analysis to inform the Workforce Plan and associated Action Plan, detailing: Expected levels of service demands; Current and future staffing required to meet expected service demand; Plans to address expected staffing gaps, including defined recruitment and retention targets; The financial cost and limitations for current and future staffing levels; risks associated with being unable to obtain the required staffing levels.	Elaine Bell; Linda Robertson	31-Mar-24	31-Mar-24	0%			Action plan following Internal Audit is currently being developed (to be presented at May SGC). Regional Workforce Group is in place specifically for Medical Associate Professionals (MAPs), and the output from that will be cascaded down to boards and rolled out. Currently exploring a project in conjunction with the three local authorities, through monies from the child poverty action plan to secure 30 employability placements. Approval has been granted to employ an Employability Manager to take forward this work.		

Ref	Date	Category	Risk Description	Type	Score	Controls	Actions	Owner	Due	Revised	%	Score	Update Date	Update	Lead	Owner
						Wellbeing Controls in place - Our People Strategy, Strategic Workforce Wellbeing Plan, Wellbeing Website and Management toolkit, Culture and Compassionate Staff Programme, Joy at Work.	Action Plan which will include definitive and quantifiable actions to address identified staffing gaps, with development of key performance indicators, predicated on the Five Pillars of the strategy – to be updated on a yearly basis during lifetime of the Workforce Plan. The action plan will be developed in conjunction with HSCPs and based on integrated working.	Elaine Bell; Linda Robertson	31-Mar-24	31-Mar-24	0%					
						Sustainable Workforce Initiatives in place - suite of flexible working policies in place to ensure we can recruit and retain staff - Retire and Return	Implementation of Attendance Management Action Plan - 19 actions grouped into themes - Measurement, Training, Learning from Others, Supports for Staff and Managers, Case Reviews of attendance management cases, Return to Work, Case Reviews/Audit (long term sickness) and Links with Absence and ER Cases (Employee Relations).	Elaine Bell; Linda Robertson	31-Aug-23	31-Aug-23	0%					
						e-Rostering Solution implemented to make it easier to deploy staff more effectively across the organisation, ensuring the most efficient use of staff available, ensure safe staffing levels and improving work-life balance for staff.										
						Sustainable Workforce - Ethical International Recruitment.										
						Sustainable Workforce Initiatives in Place - Health Care Support Workers. All Band 2 nursing HCSW job descriptions to be reviewed against the newly agreed National Nursing Clinical Workers profiles.										
SRR.010	22-Jan-19	Estates and Supporting Infrastructure	If there is insufficient Capital funding to develop and improve the property portfolio there is a risk the Estate and supporting infrastructure will not be maintained in line with national and local requirements.	Health & Safety (Hazard)	20	Infrastructure developments prioritised and funded through the NHS Board capital plan.	Outline Business Case for Locality Project 1 - estimated completion June 2023.		30-Jun-23	30-Jun-23	5%	9	18-Apr-23	P&R Committee received a full update on the new whole system planning process at the February meeting, and the committee approved the standing down of the current PAMS process.	Jonathan Procter	Morag Farquhar
						Regular Property and Asset Management Strategy (PAMS) report submitted to Government.	Outline Business Case for Locality Project 2 - estimated completion December 2023.		31-Dec-23	31-Dec-23	0%					
						Operational condition of estate regularly assessed and monitored through the Estates Asset Management System.	Outline Business Case for Locality Project 3 - estimated completion March 2024		31-Mar-24	31-Mar-24	0%					
						Annual review of the estate performance and condition monitored through the Performance and Resources Committee (PAMS reporting)	Outline Business Case for Locality Project 4 - estimated completion September 2024.		30-Sep-24	30-Sep-24	0%					
						GP and Community Premises current condition and planning review completed to support capital priorities (rolling review).	Development of whole system action plan which is in effect a Programme Initial Agreement and will set out proposals on a system-side basis for asset investment to facilitate the achievement of strategic plans.	Morag Farquhar	01-Jul-25	01-Jul-25	0%					
						Longer term planning for future accommodation requirements (linked to PAMS and GP premises review, FCH review).										
						Accommodation Options for Health Records drawn up in consultation with Health Records and other partners										
						Regular reviews with PPP partners for FVRH, SHCV, CCHC and planned preventative maintenance programmes in force including 'Blackstart'.										
						Compliance group established which reports to Infrastructure Programme Board, Health & Safety Committee, Area Prevention & Control of Infection										
						Revenue and Capital budget planning process in place for Estates										
						Horizon scanning national publications / positions for areas for improvement across the Estate.										
						Established Programme governance structure for FCH and GP premises review via CPMO.										
						Completed Strategic Assessment for Falkirk Community Hospital approved by NHS Board for submission to Scottish Government (Chair of CIG) .										

SRR ID	Date	Risk	Description	Category	Score	Controls	Control Detail	Owner	Start	Target	%	Score	Review	Commentary		
						Completed Initial Agreement for Primary Care premises approved by NHS Board and submitted to CIG.										
SRR .015	09-Sep-21	Cyber Resilie nce	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)	Servi ces / Busi ness Inter rupti on	25	Cyber Resilience Framework - includes 432 controls designed to support faster recover, lower disruption and reduce data loss.	**IMPORTANT, PREVENTATIVE** - Cyber Security Awareness and Training - Continuous improvements and monitoring of our awareness material and training for all staff. This includes a high level of compliance with the mandatory nature of Cyber Awareness training.	Phil Penma n	31-Dec-21	31-Mar-24	50%	16	18-Apr-23	A number of staff from the cyber team have moved/are moving on to other roles so there are a number of vacant posts, with potential for single points of failure. As such, an additional control has been added in relation to a review of cyber posts to support recruitment and retention. The score has been reviewed but remains static at this time, but will continue to be closely monitored.	Andrew Murray; Jonathan Procter	Sarah Hughes-Jones; Scott Jaffray; Phil Penman
						Digital and eHealth Strategy - includes cyber resilience sub-strategy aimed at lowering impact of incidents.	**ABSOLUTELY CRITICAL, PREVENTATIVE CONTROL** - Our reliance on suppliers is better understood with a degree of assurance especially around our critical suppliers processes, policies and people.		31-Mar-23	30-Nov-23	15%					
						NIS Audit Recommendations are specific recommendations from the auditor to help the Health Board prioritise based on risk exposure.	**ABSOLUTELY CRITICAL, CONTINGENCY CONTROL** - Business Continuity Plans – Embedding and testing - BCPs should be widely known, understood, and regularly tested for effectiveness.		31-Mar-24	31-Mar-24	0%					
						Change Management within the organisation is supported through rigorous process and scrutiny by the Technical Steering Group and Change Advisory Board.	**VERY IMPORTANT, PREVENTATIVE** - Gatekeeping process for third party access - Third parties (Charities, suppliers etc) have an agreed, securely managed route into our infrastructure which the Health Board controls.		31-Mar-24	31-Mar-24	10%					
							Review of cyber roles to support recruit and retention (a number of roles has recently been made vacant and there is potential for single points of failure).	Scott Jaffray	31-Mar-24	31-Mar-24	0%					
SRR .017		Environ mental Sustain ability and Climate Change	If NHS Forth Valley does not receive funding and resources, there is a risk that we will be unable to comply with DL38 and delivery actions/meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy, and will not operate in an environmentally sustainable way, resulting in failure to meet objectives and damaging stakeholder/public confidence.	Obje ctive s / Proje ct (Lon g~ term Impr ove ment s)	25	Climate Emergency and Sustainability Board - Maintains oversight and reports into P&R, and to Scottish Government Climate Emergency Board.	Explore Opportunities to Share Resources - Governance arrangements have been put in place, with first sitting of the Climate Emergency and Sustainability Board on 25th August. Response team have had two meetings. At NHS Scotland level, discussions are underway in relation to regional working opportunities.	Derek Jarvie	31-Jan-23	30-Jun-23	10%	16	18-Apr-23	The paper seeking funding for new posts for the sustainability team has been approved by ELT in April. The energy/sustainability manager post job ad is now published. Score static at this review.	Jonathan Procter	Derek Jarvie
						Establishment of Working Groups including: Energy Carbon and FM Group, Waste Group, Transport Working Group - Fleet and Active Travel, Green Space/Biodiversity, Sustainable Care, Procurement/Circular Economy, Sustainable Communities. These are staffed by existing resource which has the consequence of pulling them away from other activities (so not sustainable long term). Support provided by the	Continue to Seek Capital Funding - Continue to seek funding for projects.	Morag Farquh ar	31-Mar-23	31-Mar-24	60%					
						Climate Emergency Response and Sustainability Team - acting as Operational/delivery aspect, staffed by project leads from the working groups and input from relevant other parties including unions, organisational development, Innovation team - meets monthly.	Addition of Environmental Sustainability/Climate Change as an Impact Category to Risk Assessment Matrix - to support identification of environmental sustainability and climate change implications whenever any risk is assessed.	Sara Macke nzie	31-Jan-23	31-Jul-23	75%					
						Recruitment of a Head of Climate Emergency and Sustainability - Funding has been approved by the board, and the recruitment process is now underway. As of the 13/10/2022 - Derek Jarvie has fulfilled the position as the Head of Climate Emergency and Sustainability.	Addition of section to allow Climate Emergency/Sustainability considerations to be added as part of Business Cases.	Derek Jarvie	30-Dec-22	30-Dec-22	20%					
						All Board and Committee meeting papers contain a section requiring the author to highlight any sustainability implications and to complete the sustainability declaration confirming that due regard has been given to compliance with DL38.	Successful Implementation of the Environmental Management System - To reduce environmental impacts and ensure legal compliance. E.g. are we storing oil properly, maintaining boilers properly, etc, waste management, transport. Currently trying to implement. Currently live in Estates and looking to roll out further (phase 1).	Derek Jarvie	29-Mar-24	29-Mar-24	5%					
							Communications Strategy to be Developed - Both public facing and internal for staff.	Derek Jarvie	31-Mar-23	31-Mar-23	75%					
							Continue to seek revenue funding in order to build a team with sufficient resource to meet required actions.	Derek Jarvie	01-Apr-24	01-Dec-23	75%					

ID	Date	Category	Risk Description	Type	Score	Controls	Score	Actions	Owner	Start	Due	%	Target	Review Date	Latest Update	Lead	Owner 2
								Addition of section to allow Climate Emergency/Sustainability considerations to be added as part of Board strategies and plans, such as the Healthcare Strategy/Property and Asset Management Strategy.	Derek Jarvie	01-Dec-23	01-Dec-23	0%					
								Recruitment of an Energy and Sustainability Manager	Derek Jarvie	31-May-23	31-May-23	10%					
SRR.018		Primary Care Sustainability	If workforce composition and accommodation for Primary Care does not evolve to meet changing population needs and internal/external pressures such as increasing costs/technological advances, there is a risk that critical quality and sustainability issues will be experienced in the delivery of general medical services, leading to pressures in neighbouring practices and across other parts of the system (e.g. ED/urgent care, OOH).	Services / Business Interruption	25	Sustainability Improvement loans process in place	25	Develop and implement a monitoring approach for GP sustainability to act in as an early warning indicator - intention is to monitor things like GP sessional commitments, number of vacancies/recruitment adverts, pending requirements, long term sickness.		31-Mar-23	30-Sep-23	75%	6	01-Jun-23	This risk was reviewed on 01 June 2023, at the GP Sustainability Group. The risk currently remains static. It was noted that FHSCP on behalf of NHS FV and both partnerships have made a proposal to GPs at the GP Sub Committee on 16 May 2023, this will be considered by GPs and there was an agreement made to meet within one month to agree on the way forward. The outcome of this will impact on this risk.	Patricia Cassidy	Scott Williams
						Primary Care Improvement Plan being delivered (circa 180 posts recruited) - proactively supporting recruitment etc. (PCIP Improvement Plan iteration 3 substantively delivered in March 2022 - 180 of 200 posts).		Business Case requesting ability to flex/deploy resources where needed - consider developing a resilience resource that GP practices could "buy" from us (e.g. like Perth and Kinross).	Kathy O'Neill	31-Mar-23	31-Mar-23	0%					
						Expansion of community pharmacy services. Further development of pharmacy first service.		Scottish Government Mental Health and Wellbeing programme (£2million recurring by 2026).	Kathy O'Neill	31-Mar-24	31-Mar-24	10%					
						GP IT Programme Board established to look at wider IT issues affecting Primary Care including remote working and telephony solutions. Roll out of remote server solution - around 50 laptops have been distributed.		Development of new/innovative portfolio roles and career pathways, and a focus on ways of supporting practice workload. Further investment in PCIP and roles proved of most value – e.g. mental health nurses, advance physiotherapists and ANPs.	Lesley Middlemiss	31-Dec-23	31-Dec-23	64%					
						Primary Care Programme Board Re-established November 2021											
						Premises Improvement funding in place (capital budget available each year, revenue budget carried over from last year) Premises improvement completed last year, and there's a new programme of work in play for this year.											
						Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are informed and involved in primary/community care developments, quality improvement resources to support PCIP and patient safety implementation											
						Strong and regular engagement with SG and BMA (British Medical Association) in place regarding national MOU funding allocations / requirements											
						GP Sub-committee (GPs working collaboratively) put together an away day, and developed a paper outlining actions to improve recruitment and retention in FV, e.g. attracting and supporting trainee doctors. As at 06 April, currently funding GP sessions to help implement the outputs from the paper.											
						Board appointed GPs where there are issues such as rural practices.											
						Targeted recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for Primary Care roles – e.g. ongoing investment in investors in people, promote i-matter, work to achieve gold healthy working lives rating, support CPD.											
						Capital Investment Programme in PC premises initial agreement completion Dec-21. Initial Agreement has now been approved, and 4 x outline business cases will be commenced over the next year for significant premises replacement. As at 06 April, current agreement is for Stirling business case to continue. It is likely there may be a pause on other business cases pending confirmation of further											
SRR.003	22-Jan-19	Information Governance	If NHS Forth Valley fails to implement and embed effective and	Financial	25	Mandatory Information Governance training in place for all staff	16	Implementation of OneTrust - DPIA management		31-Mar-22	31-Mar-24	50%	9	13-Apr-23	Revised DPIA process anticipated to be approved at next IGG. Information Risk procedures has been developed, also for approval by IGG. This process will	Andrew Murray	Deirdre Coyle; Sarah

Ref	Date	Title	Description	Cat			Controls	Actions	Start	End	%		Review	Update	Owner	Lead
		ance	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				GDPR compliance workplan monitored through IGG	Review of Information Sharing agreements to ensure compliance with UKGDPR following Brexit	31-Mar-23	31-Mar-23	25%			draw out definable and tangible risks and actions for services/organisation to monitor and manage.		Hughes-Jones; Phil Penman
							NIS and DPA / GDPR supporting policies in place	Revised DPIA processes to be developed for use by services.	31-Mar-23	30-Jun-23	95%					
							Privacy Notices developed/agreed and displayed in public areas and web site									
							Incident reporting process in place									
							Privacy Breach detection system in place and being audited									
							Web filtering system partially in place to monitor internet usage									
							Business continuity plans in place and tested									
							Data Protection Officer in post.									
							Information Asset Register in place and utilised.									
							NIS Audit recommendations are key part of Cyber Security Team work plan annually									
							Work completed on identifying new and reviewing existing Information Sharing Agreements									
SRR.016	16-Mar-22	Out of Hours Service (OOHS)	If NHS Forth Valley is unable to provide a fully staffed OOHS taking an integrated, multidisciplinary approach, there is a risk that the service will not have the resilience and capacity to flex to meet demand, negatively impacting on the patient experience and journey, and ability to deliver care at the right time, right place by the right person.	Patient Experience	20	16	Interim Senior Out of Hours Service Manager Role - Reviewing the rota on a weekly basis and highlighting key shifts where gaps are evident, implementing coverage in all areas where the availability of staff is low.	Working with SAS to establish joint appointments, e.g. Advanced Paramedic Practitioners - paused due to workforce gaps at SAS. Working with Scottish Ambulance Service to explore synergies and co-working opportunities and to implement a routine regular feature of support at weekends which would diminish the overhaul of late or missed home visits as ambulance resources are available.	31-Oct-22	30-Sep-23	80%	9	02-May-23	Following liaison with NHS GGC (who had successfully recruited internationally) and HR/staff bank we now have an established process to recruit staff internationally. Action marked complete. The planned transfer of fleet over to the hospital transport team didn't take place and the vehicles have been retained within the Out of Hours service. Following analysis, it was decided not to swap out a car for a people carrier. Action marked as complete. A training needs analysis has been completed, with a training and development plan now to be completed. The job description for the Out of Hours Service Manager has currently undergoing evaluation. Score static at this review.	Jonathan Best; Phyllis Wilkieson	Judith Rooney; Karyn Webster
							OOH Clinical Lead has increased commitment to support the service and will continue to work collaboratively across Urgent and Unscheduled Care.	Further development of enhanced MDT workforce planning to support recruitment and retention, including development of hybrid roles across nursing, Scottish Ambulance Service and medicine.	31-Oct-22	30-Sep-23	80%					
							Re-design & Sustainability Quality Improvement Plan - The OOH Redesign and associated improvement work will continue to be reported through the Urgent and Unscheduled Care governance structure, Board Assurance and Board governance arrangements.	Hybrid Roles / Rotational Posts - Linking with Advanced Nurse Practitioners and Emergency Nurse Practitioners to create hybrid roles and create a more sustainable workforce.	31-Oct-22	31-Oct-23	70%					
							OOH Organisational Change Activity - baseline patient and staff experience survey undertaken. Drivers, reception staff and hub operators have all been brought under the same Terms and Conditions.	Further Development of OOH service as a learning environment for all MDT team members, initially developing a Training Needs Analysis which will inform a training and education work plan.	31-Dec-23	31-Dec-23	50%					
							Integration of the OOH service into the Urgent Care Centre (HUB) to enhance synergy with other urgent care services.	Make the senior OOH Service Manager role permanent - being progressed as part of work to transfer OOH to Falkirk HSCP as part of the wider Primary Care service transfer.	31-Mar-23	31-Jul-23	50%					
							Improved accessibility of OOH services to ensure optimal patient care and best use of staff resource - includes local transport solution to transfer patients requiring face to face appointments, electronic solution to support prescribing and enhancing scope of practice for HCSW to include basic remote assessment within patient's homes.	Expansion of OOH Clinical Leadership Team - Communications and HR teams continue to promote OOH as part of wider recruitment, and discussions are ongoing to create additional resilience in terms of a clinical lead.	30-Sep-23	30-Sep-23	50%					
							Support provided by SAS – Currently SAS are supporting house visits at weekends (if sufficient staff are available).	Expansion and evaluation of the role of HCSWs.	31-Mar-23	30-Jun-23	50%					
							Monthly Finance Reporting and meetings with Finance Business Partners.	Cultural change programme (being progressed with the support of Prof West) - will include further patient and staff experience surveys and will be used to inform the OOH Improvement Plan.	31-Mar-23	31-Mar-24	40%					
							Communications Plan promotes optimal use of OOH and other 24/7 urgent care services by the public, including OOH and Urgent Care Services poster, and scripts for patient announcement system within the UCC incorporate the OOH service.	Exploration of economies of scale and greater integration with HSCP social care services to build service sustainability and resilience.	31-Mar-23	31-Oct-23	90%					

SRR.014	07-May-21	Healthcare Strategy	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.	Financial	20	Process for International Recruitment of GPs for OOHS	15										
						Current Healthcare Strategy in place for 2016-2021 linked to national strategy / policy		National Treatment Centre development providing additional capacity alongside local initiatives	Gillian Morton	31-May-22	30-Jun-23	75%	9	17-Apr-23	The needs assessment has been completed, which has provided up to date population needs information to inform the Healthcare Strategy. HSCP needs assessments have also been completed to inform their strategic commissioning plans. Healthcare Strategy Development Day action has been marked as complete - a Strategy Deployment Matrix session was held which informed the strategy. A new action has been added to reflect development of the Healthcare Strategy itself, with the first phase being the consultation document which has a planned due date at the end of May, the second phase will be a period of consultation (due end of September), and with the strategy itself to be developed by the end of November.	Cathie Cowan; Janette Fraser	Janette Fraser
						COVID Remobilisation plans (4th iteration) in place for Directorates / services and the Board as a whole. Planning guidance received from Scottish Government for a one-year operational plan building upon the 4th iteration of the remobilisation plans and the work currently underway.		Review requirements and use of Strategic Deployment Matrices aligned to Healthcare Strategy	Cathie Cowan	30-Sep-21	31-Dec-23	80%					
						Partnership Strategic Plans in place which run to 2022 (currently being refreshed for publication in Spring 2022).		Development of Healthcare Strategy - first phase is the consultation document (due end of May), second phase is period of consultation (due end Sept) with the strategy itself to be developed by end of November.		30-Nov-23	30-Nov-23	0%					
						Regional partnership mutual aid arrangements in place in response to COVID in order to continue delivering strategic priorities. These arrangements will be built on within future plans to ensure sustainability of services.											
						Cancer service plans responding to COVID to ensure ongoing delivery of strategic priorities. National and regional cancer delivery plans and mutual aid arrangements in place											
						NHS Forth Valley Strategic Programme Boards in place responsible for delivery of key elements of the Healthcare Strategy (including strategic deployment matrices) - following a pause as a result of COVID-19, work is ongoing to resurrect the programme boards, linking in with planning for 22/23. Level 0 Strategic Deployment Matrix drafted.											
						Mechanisms in place for performance reporting against key strategic priorities via Performance & Resources Committee and Board in order to provide assurance and/or escalation of issues											
						Primary Care Improvement Plan delivering significant improvement and resilience in GP services											
						Forward plan and timeline for Healthcare Strategy refresh complete. This includes scale and scope requirements of the strategy refresh. Stocktake of existing strategy complete, and staff conference in June looked at compassionate leadership and launch of refresh of healthcare strategy. Healthcare Strategy Development day planned for 28th October 2022 cancelled due to system pressures. A revised											
						National stakeholder engagement takes place with Scottish Government and other Board Chief Executives to inform and influence strategy at a national level.											
						Regional Planning Meetings - Chief Executives meet on a monthly basis to inform Healthcare Strategy.											
						Culture & Values events took place on the 23rd & 24th of June.											
						NHS Forth Valley is working with HSCPs to align strategic plans with the healthcare strategy.											
SRR.011	21-Jan-19	Digital & eHealth - Infrastructure	If NHS FV does not develop a Digital and eHealth strategy which enables transformation and improvement as well as minimising	Services / Business Interruption	16	Annual Digital and eHealth delivery plan - 23/24 plan approved at March Digital and eHealth Programme Board.	12	Implementation of ICT owned actions from NIS audit	Scott Jaffray	31-Jul-21	31-Dec-23	60%	6	18-Apr-23	The risk title and description has been updated to reflect that it's not just failure of the Infrastructure, but the ability of the Digital and eHealth strategy and infrastructure to support other transformation and improvement opportunities in the organisation.	Jonathan Procter	Scott Jaffray

ID	Category	Risk Description		Rating	Controls	Rating	Actions	Owner	Start	Due	%	Target	Date	Update	Owner	Exec
	and Strategy	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.	on		Lifecycle System matrix reviewed annually by the Digital and eHealth Programme Board to shape future investment plans		Asset Revvew - The D of F & I has requested full implementation of the PC/ Server & System asset management system to support the rolling programme replacement programme.IT team are looking at Asset Management within the new Service Now service desk tool. This is expected to be completed by the end of March 23.		31-Dec-22	31-Dec-23	30%			Updates to overdue controls - Review of WAN bandwidth completed and incorporated into the Annual Delivery Plan control as this is now part of the yearly BAU activity.

Asset review - delayed due to external factors and has been given a new target date of end of December.

The outstanding control in relation to the NIS Audit Action plan has been given a new target date of December 2023 as this is when the next Audit is due. This should be considered as a rolling control rather than as being overdue, as a number of the actions have been completed and new actions added. A new action has been added in relation to delivery of the 34 projects within this year's Annual Delivery Plan for Digital and eHealth. A further action has been added in relation to the overall Digital and eHealth Strategy, which has been aligned to the timeline for the Healthcare Strategy due to the interdependencies. | | |
					Cyber security objectives and initiatives included in the annual programme of work		Delivery of the Annual Digital and eHealth Delivery Plan - 34 projects within the plan, as well as the business as usual section which supports the Infrastructure.	Scott Jaffray	31-Mar-24	31-Mar-24	0%					
					Windows/Office Programme team in place.		Development of Digital Health and Care Strategy (2023-2026) aligned to the themes within the Healthcare Strategy.	Scott Jaffray; Jonathan Procter	31-Dec-23	31-Jan-24	80%					
					Patching activity is ongoing on hardware and software, approximately 80% is planned, 20% unplanned. Planned patching takes place monthly.											
					Programme of work to upgrade ICT infrastructure at FVRH as part of 20/21 delivery commenced and on track for completion this FY											
					Infrastructure PB supported CISCO software and security system rolled out 2021											
					Resources required to discharge NIS audit recommendations scoped and paper supported by SLT and year 1 and 2 funding agreed as part of HB financial plan in March 2021											
					Cyber Security Group Re-established and focusing on rolling out control environments and training											
					Disaster Recovery and Business Continuity Plans are in place to improve the overall infrastructure and contingency plans. Linkages made with Business Continuity and Risk Management teams to support resilience work.											
SRR .019	Culture & Leadership	If NHS Forth Valley does not foster a cohesive culture with strong leadership, there is a risk that our people will not have a shared sense of purpose and understanding of how their work contributes to achievement of our objectives, negatively impacting our overall performance, ability to deliver on key strategies and effect sustainable change, and impacting staff morale and public/stakeholder confidence.	Public Confidence	20	Whistleblowing procedures including "Speak Up" service	12	Phase 2 – Diagnostics/Discovery	Linda Donaldson	31-Jul-23	31-Jul-23	0%	10	05-May-23	Risk articulated to capture the need for an effective culture and strong leadership to improve our overall performance and ability to effect sustainable change. These were two of the priority areas highlighted for improvement when the Board was escalated to stage 4 of the NHS Scotland Performance Escalation Framework. The approach has been chosen to ensure that the views and experiences of a broad range of staff are captured and listened to, allowing us to directly address these issues and make tangible changes to improve the experience of staff and the wider culture. The risk scores 20 at untreated level, but with the progress made so far, it has been reduced to 12.	Linda Donaldson	Margaret Kerr
					Resources supporting development of culture are available on the intranet		Phase 3 – Synthesis	Linda Donaldson	30-Sep-23	30-Sep-23	0%					
					Personal Development Reviews		Phase 4 – Design/Delivery	Linda Donaldson	31-Dec-23	31-Dec-23	0%					
					iMatter		Delivery of ELT Development Programme - 6 session programme to inform NHS Board priority setting in response to SG Policy and IJB Directions, supported by team objectives.	Cathie Cowan	31-Mar-24	31-Mar-24						
					Recognising Our People		Delivery of Board Development Programme to consider the Board's vision, values and corporate objectives.	Jamie Mccusker	31-Mar-24	31-Mar-24						
					Culture Change and Compassionate Leadership Programme - Phase 1 (scoping) is complete.		Expansion of the Whistleblowing infrastructure to increase confidential contacts, Lead Investigators, and development of whistleblowing network.	Frances Dodd	30-Sep-23	30-Sep-23						
					Culture Change and Compassionate Leadership Programme - Awareness raising by the ELT - delivering presentations at meetings and carrying out walk rounds across the organisation.											
					ELT co-produced Organisational Development Programme - scoping and agreement.											

NHS FORTH VALLEY BOARD
TUESDAY 25 JULY 2023

7.3 Climate Emergency & Sustainability Strategy and Action Plan 2023-2026
For Approval

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mr Jonathan Procter, Director of Facilities & Infrastructure, Digital & eHealth Lead;
Mr Derek Jarvie, Head of Climate Change & Sustainability;
Mrs Morag Farquhar, Associate Director of Facilities & Infrastructure – Asset Management

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Executive Summary

The NHS Scotland Climate Emergency & Sustainable Development Policy, DL (2021) 38 (DL38) notes that "Climate change presents a serious risk to the health of people around the world and has been described by the Lancet Commission on Managing the Health Effects of Climate Change as "the biggest global health threat of the 21 century". At the same time, many of the actions to mitigate and adapt to climate change and improve environmental sustainability also have positive health benefits to such an extent that the Lancet Commission has described tackling climate change as "the greatest global health opportunity of the 21st century". It is therefore incumbent on NHS Scotland to be an exemplar in responding to the climate emergency and achieving environmental sustainability."

This paper presents the NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan, the local response in relation to the ambitions of DL38 and the subsequent NHS Scotland Climate Emergency and Sustainability Strategy: 2022-2026, published in August 2022.

The Strategy, building on the good work already done and in progress within Forth Valley, sets out the direction of travel over the next three years in relation to the five main themes, outlined below, and with the UN Sustainable Development Goals firmly in sight. The Action Plan details for each operational workstream the activities to be undertaken to achieve or move closer to as appropriate, the identified national and local targets; reducing greenhouse gas emissions and negative impacts on the environment and increasing positive contributions.

The Strategy and Action Plan was developed by the NHS Forth Valley Climate Emergency Response and Sustainability Team and has been endorsed by the NHS Forth Valley Climate Emergency and Sustainability Board.

An ongoing 'corporate commitment' is required of NHS Forth Valley, at organisational and at individual level, to achieve the aims of the strategy.

Recommendation

The NHS Board is asked to: -
- **note** the progress to date with climate change and sustainability action and the multi-disciplinary approach to the completion of the Strategy & Action Plan.
- **note** the ongoing requirement for commitment (staff input, capital and revenue) to enable action towards achievement of national and local targets.

- **note** that the Strategy and Action Plan has been reviewed and supported by various governance groups, culminating in endorsement by the Executive Leadership Team at their meeting on 19 June 2023.
- **approve** the NHS Forth Valley Climate Emergency & Sustainability Strategy & Action Plan 2023-2026.

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:

- Efforts are ongoing to recruit additional resources to support the Board's climate emergency response:
  - Recruitment is underway for an Energy and Sustainability Manager.
  - Recurring financial resources have been agreed to create two new posts.
  - The currently vacant Waste Management Support Officer post will be filled.

- The NHS Scotland Environmental Management System (EMS) will be rolled out when the resources above are in place. An effective EMS will underpin the Board's climate emergency response.

- A Climate Emergency and Sustainability Communications Working Group has been established to inform staff, patients, visitors and the wider public of the progress that is being made and to encourage participation in the climate emergency response.

Key Issues to be Considered

Five priority areas have been identified where NHS Scotland Boards must take action:
- Sustainable Buildings & Land.
- Sustainable Travel.
- Sustainable Goods & Services.
- Sustainable Care.
- Sustainable Communities.

NHS Scotland Boards must contribute towards the following areas of focus:
- Reducing Carbon emissions to net-zero by 2040 and decarbonising the NHS Scotland estate by 2038 (i.e., no gas heating).
- Reducing energy and resource consumption.
- Reducing pollution resulting from activities.
- Producing and implementing a Climate Change Adaptation Plan to ensure resilience of service under changing climate conditions.
- Supporting the procurement of sustainable goods and services.
- Supporting the establishment of a circular economy.
- Identifying, delivering and promoting environmentally sustainable models of care
- Making best use of available greenspace and protecting/encouraging biodiversity.
- Promoting environmentally sustainable methods of accessing healthcare (e.g., sustainable/active travel).

- Working and collaborating with staff, patients, local communities and organisations outside the NHS, including local authorities.

Implications

Financial Implications
The full financial implications are yet to be determined, although some infrastructure projects have indicative costs and associated budgets at present.

The Scottish Government has made available to the Public Sector significant grant funding to support the transition to net-zero. NHS Forth Valley has been successful with several funding applications recently and is making best use of the monies currently available. The Board will continue to access grant funding where possible to support implementation of the Strategy and Action Plan.

NHS Board commitment to the climate emergency will be required, however, to support the work that is ongoing and planned: from 2024/25 the annually recurring energy efficiency and carbon reduction capital funding is planned to be reinstated in the Capital Plan proposals.

Workforce Implications
There is a requirement for time commitments to lead the various workstreams and implement the agreed actions. There is a workforce plan for the Climate Change & Sustainability team within Facilities & Infrastructure and this is in the process of being implemented.

Infrastructure Implications including Digital
The implications of the Strategy and Action Plan are wide ranging and include assets, both physical and digital, and systems.

Sustainability Implications
This is the main focus of the document and the route to net zero carbon along with other targets feature heavily.

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 Strategy and Action Plan details NHS Forth Valley's response to this important agenda and will feed into the development of the forthcoming Whole System Plan, which will outline the capital investment response to the NHS Board's and its partners strategic plans: in the development and improvement of health and care services and wider health improvement, as a Community Panning Partner and Anchor Institution.

More directly, the actions of the worksteams will contribute to improving the quality and sustainability of care and to the health and wellbeing of patients, visitors and staff, as well as the wider community.

Information Governance Implications
N/A

Risk Assessment / Management

There is a risk to the NHS Board that inadequate corporate commitment to addressing the climate emergency will result in non-compliance with Scottish Government directives, particularly DL38, which means the Board would be operating in an environmentally un-sustainable manner, resulting in failure to meet objectives and damaging stakeholder/public confidence.

Link to key Strategic Risk:

- SRR.017: If NHS Forth Valley does not receive funding and resources, there is a risk that we will be unable to comply with DL38 and deliver 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.

Relevance to Strategic Priorities
The Strategy and Action Plan reflects the strategic aims of the NHS Board and partners and aligns with the Scottish Government's direction of travel in relation to the Climate Emergency and Sustainability.

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 Climate Emergency and Sustainability Response Team has been heavily involved in the drafting of the documents. This Team and the workstreams leading from it is multi-disciplinary and has representation from across the organisation.
- The Climate Emergency and Sustainability Board has reviewed the Strategy and Action Plan and has endorsed it for further approvals.

Additional Information
Nil

Appendices

- Appendix 1: The Draft NHS Forth Valley Climate Emergency & Sustainability Strategy & Action Plan 2023-2026

NHS Forth Valley

Climate Emergency & Sustainability Strategy & Action Plan

2023 -2026

NHS FORTH VALLEY CLIMATE EMERGENCY & SUSTAINABILITY STRATEGY AND ACTION PLAN

CONTENTS

SECTION 1 - CLIMATE EMERGENCY & SUSTAINABILITY STRATEGY

INTRODUCTION

A framework has been provided for NHS Scotland to maximise its contribution to mitigating and limiting the effects of the global climate emergency, and for the development of an environmentally and socially sustainable health service that is resilient to the locked-in impacts of climate change.

DL (2021) 38 – the Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development came into force in November 2021. Within DL38 the Scottish Government (SG) has been very prescriptive in terms of what NHS Scotland Bodies are expected to do to respond to the climate emergency. The aims of DL38 must be fully integrated into all planning, management decisions and clinical and operational practices. Further details can be found in DL (2021) 38.

To underpin DL38, the NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026 was published in August 2022. This sets out the approach and actions which will be taken by NHS Scotland, with support from the Scottish Government and working in partnership with others, to respond to the climate emergency. Its focus is on improving the environmental sustainability of the NHS; recognising the role that the NHS has in relation to helping achieve the UN Sustainable Development Goals relating to social and economic development.

NHS Scotland's target date for achieving net-zero emissions has also been brought forward from 2045 to 2040. Further details regarding what is expected of NHS Scotland Boards in terms of responding to the climate emergency can be found in the NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026.

PURPOSE OF THE NHS FORTH VALLEY STRATEGY AND ACTION PLAN

The NHS Forth Valley Climate Emergency Strategy and Action Plan sets out the actions this Health Board will take to align with the national and global drive to reduce the environmental impacts that contribute towards a changing climate. This document covers the period 2023 to 2026. Some of the actions that NHS Forth Valley will deliver are already underway, others are about to begin or will be initiated within that period.

The aims of this Board are to:

- become a net-zero greenhouse gas emissions health board by 2040.
- ensure that the Board's assets and activities are more resilient to the impacts of a changing climate, particularly extreme weather events.
- establish a culture where resources are responsibly used and safeguarded to provide environmentally sustainable healthcare.
- adopt a circular economy approach where waste and pollution are designed out, and products and materials are kept in use longer (where appropriate).
- increase the Board's contribution to tackling the ecological emergency and restoring biodiversity.

Many people working for this Board are already taking action to help create a more sustainable health service, and others have great ideas to share. NHS Forth Valley (NHS FV) has made good progress in several areas:

- The overall carbon footprint from reportable emissions has reduced by 36% from the 2014/15 baseline.
- A significant sum of money has been made available to improve the energy performance of Forth Valley Royal Hospital and buildings in the Primary Care Estate, which underpins the transition to net-zero.
- The Green Theatres Project, led by theatre staff at Forth Valley Royal Hospital, has resulted in changes to how surgery is carried out and reduced environmental impacts. Excellent work has also been done by the team to reduce use of anaesthetic gases and inhaler propellants that contribute to the carbon footprint.
- Implementation of the Electric Vehicle (EV) Strategy is well underway with over 35% of fleet vehicles now EVs, and a network of EV charging infrastructure installed across the Forth Valley area.
- Extensive support is available to help staff switch to more sustainable and active ways of travelling, including initiatives such as access to electric bikes and bike maintenance schemes.
- The Anchor Springboard process is in place to deliver a wide variety of initiatives that benefit staff, patients and people living in local communities, and tackle climate change.
- Greenspace opportunities are being developed in Stirling Health and Care Village, which builds on the initiatives already available at Larbert Woods and Loch. In addition to health benefits for patients and staff, investment in greenspace around hospitals and healthcare centres is helping to tackle climate change and biodiversity loss.

Nevertheless, responding to the climate emergency will require an unprecedented shift in how healthcare is delivered, and everyone associated with this Board has a role to play.

NHS FV will build on the great work that has already been done, scale up activity, and support the energy and enthusiasm of people working for the Board to deliver the changes that are required.

RESPONDING TO THE CLIMATE EMERGENCY IN HEALTHCARE SETTINGS

Many of the actions needed in response to the climate emergency and the environmental crisis have positive health impacts. Cutting emissions and restoring biodiversity improves air quality and can reduce the incidence of or improve outcomes in diseases such as asthma, heart attacks and stroke. Eliminating pharmaceutical residues from wastewater prevents harm to biodiversity and limits the growth in antimicrobial resistant bacteria. Failure to protect the environment has direct consequences, and longer-term there are also risks associated with changing patterns of disease and the ability to treat these effectively.

Achieving Scotland's climate goals and Realistic Medicine fit naturally together. To become a sustainable and greener healthcare provider, Boards must deliver safe, effective, personalised care, and reduce harm and waste through improvement and innovation. Realistic Medicine promotes a culture of stewardship of finite NHS resources, where responsibility is taken individually and collectively, to use healthcare resources wisely.

Clinicians and staff will be at the heart of this Board's climate emergency response and efforts to become an environmentally and socially sustainable health service.

GOVERNANCE STRUCTURES

NHS Scotland Boards are required to establish a strong management structure to ensure delivery of the aims of DL38 and fully integrate these aims into all planning, management decisions and clinical and operational practices.

An NHS Forth Valley Climate Emergency and Sustainability Board has been established to oversee the NHS Board's response to the climate emergency. It will have both a governance and strategic role and will be responsible for reporting progress to the Scottish Government's Climate Emergency & Sustainability Board.

The Climate Emergency & Sustainability Board for NHS FV is chaired by the Chief Executive. Membership includes, but is not limited to the following:

- Chief Executive
- Director of Facilities & Infrastructure (Executive Lead for Sustainability)
- Director of Finance
- Director of Pharmacy
- Director of Public Health & Strategic Planning (Board-level Sustainability Champion)
- Medical Director
- Employee Director
- Representatives from Health & Social Care Partnerships
- Associate Director of Facilities & Infrastructure
- Director of Acute Services
- Director of Corporate Portfolio Management Office, Women & Children's Directorate, Chief Midwife

Internal scrutiny arrangements that are directly relevant to the climate emergency response include the following:

- A Climate Emergency/Sustainability Declaration is included in the Board Papers template – authors now must confirm the climate emergency and net-zero have been considered in the Business Case etc phase of all proposals.
- An annual Corporate Risk Deep Dive will be carried out to review the risks and control measures associated with the Board's Climate Emergency & Sustainability Corporate Risk.

- Progress is reported bi-annually (twice a year) to the Performance & Resources Committee.
- The NHS FV Climate Emergency & Sustainability Board meets quarterly.
- The NHS FV Climate Emergency Response & Sustainability Team meets monthly.

NHS FV will maintain robust oversight and approvals processes to ensure that there is effective scrutiny of the Board's climate emergency response.

OPERATIONAL STRUCTURES

A Climate Emergency Response & Sustainability Team is in place to inform the NHS Forth Valley Climate Emergency & Sustainability Strategy and develop and oversee delivery of outcomes within the NHS Forth Valley Climate Emergency & Sustainability Action Plan.

The Response Team has both a strategic and an operational role in NHS FV's response to the climate emergency. It will be responsible for reporting progress to the NHS Forth Valley Climate Emergency & Sustainability Board and will coordinate output of the strategic Working Groups that have been established to address the requirements within DL38.

Figure 1 summarises the internal governance and operational structure that has been established to respond to the climate emergency.

Figure 1: NHS Forth Valley Climate Emergency Governance and Operational Structure
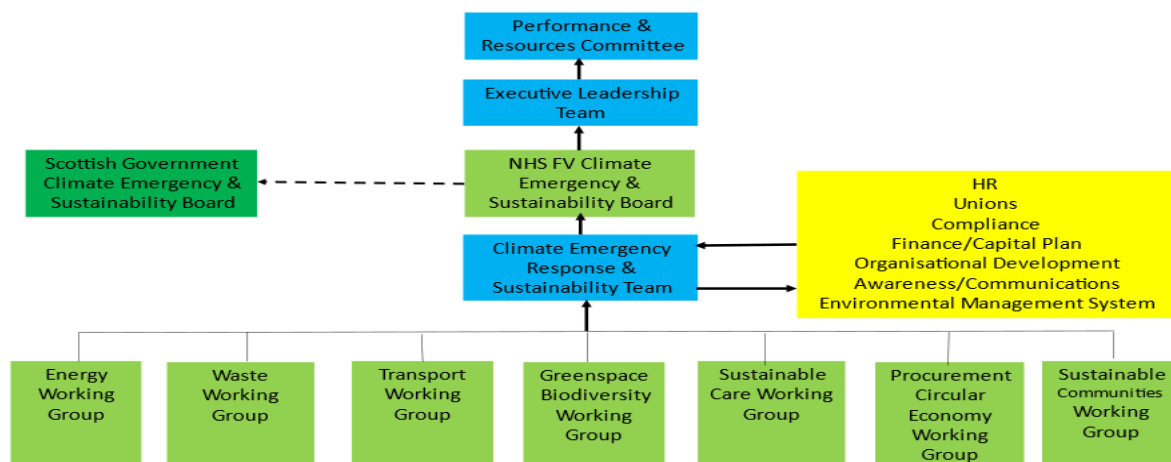
Each Working Group will focus on identification and implementation of projects and initiatives that will strengthen this Board's response to the climate emergency, and support development of a sustainable health service.

CORPORATE COMMITMENT
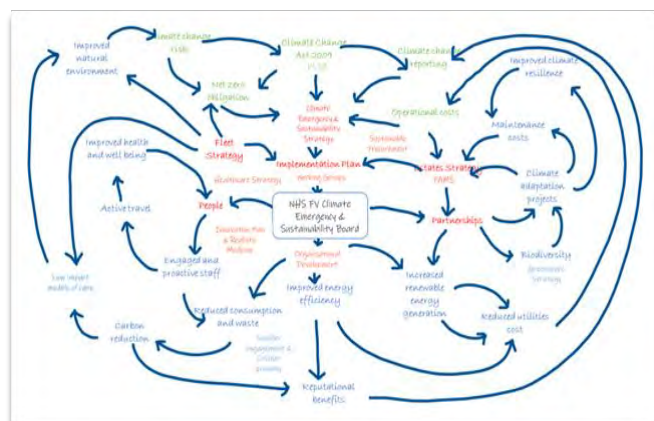
In addition to the restructure that resulted in the governance and operational arrangements summarised above, the climate emergency has also been acknowledged by NHS FV in the following ways:

- An Executive Lead for Climate Emergency & Sustainability and a Board-level Climate Emergency & Sustainability Champion have been nominated to oversee the Board's climate emergency response.
- Climate Emergency & Sustainability controls are included within the Corporate Risk Register.
- The Performance & Resources Committee Terms of Reference has been updated to reflect the Board's climate emergency response.
- Climate Emergency & Sustainability have been included within the Board's Annual Delivery Plan and Medium-Term Delivery Plan as one of the 10 drivers of recovery in the transition from the recovery to the renewal phase post covid.
- Recurring resources have been approved by the Board's Executive Leadership Team to build a team that will be responsible for delivering the climate emergency response.
- Improved communications arrangements have been agreed to ensure that sustainability becomes everyone's responsibility.

SECTION 2 - SHIFTING TO IMPLEMENTATION

The NHS FV Climate Emergency Response and Sustainability Team has been put in place to help the Health Board deal with the scale and complexity of the challenges of decarbonisation and environmental sustainability.

PRIORITY AREAS

Five priority areas have been identified where NHS Scotland Boards must take action:

- Sustainable Buildings & Land
- Sustainable Travel
- Sustainable Goods & Services
- Sustainable Care
- Sustainable Communities

AREAS OF FOCUS

NHS Scotland Boards must contribute towards the following areas of focus:

- Reducing Carbon emissions to net-zero by 2040 and decarbonising the NHS Scotland estate by 2038 (i.e. no gas heating)
- Reducing energy and resource consumption
- Reducing pollution resulting from activities
- Producing and implementing a Climate Change Adaptation Plan to ensure resilience of service under changing climate conditions
- Supporting the procurement of sustainable goods and services
- Supporting the establishment of a circular economy
- Identifying, delivering and promoting environmentally sustainable models of care
- Making best use of available greenspace and protecting/encouraging biodiversity
- Promoting environmentally sustainable methods of accessing healthcare (e.g. sustainable/active travel)
- Working and collaborating with staff, patients, local communities and organisations outside the NHS, including local authorities

HEALTHY AND RESILIENT COMMUNITIES

The United Nation's Sustainable Development Goals (SDGs) are embedded within the SG's National Performance Framework (NPF) and underpin NHS Scotland's climate emergency response.

The NHS touches every community in Scotland and there are opportunities, as Anchor Organisations, to drive real change. The way that care is provided can have a major impact on communities and the environment – sustainable models of care are key in the transition to a net-zero health service. Now, more than ever, there needs to be a focus on ensuring health and care services are used equitably and sustainably to meet the needs of the people of Scotland – as well as those of our future generations.

As Anchor Organisations, NHS bodies have an unrivalled opportunity to model sustainability goals around fair employment, gender equality and sustainable communities. This enables a 'whole system approach' to ensuring quality healthcare services are available and accessible to all.

NHS Scotland will change how services are planned and delivered – empowering people to have more control over their health and deliver change that is environmentally sustainable, increasing good health and reducing health inequalities.

NHS FV will work with staff, patients, and local communities in contributing to social and environmental sustainability and reaching net-zero.

ADAPTATION

The resilience of the NHS estate is vital to ensuring the delivery of health and care services without disruption. Projected climate change trends for Scotland will mean increased flooding, extreme temperatures, and more extreme weather events. Urgent action is required to protect NHS sites, essential services, and vulnerable communities.

NHS FV will build on the Climate Change Risk Assessment (CCRA) that has been carried out and work on a cross-departmental basis internally and with Integrated Joint Boards, Community Planning Partners, Public Health Scotland, Local Authorities and Local Resilience Partners to prepare and implement climate change adaptation plans to ensure resilience of service under changing climate conditions.

NHS Scotland has shown throughout the COVID-19 pandemic that it can act quickly in a crisis. The energy and enthusiasm of everyone is now required to respond to the climate emergency – building on the great work that has already been done and scaling up activity across all aspects of the healthcare that is delivered.

DRIVING CHANGE

The areas of focus that will be tackled by the seven Working Groups are:

- Energy/Facilities Management: buildings estate/facilities
- Waste Management: minimisation and recycling
- Transport: fleet operations and active transport
- Greenspace & Biodiversity
- Sustainable Care Medical Planning: aligned with existing Realistic Medicine agenda and includes Green Theatres and the Forth Valley Greener GP Practice Group
- Procurement, Supply Chain & Circular Economy
- Sustainable Communities: aligned with Anchor Institution/Community Wealth Building activity

Figure 2 summarises the Working Group structure that has been implemented.

Figure 2 – NHS Forth Valley Climate Emergency Response operational arrangements
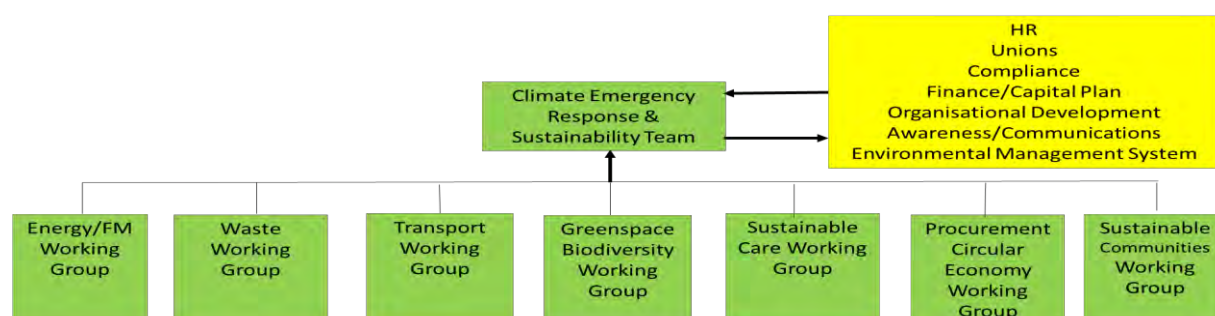
In addition to the Working Group structure above, in March 2023 it was agreed by the Climate Emergency Response & Sustainability Team that a Communications Working Group should be established to inform staff, patients, visitors and the wider public of the progress that is being made and to encourage participation in the climate emergency response. Options are also being considered for an IT Working Group and a Medical Devices Working Group.

SCOPE AND BOUNDARY

NHS FV has submitted annual climate change reports to SG since 2014/15 as part of the Public Bodies Climate Change Duties (PBCCD). These reports set out the progress that has been made in terms of reportable emissions reductions.

The following sources of greenhouse gas emissions are included within the PBCCD scope:

- building fossil-fuel energy use

- owned and leased fleet fuel use
- fluorinated gases and anaesthetic gases (only reported more recently due to data issues)
- purchased energy use (electricity, heat, steam)
- energy transmission and distribution
- waste (data issues)
- water consumption
- wastewater treatment
- business travel, including the use of grey fleet (historically has only focused on business mileage claimed by staff i.e. not other modes of travel)

The Board has made good progress in terms of emissions reductions within the PBCCD scope: the 21/22 report confirmed that reportable emissions had reduced by 36% compared with the 14/15 baseline.

NHS Scotland is working to improve the comprehensiveness and accuracy of its greenhouse gas emission reporting. In future years, more categories of emissions will be added to the scope and boundary with the result that future reporting may show apparent increases in some categories of emissions, which are in fact due to better data/reporting and/or scope and boundary changes rather than actual increases.

NHS Scotland Boards aim to maximise the health sector's contribution to Scotland-wide emissions reduction. There will be an increased focus around the emissions reported annually in the PBCCD reports, and the following sources, which the NHS does not control, but which it can influence, will become reportable:

- Supply chain
- Staff commuting
- Patient and visitor travel

N.B. Calculations methods are still to be agreed and implemented for the three sources listed above.

NET-ZERO TARGETS

The emissions sources that will be tackled have been set out in the Scope and Boundary section above and further details regarding the NHS Scotland targets can be found in the DL (2021) 38 and the NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026.

The NHS Forth Valley net-zero targets are aligned with the NHS Scotland ambitions:

- To reduce greenhouse gas emissions from NHS Forth Valley activities and from the activities under board control to net-zero by 2040 or earlier where possible (this includes all reportable emissions within the scope and boundary - not just buildings - and should be achieved without offsetting).
- The interim target is to reduce greenhouse gas emissions from NHS Forth valley activities by at least 75% by 2030 (this is linked to the availability of 1990 baseline data – where the 1990 baseline is not known for an emission source, interim targets for reducing emissions from that source must be set which are consistent with achieving the net-zero target from that emission source)

- Use renewable heating systems in all owned buildings by 2038 (i.e. shift away from gas-fired boilers for heating and domestic hot water)
- Transform the road-based fleet: removing petrol and diesel cars by 2025, adding no new petrol or diesel light commercial vehicles from 2025 and adding no new petrol or diesel heavy vehicles from 2030.
- Reduce the distance staff travel by car, both for business travel and commuting, in line with the national commitment to reduce car kilometres by 20% by 2030.
- Send no biodegradable waste to landfill by 2025 and send zero waste to landfill by 2030.
- Ensure that investment decisions, including procurement, are aligned with Scotland's net zero targets and support the move to a circular economy.

Since November 2021, this Board has aligned with the NHS Scotland targets mandated in DL38, which means the emissions scope and boundary previously used to establish the PBCCD baseline no longer addresses all the emissions sources included within the NHS policy. There is still work to be done to improve understanding of the NHS FV carbon footprint.

NHS FV will establish a methodology to ensure that the Board's emissions are reported accurately, are meaningful, and comprehensive, within the context of improved data and a shifting scope and boundary.
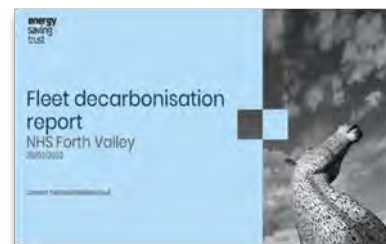
MEASURING AND MONITORING

This NHS Forth Valley Climate Emergency Strategy and Action Plan provides the initial steps in a pathway towards net-zero between 2023 and 2026 – this will evolve and be developed as progress is made.

The mandatory Public Bodies Climate Change Duties (PBCCD) framework is a solid base for monitoring progress; it will also be used to integrate the wider NHS Scotland ambitions in terms of emissions scope and boundary when methodology is agreed. The National Sustainability Assessment Toolkit (NSAT) that was developed for NHS Scotland addresses the majority of other areas of healthcare where opportunities to improve exist – NSAT also aligns efforts at Board level with UN SDG and the SG's NPF.

SCRUTINY AND REPORTING

There is a significant level of scrutiny around NHS Scotland's climate emergency response. Annual submissions that are directly relevant to the climate emergency response include the following:

ANNUAL 'DL38' REPORT

From November 2022, each Health Board is required to prepare, publish, and submit to the SG an annual report approved by its Chief Executive. This report summarises progress against the aims and targets set out in DL (2021) 38 – the NHS Scotland Policy on the Climate Emergency & Sustainability. The Annual Report submission date is the end of January.

ANNUAL AND MEDIUM-TERM DELIVERY PLANS

As part of the next phase of the NHS Scotland *Remobilisation, Recovery and Redesign* Plan, 10 Recovery Drivers have been developed with the aim to continue innovating and transforming the NHS for the future. Given that the climate emergency has been widely recognised as the single biggest health threat facing humanity, the 10 Drivers now include Climate Emergency & Sustainability. Boards are required to set out the actions that will be taken in seven key climate-related categories. The Annual Delivery Pan submission date is 8 June – the Medium-Term Delivery Plan submission date is 7 July.

NATIONAL SUSTAINABILITY ASSESSMENT TOOL

NHS Scotland has developed a National Sustainability Assessment Tool (NSAT) which all Health Boards used to measure progress across sixteen areas of sustainability. NSAT is also used to measure NHS Scotland's contribution to the UN's SDGs and will continue to be used to assess progress against the actions set out in the NHS Scotland Climate Emergency & Sustainability Strategy. In April 2023, the NHS Scotland Climate Emergency & Sustainability Board agreed that NSAT assessments should be carried out bi-annually (every two years). The next assessment will be in 2024/25, with a submission deadline of end August 2024.

ANNUAL PUBLIC BODIES CLIMATE CHANGE DUTIES REPORT

The Annual PBCCD Report is a mandatory requirement under the Climate Change (Scotland) Act 2009 – affected Boards have complied with the requirement to submit an annual report since 2014/15. The report includes an update on progress against a number of statutory targets including greenhouse gas emissions and biodiversity. The Climate Change Report submission date is the end of November.

Arrangements will remain in place within NHS FV to ensure compliance with all climate change and sustainability reporting requirements.

To achieve the aims that have been set out above, NHS FV must start doing things differently and work collaboratively to mitigate and limit the effects of the global climate emergency.

The drive for net-zero has shifted from ambition to delivery. Rapid action is required to limit further climate damage and impacts – globally, nationally in the UK and Scotland, and from the NHS Scotland perspective. In this new phase, whereby the targets have been set, the focus is on immediate delivery of the changes that are required. The priority emissions sources must be tackled to reduce impacts, and emissions sources not currently being addressed must be brought into scope.

The following section sets out what NHS FV aims to achieve in each area of focus.

ENERGY & FACILITIES MANAGEMENT

Building energy use makes up the biggest proportion of NHS Scotland direct greenhouse gas emissions. Limiting these emissions will have health and wellbeing benefits for communities, as well as supporting Scotland's transition to a net-zero society and limiting environmental impacts. Boards must monitor, assess and report progress towards net-zero emissions via their annual Public Bodies' Climate Change Duties Report which is to be submitted to the Scottish Government by 30 November each year.

The NHS FV Energy & FM Working Group has the following targets/metrics:

Emissions from Buildings								
Based on actual consumption								
Estate GIA -190528 square metres								
Source	PBCCD Baseline 2014/15		PBCCD emissions previous year (2021/22)		Annual Consumption Targets - percentage reduction compared against previous year			Total percentage reduction in consumption by 2025/26 compared with 2021/22
	Consumption	Emissions (tCO2e)	Consumption	Emissions (tCO2e)	2023/24	2024/25	2025/26	
Electricity	24,251,404 kWh	13,572.60	23,449,368 kWh	4,979	-2.50%	-2.50%	-2.50%	-7.50%
Gas	53,731,513 kWh	9,938.70	51,012,741 kWh	9,343.50	-2%	-2%	-2%	-6%
Water	189,421 m3	65.2	171,048 m3	18.8	-2%	-2%	-2%	-6%

The total kWhs of renewable electricity generated by NHS FV in 2021/22 = 64,410 kWh

Target increase in renewable energy generated by NHS FV by 2025/26 = 10% increase from 2021/22 baseline.

Please note, reporting on the emissions from buildings targets is directly aligned with the Public Bodies Climate Change Duties Reporting processes and timescales – annual performance is reported in November for the previous financial year.

WASTE MANAGEMENT & RECYCLING

Each NHS Scotland body must set appropriate targets for reducing the volume of healthcare waste produced through measures including greater use of reusable items, improvements to waste segregation and increased recycling.

There is a requirement within DL38 to:

- Reduce domestic waste arising by a minimum of 15%, and greater where possible, compared to a financial year 2012/13 baseline.

- Ensure that no more than 5%, and less where possible, of all its domestic waste goes to landfill.

- Reduce the food waste it produces by 33% against a financial year 2015/16 baseline.

- Ensure that 70% of all domestic waste is recycled or composted.

- Reduce the volume of healthcare waste produced through measures including greater use of reusable items, improvements to waste segregation and increased recycling of recyclable materials (directly linked to the circular economy).

The NHS FV Waste Management Working Group has the following targets/metrics:

Emissions from Waste (*Data incomplete in some areas)						
Source	PBCCD data/emissions previous year (2021/22)		Annual Consumption Targets percentage reduction compared against previous year			Total percentage change by 2025/26 compared with 2021/22
	Tonnes	Emissions (tCO2e)	2023/24	2024/25	2025/26	
Clinical Waste Orange	683	186.4	3.0%	3.0%	3.0%	-9.0%
Clinical Waste Yellow	7	2	0.5%	0.5%	0.5%	-1.5%
Clinical Waste Red	1	0.8				
WEEE Mixed recycling	4	0.1				
Mixed Recycling	682	14.5	4.8%	4.8%	4.8%	14.4% increase
Organic Food & Drink Compost/AD	94	0.8	11.0%	11.0%	11.0%	-33.0%
Paper & Board Recycling	207	4.4				
Metal Cans/Metal Scrap	9	0.2				
Refuse Municipal/Commercial to Combustion	1,125	24	5.0%	5.0%	5.0%	-15.0%

Please note, reporting on the emissions from waste targets is directly aligned with the Public Bodies Climate Change Duties Reporting processes and timescales – annual performance is reported in November for the previous financial year.

TRANSPORT (FLEET)

Each NHS Scotland body must take action to reduce the carbon emissions resulting from travel associated with fleet operations. NHS FV will implement the NHS FV Electric Vehicle Strategy/Plan to reduce the need for travel and remove all petrol and diesel fuelled cars from the owned and leased fleets by 2025 or earlier where possible.

The NHS FV Transport (Fleet Operations) Working Group has the following targets/metrics:

Fleet Operations - Electric Vehicles (EVs)									
Vehicle Class	EV's (2021/22)	Fosil Fuel/Hybrid (2021/22)	Total (2021/22)	Percentage EVs (2021/22)	Annual Targets - percentage of fleet that is electric compared against previous year				Total percentage reduction by 2025/26 compared with 2021/22
					2022/23	2023/24	2024/25	2025/26	
Cars	18	40	58	31%	52%	88%	100%		100%
Light Commercial Vehicles	25	50	65	38%	44%	74%	91%		91%
Heavy Goods Vehicles	0	0	0	0					No HGVs in NHS FV fleet

In 2021/22 reporting of emissions associated with fleet operations shifted from distance (miles) covered to fuel used (litres) to reflect the transition to EVs.

Fleet Operations - Fuel Usage							
	2021/22 Fuel Usage (litres)	2021/22 emissions (tCO2e)	Annual Targets - percentage reduction in fuel usage compared against previous year				Total percentage reduction by 2025/26 compared with 2021/22
			2022/23	2023/24	2024/25	2025/26	
Fleet Operations - Diesel	68,463	172	-44%	-74%	-91%		-91%
Fleet Operations - Petrol	56,716	124.4	-52%	-88%	-100%		-100%

TRANSPORT (ACTIVE)

Each NHS Scotland body must take action to reduce the carbon emissions resulting from travel associated with activities, including those associated with staff and patient travel.

- Number of staff accessing the Board's Cycle to Work Scheme;

- Number of staff waiting to 'borrow' an E Bike;

- Number of staff that have 'borrowed' an E Bike;

- Number of staff accessing the 'Dr Bike' sessions provided at FVRH and SHCV.

SUSTAINABLE CARE

Clinicians and staff must be at the heart of NHS Scotland's climate emergency response. The NHS Forth Valley Sustainable Care Working Group has 7 priority areas of activity: Inhalers, Medical Gases, Green Theatres, Realistic Medicine, Care Pathways (and 'green/active' alternatives), Medicines and Supporting Primary Care.

The NHS FV Sustainable Care Working Group has the following targets/metrics:

INHALERS

It is estimated that emissions from inhalers in NHS FV in 2021/22 were 4385 tonnes of CO2e (Metered Dose Inhaler (MDI) Propellant Primary Care + MDI Propellant Secondary Care). This project is being led by the Greener GP Practices Group.

Target by 2023/24 – reduce MDI-associated CO2e emissions by 20%.

MEDICAL GASES

NHS Scotland has an ambitious target to be net-zero for anaesthetic gases by 2027; the following targets have been set by NHS FV:

Anaesthetic gas use						Anaesthetic Gas Targets - Total tCO2e			
Source	2018/19 (baseline year) tCO2e	2021/22 - tCO2e	21/22 % change since 2018/19	2022/23 - tCO2e	22/23 % change since 2018/19		2023/24	2024/25	2025/26
Volatile gases									
Desflurane	115.2	0	-100%	TBC			0	0	0
Isoflurane	1.9	0.6	-68.42%	TBC			0	0	0
Sevoflurane	54	40.3	-25.37%	TBC			40	42	42
Volatile gas total	**171.1**	**40.9**	**-76.09%**	**TBC**		**Total Volatile Target**	40	42	42
						% reduction on previous year	0%	0%	tbc
Nitrous oxide and Entonox						**Nitrous and Entonox Targets - Total tCO2e**			
Piped Nitrous oxide	246	64	-73.98%	473	92.3%		40	0	0
Portable Nitrous oxide	39	17	-56.41%	30	-23.0%		210	200	150
Total Nitrous oxide	**285**	**81**		**503**		**Total Nitrous Target**	250	200	150
						% reduction on previous year	50%	20%	25%
Piped Entonox	855	940	9.94%	780	-8.7%		750	710	710
Portable Entonox	59	69	16.94%	57	-3.4%		50	50	50
Total Entonox	**914**	**1009**		**837**		**Total Entonox Target**	800	760	760
Nitrous oxide and Entonox total	1199	1090	-9.09%	1340	increased	% reduction on previous year	5%	5%	tbc
Anaesthetic gas total	**1370.1**	**1130.9**	**-17.45%**						

Please note, reporting on the emissions from anaesthetic gases is directly aligned with the availability of data which currently is issued periodically by the Scottish Government.

GREEN THEATRES

NHS Forth Valley is fully supportive of the NHS Scotland Green Theatres Programme (NGTP) and has been involved in delivery of associated projects for several years. The Sustainable Care Team will continue to implement initiatives and changes where appropriate (refer to Delivery Plan section below).

In particular, the aim is to achieve six out of the seven 'Bundle A' targets set by the NGTP.

For reference, the NGTP 'Bundle A' projects are:

1. Desflurane – this has been removed from all NHS FV stock lists and has not been used by the Board for more than 18 months
2. Oral Paracetamol vs intravenous - to reduce emissions
3. Anaesthetic Gas Scavenging System (AGSS) - switch off out of hours (currently not possible but efforts continue)
4. Theatres ventilation system – adjust settings to deliver energy savings
5. Nitrous oxide – decommissioning the manifold for piped nitrous
6. Surgical fluid system – roll-out following pilot
7. Waste segregation/minimisation – underway and ongoing

Develop aspirational targets and metrics to report environmental/sustainability benefits achieved from Patient Initiated Reviews (PIR) and Active Clinician Referral Triage (ACRT) opportunities.

Realistic Prescribing - stressing the importance of patient centred medicines reviews to avoid inappropriate prescribing and where necessary to deprescribe. This has patient safety benefits and reduces carbon footprint as well as chemicals reaching the waterways and adversely impacting plant and animal life.

SUSTAINABLE CARE PATHWAYS

Maximise outpatient appointments available via NearMe, with an aspirational target to shift 10% of all outpatient appointments to virtual by 2025/26.

Develop more Nature-based interventions for patients - connections to nature and outdoor physical activity have been linked to improved mental health which is relevant to all psychological therapies.

MEDICINES

By 2028 there are plans in place for all medicines to be assigned a carbon footprint – this will help inform decisions.

The vast majority of medicines are prescribed in primary care (and contribute up to 60% of the carbon footprint of primary care) – this will be the main area of focus.

SUPPORTING PRIMARY CARE

Work will continue with the Greener GP Practices Group to identify and implement opportunities to reduce impacts e.g. energy efficiency, waste minimisation/recycling, sustainable transport etc.

Support the organisational push to smooth out the discharge from hospital information (IDL letters etc) so it is completely electronic (faster and reduces paper usage).

GREENSPACE & BIODIVERSITY

Boards are expected to provide access to high quality greenspace that offers health-enhancing opportunities for patients, staff, and communities and has a positive impact on biodiversity. Each NHS Scotland body must promote improvements to biodiversity as far as is consistent with proper exercise of its functions.

The NHS FV Greenspace & Biodiversity Working Group has the following targets/metrics:

- Expand the NHS FV Greenspace & Biodiversity Working Group by including members of the SHCV Working Group along with Forth Valley wide key stakeholders by end of June 2023

- Ongoing delivery of the SHCV project – completion by March 2024

- Map NHS FV greenspace by July 2023 (currently ongoing, commissioned by NHS Assure)

- Appoint a Green Health Champion (Executive Board level) by July 2023.

- Develop an NHS FV Greenspace Strategy and Biodiversity Action Plan by March 2024 (in addition to the Biodiversity Plan that is required by 31 December 2023).

SUSTAINABLE COMMUNITIES

The climate emergency undermines the foundations of good health and deepens inequalities for the most deprived communities. As anchor organisations, NHS bodies have an unrivalled opportunity to model the sustainability goals around fair employment, gender equality and sustainable communities.

In responding to the climate emergency each NHS Scotland body must align the role as an anchor institution with the drive for net-zero.

The NHS FV Anchor Springboard has the following Key Objectives:

- To establish a set of outcomes and programme of work to maximise the contribution NHS Forth Valley makes to local communities of greatest need to mitigate the social impacts of the Covid-19 pandemic.

- To establish anchor institution milestones within the Health Improvement Programme Board and Infrastructure Programme Board Strategic Deployment Matrices.

- Ensure that those using services and who have lived experience are able to influence our thinking and offer their expertise and experience into the collective contribution.

- Develop and test a set of measures and measurement framework for the anchor institution work.

- To combine expertise and experience from across NHS Forth Valley clinical, care and corporate support services that already have, or are developing plans that will contribute to economic development and reducing the health inequalities of the Forth Valley population i.e. community wealth and health building.

- To identify economies of scale and opportunities to gain best value across NHS Forth Valley & Health and Social Care Partnerships.

- Increase collaboration with other local Anchor Institutions and community groups committed to community wealth and health building.

- Work with specialist/regional/national partner organisations to gain and share learning, build knowledge and expertise and attract resources such as evidence base and evaluation.

- Coordinate approaches to research and applications to funding agencies, to complement different developments across Forth Valley.

- Identify and take advantage of innovation opportunities where a collective approach would have a greater likelihood of success than individual organisations.

The NHS FV Sustainable Communities Working Group is aligned directly with the NHS FV Anchor Springboard, which has the following measurement framework:

Employ	Procure & commission	Use space and digital assets	Deliver health and wellbeing	Build anchor culture	Net Zero
No. of modern apprenticeships No. via Project Search + destination No. of staff employed from deprivation areas Gender pay gap + balance No. of employees on living wage (No. from FVC project with interviews and on bank)	NHS*+HSCP** £ + % contracts/spend on local providers % of providers with Real Living Wage accreditation No. of NHS community benefits portal requests and outcome	% of space opened to anchor partners + used by staff, or communities New builds - social value £, employment outcomes No. of services with TEC first approach	H&SCP wellbeing indicator Coronary heart disease, diabetes, suicide Uptake of services in disadvantaged areas	Vision and mission included in Strategic Plans Anchor investment included in budgets No. of collaboration partners No. of collaboration projects + outcomes	H&SCP indicator from climate change report X% Reduced staff car use % of staff remote working NHS volume of CO2 emissions reduced through reduced service user travel X% Reduction in clinical waste

Robust measuring and monitoring arrangements are embedded within the Anchor Springboard process; Sustainable Communities outcomes are directly aligned with measurement framework above.

SUSTAINABLE PROCUREMENT & CIRCULAR ECONOMY

NHS Scotland spends around £2.5 Billion each year on goods and services from around 8000 suppliers. It is estimated that the NHS supply chain accounts for around 60% of the overall carbon footprint.

The NHS FV Sustainable Procurement & Circular Economy Working Group has the following targets/metrics:

- Develop a supplier engagement programme to communicate sustainability commitments and expectations to suppliers by March 2024.

- Baseline NHSS product-based Scope 3 emission reduction plan maturity on a supplier level basis by 31st March 2024. The aim will be to have either contacted or will have a plan to contact all of our contracted product suppliers on all National NP contracts to understand and gauge their net zero ambitions.

- Relaunch the Warp-it reuse scheme by June 2023.

- Ensure that key suppliers are aware of their vulnerability to climate change disruptions and have resilience and contingency arrangements in place to minimise disruption resulting from extreme weather by 31/03/2024 in supply chain questions on Major tenders.

- Scoping the Procurement of forthcoming single use plastics regulations by reviewing the 8,000 items in NDC (National Distribution Centre) firstly to understand what products can be removed and swapped to reusable or more sustainable products via road map and systems and resources to complete by March 2024.

- Build on existing cardboard reuse initiative and roll out to 2 sites by March 2024.

DL 38 and the NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026 clearly set out the level of ambition; NHS Boards have an important role to play in delivering lasting action that secures a just transition to a climate resilient and net-zero future. It is each NHS Scotland Board's responsibility to develop the delivery plans that will achieve the decarbonisation targets and outcomes.

The Climate Emergency Response & Sustainability Team contributed towards development of the NHS FV Climate Emergency & Sustainability Strategy and each Working Group has agreed to a set of actions and the outcomes that form the NHS FV Climate Emergency & Sustainability Action Plan.

In this initial phase – 2023 to 2026 – the Working Groups that have been established will be the enablers delivering outcomes in the following key areas:

- Sustainable Buildings & Land – areas of focus

    - Electricity consumption
    - Gas consumption
    - Renewable energy generation technologies
    - Water consumption
    - Sustainable Capital Planning – sustainable future development of the estate
    - Sustainable Design & Construction – applies to new-build and refurbishment projects
    - Asset rationalisation (where appropriate)
    - Green Theatres – energy/water/waste/PPE
    - Greener GP Practice Group – energy/water/waste/PPE
    - Reducing waste and improving waste management
    - Adapting the estate to a changing climate
    - Protecting, managing, and enhancing greenspace and protecting and encouraging biodiversity – aligned with green health activities. Where there is a proposal which would result in the loss in quantity or quality of greenspace to the NHS or its contribution to biodiversity, Boards must refer the proposal to the SGHSC

- Sustainable Travel – areas of focus

    - Reducing the need to travel – aligned with sustainable care pathways and Realistic Medicine
    - Promoting Active Travel
    - Promoting Public and Community Transport
    - Decarbonising the NHS FV fleet

- Sustainable Goods & Services – areas of focus will include addressing the significant carbon footprint associated with the manufacture and supply of medicines, chemicals, equipment and other materials used by the NHS

    - Create circularlty in NHS supply chains and reduce waste by maximising repair and reuse of equipment (where appropriate)
    - Work with suppliers to address the issues associated with products that have the highest environmental impacts and greatest risk of socially unsustainable practices

- o Increase the resilience of the NHS supply chain to climate change
- o Develop options for treatment of equipment, materials and goods at end of life – work with suppliers to enable greater re-use and reprocessing of medical devices and equipment (where appropriate)

- Sustainable Care – areas of focus

  - o Green Theatres – anaesthetic gas/energy/water/waste/PPE
  - o Greener GP Practice Group – inhalers/energy/water/waste/PPE
  - o Supporting Primary Care to minimise environmental impacts and maximise benefits to health and the environment
  - o Medical Devices – green strategy
  - o Pharmacy – green strategy
  - o Realistic Medicine
  - o Sustainable Care Pathways

- Sustainable Communities – the NHS touches every community in Scotland and has an opportunity as a large employer, major buyer and 'Anchor Institution' to engage in the following areas of focus

  - o Supporting health and wellbeing
  - o Building community resilience
  - o Engaging communities in the drive for net-zero

- Climate Emergency Communications - areas of focus

  - o Staff, patient, visitor and wider public engagement

The following section sets out how NHS FV will achieve the aims within each area of focus. The Delivery Plan will be updated annually to reflect progress and shifting priorities.

The NHS FV Energy & FM Working Group has in place the following supporting activities:

Energy			
Activity	**Brief description**	**Expected outcome**	**Indicative Timeframe & Comments**
Primary Care Review	Redesign and improve access to GP and primary care services across Forth Valley	Potential estate rationalisation and improvements to building stock. This programme could deliver medium to long term climate emergency outcomes but will need to be supplemented by other actions in those locations not covered by the programme.	Ongoing – due to be conclude 28/29, subject to approvals and funding.
FCH Development	Setting out the vision for how existing services could be developed, improved and expanded (or relocated).	Development or relocation will result in more efficient buildings that are better suited to healthcare delivery in the 21st Century and shift the site on to a net-zero trajectory. This project could deliver medium/long term climate emergency outcomes.	Ongoing – due to be conclude 28/29, subject to approvals and funding.
FVRH Energy Efficiency – PV project	Roof mounted PV arrays	Circa 200kWh of on-site electricity generation.	Phase 1 detailed design complete. Planning and G99 etc applications ongoing. Aiming for project completion by March 24.
FVRH Energy Efficiency – Chiller project	Chiller replacement to improve efficiency and provide 'free' cooling option	Circa £40k to £50k/year energy saving	Completed March 2023.

FVRH Energy Efficiency – LED project	LED lighting upgrade	This project will deliver consumption and financial savings by reducing demand for electricity.	Discussions with Forth Health ongoing. Aiming for project completion by March 24.
CCHC Energy Efficiency – PV project	Ground and roof mounted PV arrays	Scoping underway	Implementation is dependent on availability of funding.
GPSEDS Programme – Phase 1 (procurement)	Fabric First and on-site generation projects	£1.9M funding secured for investment in the Primary Care estate (i.e. non-PPP/HUB estate).	Procurement in early 23/24 using the NDEE framework
GPSEDS Programme – Phase 1 (construction)	As above	As above	Construction/completion etc by March 24
GPSEDS Programme – Phase 2	Prepare and submit bid for further funding		Prepare bid in 23/24 for funding to deliver projects in 24/25
Hybrid/Bivalent Pathfinder	Understanding the implications of the mandated shift away from fossil fuel (gas) heating by 2038	£700k funding secured – procurement ongoing	Work ongoing to appoint a contractor by June 23. Aiming for project completion by March 24.
Net-zero Routemaps	Mapping the net-zero implications in our larger more complex sites (FVRH, SHCV, Bo'Ness Hospital and HC)	HFS contractor (Jacobs) commissioned – work ongoing	Expected completion December 2022
Capital Plan	Forward planning through a 'climate emergency lens'	Securing additional and ongoing funding to support the shift to net-zero	Ongoing
Climate Change Risk Assessment (CCRA)	Undertake CCRA and develop Adaptation Plan	CCRA complete – work ongoing to integrate into the Board's existing risk management arrangements	Ongoing – target completion 23/24. The Adaptation Plan (once developed) will be updated every 5 years

Environmental Management System (EMS)	Essential to the NHS FV climate Emergency Response as this will enable impacts to be identified and managed	Tentative discussions have taken place in the Estates Department – work to do	Ongoing and significant resource implications (staff and finance)
Collaborate with Integrated Joint Boards and Health & Social Care Partners	Shift away from 'silo' working to development partnership opportunities with shared outcomes	Options for shared properties and joint bids for grant funding etc	Ongoing
Collaboration with other public bodies and partner organisations	e.g. align with Local Authority Local Heat and Energy Efficiency Strategy (LHEES) and Regional Energy Masterplans (REMs)	e.g. Opportunity to benefit from district heating	Ongoing with more emphasis on this regional type of approach as building specific opportunities reduce
Facilities Management			
Activity	**Brief description**	**Expected outcome**	**Indicative Timeframe & Comments**
Estates Grounds Tasks	Consider more sustainable ways of working within the grounds team who currently use a lot of fossil fuel machinery and tools.	New sustainable ways of working to cut down use of fossil fuelled tools/machinery.	Currently ongoing but would require investment for new tools and machinery and to be well planned.

WASTE MANAGEMENT DELIVERY PLAN

The NHS FV Waste Management & Recycling Working Group has the following actions/outcomes

Waste Management & Recycling			
Activity	**Brief description**	**Expected outcome**	**Indicative Timeframe & Comments**
Waste Management Compliance	Ensure that the Board's waste related activities are complaint.	Confirm and maintain duty of care and operating permit requirements across all waste streams	Ongoing

Clinical waste bins - FVRH	Address findings/recommendations of the Clinical Waste Pre-Acceptance Audits by rebalancing the spread and provision of orange bag bins.	Reduction in orange bag waste	Initial implementation of changes June 2023 to deliver ongoing savings and reductions.
Waste Segregation – NHS FV wide	Develop, with a view to embedding into mandatory training, information/instruction for the source segregation of waste at the place of production e.g. ward/unit level	Increase in recycling levels.	Initial implementation of changes August 2023 to deliver ongoing savings and reductions.
Recycling – FVRH	Review and enhance current waste disposal processes used at FVRH.	Increase in recycling levels.	Initial implementation of changes October 2023 to deliver ongoing savings and reductions.
Recycling – FV wide estate	Review current arrangements with Enva and seek to provide a uniform approach across all sites.	Increase in recycling levels.	Initial implementation of changes October 2023 to deliver ongoing savings and reductions.
Waste Data	Undertake waste composition and weight audits to develop a better understanding of waste segregation and confirm accuracy around waste data.	Greater confidence in waste data.

Identify areas for targeted action. | Initial implementation of changes October 2023 to deliver ongoing savings and reductions. |
| Waste Data | Align all waste contractors to NHS Scotland's National Waste Data reporting tool. | Greater confidence in waste data. | Initial implementation of changes June 2023 to deliver ongoing savings and reductions. |

Waste Data	Develop reporting benchmark around the relationship between patient activity numbers and waste outputs.	Establish the current correlation between activity and waste generation.	Initial implementation of changes October 2023 to deliver ongoing savings and reductions.

FLEET OPERATIONS DELIVERY PLAN

The NHS FV Sustainable Transport Working Group (Fleet) has in place the following supporting activities:

Transport (Fleet)			
Activity	**Brief description**	**Expected outcome**	**Indicative Timeframe & Comments**
Funding Bids for EV charging infrastructure	Discuss via working groups the locations for further EV charging infrastructure projects.	Bidding documents received from NSSNF for SG SOF Funding 2022-2023	Ongoing – bid submitted for additional fleet only EV chargers at FVRH.
Electric Vehicle Programme	Continue fleet replacement programme as per SG decarbonisation directive 2025/30	Dependant on vehicle availability from manufacturers and vehicles with correct requirement for service requirement.	Fleet replacement SG deadline 2025.
NHSFV Leased Car Scheme	Work already ongoing to engage with vehicle users for the promotion and change over to ULEV	Dependant on vehicle availability from manufacturers. Supporting EV infrastructure to meet demand at FV sites.	SG Deadline 2032 or earlier.
Fleet telematics	Use telematics to optimise fleet logistics to reduce the need for travel	Dependant on procurement at national level of a suitable telematics package	National Procurement timelines – contract in place by March 2024

| Explore options for car club use | Reduction in high polluting grey fleet vehicles and reduction in mileage expense claims. | Cost savings

Mileage reduction

Lower CO2 emissions

Mileage Claims Expenses.

Indications of 100k savings achievable.

Grey fleet compliance benefits. | Ongoing. |

SUSTAINABLE TRANSPORT (ACTIVE) DELIVERY PLAN

The NHS FV Sustainable Transport Working Group (Active) has in place the following supporting activities:

Transport (Active)			
Activity	**Brief description**	**Expected outcome**	**Indicative Timeframe & Comments**
Active Travel Promotion and Brand Ambassador Programme	Utilise staff who are willing to help promote active travel options and share experiences with other staff. Ambassadors mentored and supported by FEL.	Increased awareness of travel options. Identify barriers to change via feedback.	Ongoing exercise to be replicated across the NHS FV estate.
Cycle Friendly Employer (CFE) Award	Undertake initial and follow up CFE Award audits across all NHS FV sites. Seek to gain the award for all sites.	CFE Award status for all sites.	Ongoing programme
NHS Forth Valley staff and patient E bike fleet - maintenance, insurance and safety checks	Supported by FEL, the planned preventive maintenance and safety inspections of identified bike fleets.	Provide suitable and equipment for staff and patients to use.	Ongoing programme

	Rolling replacement programme and grant funding applications.		
NHS Forth Valley staff e bike 'free trial scheme' support and administration	Supported by FEL the provision of E bikes, training, route planning and dedicated support to staff who are looking to change travel behaviours.	Level of uptake/waiting list and transition to long term change.	Ongoing programme for FVRH.

SUSTAINABLE CARE DELIVERY PLAN

The NHS FV Sustainable Care Working Group has in place the following supporting activities:

Sustainable Care			
Activity	**Brief description**	**Expected outcome**	**Indicative Timeframe & Comments**
Inhalers	Move from Metered Dose Inhaler (MDI) to Dry Powder Inhalers (DPI) where appropriate.	Updated primary care guidelines to increase DPI prescriptions will reduce environmental impacts.	Initial primary care roll-out February 23 – ongoing thereafter
Medical gases	Reduce usage of anaesthetic agents	Zero use of desflurane, stable use of sevoflurane and decommissioning of nitrous manifold	Piped supply of nitrous in FVRH blanked in May 23. Decommission manifold by July 23. Ensure that pharmacy data on cylinder usage is robust.
Green theatres	Tackle multiple small individual areas to reduce environmental impacts.	Participation in SG's National Green Theatres Programme (NGTP) to	Neptune suction system live by Jan 23.

		align with national data collation and benchmarking. The NGTP 'Bundle A' projects are: 1. Desflurane – this has been removed from all NHS FV stock lists and has not been used by the Board for more than 18 months 2. Oral Paracetamol vs intravenous - to reduce emissions 3. Anaesthetic Gas Scavenging System (AGSS) - switch off out of hours (currently not possible but efforts continue) 4. Theatres ventilation system – adjust settings to deliver energy savings 5. Nitrous oxide – decommissioning the manifold for piped nitrous 6. Surgical fluid system – roll-out following pilot 7. Waste segregation/minimisation – underway and ongoing	Involvement of wider board waste team required to improve on 25% reduction in Theatre waste already achieved. Staff engagement for ideas – suggestion board live May 23 with five projects underway.
Realistic Medicine	Patient Initiated Reviews (PIR) Active Clinician Referral Triage (ACRT) opportunities	Underway in selected specialities to reduce unnecessary outpatient appointments and associated impacts	Identify opportunities for scaling up in 23/24 and ongoing

Sustainable care pathways	Baseline and target for PIR and ACRT in 7 specialities and develop nature-based prescribing opportunities.	Increase to clinically accepted maximum to reduce environmental impacts	Baseline for all seven specialties in 2023 with associated targets and metrics (PIR and ACRT). Nature based prescribing throughout psychology services
Medicines	Work with GPs and Pharmacies to identify opportunities, targets and metrics	Establish GP and pharmacy representation/time allocation to assist in reconciliation	Ongoing
Supporting primary care	Reduced paper communication. Identify energy and waste projects for delivery in the primary care estate	Reduce environmental impacts.	2023 confirmation of zero paper copies sent out (aspirational). Ongoing identification and implementation of opportunities.

GREENSPACE & BIODIVERSITY DELIVERY PLAN

The NHS FV Greenspace & Biodiversity Working Group has in place the following supporting activities:

Greenspace & Biodiversity			
Activity (Overarching)	**Brief description**	**Expected outcome**	**Indicative Timeframe & Comments**

Establish a biodiversity baseline and plan ongoing monitoring of change/improvements	Agree arrangements with Stirling University to establish biodiversity baseline and plan ongoing monitoring of improvements.	Measurement and reporting takes place against a validated baseline and data collection that informs the mandatory Biodiversity Reporting Duty (every three years) and the Biodiversity Plan that is required by 31 December 2023.	Discussions are ongoing in early 2023. When arrangements are agreed, this will be an ongoing (annual) monitoring and reporting process.
Partnership working	Work with partners e.g. the three Local Authorities to identify greenspace and biodiversity opportunities in the Forth Valley area and Forest & Land Scotland re activities at Larbert Woods and Loch.	Greenspace and biodiversity projects have been developed collaboratively to meet shared outcomes and maximise resources.	Ongoing throughout strategy delivery with measuring and reporting arrangements to be agreed by July 2023
Maximising assets and resources for climate and therapeutic benefit	Adapt grounds management and maintenance to enhance greenspace, encourage biodiversity, and increase availability of access to staff, patients and the community.	Organisations, the community, staff and patients have experienced positive outcomes from increased greenspace and improved biodiversity.	Ongoing throughout strategy delivery with measuring and reporting arrangements to be agreed by July 2023
Activity (Stirling Health & Care Village (SHCV)	**Brief description**	**Expected outcome**	**Indicative Timeframe & Comments**
Establish structure for stewardship and leadership of greenspace and biodiversity activities at Stirling Health and Care Village (SHCV)	Stakeholder engagement activities, project steering, reporting and governance structures agreed	The programme of activities at SHCV has been provided with strategic support and appropriate governance, use of evidence informed approaches and opportunities for synergy and	Completed April 2023

		integration with other work programmes maximised.	
Feasibility study of SHCV greenspace	Feasibility study report will be commissioned and delivered that focuses on the biodiversity, clinical and social outdoor spaces, arts and environmental improvements, including green / blue infrastructural provisions and surface water management. The study will set out the opportunities presented at a strategic level looking at green networks and active travel opportunities in the wider area.	Greenspace and biodiversity projects have been developed and delivered based on comprehensive, expert led opinion.	Completed Oct 2022
Active Travel Routes around SHCV	Clackmanannshire and Stirling HSCP Health Improvement Service and Stirling Council City Centre South Team to explore linking existing and new active travel routes within SHCV to local active travel network.	Opportunities for existing and new active travel routes around and in the campus have been identified.	Exploratory work undertaken and shared with key stakeholders September 2023
Outdoor clinical and wellbeing spaces at SCHV	Enhancement of existing greenspace to support work using the natural world to help with the development of sensory processing in children and by Adult Psychology Services to utilise the beneficial	The site's greenspace has been effectively developed to contribute to health and wellbeing outcomes	Quick win sites at SHCV by March 2024

	effects of nature on people's sense of mental wellbeing. Staff wellbeing opportunities will be incorporated		
Rehabilitation and Community Growing Garden at SCHV	Create growing areas within the grounds of the SHCV that are accessible and meet the needs of stakeholders. Spaces would be multifunctional to provide useable spaces for a wide range of groups including growing areas, accessible planting beds and an interactive real musical instrument play area.	The site's greenspace has been effectively developed to contribute to wellbeing outcomes.	Quick win sites at SHCV by March 2024
Biodiversity Projects at SHCV	Bumble bee trail will be installed following site survey from Bumble Bee Trust and community involvement from local schools. Working in partnership with estates to identify opportunities for landscaped grasslands to be enabled to return to a naturalised state	Ecological value of amenity space has been improved	Started July 2022 – project initiation phase complete by March 2024
Activity (Population Health)	**Brief description**	**Expected outcome**	**Indicative Timeframe & Comments**

Therapeutic Interventions for wellbeing	Promotion to public and delivery of subject matter advice and support to professionals to implement Natural Health Award	Increased health improvement capacity to deliver activity that uses the natural environment to contribute to health and wellbeing outcomes. Increased knowledge and skills on the benefits and use of natural environment to contribute to health and wellbeing outcomes.	March 2024
Outdoor clinical and wellbeing spaces at FVRH	Strength & Balance boards located at FVRH loch and outside maternity ward Supply resources and subject matter expert input to enable use of Natural Health Award by CAMHS and FLCs in Larbert Woods	Increased awareness and usage of greenspace at FVRH to contribute to health and wellbeing outcomes	Started September 2022 March 2024 March 2024
Outdoor clinical and wellbeing spaces at other NHS FV Sites	Pedal Forth cycling sessions facilitated by Forth Environment Link for patients at Bellsdyke hospital	Increased awareness and increased usage of NHS greenspace to contribute to health and wellbeing outcomes.	Ongoing from December 2022
Staff Health and Wellbeing Plan	Principle of sustainability included within the 3-year plan	Increased awareness of corporate objective on sustainability.	July 2025

	The value of incorporating sustainability, biodiversity and use of green space in action to improve staff wellbeing is actively promoted by Staff Support and Wellbeing group.	Increased awareness of staff role in supporting the vision of green and sustainable healthcare.	July 2025
		Expectation that activities and interventions to support staff health and wellbeing are aligned to corporate objectives and have been embedded.	July 2025

SUSTAINABLE COMMUNITIES' DELIVERY PLAN

The NHS FV Sustainable Communities Working Group has in place the following supporting activities:

Sustainable Communities			
Activity	**Brief description**	**Expected outcome**	**Indicative Timeframe & Comments**
Ensure that there are good connections with structures and processes already in place i.e. the Anchor Springboard group and Greenspace and Biodiversity subgroup	Enhance synergy and reduce duplication.	A holistic approach to contributing to the NPF.	Ongoing
Begin a process of engagement with all 3 Community Planning	Collaboration and partnership working	Common understanding of requirements and approaches of public sector organisations, and	Commenced November 2022 - ongoing

Partnerships and sustainability leads for the 3 Councils		activity of CPPs. Improve engagement with communities.	
Develop a partnership approach to sustainable communities	Review available information to develop a coordinated approach.	Collaborative working to achieve common goals.	Commenced November 2022 - ongoing
Review the NPF – considering: • Metrics • System dynamic modelling	This will illustrate inter-connections and impact of specific activity on other goals which may be intended, unintended, positive and negative.	Improved understanding	Commenced November 2022 - ongoing
Develop a communications plan (inc. engagement and involvement)	Use a range of approaches including social marketing to improve communications and engage communities.	Working towards full engagement of all Forth Valley residents.	Commenced November 2022 - ongoing
Implementation of NICE guidelines on energy advice etc. in the NHS	The National Institute of Clinical Evidence has produced guidelines. There is a view that we need SIGN guidelines (Scotland specific)	Feasibility of implementation of these guidelines to be assessed.	Commenced November 2022 - ongoing
Attitudes survey	There is an apparent lack of evidence regarding public attitudes to sustainability and the climate emergency in Forth Valley	Literature review Feasibility study	Commenced November 2022 - ongoing
Materials	Develop materials to support this work through dialogue with stakeholders, including: • Application of philosophical frameworks • Application of CURVE • Workbooks • Consider on-line materials	Resources produced and applied. Feedback obtained	Ongoing with report by November 2023

The NHS FV Sustainable Procurement & Circular Economy Working Group has in place the following supporting activities:

Sustainable Procurement & Circular Economy			
Activity	**Brief description**	**Expected outcome**	**Indicative Timeframe & Comments**
Include community benefits in capital projects.	Currently Community Benefits are only in National Procurement Contracts greater than £4M. With the New NSS Community Benefits Gateway 3rd sector, charitable organisations and bidders can submit a "need" on the portal. NHS Forth Valley team will assess the "needs" and reject or approve if it meets the agreed criteria.	The 3rd sector organisations' requirements are met by a National Contract supplier.	Ongoing A total of 5 Community Benefits "Needs" were approved in 2022/23, mainly in relation to employment / un-employment.
Use existing sustainable procurement methodology and training to ensure that social and environmental sustainability is considered when procuring goods and services	Sustainable Procurement Training made available by National Procurement in F/Y 23/24. Existing Sustainable Procurement methodologies in use by NHS Forth Valley include: • The Annual Procurement Report includes	Sustainable Procurement Training will be attended by the NHS FV Head of Procurement in 2023/24. The Board's Annual Procurement Report is published on the NHS Forth Valley public website on each	Ongoing

		sustainability to address the Sustainability Duty.	previous financial year's activity at the end August 2023.	
		• Fair Work Practices are included in all Tenders from January 2022.		
		• The Flexible Framework is available to staff.	Review of Flexible Framework with a view to refreshing the Board's approach to sustainable procurement.	
Use learning from other Boards and National Procurement to understand the key impacts associated with the NHS Scotland supply chain	Head of Procurement attends the National Procurement SMT (Senior Management Team) meetings monthly. Sustainability is a Standing Agenda item with updates provided on all National and Board-specific initiatives. Key information is shared with the NHS FV Climate Emergency Response Team (and senior management where appropriate.	Shared National Learnings are communicated to the Working Group Project Leads within NHS Forth Valley to align with the National Procurement Programmes.	Supply chain – shared learning completion by March 2024. Internal sustainable procurement communications ongoing.
Roll-out additional cardboard re-use opportunities	The re-use of Cardboard packaging is currently ongoing in CSD (Central Supplies Dept) in Stirling. Packaging that has contained medical and commercial product is re-used (where appropriate) for	Another location that could re-use cardboard is Theatres. Where appropriate boxes will be reused for returns to suppliers.	Ongoing and roll out to Theatres by March 2024.

	redistribution of goods e.g. PPE, LFDs and Labels.		

FORTH VALLEY NHS BOARD
THURSDAY 25 JULY 2023

7.4 Chief Internal Auditor Appointment
For Approval

Executive Sponsor: Mr Scott Urquhart, Director of Finance

Author: Mrs Jillian Thomson, Deputy Director of Finance

Executive Summary

The current Chief Internal Auditor (CIA) advised in February 2023 that he would retire on 31 August 2023. A recruitment process has recently been completed to appoint a successor to lead the FTF (Fife, Tayside & Forth Valley) Internal Audit Service Consortium and act as CIA of NHS Lanarkshire.

NHS Forth Valley's Standing Orders require the appointment of NHS Forth Valley's Chief Internal Auditor to be formally approved by the Board.

Recommendations

The NHS Board is asked to:
*   **endorse** the appointment of the new Chief Internal Auditor, following the successful conclusion of the recruitment process.

Assurance

Proposed assurance level:

Level of Assurance		System Adequacy	Controls
Substantial Assurance		Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.

A substantial level of assurance is reported on the basis that there is a robust recruitment process in place involving NHS Fife, NHS Forth Valley, NHS Lanarkshire, and NHS Tayside.

Key Issues to be considered

A formal recruitment process commenced on 23 May 2023, with a closing date for applications of 6 June 2023. A stakeholder event took place on 16 June 2023, with interviews on Wednesday 21 June 2023.

The stakeholder event included stakeholders from NHS Fife, NHS Forth Valley, NHS Tayside, NHS Lanarkshire, and Angus IJB. The interview panel, which conducted the formal interview on 21 June, included Mrs Margo McGurk, Director of Finance and Strategy and Deputy Chief Executive NHS Fife, Mr Scott Urquhart, Director of Finance NHS Forth Valley and Mr Stuart Lyall, Director of Finance NHS Tayside. Following conclusion of the recruitment process, the successful candidate is Ms Jocelyn Lyall.

Jocelyn is a Chartered Public Finance Accountant who has over 23 years of Internal Audit experience, complemented by extensive knowledge of risk management, governance, and assurance. Jocelyn is passionate about promoting active and effective governance to help organisations implement achievable solutions and achieve their goals.

As Regional Audit Manager with the FTF Internal Audit Service, Jocelyn has led the Forth Valley and Tayside Internal Audit teams since 2015 and has worked across a range of Health Boards and Integration Joint Boards. The depth and breadth of Jocelyn's experience ensures that the Internal Audit function provides a service tailored to the challenges and risks of each organisation. Jocelyn's range of experience encompasses strategy, delivery of savings, clinical and care and staff governance. Her approach is collaborative, and outcomes focussed, and as CIA, she is committed to leading a professional, best practice and agile Internal Audit service in line with UK Public Sector Internal Audit Standards.

Jocelyn is expected to take up the post of Chief Internal Auditor on 1 August 2023, allowing for a period of handover with her predecessor.

Implications

Financial Implications
There are no immediate financial implications arising from this report. The Internal Audit function supports delivery of good financial governance.

Workforce Implications
There are no immediate workforce implications associated with this report. The Internal Audit function supports effective workforce planning through relevant audit reviews.

Infrastructure Implications including Digital
There are no immediate infrastructure or digital implications associated with this report.

Sustainability Implications
There are no direct sustainability implications arising from this report.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development*. (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 Internal Audit function supports quality and patient care through regular review of the effectiveness of service planning and delivery.

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

Risk Assessment / Management
The Internal Audit function supports the effectiveness and impact of the Board's risk management arrangements.

Relevance to Strategic Priorities
Appointment of a Chief Internal Auditor is matter reserved for the NHS Board as per section 6.2m of the Standing Orders.

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 Internal Audit Function is a shared resource across NHS Fife, NHS Forth Valley, NHS Tayside and NHS Lanarkshire. The Directors of Finance from all four Boards have been consulted on the recruitment process.

Additional Information
N/A

Appendices
N/A

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

8.1 Escalation Improvement Action Plan Update
For Assurance

Author: Mrs Cathie Cowan, Chief Executive

Executive Summary

Strengthening leadership across NHS Forth Valley, supported by effective governance and cultural improvement, continues to progress with a focus on three key priority areas:

- **Putting patients first** - everyone who uses our services expect to receive consistent and high standards of care.
- **Supporting our staff** - ensuring they have the right working conditions and resources to support their wellbeing and deliver the best care and services possible.
- **Working in partnership** - building and sustaining a culture of collaboration with partners based on trust and respect, learning, and sharing best practice.

NHS Forth Valley's Escalation Improvement Action Plan sets out our areas of focus in response to the NHS Board's escalation status. The updates below highlight key pieces of work to support the continued delivery of person centred, safe, patient care. These include the progress on the HIS inspection recommendations and the positive developments in our partnership working.

The quality of care that our patients receive depends, first and foremost, on the care, compassion and commitment of our staff and **supporting our staff** remains a key priority for the NHS Board. For example, we know the more engaged our staff are, the better the outcomes for our patients and the organisation overall. That is why we pay close attention to our iMatter 'employee engagement index' score and the feedback we receive from staff. In the most recent iMatter staff survey, we saw our response rate increase from 56% (2022) to 61% (2023) with an employee engagement index rate of 76%.

Putting patients first and patient feedback is also very important to us. Our newly established Public Participation Forum met for the first time on 21st of February 2023 to help respond to the requirements of the HIS report on Forth Valley Royal Hospital as well as identify wider improvements across the organisation. The Forum has met every two weeks over a three-month period with a follow up session planned on the 22nd of August 2023 to reflect on improvements and impact. The improvements implemented have included changes to improve signage and access to infection prevention and control guidance. New information has been developed to improve the experience of patients and let them know what to expect during their healthcare journey as well as encouraging them to raise any issues or concerns about their care or treatment.

This complements the ongoing engagement work of the Integration Joint Boards Strategic Planning Groups with representatives from our communities, carers, service users, trade unions and third sector partners.

New safety huddle arrangements have been put in place for staff along with mechanisms to encourage staff to speak up and provide feedback.

In addition, NHS Forth Valley promotes the use of Care Opinion across the whole system (Care Opinion is a not-for-profit social enterprise which enables people to share the story of their care and identify any changes or improvements) and in 2022/2023 742 members of the public shared their stories, an increase of 28% from the previous year. These stories have received 872 responses from staff and have been read more than 88,000 times. Most of these stories (77%) are positive, complimenting staff, their care and professionalism. Only 1% were critical with communication, waiting times and staff attitude highlighted as areas for potential improvement.

NHS Forth Valley has worked hard to respond to the HIS unannounced inspection report published in December 2022 by reducing high bed occupancy levels and the use of additional contingency beds to help improve patient care and experience.

On a positive note, we have seen the number of 12-hour waits in our Emergency Department reduce significantly from 649 in December 2022 to 291 in June 2023 and less reliance on contingency beds which have reduced from approximately 60 on the acute site at time of the HIS report being reported to approximately 20 in June 2023. There has also been a significant reduction in the number of people waiting for a package of care to support discharge. However, despite good partnership working, the number of patients experiencing delays in being discharged from Forth Valley Royal Hospital or transferred to a community hospital, remain higher than we would like.

NHS Forth Valley remains committed to **working in partnership** and continues to play a key role in providing mutual aid to a number of neighbouring NHS Boards for a range of surgical procedures and participating in regional solutions to build and deliver sustainable services across the West and East of Scotland. Locally, the NHS Board recognises the importance of working with a wide range of partners and last year we established a unique University, College and NHS Partnership as part of our 'anchor' work and commitment to deliver new learning and development opportunities for students and staff, drive forward world-class research and innovation and improve patient care and treatment across the region.

A major recruitment event, supported by both the University of Stirling and Forth Valley College, took place at Forth Valley Royal Hospital at the end of June 2023. It was a very successful event with more than 500 people attending, including many who have now joined our staff bank or are interested in applying for a number of permanent roles with work underway to follow-up with those who expressed an interest to work with us. In addition, an induction drop-in event for newly qualified adult nurses is scheduled for Tuesday, 25th of July. Since December 2022, the Executive Leadership Team (ELT), whose membership includes the Health and Social Care Partnership Chief Officers, has been committed to completing the transfer of operational management of services, staff, and budget responsibilities, this includes the Board investing in additional HSCP senior management capacity.

The NHS Board is committed to providing corporate support to all directorates and partnerships to ensure equitable support across all areas. For example, our Strategic Planning Team is supporting and providing specialist planning support to help address a range of system pressures relating to unscheduled care, delayed discharges and capacity and flow. This includes providing leadership and planning expertise to the Care Close to Home (intermediate care) Programme which aims to prevent unnecessary admissions, reduce inpatient length of stay and the deconditioning associated with time spent in hospital, improve the management of falls, increase collaboration and coordination across services and teams to streamline access, and integrate Out-of-Hours services.

The following sections focus on the three areas of escalation - leadership, governance, and culture. The final section provides an update on performance in those areas highlighted within

the Board's escalation letter from Caroline Lamb, Chief Executive of NHS Scotland and Director-General Health and Social Care.

Strengthening governance, leadership and culture

Strategic Intention & Governance
Since the last update at the end of March 2023, NHS Forth Valley has received feedback from both internal and external auditors through their annual reports. The Internal Audit Annual Report (IAAR) concluded that, based on work undertaken throughout the year, NHS Forth Valley has **adequate and effective internal controls** in place and the 2022/23 Internal Audit Plan had been delivered in line with Public Sector Internal Audit Standards.

NHS Forth Valley has also commissioned an independent review of the Board's governance structures, systems, and decision-making arrangements led by Professor John Brown, Chair of NHS Greater Glasgow and Clyde. Professor Brown is in the process of completing his review of governance arrangements and will once completed share details of any recommended changes or improvements with the Board over the summer.

NHS Forth Valley's vision - 'a great place to work and an outstanding place to receive care' continues to inform our recently approved corporate objectives and our commitment to be an employer of choice. **Good financial governance** and ongoing efforts to reduce agency spend and invest in permanent clinical posts remains a key priority for the Board. For example, to date, we have recruited to a number of hard to fill medical specialties - e.g., radiology (8 consultants), and mental health (5 consultants).

Reducing nursing (bank /agency) spend is another key area for the NHS Board and Figure 1 sets out the variation between NHS Boards.

Figure 1: **The nursing bank and agency spend varies between NHS Boards.**

NHS Scotland nursing and midwifery bank and agency spend (£m), year ending 31 March 2023

Data Source: SWISS (Bank) and NES Board Collection (Agency)
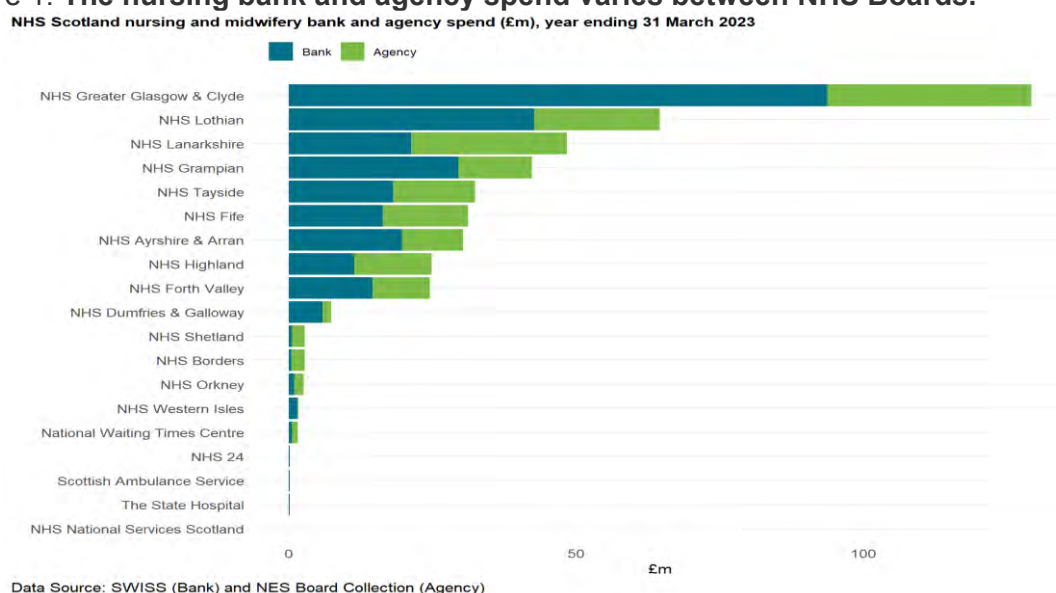
In nursing, we have recently recruited 143 newly qualified nurses as part of our ongoing commitment to maintain safe staffing levels and reduce our spend on supplementary staffing sourced from external agencies.

Medical agency spend increased from £1.15 million in 2021/2022 to £2.3 million in 2022/2023 compared to the highest spend of £17.6 million - NHS Forth Valley remains one of the lowest agency spending NHS Board and again the Board is committed to investing in permanent

appointments, e.g., the ELT recently approved investment in consultant mental health and learning disability posts.

Retaining our staff is also a key priority and we are working hard to invest in staff training and development and other career progression opportunities. Our turnover rate has increased by 1.2% (third highest mainland Board) in 2022/23 compared to 2021/22. 2022/23 shows turnover as 12.5%, an increase from 11.3% in 2021/22. Across Scotland NHS Highland had the lowest mainland turnover rate at 9.9%. The average across mainland Boards is 11.47%. Investing in services to deliver sustainable, high-quality care and treatment for local patients remains another key priority and, in 2021, the Board set out its plans to transform how we deliver elective/planned care. These decisions and significant investment are now supporting our planned care recovery plans and have also enabled NHS Forth Valley to provide mutual aid to a number of neighbouring NHS Boards. Similarly, recent investment in local emergency/ unscheduled care and mental health services aims to improve the capacity and stability of these services to help meet current and future demand.

Leadership & Culture

The ELT has co-produced and is engaged in a team development programme to improve the effectiveness of team working and building positive relationships. To date ELT has developed and agreed its purpose, vision, and values along with supporting objectives and actions which will be implemented from the 17th of July 2023 - this work is intended to provide role/responsibility clarity, and support collaborative working whilst holding each other to account.

ELT is also leading the implementation of the escalation response and has agreed SMART objectives based on indicators that support patients, staff and collaborative working. These include a 2% reduction in absence rates, targets to support essential training (80%), PDR 75% for Band 7 and above. Whilst urgent and unscheduled care remains a challenge, the Medical Director, both Chief Officers and Acting Director of Acute Services are working in collaboration on a whole system approach to improvement.

The Board launched its **Culture Change and Compassionate Leadership** programme in April 2023 and will follow up in September 2023 to review key themes, issues and priorities identified by local staff and primary care colleagues which will inform the development of an improvement plan. The Programme is intended to support staff share their experiences and for the Board to demonstrate through its leadership structure it is prepared to listen and support improvements.

NHS Forth Valley is currently reviewing feedback from the 2023 iMatter staff survey in detail but initial assessment shows slight improvements in feedback and overall scores in a number of areas which are outlined in Appendix D Item 1a. ELT is encouraging all Teams to engage in a review of their iMatter results and to work together to develop an action plan to support team effectiveness and improvements.

In addition, the Board has invested in a staff wellbeing programme, a staff Speak-Up service, and the Employee Director will renew our Board's commitment to working on the Sturrock Report recommendations and will chair the group leading the Board's response.

Improving service performance

Health and Social Care Integration

The integration of local health and social care services has progressed well with the transfer of specialist mental health and learning disabilities, primary care, contractor services and GP

and primary care out-of-hours services to the two local Health and Social Care Partnerships. Health Promotion services have also been aligned to localities within both Partnerships to further support the focus on improving health and addressing inequalities, this work will also be supported by the Acting Director of Public Health and Public Health Scotland. A new decision-making matrix is in use to help support decision making across local health and care services and to ensure a more consistent and joined up approach. This is currently being 'road tested'.

GP & Primary Care Out-of-Hours Services

In October 2022, Sir Lewis Ritchie visited NHS Forth Valley's Out of Hours (OOH) services and shared his findings and recommendations. In response to the twelve recommendations, the Board identified thirty-one actions to address workforce challenges and develop more sustainable services.

A meeting with the Scottish Government Primary Care Division with NHS Forth Valley including Partnership staff met on 19 June to discuss Out of Hours progress with feedback to be received in July.   The CEO has asked that those actions completed be closed, and actions ongoing be incorporated into 'business as usual' - a response is yet to be received. Actions relating to workforce continue and the Board is adopting innovative workforce and partnership solutions - e.g., making it easier and more flexible for staff to work shifts in OOH services, work with the Scottish Ambulance Service to increase the use of Paramedic Practitioners, the introduction of Healthcare Support Workers to carry out initial checks and observations during home visits to help inform clinical decision making and new arrangements where drivers are able to bring patients to local OOH centres if they require to be seen but are unable to travel there. The Care Closer to Home programme, highlighted previously, will also support greater integration and stability across a range of Out-of-Hours services.

HIS - Safe Delivery of Care

Work to address the HIS findings and requirements is being progressed by an Oversight Group reporting to the Clinical Governance Committee. The Oversight Group is supported in the main by a Working Group and several Short Life Working Groups (SWLG). These Groups incorporate leaders from across the organisation taking forward actions to address HIS specific requirements, leading on the development of new and improved systems of work, as well as understanding impact of actions.

The outcome of this work has been tested by mock inspections to provide assurance. Assurance on progress has been delegated to the Clinical Governance Committee.

Mental Health - CAMHS and Psychological Therapies

Work to meet the 18-week target and tackle the number of children and young people experiencing longer waits continues as we focus on treating those children and young people who have experienced the longest waits. This approach however does impact on local performance against the national 18-week target. In June 2023 RTT was 32.1% with the service targeting achieving the 90% target in September 2023. CAMHS has successfully reduced the waiting list for assessment for children over 18 weeks from 312 in May 2022 to 4 in May 2023. Significantly, the Referral to Treatment waiting list has also reduced from 467 in May 2022 to 219 in May 2022. This reduction in waiting times was achieved against a backdrop of 47% increase in demand for CAMHS services to 99 accepted referrals in the 5 months to March 2023, up from 67 children a month in the previous 12 months.

There has also been a small improvement in performance in relation to waiting times for psychological therapies and work continues to introduce new approaches and ways of

working, including offering patients access to a wider range of group-based therapies, where appropriate. In June 2022, 224 people had been waiting over a year for an initial assessment. Currently 4 people are waiting over a year for assessment (down from 7 at the end of April 2023).

There are currently 1631 people waiting for treatment (down from 1677 in April 2023). Of those, 366 have been waiting over 52 weeks (down from 381 in April 2023). Work is in progress to stratify the numbers of people waiting for treatment by time bands in the same way as has been done for those awaiting assessment. The RTT standard has been over 70% for the last 4 consecutive months (June 2023 position 74.3%). Good progress has been made in reducing the waiting times for assessment with a reduction in patients waiting over 18 weeks from 377 in August 2022 to 69 in May 2023. Assurance on progress has been delegated to the P&R Committee.

ED/Unscheduled Care

A significant reduction in the number of long waits is reported with the number of 12-hour waits having fallen from 649 in December 2022 to 291 at the end of June 2023. Although performance in relation to the 4hr emergency access standard remains variable, there has been a slight improvement over the last few months (Dec 2022 - 42% to 53.9% at the end of June 2023). However, the Board is unlikely to reach the target trajectory of 70% by the end of August 2023. Reassessment of this target is underway in the Board, in conjunction with the national Unscheduled Care team.

To support that improvement trajectory, work continues to address pressures across the wider health and care system which impact on the 4hr emergency access standard, particularly in relation to the high numbers of patients experiencing delays in being discharged from hospital to home or awaiting transfer to a community hospital or social care facility for ongoing care or rehabilitation. This includes work with the Scottish Ambulance Service (SAS) and local GPs to try to reduce direct referrals to ED and the acute assessment units, where possible, by identifying suitable alternatives. This is supported by the recent creation of a separate dedicated entrance to the Rapid Assessment and Care Unit (RACU) within Forth Valley Royal Hospital which enables the SAS to bring patients direct to the RACU for assessment without the need for them to seen in ED first.

Work continues to improve the pre noon discharge rates, improve pathways to Minor Injuries and use of Near Me appointments and increase virtual capacity including expansion of the Hospital at Home service. Assurance on progress has been delegated to the P&R Committee. While unscheduled care performance continues to be challenging, ambulance turnaround times, ED triage times and waits for planned surgery and outpatient appointments at Forth Valley Royal Hospital remain amongst the best in Scotland.

The Board's Escalation Improvement Plan has been updated to capture the progress made over the last seven months, along with a corresponding measurement framework to track and measure progress in each of the key areas. Version 3 of the Escalation Improvement Plan is being developed which will summarise the work carried out to-date and incorporate any future recommendations and learning from the governance review and Culture Change and Compassionate Leadership programme. In addition, the work to review the Integration Schemes, reassess progress against the MSG (integration) proposals will also be progressed. Further information on Escalation Improvement Action Plan is noted in Appendix 1 with detailed Measurement Framework Performance Updates in regard to 'putting patients first' and 'supporting our staff' detailed in Appendix 2 and Appendix 3.

Implications

Financial Implications
The Scottish Government has confirmed it is willing to consider programme/project specific support. A Programme Director is in post and a HR focused Programme Director has commenced. Terms of Reference have been agreed to inform a stakeholder system wide due diligence review of integration. In addition, and as part of the Board's commitment to continuous improvement, work is underway to support the Board to undertake a self-assessment with a focus on leadership and culture. The output from the self-assessment will inform the Board's Development Plan.

Workforce Implications
Additional Programme Director capacity is in place (10 July 2023) to direct, co-ordinate and oversee the Culture and Leadership programme.

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

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

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development.
X   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
All the actions set out in the Escalation Improvement Plan are intended to support improvements in service quality and patient experience. The links between good leadership, governance and culture are well evidenced most recently, in the Blueprint for Good Governance[i] '*For NHS Scotland to be successful in delivering quality healthcare, good governance is necessary but not sufficient if NHS Boards are to meet or exceed the expectations of their principal stakeholders*. *To do that, the organisation must also excel at day to day management of operations and the implementation of change*.'

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

Risk Assessment / Management
An 'escalation' risk assessment, in relation to the NHS Board's purpose and aims, corporate objectives and operational priorities, standards and targets, has been completed with regard to the wider strategic and policy context within which the NHS Board operates. This has resulted in the creation of a dedicated Risk Register (Escalation Programme with a focus on the Plan) which has been shared with the ELT to review. The Risk Register was also presented to the Escalation Performance & Resources Committee in March to help identify, manage, and escalate to the NHS Board any issues and/or potential new risks.

Relevance to Strategic Priorities
The Escalation Improvement Plan impacts on all the NHS Boards approved Corporate Objectives (March 2023), 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 out authorising and operating environments.
- Demonstrate behaviours that nurture, and support transformational change across our health and care system.

Equality Declaration
The authors 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
Executive Leadership Team members have contributed to the production of this paper.

A Communication Plan has been developed and agreed by the Programme Board and approved by the Escalation Performance & Resources Committee.

Additional Information
Nil

Appendices

- Appendix 1: Action Plan Update.
- Appendix 2: Measurement Framework Performance Update - 'putting patients first'
- Appendix 3: Measurement Framework Performance Update - 'supporting our staff'.

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

Escalation Improvement Action Plan: Domain- Leadership and Culture

Executive Leadership Team (ELT) Development (April to June 2023) – extended to August

Scope: ELT Development – Series of externally facilitated Organisation Development sessions to create and embed effective team working and to agree ELT objectives

Action (s)/Timescales	Update	Intended Impact/Outcome
1. Agree scope and aims for OD activity ✓. 2. Corporate objectives approved by NHS Board ✓. 3. Session 1 – 3rd April ✓. 4. Session 2 – 18th April ✓. 5. Session 3 – 10th and 11th May ✓. 6. Draft 2023/24 objectives to June Remuneration Committee for approval. 7. Session 4 – 11th and 12th July 8. Define ELT Measurement Framework 9. Session 5 – 3rd August 10. Session 6 – 29th August Board development was previously included within this section. This has moved to Governance and is discussed alongside other Board development and review activity.	1. The ELT has co-produced and is engaged in a team development programme to improve the effectiveness of relationships. This activity will inform NHS Board priority setting in response to Scottish Government policy and IJB Directions supported by team objectives ✓. 2. Corporate objectives approved by the Board inform the CEO draft objectives ✓. 3. A self-facilitated session in advance of the ELT Development programme took place on 3 April (due to leave) and thereafter externally facilitated sessions will take place ✓. 4. Session 2 helped to inform the 2023/24 ELT and individual ELT objectives ✓. 5. To date ELT has developed and agreed its purpose, vision, values and 'desired culture state' and intend using this to support collaborative behaviours and holding each other to account ✓. 6. The majority of objectives were approved at the July Remuneration Committee. 8. Work is in progress to agree key measures to track improved functioning of ELT. To date ELT have agreed SMART objectives, based on indicators that support patients, staff and collaborative working including a 2% reduction in absence, xx% mandatory training, 75% of PDRs for staff Grade 7 and above. In addition is intended to develop specific measures to track self assessed effectiveness of ELT. This will be developed as part of Session 4.	Board developed clear vision and values framework that everyone takes responsibility for working within. A clear and challenging set of corporate objectives reflected at every level of the organisation and good quality data to guide operational performance aligned with these. Effective team and inter-team working with everyone taking responsibility for creating collaborative relationships and working as a system. **Measures – see Measurement Framework (MF)** • Approved ELT 2023/24 and CEO Objectives – Outcome 1 and 2 • Improved ELT attendance and engagement – See **MF ELT Engagement** – Outcome 1 and 6

Escalation Improvement Action Plan: Domain- Leadership and Culture

Implement professional leadership arrangements across NHS FV (April - June 2023)		
Scope - Invest in professional leadership to ensure patient safety remains a top priority for the NHS Board whilst enabling staff to focus on sustainable improvement		
Action (s)/Timescales	**Update**	**Intended Impact/Outcome/**
1. Re establish weekly triumvirate meetings ✓. 2. Review Nursing Directorate support infrastructures ✓. 3. Appoint Nurse Director (formerly Deputy Nurse Director) ✓. 4. Appoint AHP Director 5. Clinical Nurse manager job description reviewed and benchmarked 6. Professional leadership Review paper	1. Weekly Chief Executive, Medical Director, and Nurse Directorate triumvirate meeting now part of business as usual ✓. 2. Review of 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 was in place by end of March 2023✓. 3. Nurse Director has been appointed with start date of 31 July. 4. AHP Director post was delayed due to job grading. It has now been advertised and shortlisted. Interviews are scheduled for 3rd July. 5. This post is being considered as part of wider paper on professional leadership which is out for comment. 6. This paper has been delayed due to need to review the AHP structures and to include financial implications. It I snow out for comment with ELT.	A clear and challenging set of corporate objectives reflected at every level of the organisation and good quality data to guide operational performance aligned with these. Effective team and inter-team working with everyone taking responsibility for creating collaborative relationships and working as a system. **Measures – see Measurement Framework (MF)** 1. Identifed positions filled – Outcomes 2 and 6 ✓ Re-established leadership protocols across triumvirate – Outcomes 2 and 6

Escalation Improvement Action Plan: Domain- Leadership and Culture

Action (s)/Timescales	Update	Intended Impact/Outcome/Measures
1. Appoint OoH Service Manager 2. Appoint Head of Primary Care 3. Appoint Head of Strategic Planning Mental health and Wellbeing	Investment in three management posts has been approved by the NHS Board. 1. OoH Service Manager has been advertised and closed 18th June. Interviews are scheduled for 13th and 14th July. (NHS FV leading recruitment process) 2. Head of Primary Care recruitment pack being finalised. Expected to be advertised by the end of June. (Falkirk Council leading the recruitment process) 3. Head of Strategic Planning post is under discussion. Once discussions are concluded the post will be submitted for job evaluation. (Clackmannanshire and Stirling HSCP leading the recruitment process)	Board developed clear vision and values framework that everyone takes responsibility for working within. A clear and challenging set of corporate objectives reflected at every level of the organisation and good quality data to guide operational performance aligned with these. Effective team and inter-team working with everyone taking responsibility for creating collaborative relationships and working as a system. 1. Identified positions filled – Outcomes 1, 2 and 6

Board and ELT Leadership Capacity and Succession Planning (April to June 2023 – now extended)
Scope – Invest in Board-wide leadership capacity to support long term Transformation and Sustainability of services and workforce

Action (s)/Timescales	Update	Intended Impact/Outcome/
1. Appoint Deputy CEO.	1. Job description has been developed and shared with ELT 19 June (original target date March/April). The recruitment process for approval will be presented to the Remuneration Committee on 4 July 2023 for consideration and approval.	Board developed clear vision and values framework that everyone takes responsibility for working within. A clear and challenging set of corporate objectives reflected at every level of the organisation and good quality data to guide operational performance aligned with these. Effective team and inter-team working with everyone taking responsibility for creating collaborative relationships and working as a system. **Measures – see Measurement Framework (MF)** 1. Identifed positions filled – Outcomes 1,2 and 6

Escalation Improvement Action Plan: Domain- Leadership and Culture

Strengthen the voice of patients and staff **(April to June 2023 – now extended)**
Scope – Ensure feedback from patients is incorporated in relation to safe patient care improvement work

Action (s)/Timescales	Update	Intended Impact/Outcome/
1. Establish NHS Forth Valley Public Forum ✓. 2. Incorporate feedback from Forum into response to HIS Requirements.	1. This Forum provided feedback from patients and the public in relation to the Safe Delivery of Care improvement work. This forum is led by the Executive Nurse Director and the first meeting was held February 2023. It was anticipated that this group would run for 6 meetings with a specific remit in relation to the Safe Delivery of Care work, all 6 meetings have been delivered and a wrap up meeting in August is schedule. In the August meeting the SLWGs will report to the Forum on 'You said we did' in relation to feedback given. The Forum have agreed to look at other projects that they can be involved in and contribute to.	Diversity is positively valued, and everyone is included and respected, strengthening trust, transparency and staff wellbeing. Everyone taking responsibility for continuously improving quality, learning and innovating in safe and empowering conditions.
		Measures – see Measurement Framework (MF)
	For activity on staff voice and learning from other Boards see actions below.	2. No specific measures relating to the Forum, participant feedback in relation to Forum involvement has been very favourable.

Learning from other NHS Boards (April to June 2023)
Scope – Enhance the voice of staff and learn from experiences of other Boards

Action (s)/Timescales	Update	Intended Impact/Outcome/
1. Evaluate current speak up staff service. 2. Implement any changes to speak up recommended. 3. Review learning from other Boards including Highland and GC&C ✓. 4. Increase Whistleblowing Confidential Contacts. 5. Increase Whistleblowing Lead Investigators 6. Establish whistleblowing network 7. Establish process of continuous improvement of whistleblowing process	1. This review will be concluded by September 2023. 3. NHS Forth Valley HRD has shared learning and best practice with ELT and the Escalation P&R Committee. This learning has informed a process of evaluating the NHS Board against the 23 improvement actions and will include a review of our Whistleblowing (WB) support structures and delivery of Compassionate leadership Programme. A separate action has been added to cover the Compassionate Leadership Programme ✓. 4. Additional whistleblowing confidential contacts have been recruited. Additional confidential contact training is scheduled. 5. Additional whistleblowing lead investigators are in the process of being recruited and will be trained over the summer. 6. Whistleblowing network developed. 7. Refining of whistleblowing process ongoing based on feedback from reporters.	Diversity is positively valued and everyone is included and respected, strengthening trust, transparency and staff wellbeing. Everyone taking responsibility for continuously improving quality, learning and innovating in safe and empowering conditions. **Measures – see Measurement Framework (MF)** 1. Speak up trend – See **MF – Employee Relations Metrics** - Outcomes 4 and 5 2. Whistleblowing trend - See **MF – Employee Relations Metrics –** Outcomes 4 and 5

Escalation Improvement Action Plan: Domain- Leadership and Culture

NEW - Compassionate Leadership Programme (April to December 2023)
Scope – Support a healthy organisational culture where staff feel able and supported to speak up

Action (s)/Timescales	Update	Intended Impact/Outcome/
1. Establish Compassionate Leadership programme and Governance ✓. 2. Launch the programme formally with staff 3. Complete Diagnostic Phase (July) 4. Complete Synthesis Phase (September) 5. Complete Design Phase (December) 6. Commence Delivery Phase (December)	1. The Programme was approved by ELT in January 2023. A Cultural Change & 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. A Programme Director has been recruited to direct, oversee and implement C&L Programme; they are scheduled to start July 2023. 2. The C&L programme was launched on 3rd April 2023 and ELT members have been meeting with staff across Forth Valley to promote the programme. 3. A partnership core working group is meeting weekly and is driving the programme. The Discovery Phase started on 1st May and will conclude on 31st July. During this phase - focus groups, a staff and partners survey 1:1 interview with Board members will take place. Cohort 1 for focus groups has concluded. This ran from 15th May to 16th June. 20 focus groups were advertised and 16 took place. 121 staff registered to attend and 84 attended. Sessions were held over teams and on site. Cohort 2 will run from 19th June to 31st July. 35 groups have been advertised. Sessions will include drop in session and Out of Hours session to offer flexibility to staff. An escalation process is in place for any immediate concerns highlighted during focus groups, All staff and partners survey went live on 12th June.	High quality support and compassion for staff, ensuring that they have the right working conditions and resources to support their own wellbeing and deliver consistently high standards of care and treatment that people expect. Diversity is positively valued and everyone is included and respected, strengthening trust, transparency and staff wellbeing. Everyone taking responsibility for continuously improving quality, learning and innovating in safe and empowering conditions. **Measures – see Measurement Framework (MF)** Measures for the programme to be confirmed during Diagnostic Phase – these will align to Outcomes 3, 4 and 5

Escalation Improvement Action Plan: Domain- Governance

Governance Review – Board (March to June 2023) now extended
Scope – Assess effectiveness and efficiency of the NHS Board's corporate governance arrangements

Action (s)/Timescales	Update	Intended Impact/Outcome/
1. Commission external Review of NHS Board and Assurance Committee governance arrangements ✓. 2. Interim Report received 3. Final Report Received (July) 4. Action Plan to address report agreed at Board	1. Professor John Brown, Chair of NHS GG&C, has begun an independent review of NHS Board and Assurance Committee governance arrangements. The review continues having agreed a methodology – as set out below: • 1:1 meetings with Board members, ELT members and other key staff continue. • a desktop review of Board governance documentation including Board, Committee and ELT papers, minutes etc will continue. • attendance to observe meetings during the period January to 25th May 2023 ✓. 2. The interim report has been received ✓.	Primary functions of governance embedded throughout the Boards and Board Committees. Enabling conditions in place, specifically diversity and values. **Measures – see Measurement Framework (MF)** 1. Measures will be defined following receipt of the Final Report – Outcomes 7 and 8.

Board Development (March to June 2023) now extended
Scope – Assess effectiveness and efficiency of the NHS Board's corporate governance arrangements

Action (s)/Timescales	Update	Intended Impact/Outcome/
1. Initial Board enquiry session ✓. 2. Undertake self assessment process. 3. Review self assessment output 4. Action plan to address self assessment findings	1. An initial enquiry session was undertaken with the Board on the 9th May. It was agreed that the next step would be to use the NHS Board self assessment process ✓. 2. Work is ongoing to agree a programme to deliver the self assessment process.	Primary functions of governance embedded throughout the Boards and Board Committees. Enabling conditions in place. **Measures – see Measurement Framework (MF)** 1. Measures will be defined following completion of the self assessment – Outcomes 7 and 8.

Escalation Improvement Action Plan: Domain- Governance

Accountability and Governance – Perfomance Management (December to June 2023)
Scope – Pilot Performance Meetings and Refresh Performance Management Framework

Action (s)/Timescales	Update	Intended Impact/Outcome/
1. Undertake 3 pilot meetings ✓. 2. Incorporate learning into refreshed Performance management Framework. 3. Approve refreshed Performance Management Framework (August)	1. The final meeting took place in March ✓. 2. Findings from the pilot have been incorporated into the Performance Framework. The refreshed Framework has been taken to ELT for review. Feedback around aligning the Partnership Performance meetings has also been reflected. This will be take to P&R for approval.	Primary functions of governance embedded throughout the Boards and Board Committees. Enabling conditions in place. Delivery conditions in place.
		Measures – see Measurement Framework (MF)
		1. Implementation of the revised Performance Framework – Outcomes 7, 8 and 9.

Whole System Governance (December to June 2023)
Scope – Ensure effective governance across NHS Forth Valley and the IJBs

Action (s)/Timescales	Update	Intended Impact/Outcome/
1. Approve new decision making matrix ✓. 2. Implement decision matrix. ✓. 3. Review effectiveness of decision making matrix 4. Transfer remaining services to IJBs ✓.	1. A new decision-making matrix to support good governance across NHS Forth Valley and the IJBs, aligned to the Scheme of Delegation has been produced. The matrix provides a route map for decision making processes within the approved governance framework across NHS Forth Valley and IJBs. As such it is expected to be adopted as a tool to support effective governance and should over time become redundant as these arrangements become business as usual. It was endorsed by the Executive Leadership Team on 9th January (approved plan date was by end of December 2022) and has gone through H&SCP governance processes ✓. 2. This matrix is now in place ✓. 3. A review of the decision-making matrix compliance will be undertaken in July (previously May/June)	Primary functions of governance embedded throughout the Boards and Board Committees. Enabling conditions in place.
		Measures – see Measurement Framework (MF)
		[Is the desion matrix measurable in any way?] ✓ Transfer of remaining services to IJBs -

	4. All three operational management of service, staff and budgetary responsibilities have been concluded by 31 January. 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 Additional management capacity has been approved by the NHS Board and the HSCPs are leading on the recruitment to all three management posts ✓.	

Whole System Governance -Review of Integration Scheme (December to June 2023)
Scope – Ensure effective governance across NHS Forth Valley and the IJBs

Action (s)/Timescales	Update	Intended Impact/Outcome/
1. Agree scope for due diligence review of Integration Scheme 2. Undertake activity	1. Terms of Reference for this external support was presented to the Assurance Board for information. This will 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 led by the Chief Officers supported by David Williams.	Primary functions of governance embedded throughout the Boards and Board Committees. Enabling conditions in place. Delivery conditions in place.
	2. The improvement support has begun and a meeting involving the 3 local authority CEOs and Chief Officers took place on 24 May with the appointed professional advisor. The Professional advisor is meeting with staff on a 121 basis and attended ELT on Monday, 19 June.	**Measures – see Measurement Framework (MF)**
		Measures will be defined following completion of the self assessment – Outcomes 7,8 and 9.

Escalation Improvement Action Plan: Domain- Governance

Acute Services Leadership and Management – (March to May 2023 - extended)
Scope – Stabilise and increase management capacity within the Acute Services Directorate

Action (s)/Timescales	Update	Intended Impact/Outcome/
1. Appoint to Head of Service role ✓. 2. Appoint Interim Acute Services Director ✓.	1. Permanent appointment to vacant Head of Service post was made on 2 March 2023, external candidate. ✓. 2. 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. Interviews took place 16 June and appointment was made. The successful candidate is negotiating an early start date - July 2023 ✓.	Board developed clear vision and values framework that everyone takes responsibility for working within. A clear and challenging set of corporate objectives reflected at every level of the organisation and good quality data to guide operational performance aligned with these. Effective team and inter-team working with everyone taking responsibility for creating collaborative relationships and working as a system.
	Collectively these actions 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.	**Measures – see Measurement Framework (MF)** ✓ Staff appointed/in post.

Relationship Building and Communications – (March to May 2023 - extended)
Scope – Enhance stakeholder engagement

Action (s)/Timescales	Update	Intended Impact/Outcome/
1. Ensure appropriate communications plan in pace and key stakeholders updated on regular basis ✓.	1. Staff side and CEO Escalation meeting every 2 weeks to update on actions and progress. Regular updates to ACF meeting in place. Regular internal updates - dedicated 'escalation' on Staff intranet and externally via dedicated NHS Board 'escalation' link.	Primary functions of governance embedded throughout the Boards and Board Committees, specifically engaging with key stakeholders.
	Monthly MSP/MP meetings in place. Monthly Chief Officer and Local Authority/NHS Chief Executive meetings in place ✓. Quarterly Leader/Chair meetings in place and Chief Executives will be invited to join this meeting as appropriate.	**Measures – see Measurement Framework (MF)** ✓ Meeting in place and takign plce on ongoing basis.

Performance – (March to June 2023 - extended)
Scope – sustainable improved performance in areas/services escalated

Action (s)/Timescales	Update	Intended Impact/Outcome/
1. Management and monitoring arrangement in place for a number of key areas.	1. OOH services. Monthly updates are shared with S Government Primary Care Division colleagues and a further meeting with the OOH Team took place on the 19th of June. OOH Services have been considered by the Clinical Governance Committee. Assurance on progress was provided to the Escalation P&R Committee.	Primary functions of governance embedded throughout the Boards and Board Committees. Enabling conditions in place. Delivery conditions in place.
	CAMHS, PT and Urgent Care & Unscheduled Care will be considered by the P&R Committee. Assurance on progress against trajectory was provided to the Escalation P&R Committee.	**Measures – see Measurement Framework (MF)**
		✓ Separate detailed reports for each of these areas are included within the Measurment Framework
	NHS HIS Improvement Action Plan This was considered by the Clinical Governance Committee. Assurance on progress was provided to the Escalation P&R Committee.	

Measurment Framework (MF) – (March to April 2023 - extended)
Scope – Demonstrable improvement in areas highlighted n Escalation Action Plan

Action (s)/Timescales	Update	Intended Impact/Outcome/
1. Agree a measurement Framework which tracks progress across a number of key areas.	1. It is necessary to 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	Delivery conditions in place.
		Measures – see Measurement Framework (MF)
	Measurement Framework being further updated and will be presented to the Escalation P&R Committee on 4 July 2023.	✓ High level Measurment Framework has been developed around outcomes which is then supported by detailed metrics.

Escalation Improvement Action Plan: Domain- Governance

NEW Assurance of Strategies and Commissioning Plans – (June to December 2023)		
Scope – Implement assurance framework to improve quality of Strategic and Commissioning Plans in accordance with Blueprint for Good Governance guidance..		
Action (s)/Timescales	**Update**	**Intended Impact/Outcome/**
1. Agree approach, initial tool and initial. 2. Refine list of Forth Valley Strategies 3. Assess People Strategy 4. Assess Financial Plan 5. Assess Healthcare Strategy 6. Assess Digital Strategy	1. The Blueprint for Good Governance Appendix A sets out a number of quality criteria that Strategic and Commissioning Plans should comply with. A checklist has been developed that can be used to evidence effective compliance. This checklist has been piloted successfully using the draft Digital Strategy. It is proposed to deploy this approach with key Strategic and Commissioning Plans in development in 2023; this includes People Strategy, Financial Plan, Healthcare Strategy and Digital Strategy. Adoption of this approach will support spread of good practice across Forth Valley and support effective delivery. 2. Review of the current Strategies published by Forth Valley suggests there is an opportunity to rationalise the list of strategies. 6. Pilot review of Digital Strategy has been undertaken. This will be finalised when the Strategy is finalised. .	Primary functions of governance embedded throughout the Boards and Board Committees. Enabling conditions in place. Delivery conditions in place. **Measures – see Measurement Framework (MF)** Measure objective assessments using checklist. This framework is in place.

Putting Patients First Metrics - Overview

NHS Forth Valley has a key priority to put patients first – everyone who uses our services should expect to receive consistent and high standards of care. Whilst overall performance against this priority can be measured by considering existing metrics from relevant patient safety reports from Clinical Governance and Person-Centred Care, to use these same metrics in escalation improvement requires that those metrics are accompanied by narrative explaining the relationship to leadership, culture and governance and how these metrics can be considered sensitive to changes in those areas.

Leadership

The following metrics which relate closely to patient outcomes, including harm, are considered areas where improvement is expected. To deliver that improvement requires key leadership behaviours. Using NHS England & NHS Improvement Health Leadership Model (Appx 1), the leadership behaviours required to drive improvement in these metrics are clearly set out. Therefore, the Medical & Executive Nurse Directors believe that a key part of improvement in these areas will require professional leadership to demonstrate those behaviours and failure to improve may be linked to lack of focus in these behaviours. This means that changes in performance in these metrics can be related to effectiveness of leadership, in the view of the Medical and Executive Nurse Directors who will ensure this is highlighted in future reporting.

As further context regarding leadership across these metrics, in the preceding two months, the Medical and Executive Nurse Directors have met with all Clinical Governance leadership teams to receive assurance of their systems of clinical governance, including the metrics below. This helped identify an approximate level of assurance in each area and prompted subsequent work with teams to strengthen their governance approach, arrangements, reporting and confidence. This is in addition to the usual governance and assurance systems.

Governance and Assurance Systems

The governance regarding the following metrics is well established within Clinical Governance processes. The full ward-to-board system of clinical governance is clearly described within the Clinical Governance Strategic Implementation Plan which also sets out clear priorities and objectives for delivery for each year. Progress against this plan is reported to the Clinical Governance Committee regularly. Achievement of improvement in the following metrics is clearly dependent on, and therefore a measure of, good governance as that governance system is the mechanism for ensuring transparency of data, holding to account and understanding of risk and resource decisions.

The further context of the governance system is that the Clinical Governance Working Group (CGWG) supports the Committee by ensuring there are clear and robust systems across the organisation, with clarity of roles and responsibilities. The Strategic Implementation Plan sets out a structured approach for Clinical Governance across the organisation using the Vincent Framework adapted to include Person Centredness. This ensures that all governance discussions and all teams are consistent in their approach to, and delivery of, the Clinical Governance and its Framework.

Putting Patients First Metrics - Overview

The progress against the expected improvements in the following metrics should be evidenced at all levels of the CG structure, transparently linking the metrics to good governance. The oversight of these metrics by the escalation systems should also be clear.

Culture

The organisational subculture relevant to these metrics is our safety culture. NHS Forth Valley's approach to progress of our safety culture has been considerable over the last three years. Through significant staff engagement with safety culture events, focus on incident reporting and SAER escalations, investment in quality and SAER training and a programme of patient safety conversations (leadership walkrounds) for the Board, there has been a measurable change in the engagement with clinical governance and perception of safety culture, as evidenced by reliable systems, more escalation of concerns and more Significant Adverse Event Reviews being commissioned. Regular safety culture events have demonstrated this journey and this year NHS Forth Valley will undertake a safety culture self-assessment.

This self-assessment is to enable us to progress the maturity of our safety culture which should be measurable in metrics such as SAER activity & compliance and complaints and their responses. It is also likely that, from the self-assessment, other metrics will emerge that will be adopted to demonstrate progress in our safety culture.

The wider relationship of these metrics specifically to organisational culture, as understood in the context of escalation, is most easily considered by reviewing the behaviours in Appendix 1, and how the organisational culture needs to enable, and ensure, these desired behaviours happen, and that data is reviewed transparently.

Putting Patients First Metrics – 1 Complaints and Compliments

How does complaints and compliments performance relate to leadership, culture and governance?

Improvement in this metric's performance requires the leadership behaviours in Appendix 1 to be effective across the organisation, a clear governance system to be reported within and a culture that understands the value of feedback. All of this requires evidenced as this report develops.

Complaints

Measure	As at	Performance status	Direction of travel	Page Ref
KPI 1: Learning from Complaints	May - 23		◄►	9
KPI 2: Complaints Process Experience	May - 23		◄►	10
KPI 3: Self Awareness and Training	May - 23		-	10
KPI 4: Total Number of Complaints Received	May - 23		▼	10
KPI 5: Complaint Closed at Each Stage	May - 23		▼	11
KPI 6: Complaints Upheld and Not Upheld	May - 23		▲	11
KPI 7: Average Times	May - 23		◄►	12
KPI 8: Closed in Full within the Timescales	May - 23		▼	13
KPI 9: Number of Cases where an Extension is Authorised	May - 23		▼	13

Page references refer to Person Centred Report - submitted to Clinical Governance 6th July 2003. Full report available on request.

The performance data associated with complaints responses is a deteriorating picture, however with the recruitment of a key leadership position, the recruitment to vacancies in the patient relations team and the renewed focus in acute services, there is a growing confidence around the trajectory of improvement in performance.

Putting Patients First Metrics – 1 Complaints and Compliments

Compliments and Care Opinion

Measure	As at	Performance status	Direction of travel	
Volume of compliments	May - 23	86	tbc	5
Care Opinion Stories	April and May	159	tbc	18
Care Opinion Stories	Feb & March	89% positive	tbc	18

The person centred care data relates to the HIS work looking at patient experience, where we have an enhanced leadership focus on the development of metrics in relation to patient experience at the front door of acute services.

Improvement Activity and Timescales

Commencement of new Head of Person-Centred Care September 2023
Appointment to additional resources within Acute Directorate to focus on complaints management June 2023
Recruitment to Patient relations team October-December 2023
Development of system of monitoring by business unit October 2023

Target

80% compliance with timescales for Stage 1 and Stage 2 complaints December 2023

How does SAER compliance relate to leadership, culture and governance?

SAER compliance is not satisfactory. Again, the leadership behaviours to produce improvement are as set out in Appendix 1. Ensuring there is appropriate visibility of the current and planned compliance, with oversight and evidence of improvement discussions will demonstrate the adequateness of governance and should also be a vital lever for accessing resources and subsequent improvement, if required. The pursuit of a more mature safety culture links clearly to the delivery of SAER compliance with organisational learning processes becoming more effective and patients and families receiving closure earlier.

Metric   Days from commissioning to reporting - compliance with national timescales

Current Position   Non-compliant for all 2022 SAERs

Improvement Activity and Timescales

Assessment of current SAER lead and facilitator resource   Sept 2023

Resource paper to CGC   Sept 2023

Expansion of team   Dec 2023

End-to-end review of SAER processes concluded   Dec 2023

New SAER policy capturing new process   Feb 2024

Target

Improvement in SAER compliance by end 2023 as team expands, further improvement throughout 2024 to 50% compliance with national timescales by end 2024

Putting Patients First Metrics – 3 Hand Hygiene

How does hand hygiene compliance relate to leadership, culture and governance?

It has become apparent that NHS Forth Valley self-reported hand hygiene data is likely inaccurate and inflated. Work has been commenced therefore to create a suite of measures that more accurately capture hand hygiene compliance and effectiveness and provide a basis for improvement. To ensure that improvement, it will be vital for the organisation and particularly clinical leaders to demonstrate the leadership qualities in Appendix 1, to have effective governance in place, particularly in holding to account, and a culture where the reporting of difficult data is accepted and welcomed.

Metric   triangulated hand hygiene compliance

Current Position   self-reported hand hygiene compliance 98.5%, training compliance 51%, non-compliances (observed hand hygiene technique) 21

Hand Hygiene Compliance - TCAB	Training Hand Hygiene Compliance	Total Non Compliance Hand Hygiene
June 2023 result	July 2023 result	June 2023 result
✓ 98.5%	● 51%	📈 21
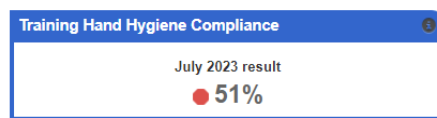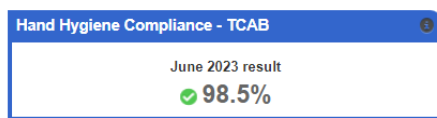
Improvement Activity and Timescale

Completion of triangulation suite   May 2023

(self-reported, observed, training, outbreaks)

Reporting recommended to clinical governance groups   July 2023

Improvement tests of change   Thru 2023/24

Target

>90% hand hygiene compliance across new metrics

Putting Patients First Metrics – 4 Infection Control Metrics

How does Infection Control performance relate to leadership, culture and governance?

Similarly, to other metrics, the leadership required, the effectiveness of the governance systems and the appropriateness of the organisational culture to enable discussion of challenging information, all need to be in place to produce the expected improvements.

Metrics and Current Position - see table 1 below.

Improvement Activity and Timescales

Significant work is underway to strengthen the governance and accountability arrangements in relation to the Infection Control Committee (ICC). This is to assure the Clinical Governance Committee of the ownership of Infection Control practice within each of the business units, the HSCPs and the Acute and Women's and Children's directorates. This has been because of a culture of ownership sitting with the specialist Infection Control Team rather than within the business units. A shift in focus has been articulated by the Director to ensure local reporting is delivered by the business units, with ownership of issues and actions relating to process and practice related issues. The development, monitoring and reporting of data is expected to be delivered through the business units with detailed reporting to the ICC.

There is a range of comprehensive process and outcome data sources which are monitored through the ICC, the Clinical Governance Committee and the Board, through the HAIRT report. The intention of this work is to focus the business units into owning the data associated with process and patient outcome in their space to focus on quality improvement plans to drive locally owned improvement work.

Target

Business Unit highlight reporting to ICC September 2023

Putting Patients First Metrics – 4 Infection Control Metrics

Infection Control Table 1

Performance Area	As at	No of case/%	Variation	Performance status against target	Page Ref
Staphylococcus aureus bacteraemia (SABs)	Jun - 23	4		Amber	6
Clostridioides difficile infection (CDIs)	Jun - 23	0		Green	14
Escherichia coli Bacteraemia (ECB)	Jun –23	14		Amber	11
Device associated bacteraemia (DABs)	Jun - 23	5		Green	8
Hand Hygiene Compliance (Board wide) 98%	Jun - 23	87%	n/a	Green	18
Surgical Site Infection Surveillance (SSIS)	Jun - 23	0	n/a	Not assessed	17

Page references refer to the HAIRT Report June 2023. Full report available on request.

Putting Patients First Metrics - Key

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

The Performance Framework will reference the Blueprint for Good Governance guidance on data presentation and in particular the adoption of statistical run charts. The keys below will be adopted as part of that to improve assurance.
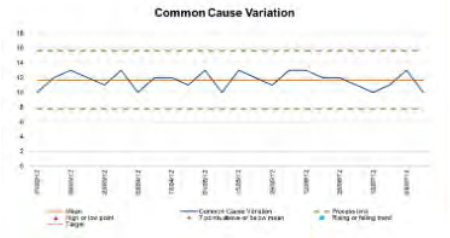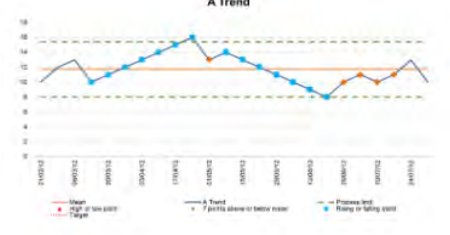
Type of Variation	Icon	Description	Image
Normal Variation		Within Control Limits – Common Cause Variation.	
A trend (upward or downward trend)		A trend may be identified where there are 5 consecutive points in either a pattern that could be; a downward trend, and upward trend, or string of data points that are all above, or all below the mean. A trend would indicate that there has been a change in process resulting in a change in outcome.	

Figure 1: The nine dimensions of the Health Leadership Model

Leading with care

Sharing the vision

Evaluating information

Connecting our service

Influencing for results

Engaging the team

Inspiring shared purpose

Holding to account

Developing capability
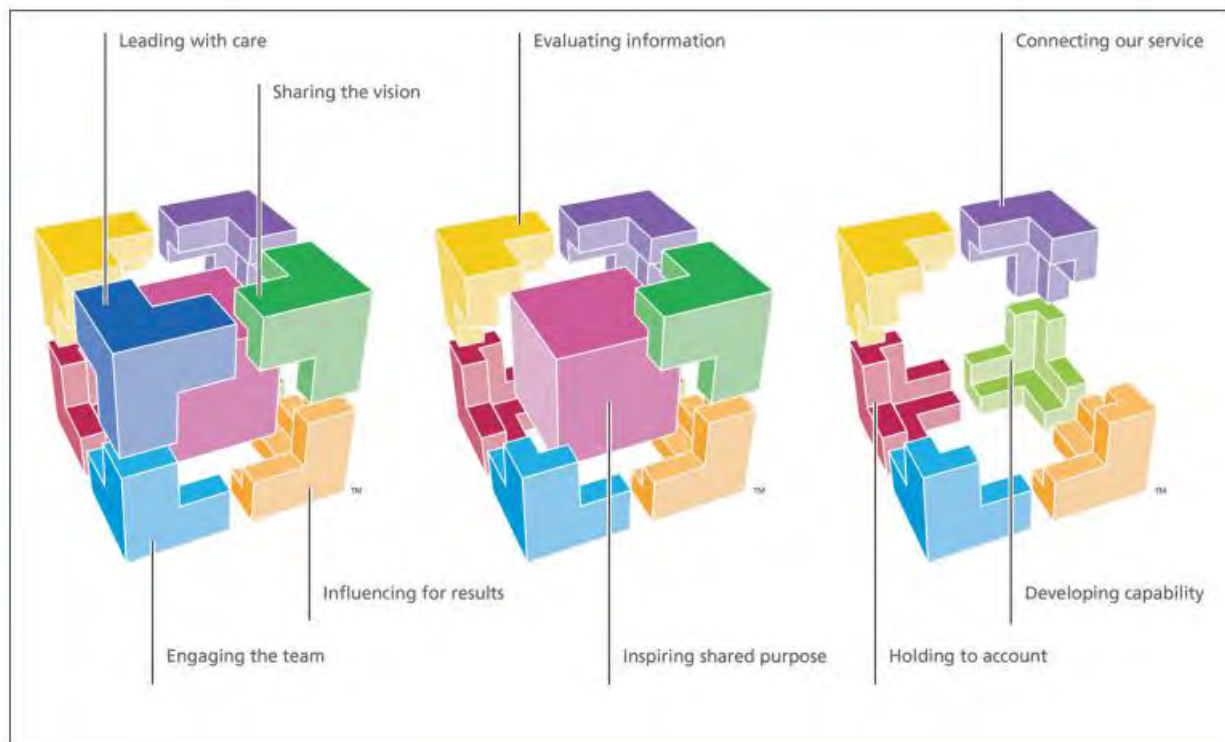
Supporting Our Staff - Overview

Measure	Current Position	SG Target	Gap to Scottish Benchmark	Local Target	Direction of Travel	Expected trajectory	Detail
Overall Absence	6.40%	4.5%	0.86% (Scottish benchmark data April 2023)	5.4% for full year	▲Improving	Detailed reporting and targets set for all Directorates/Partnership. Evidence from case study supports hypotheses that interventions and monitoring are effective.	Pages 2 - 7
Turnover	0.9% in month Full year run rate tbc%	n/a			▲Improving		Pages 8-10
Staff Voice	Various metrics				◀▶Mixed	Metrics paint a mixed picture. Engagement with whistleblowing low. Speak up trend in development. Some progress on early resolution.	Pages 11- 13
Mandatory & Statutory Training	50% (June data)	90%	n/a	80%	▲Improving	Detailed reporting and targets set for all Directorates/Partnership. Evidence from pilot supports hypotheses that interventions and monitoring are effective	Culture of Learning and Support Metrics Pages 14 - 16
PDR	18% completed. 20% in progress	n/a	n/a	75% for Grade 7 and above	▲Improving	Detailed reporting and targets set for all Directorates/Partnership. Evidence from pilot supports hypotheses that interventions and monitoring are effective	
iMatter	Employee engagement – 76%	n/a	n/a	n/a	▲Improving	Annual figure which indicates strong staff engagement.	

4. Sickness Absence - Forth Valley
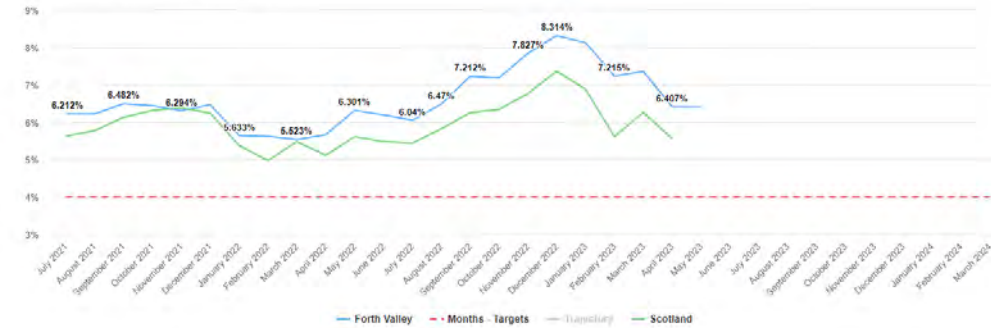
4a. Short and Long Term Absence
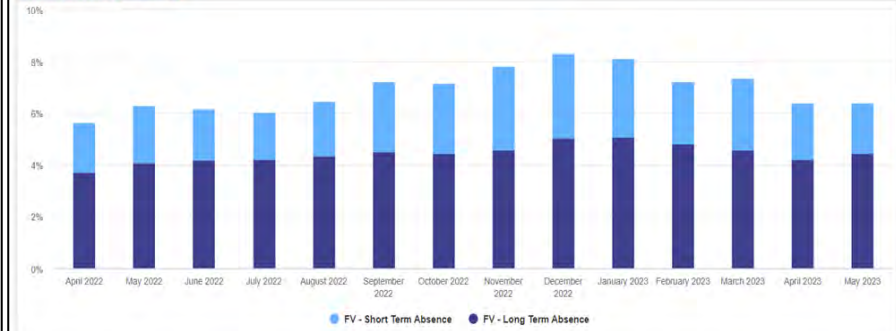
Staff Absence(headcount) - May 23 by Directorate

Acute 6.38%, 480
C&S HSCP 8.75%, 200
Corporate Services 4.77%, 144
Woman and Children 6.15%, 128
Falkirk HSCP 6.49%, 105
Prison & Spec Comm Svs 5.05%, 48
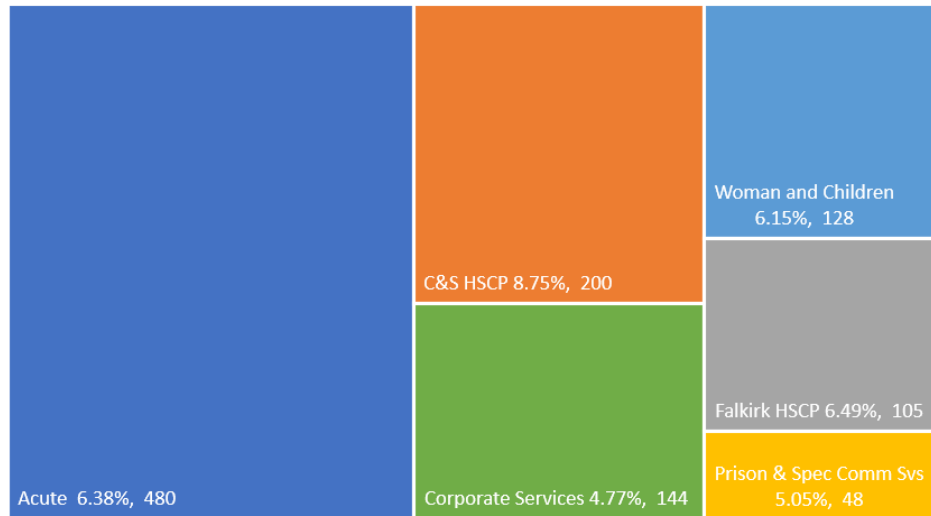
Sickness Absence Reasons - Top 10

% of Hours lost April 2023   % of Hours lost May 2023

Reason	April 2023	May 2023
Anxiety/Stress/Depression/Other Psychiatric Illness	29.56%	30.74%
Other Musculoskeletal Problems	7.88%	8.86%
Gastro-Intestinal Problems	5.46%	7.05%
Injury/Fracture	5.48%	6.72%
Other Known Causes Not Elsewhere Classified	5.38%	5.95%
Unknown Causes/Not Specified	5.75%	5.68%
Covid-related illness	6.35%	4.89%
Cold/Cough/Flu	5.75%	3.97%
Benign & Malignant Tumours/Cancers	3.46%	3.29%
Chest & Respiratory Problems	4.57%	3.23%

Employee Relations (ER) Metrics: Attendance Management - Organisation Level

Acute Services - Sickness Absence rate (%) by month
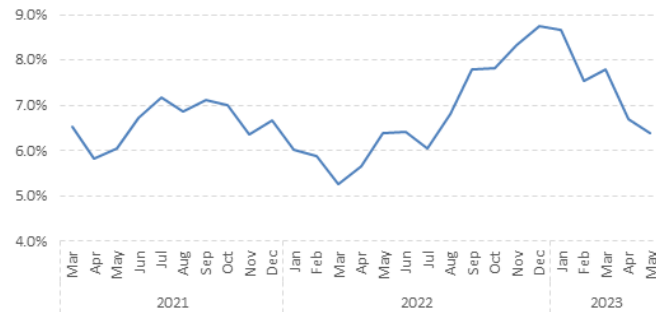
Falkirk HSCP - Sickness Absence rate (%) by month
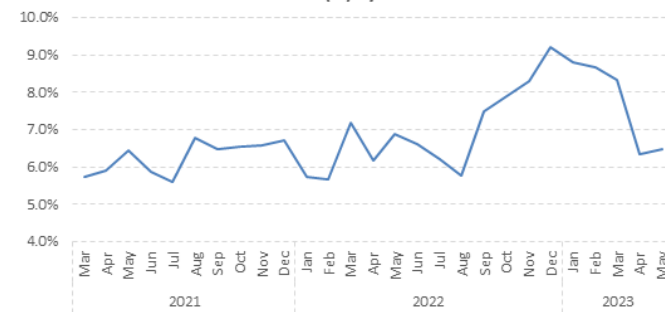
Prison HC & Spec Comm - Sickness Absence rate (%) by month

W&C & SHS - Sickness Absence rate (%) by month

Corporate - Sickness Absence rate (%) by month

C&S HSCP - Sickness Absence rate (%) by month

Employee Relations (ER) Metrics: Attendance Management - Organisation Level
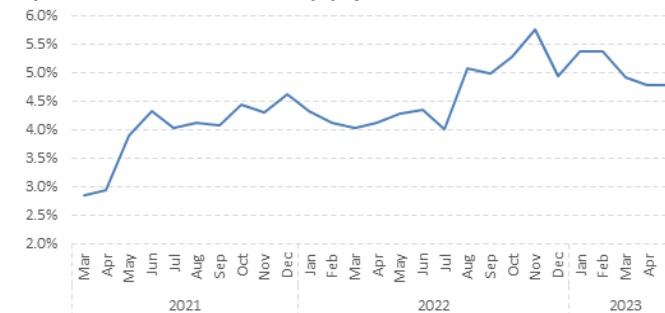
What is the data telling us?

At an organisational level sickness absence rate for NHS Forth Valley in May 2023, was **6.40%.** This is a decrease of **0.01**% from April (**6.41**%), this follows a welcomed decrease of **0.93%** from March 2023, when the absence rate was recorded as **7.34%.** There is generally a seasonal increase in colds/cough and flu from December to February each winter and a corresponding seasonal decrease in early Spring each year.

As of April Forth valley's overall absence was 6.41% against a Scotland average of 5.55% - a variance of 0.86%.

Absence in May 2023 of **6.40%** was slightly higher than the prior year seasonal comparators recorded in May 2022 (6.30%) and May 2021 (5.68%). It is important to note that Covid-related illness was included in the sickness absence data from September 2022, this has added 0.31% to the May 2023 figure as compared to previous years.

Long term sickness absence accounts for the larger percentage of absence monthly across the organisation. The long and short term split usually follows a similar trajectory.

Not known accounts for 5.68% of all absence. Absence is often updated on SSTS by administrative staff who may not know the cause of absence. Other known cause not elsewhere classified accounts for 5.95%, this is for reasons that cannot be attributed to any of the reasons held on the system. HR Managers continue to work with managers to reduce the incidence of both reasons.

Why?

Anxiety, Stress, Depression, and other Psychiatric Illnesses are consistently the most reported reason for sickness absence in NHS Forth Valley, accounting for over **2547 full time equivalent days lost** and **30.74% of all sickness absence in May**. **This is an increase from 29.56% in April**.

It is important to recognise that Anxiety, Stress, Depression, and other Psychiatric Illnesses category is a nationally agreed reason that records reasons for absence from 18 descriptors which include reasons such as anxiety, insomnia, psychosis, and schizoaffective disorder. The descriptor "Stress" does not allow to differentiate between personal and work-related stress.

What are we doing to improve and by when?

The primary focus of current interventions is to improve governance processes around ongoing absence management, to support local leadership to address issues and to implement and promote significant supports for staff's mental health and wellbeing. In addition HR can provide tailored diagnostic activity to high absence areas.

Employee Relations (ER) Metrics: Attendance Management - Organisation Level

Implementation of HR Workforce Reporting

This process was established in 2021. The Senior HR team meet bi-monthly to review and consider each areas Workforce Performance Report, triangulating various Performance Indicators, identifying emerging trends and raising red flags. Workforce Performance Reports are shared monthly with all Directors and Chief Officers for their areas of responsibility.   Each Directorate/HSCP consider their reports and any actions within their senior management teams.

An example of how this governance process has helped to support leadership is included in the Case Study below on Emergency and Inpatient Services.

HR are currently working closely with Clackmannanshire & Stirling HSCP to deploy additional support. Acute and Clackmannanshire & Stirling HSCP are the largest contributors to Forth Valley's high absence levels in absolute terms. Targets will be agreed with each of these areas. Sustained improvements in these Directorates will help to close the gap to the Scotland average.

Clackmannanshire & Stirling HSCP Absence Management Planning

The C&S HSCP had the highest absence % across Forth Valley at 8.75%, up from 8.06% in April. Detailed governance processes have been put in place with senior leadership to review complex cases and ensure clear actions are agreed and targeted wellbeing support has been established.
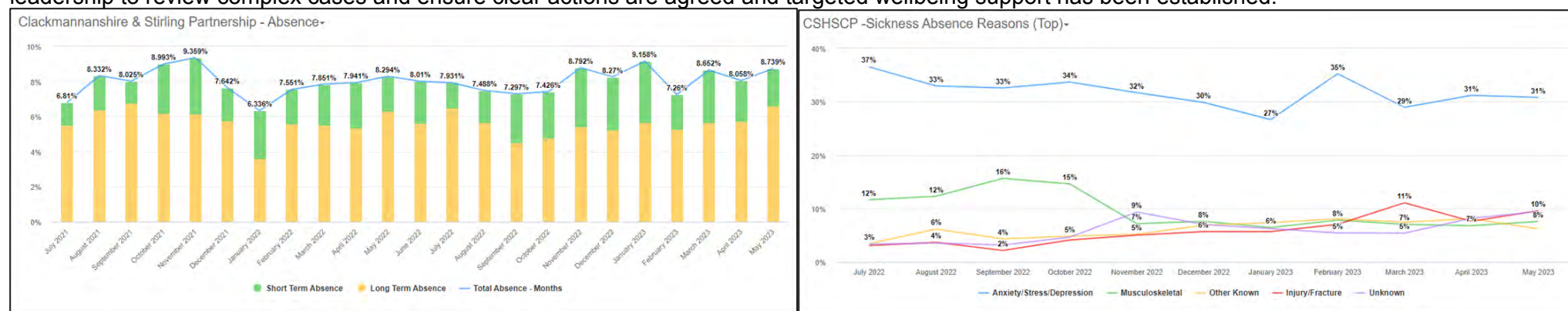
It is worth noting that from January 2023 this data includes Specialist Mental Health and Learning Disability Services, the data clearly shows the impact in January on absence rates following the integration of these services

C&S HSCP Wellbeing Support

In addition to the suite of support available on the Intranet under Staff & Support Wellbeing, additional local supports have been put in place. An example of this is within Lochview Inpatient Unit where there has been an increase in staff sickness absence due to work related stress – due to the patient group staff are working with.   Group Supervision has been introduced every 4 weeks for all staff which includes discussion on trauma informed practice and how to facilitate staff wellbeing.

The senior team have been trained to deliver this. The Chaplaincy Service have also delivered training on values based reflective practice. Also, the PEF lead is supporting resilience training with newly qualified nurses for a 12 month period following their appointment. There is also ongoing communication with OHS in relation to advice on reasonable adjustments for staff. In addition to this, there are Safety Huddles twice a day where there is a check in on staff's wellbeing and if staff need time out of the House they are working within. The Senior Charge Nurse has also introduced the NHS Education for Scotland Wellbeing Planning Tool which is used to identify and reflect on what staff's early warning signs are in relation to their own wellbeing and to support staff actively manage their wellbeing.

Within the wider CSHSCP, wellbeing programmes have been rolled out including a blend of face to face, virtual and online resources, groups, sessions, and events to cover topics and themes including finance, men's health, women's health, mental health, stress management, based on staff request, demand and feedback. These have been well attended by staff with many being available for access out with standard working hours. £10,000 wellbeing fund monies were secured from Inspiring Scotland. After consultation with staff, it was agreed to purchase coffee machines and wellbeing packs.

Wellbeing and resilience are also supported by engaging staff through the staff newsletter, meet the Chair and Chief Officer sessions and engagement programmes.

Staff recruitment challenges continue within Specialist Mental Health Inpatient Services. Currently sitting at a 20% vacancy rate which is anticipated to rise to 30% over the summer months. Also, recent requests and feedback from staff during this period is that they wish the management team to consider shift pattern changes. In particular, requesting 12 hr shift patterns which would maximise their time off work and reducing the impact on travelling costs. A paper was presented to and supported by the Area Partnership Forum last month to progress with a consultation process with staff. It is hoped that if this change was to be introduced, it would optimise recruitment and workforce utilisation across the inpatient services.

This focused support commenced in June 2023; it is anticipated that over time observable improvement will be achieved.

Forth Valley Peer Support Programme

NHS Forth Valley, through a gap analysis undertaken in November 2021, demonstrated the need for enhanced NHS Staff OHS Mental Health and Well-being pilot project provision. A 349% increase in OHS referrals meant we were not meeting the 18-week access target. Data clearly demonstrated sickness absence more than the Scottish Government Standard of 4.5% target with mental health illness featuring most in long term sickness absence.

Through the leadership of the HR Director and the Employee Director jointly sponsored the OHS Mental Health and Well-being Pilot Project in December 2021. This initiative fills a gap in the current Occupational Health Service provision and implements a stepped approach to the provision of mental health support for our workforce. The Well-being Winter Fund was used to recruit a part-time Counsellor, a full-time Clinical Associate Psychologist, and a Modern Apprentice on a fixed term contract basis until November 2023.

There are three strands to the Pilot Project including: -

1. increasing capacity allow our workforce and addressing existing waiting list, access, and times for those in need of therapy.
2. online clinical therapeutic access and psychoeducation via intranet pages and Staff Support and Well-being pages.

3. peer support, which addresses early onset problems for staff and drives down referral for counselling when practical and emotional support are what is required.

The availability of OHS support is valued by staff. Early feedback from service users indicated that 100% of users agreed or strongly agreed that "Attending the service has helped me cope better with my difficulties".

The Pilot Project has started to establish a Peer Support Programme. Peer support is a well-researched form of support, providing a confidential empathetic ear to colleagues going through challenges at work or home, research shows that people find it easier to talk to others with shared experience. The first cohort of staff were trained in May with a second cohort scheduled for August.

NHS Forth Valley now has a stepped-care approach to offer (e.g., in terms of diversity of skills/experience and backgrounds of volunteers) and can now better respond to different need.

In addition, Mental Health First Aid Training, Spiritual Care weekly drop-in sessions, Mindfulness and Spaces for Listening, Coaching for Well-being are all available supports. We also work with our partnership Art Link and the Forestry and Land Scotland.

Over and above this new initiative, there a wide range of helps and supports available for staff and managers who may be experiencing issues with Anxiety, Stress and Depression.

It is therefore important that managers feel confident in having conversations about mental health, normalising and encouraging speaking up and asking for help. There are some tools and resources that can help with this all of which are available on the Staff Health and Well-being Intranet pages and through HR Connect.

A Staff Health and Well-being managers toolkit, which covers topics such as making well-being a priority, supporting emotional, mental, physical, social, and financial wellbeing is also available.

It is anticipated this comprehensive stepped approach will over time lead to a sustainable reduction in absence for Anxiety, Stress, Depression, and other Psychiatric Illnesses.

Employee Relations (ER) Metrics: Turnover - Organisation Level

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Annual TURAS Forth Valley Turn Over Position (% rate)

4c. Staff Leavers within 12 months of Employment

Reason for Leaving

Forth Valley Exit Interviews
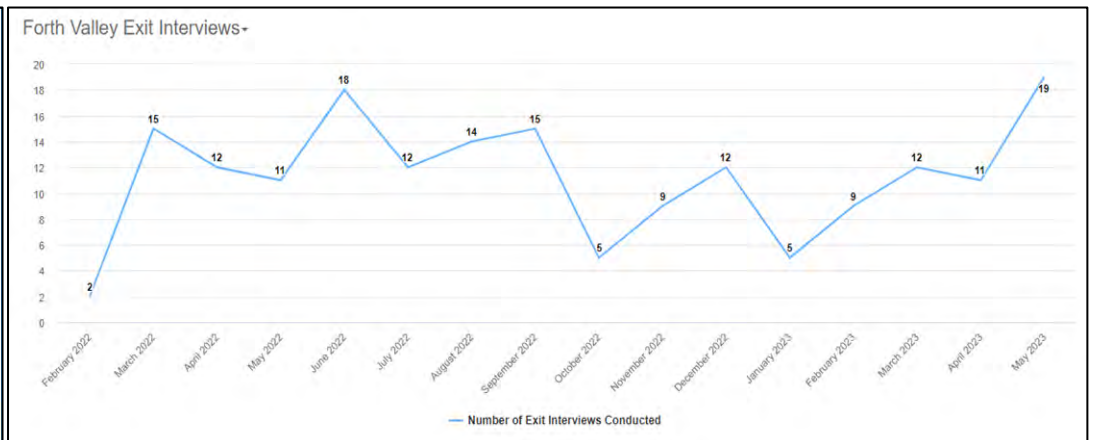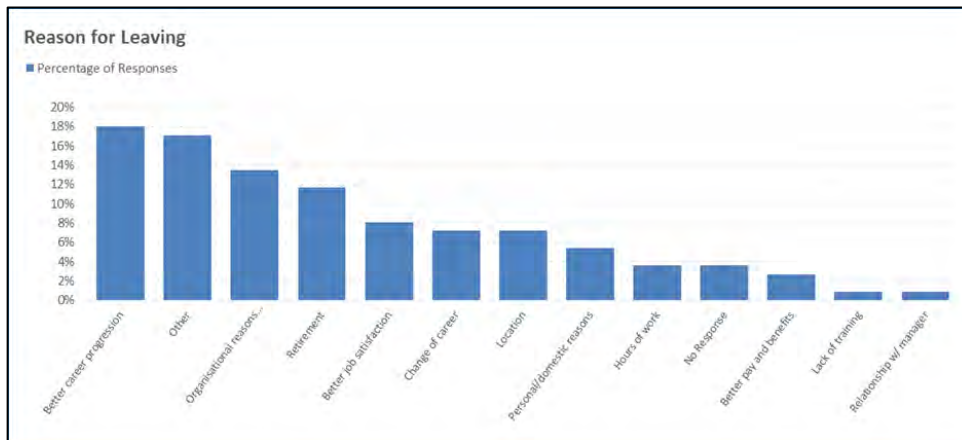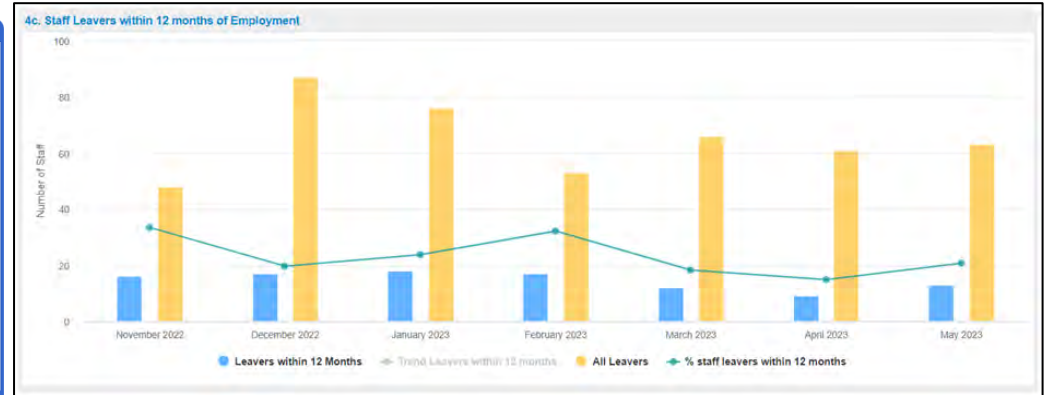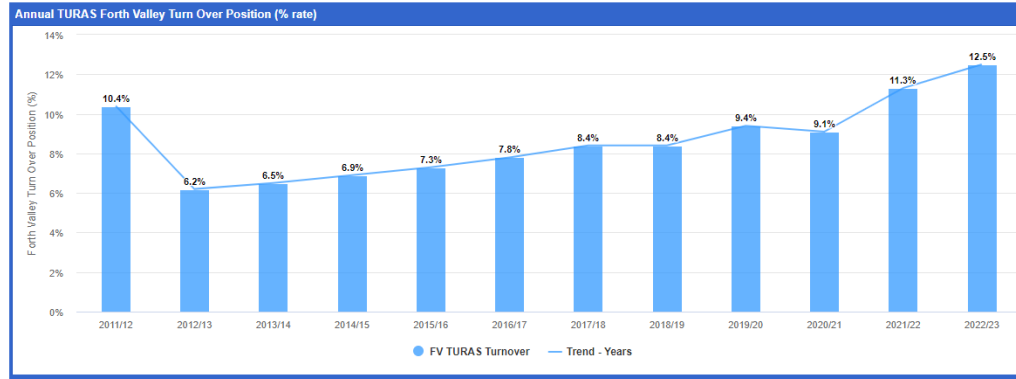
What is the data telling us?

Our turnover rate has increased by **1.2%** in 2022/23 compared to 2021/22. 2022/23 shows turnover as **12.5%**, an increase from **11.3**% in 2021/22.   Across Scotland Highland had the lowest mainland turnover figure at 9.9% with the highest being Fife at 12.6%.

993 staff have left our employment during the year 2022/23 in comparison to 917 in the previous year. The majority of which (469 staff) were from within the Nursing profession, closely followed by Administration and Clerical staff (183), Medical and Dental (95 staff) and AHPs (95 staff).

Why?

High leavers in August are due to 33 junior doctors ending contracts and in September 20 test and protect staff ended contracts and in January 13 Payroll Services staff were TUPE transferred to NSS. The increase in December was a combination of retirement and respiratory consultants.

Staff leave the organisation a variety of push and pull reasons including better career progression, organisational reasons and retirement.

Leavers within 12 months of joining varied between 20% and almost 40% of all leavers totalling 88 staff over the last 7 months.

Based on the data we have recorded as newly qualified Nurses / Midwives there were 127 new starts.   Of these, 117 are still currently employed with NHS Forth Valley (92% retention). 10 newly qualified nurses left within the first 12 months. Of these, 6 secured new employment within NHS Scotland with 3 moved to work in the private sector.

What are we doing to improve and by when?

Forth Valley launched a new Exit Interview and Feedback Procedure in February 2022. The exit interview process was designed to provide assurance that the employee voice has been heard and where appropriate provide non-identifiable thematic feedback to the organisation to allow learning and continual improvement. 1,304 staff have left Forth Valley since February 2022 of whom 185 (14.2%) completed an exit interview.

Research has found that women and LGBT people are more likely to be disproportionally subject to push factors such as discrimination, exclusion, and barriers at work.   85.8% of NHS Forth Valley's workforce are female. To increase support to minority groups a Forth Valley Minority Network has been established and an Equality, Diversity and Inclusion manager has been appointed.

A full report on the Exit Interview process was presented to Staff Governance in March 2023.

It is important for us to understand why staff are leaving. Sometimes, obtaining accurate information can be difficult because the reasons staff give for their resignation can differ from their genuine reasons for leaving. Staff can be reluctant to voice criticism of their managers, colleagues, or the organisation, in general choosing to give a less contentious reason for their departure.

Employee Relations (ER) Metrics: Turnover - Organisation Level

Emerging themes from exit interviews include the following:-

- Increase in staffing levels required.
- Improved flexible working opportunities.
- Better communication.
- Open planned working not conducive to productivity.
- Administration tasks time consuming for clinical staff.

Themes from exit interviews will be considered as part of the synthesis activity within the Compassionate Leadership programme and considered as part of the delivery plan for that programme.

Some potential quick wins identified from the exit interviews have been implemented as Tests of Change in Emergency and Inpatient Services- this is explained in the case study below.

Employee Relations (ER) Metrics: Employee Voice - Organisation Level

KPI 4 - Total Number of Concerns Received - Forth Valley
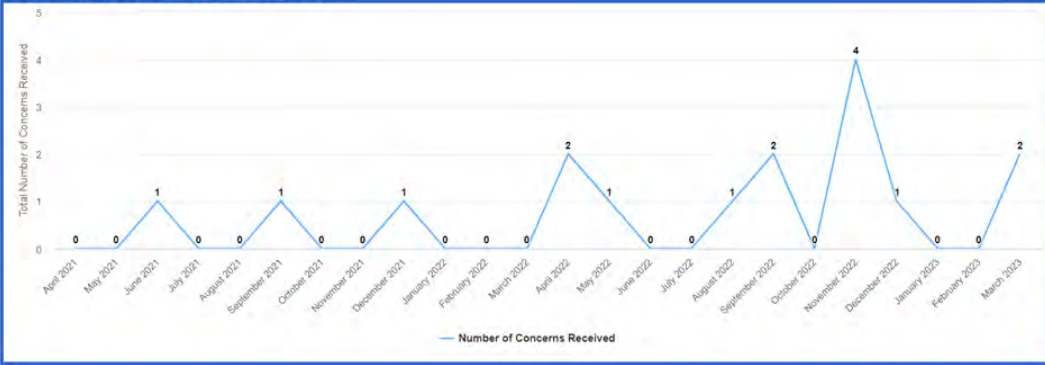
Forth Valley % Compliance Whistleblowing: an overview - Mandatory Training TURAS

NHS Forth Valley - Bullying and Harassment
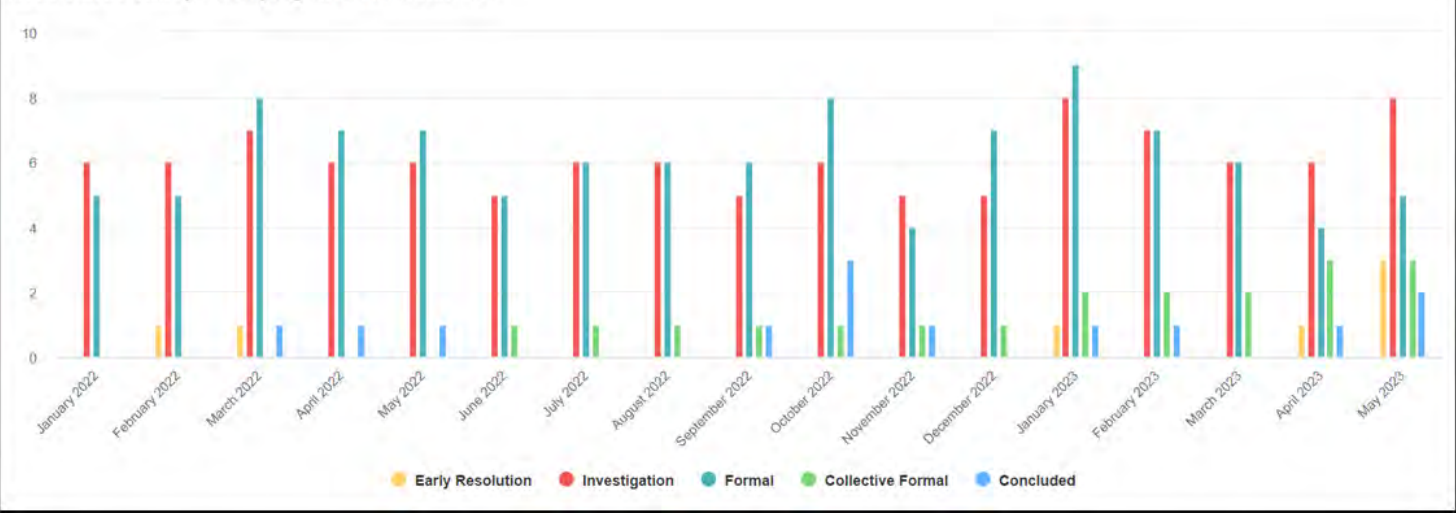
Employee Relations (ER) Metrics: Employee Voice - Organisation Level

NHS Forth Valley - Grievance▾

Legend: Early Resolution, Investigation, Stage 1, Stage 2, Collective - Stage 1, Collective - Stage 2, Concluded
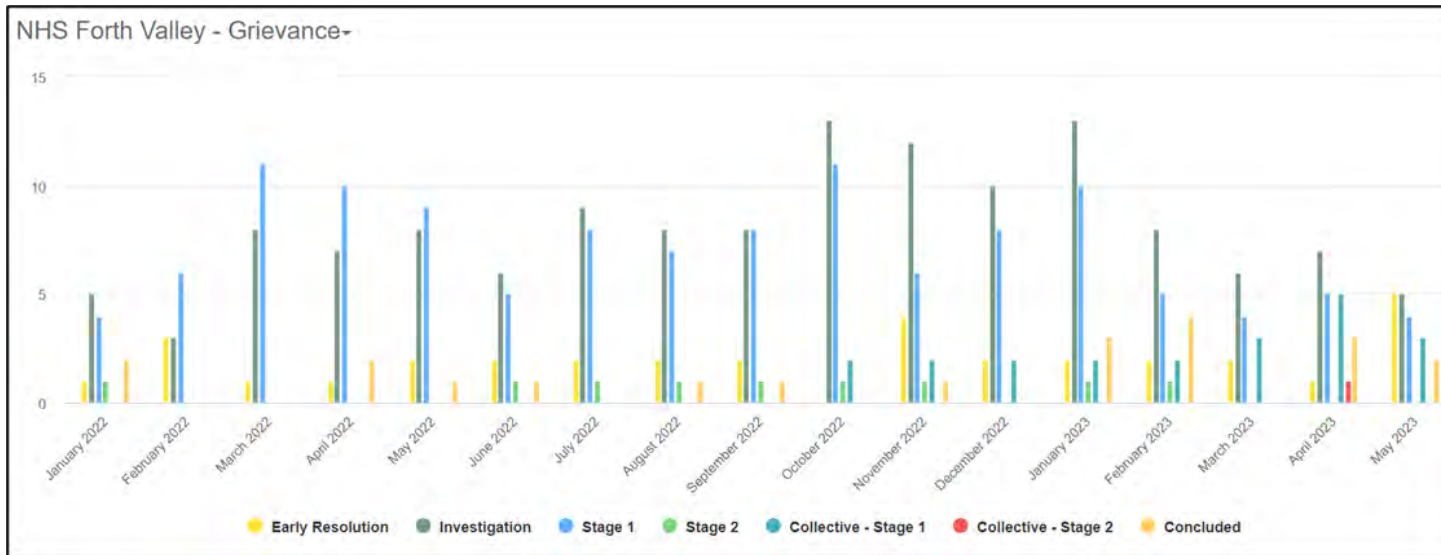
What is the data telling us?

Staff engagement with whistleblowing is fairly low and compliance with mandatory training for whistleblowing is low at 35%.

Early resolution has improved for bullying and harassment and grievance cases. This is a positive cultural indicator. Earlier resolution is supportive of mental wellbeing for all staff involved in cases.

Why?

The Employee Voice is an overarching term used to describe the way in which we communicate our views to our employer and help influence matters that affect us at work. For our leaders, the effective employee voice contributes to building trust with our workforce, innovation, and organisational improvement.

For employees, self-expression in the employee voice often results in feeling valued, increased job satisfaction, greater influence, and better opportunities for development. The Employee voice is also important in creating an inclusive working environment too.

Whistleblowing, Speak Up, iMatter and other initiatives such as the NHS Forth Valley Minority Ethnic Network Group can create a safe environment where individuals feel able to speak up.

.

Positive usage of Whistleblowing and Speak Up services indicate an organisational culture that creates psychologically safe spaces for staff. International literature on Speaking Up in safety critical industries (Safety science, psychological safety, human factors and ergonomics) supports a focus on how we respond to concerns as key to changing Speak Up culture. Embedding psychologically safe spaces for feedback within change methodologies (including longer term) can support early resolution and improved outcomes for staff and services. It also helps to incorporate these principles into wider team culture.

There are positive signs re early resolution and iMatter response rate, work is ongoing to enhance speak up and whistleblowing

What are we doing to improve and by when?

Speak up service

This service was launched in December 2021 as a confidential, impartial service delivered by trained advocates and ambassadors. It was launched with 2 ambassadors and 6 advocates. The content of individual meetings is strictly confidential, with no identifiable record retained. Anonymous thematic information is gathered, and advocates debrief with an ambassador, focussing on governance of the service and personal development.

Speak up cases fall into 3 broad categories

- Isolated service issues (rare in isolation): supportive conversation and signposting to governance structure or Whistleblowing Standards.

- Isolated Employee Relations (ER) issues (moderate frequency): supportive conversation and signposting to policies/ union support, identification of HR Support.

- Complex concerns (common): Concerns about service/ ER issues affecting workplace relationships and service function, often existing for considerable time when contacting the service.

Work is ongoing to strengthen the service, refresh the analysis and produce ongoing trend information.

Whistleblowing

Activity is ongoing to increase the Confidential Contacts from 3 to 16. Colleagues have been recruited and training completed. The number of Lead Investigators is also being increased – this will improve the timeliness of investigations. Recruitment and training of Lead Investigators will be completed over the summer.

Employee Relations (ER) Metrics: Culture of Learning and Support

Forth Valley Mandatory Training
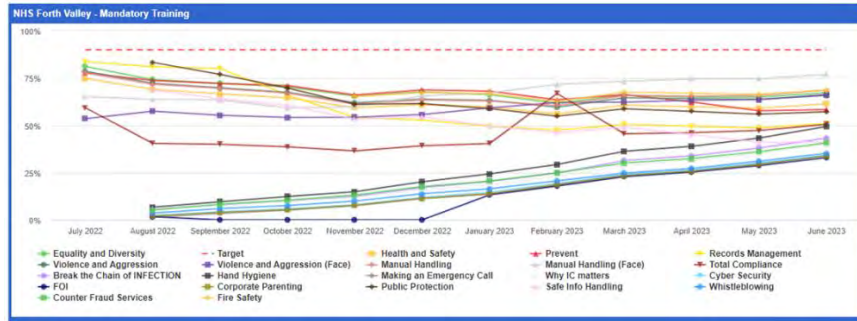
	Code & Title	Gauge	Value ▲	Target	Short Trend	Long Trend	History
🔴	MT.20 FOI Freedom of Information - Foundation		33%	90%	⬆	⬆	
🔴	MT.21 Corporate parenting		34%	90%	⬆	⬆	
🔴	MT.17 NHS FV Making an Emergency Call		34%	90%	⬆	⬆	
🔴	MT.19 Cyber security : top tips for staff		34%	90%	⬆	⬆	
🔴	MT.25 Whistleblowing : an Overview - NHS Forth Valley		35%	90%	⬆	⬆	
🔴	MT.18 Why Infection Prevention and Control Matters		40%	90%	⬆	⬆	
🔴	MT.24 Counter fraud services		41%	90%	⬆	⬆	
🔴	MT.23 Safe Information Handling		41%	90%	⬆	⬇	
🔴	MT.15 Breaking the chain of infection		43%	90%	⬆	⬆	
🔴	MT.16 Hand Hygiene		49%	90%	⬆	⬆	
🔴	MT.10 NHS FV: Records Management		51%	90%	⬆	⬇	
🔴	MT.22 Public protection : everyone's responsibility		57%	90%	⬆	⬇	
🔴	MT.09 NHS FV: Prevent Radicalisation		58%	90%	⬆	⬇	
🔴	MT.07 NHS FV: Health and Safety Stat/Mand		61%	90%	⬆	⬇	
🔴	MT.12 NHS FV: Violence & Aggression Core Modules		66%	90%	⬆	⬇	
🔴	MT.12.FF Face to Face NHS FV: Violence & Aggression		66%	90%	⬆	⬆	
🔴	MT.06 NHS FV: Foundation Equality & Diversity		67%	90%	⬆	⬇	
🔴	MT.05 NHS FV Fire Safety		69%	90%	⬆	⬆	
🔴	MT.13 NHS SMHPS: Manual Handling - Module A		69%	90%	⬆	⬆	
🔴	MT.13.FF FACE TO FACE NHS SMHPS: Manual Handling - Module A		77%	90%	⬆	⬆	

← 1 of 1 →
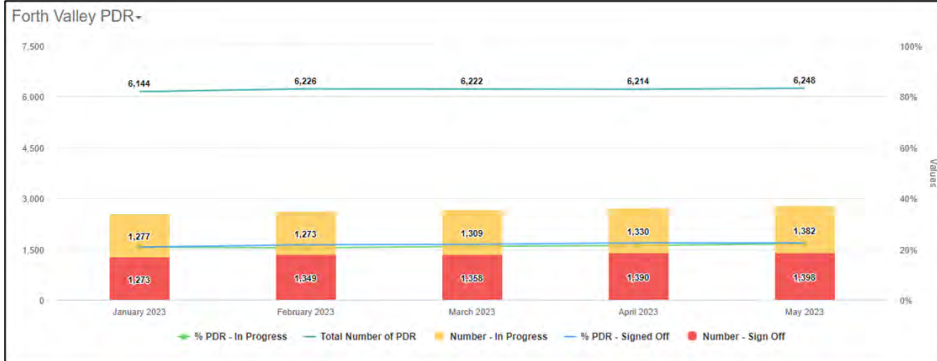
Employee Relations (ER) Metrics: Culture of Learning and Support

What is the data telling us?

The iMatter response rate has increased from last year although is lower than pre COVID levels. Employee engagement is positive at 76% which is higher than the previous 2 reporting periods. PDR rates remain low across the organisation. An objective has been set with ELT to achieve 75% compliance for PDRs for staff at Grade 7 and above. Mandatory training levels are increasing but significantly below targets.

Why?

The NHS England well led framework specifically identifies a well established culture of supporting staff through regular performance reviews and investing in learning and development as a key component of a well led organisation. Improvement in these metrics as can be seen in the mandatory training is indicative of an organisational culture committed to learning and improvement.

What are we doing to improve and by when?

Pilot Portal

A pilot project was undertaken to build an initial Pentana portal for the Facilities and Infrastructure Directorate. This enables an easy view of performance by team for the entire Directorate. The Director has established a culture of reviewing this data on a regular basis with their leadership team. Compliance with statutory and mandatory training in this directorate ranges from 77% to 97% and compliance with PDRs is at 63%. Both metrics are significantly higher than the Forth Valley overall figure.
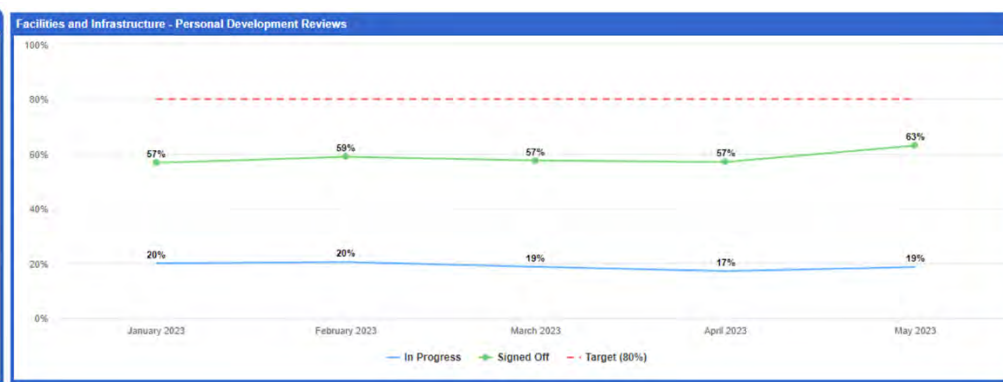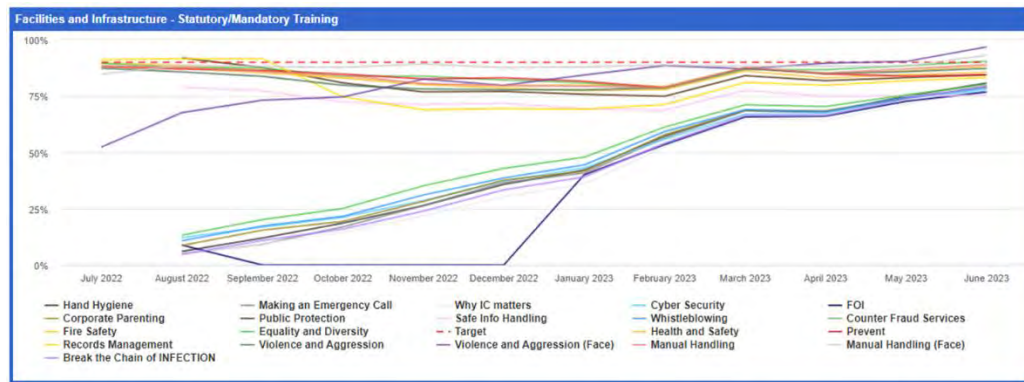
Following successful demonstration of the capabilities, funding was agreed by the Performance and Resources Committee to recruit to the performance management team. The performance framework outlining key metrics was signed off and the assurance build for all Directorates began. The Person Centred

Employee Relations (ER) Metrics: Culture of Learning and Support

data is now available for all Directorates. A training delivery programme is being rolled out. With the governance infrastructure now in place, the next step will be for Directors to build the culture of improving compliance with training and PDRs within their teams.

Employee Relations (ER) Metrics: Measuring Improvement Case Study Emergency and Inpatient Services

Emergency Care and Inpatients - Long Term Absence
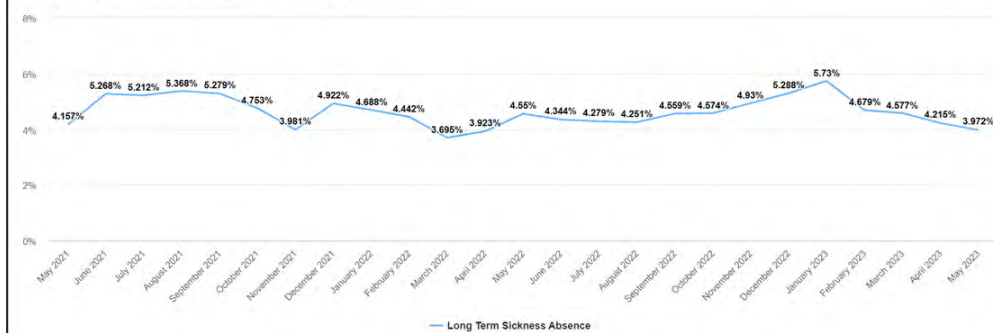
Emergency Care and Inpatients Directorate Absence Total
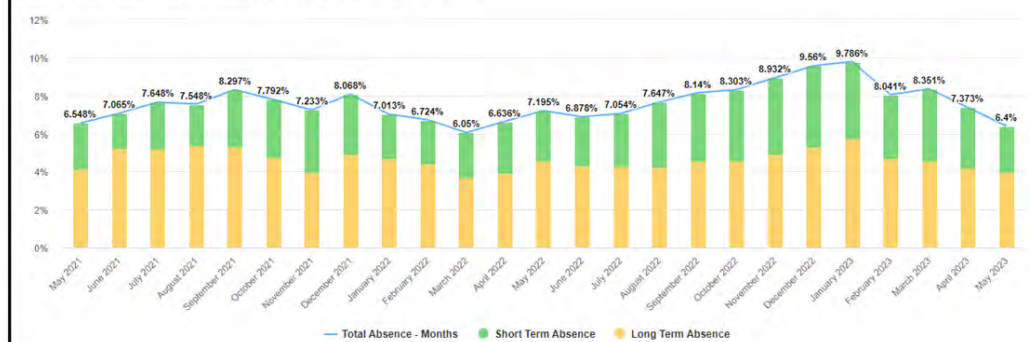
Emergency Care and Inpatients - Short Term Absence
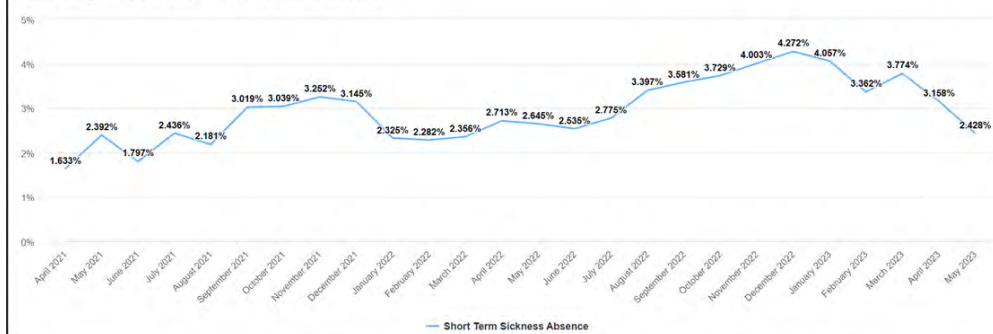
Top Reasons - Emergency Care and Inpatients
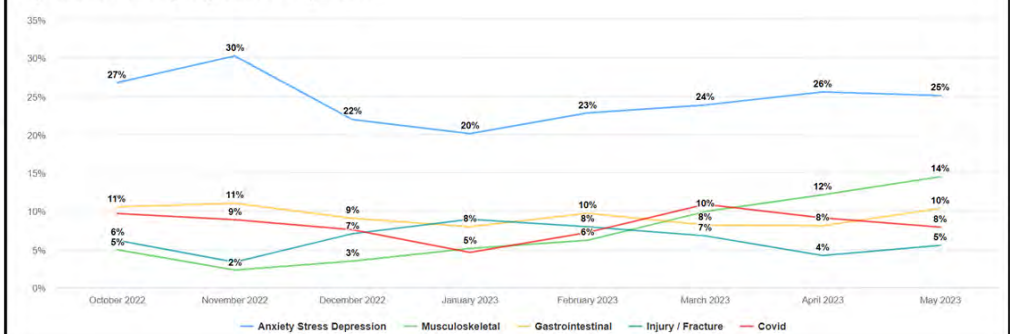
Employee Relations (ER) Metrics: Measuring Improvement Case Study Emergency and Inpatient Services

Emergency Care and Inpatients - Number of Staff absence within 12 month of employment
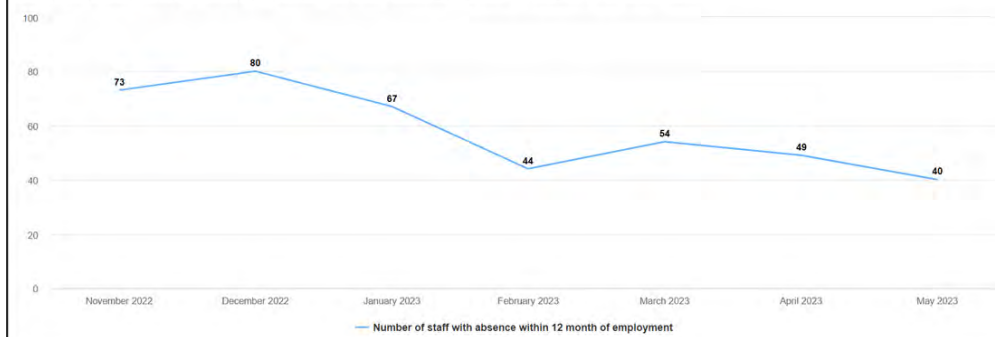
Emergency Care and Inpatients - Turnover Rate

Anxiety Stress Depression - Emergency Care and Inpatients
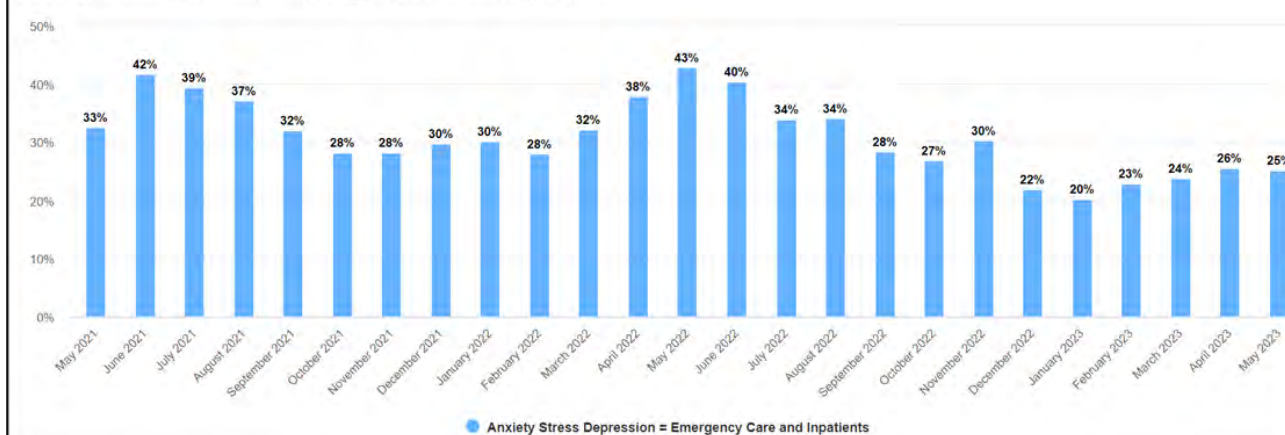
Employee Relations (ER) Metrics: Measuring Improvement Case Study Emergency and Inpatient Services

A case study is noted below explaining a range of interventions undertaken with one service and an analysis of the long term impact on the metrics.

Workforce Performance Reporting and Groups (WPGs) were established in 2021. Workforce Performance Reports are shared monthly with all Directors and Chief Officers for their areas of responsibility.   Each Directorate/HSCP consider their reports and any actions within their senior management teams.

The Senior HR team meet bi-monthly to review and consider each areas Workforce Performance Report, triangulating various Performance Indicators, identifying emerging trends and raising red flags.   Whilst accurate data is important the richness of the discussion within the HR Workforce Performance meeting affords a further level of organisational wide scrutiny and understanding of issues facing individual Directorates/HSCPs.

Recently, three areas of significant concern were raised during the HR Workforce Performance Group discussions during 2022/2023, namely, ICU, B32 and B23. All areas sit within Emergency Care and Inpatient Services located within the Acute Directorate.

As a result of these areas being red flagged., the HR Director and Interim Director of Acute Services requested a Culture Review within all three areas to be undertaken. The Head of Organisational Development met with the Interim Chief Nurse, Head of OD and HR Manager to discuss the concerns raised and opportunities for team support. Diagnostic activity was discussed and agreed in partnership with staff side colleagues.

Development of Culture Diagnostic Process
Organisation Development, in partnership with colleagues developed a cultural diagnostic process to deploy to areas with identified significant issues. This approach uses a combination of observation of the working environment, 121 staff interviews and desktop review of staff feedback. This process was tested in the ICU – this area was identified during the regular HR Workforce Reporting process as being of concern. The culture diagnostic identified a number of themes including staffing levels, culture and leadership, team function and communication staff health and wellbeing and staff training and development.

Specifically, under the theme of Culture and Leadership the following themes were identified.

- Staff feeling unsupported and unheard.
- Lack of visibility of Senior Charge Nurse (SCN) and Senior Staff Nurse (SSN) on the ward
- There was varied reflections on team culture. Some staff indicated improvements in the culture of the department. Others described an unhealthy environment in relation to values and behaviours. A recurring theme from staff was low mood and morale, staff reported feeling tired and stressed.

Examples of Recommendations made include: -

- Team feedback on the review process, overarching themes, and recommendations. Agree support required, actions, and robust evaluation measures.
- There is evidence of a disconnect and division within the team, a risk of undermining behaviours and mobbing.
- The staff provided valuable suggestions to improve the team culture and function.
- The SCN has a key role in leading team discussion and agreeing recommendations and actions. In addition, support the SCN and the team to embed compassionate leadership and culture, agree the team purpose and goals. Obtain clarity on roles, responsibilities, and expectations of all team members.

What the team want, need, and expect from each other including values, behaviours, and ways of providing feedback and raising concerns. Agree ways of working including meaningful communication and decision-making processes.

- Improve leadership visibility within the department. Leadership and coaching support for SCN.
- Implementation of consistent and robust personal development conversations with all staff members.
- Wellbeing support for the team via OD and OHS.
- Awareness of the Speak up Service.

As part of the Culture Review the Acute Management Team, led by the Interim Director of Acute Services, supported by their aligned HR Manager and Advisor have implemented an Attendance Action Plan to address increasing levels of absence within the Emergency and Inpatient Care Departments.

The following actions have been identified and implemented: -

Monthly Department Absence Meetings

Hot Spot Areas, (departments with >10% absence) are identified each month within Emergency Care and Inpatients. The responsible SCN/Department Managers are invited to the Monthly Attendance Management meeting lead by Senior Management Team and HR Manager.

Senior Charge Nurses attend individual to present their absence cases, share updates, ask advice, and receive support from the senior management team. Discussions include opportunities for temporary placements, redeployment, ill health retirement, Occupational Health intervention, Stage 3 dismissals, stress risk assessments and adjustments/amendments to duties.

There is a rolling action log from each meeting. Feedback from Senior Charge Nurses has been positive, and the consensus is they feel supported and confident to manage absence in line with policy. Senior Management are provided with an overview of absence cases and are reassured that absence is being managed appropriately with HR support.

Absence Audits

Aim of audits is to target areas that have >10% absence levels. Random cases will be reviewed using policy checklists. Clinical Nurse Managers have briefed the Senior Charge Nurses around their responsibilities in relation to absence management. All managers are aware that absence processes could be subject to random audits. The output from audits will be reviewed, action plans implemented, and learning will be shared.

Focus Groups

Head of Service and Service Managers are to lead focus groups specifically with managers who oversee hot spot or red flag areas. The purpose is to encourage group discussion around the application of the Attendance Management policy, identify any barriers or concerns, areas of support and suggestions for improvement. Meetings have been set up in early August with Senior Charge Nurses including ICU and B32.

Support for Senior Charge Nurses

Test of Change for Administrative Support for Senior Charge Nurses

Consistent with feedback received from our Exit Interview process, feedback from monthly absence meetings and other forums has consistently highlighted a requirement for administrative support for SCN to allow them to manage the administration of absence more effectively.

A test of change has been put in place over the last few months to provide administrative support on a temporary basis. The support has been provided by employees who have returned early from long term sick on amended duties. The temporary roles provide administrative support to SCNs including support around absence management.

HR Monthly Drop in Sessions

HR provide a monthly drop-in session via MS Teams. Managers can dial in using the link provided. This is an opportunity for managers to discuss HR related questions or queries. The majority of calls to the drop-in session have been absence related. The CNMs have been raising awareness of the drop-in sessions at the weekly SCN meetings.

Attendance Management Training

Additional Attendance Management training courses were provided to Acute Services managers. The uptake was extremely high and approximately 60 managers from across the Acute Services Directorate attended. Band 6s were encouraged to attend training to enable them to deputise for the SCNs. The benefits of this have been reported through SCN meetings.

The training sessions have helped raise awareness of Stress Risk Assessments and the application of them has significantly improved. The aim of the risk assessments is for the manager and employee to identify stressors at work and eliminate or reduce them to a safe level. Managers are encouraged to use Stress Risk Assessments as a preventive method to address concerns and support the employee before there is an absence.

Employee Relations (ER) Metrics: Measuring Improvement Case Study Emergency and Inpatient Services

Acute Services Monthly Newsletter

HR provide links to Staff Wellbeing and other employee support services within the Acute Services Monthly Newsletter. The brief is circulated to all employees within the Acute Directorate including Emergency and Inpatient Services. The Newsletter was launched 6 months ago.

Process Map for Sickness Absence Procedure

A process map for sickness absence procedures to ensure the Senior Charge Nurses follow policy, whilst adhering to data protection. The process map has been shared with all Senior Charge Nurses within Emergency Care and Inpatients. The process is a reminder for managers to link in with the appropriate support e.g., HR, payroll etc when appropriate.

Attendance Management Awareness and Communication

Absence levels and reasons continue to be on the agendas for the Acute Services Snr Management Directorate Monthly Meeting, Acute Team Weekly Meeting, Acute Services Partnership Meeting and HR and Director Monthly Snr Management Meeting. HR Managers have slots on the agendas to provide absence updates, this is an opportunity to generate discussions around absence management and contributing factors that may impact absence levels. Some of the ideas above have been generated from these discussions.

The Interim Director of Acute Services is responsible for overseeing the progress of the recommendations following all the Culture Reviews, supported by the Chief Nurse and Human Resources.

Following the completion of detailed diagnostics as outlined above, a range of open, supportive conversations are ongoing with staff including leadership to work together to create actions which will over time improve the work experience of staff. The work involves supporting and learning for staff including feedback on how it feels to work within their teams. Understanding clearly defined roles and responsibilities, creating relationships, and conducting business in line with agreed values and behaviours.

This is based on a collective approach incorporating a fundamental commitment to teamwork and mutual support particularly for new members of staff joining the unit. The Chief Nurse is committed to and involved in the process along with senior OD and HR support services. It is important to acknowledge that listening and acting on feedback has been an important first step on a journey.

The measurement of improvement will emerge over time, as we move through the journey together but the fact that staff felt able to raise issues of concern is confirmation that we can improve and change culture over a period through generating confidence in staff.

Employee Relations (ER) Metrics: Measuring Improvement Case Study Emergency and Inpatient Services

What is the data telling us?

Emergency Care and Inpatient Services short and long term absence at 6.38% is at the lowest it has been in 15 months. Since the implementation of the Culture Review the absence rates have been steadily decreasing. The number of staff absences in the first 12 months of employment also shows a downward trend and is 50% less than it was in December 2022.

Anxiety, Stress and Depression as discussed earlier is consistently the highest reason reported in NHS Forth Valley. Whilst the numbers have significantly declined since May 2022, there is still work to be done, the senior leadership team are ensuring that staff are supported appropriately and signposted to available and appropriate supports.

The turnover figures for Emergency and Inpatient Services show a steady downward trend except for a couple of increases in August and December 2022.

This case study shows the impact that effective governance, leadership and culture can have to impact staff absence and leavers. A year on year reduction has been achieved of 0.6%. If a 0.5% reduction in absence could be achieved across all of Acute Forth Valley overall would achieve an overall reduction of about 0.2%. This would contribute to closing the gap to the Scotland average of 0.9%.

8.2 Healthcare Associated Infection Reporting Template
For Assurance

Executive Sponsor: Professor Frances Dodd, Executive Nurse Director

Author: Mr Jonathan Horwood, Area Infection Control Manager

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

Recommendation
The NHS Board is asked to:
- **note** the HAIRT report
- **note** the performance in respect of the AOP Standards for SABs, DABs, CDIs & ECBs
- **note** the detailed activity in support of the prevention and control of Health Associated Infection

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

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 4 SABs this month.
- *Clostridioides difficile* infection (CDIs)
  There were 0 CDIs this month.
- *Escherichia coli* bacteraemias (ECBs)
  There were 14 ECBs this month.
- Device associated bacteraemias
  There were 5 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 - June 2023

Healthcare Associated Infection Reporting Template (HAIRT)

June 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 remain at low levels.
- There was one reported outbreak of norovirus this month, Ward A22 FVRH.
- On 27th June 2023, Bellsdyke Hospital had an unannounced HIS inspection. The draft report is expected by the end of August with the final report due mid-September.
- There were no CDIs reported this month. Analysis of the recent increases has been performed and findings have been shared with ARHAI for a national perspective.
- SSI surveillance national reporting remains paused, local reporting within NHS Forth Valley continues.

Performance at a glance

	Total No of Cases	Month RAG status	
Staphylococcus aureus bacteraemia (SABs)	**4**	🟧	
Clostridioides difficile infection (CDIs)	**0**	🟩	
Escherichia coli Bacteraemia (ECB)	**14**	🟧	
Device associated bacteraemia (DABs)	**5**	🟩	
National Cleaning compliance (Board wide)	**95%**	🟩	
National Estates compliance (Board wide)	**93%**	🟩	
Hand Hygiene Compliance (Board wide)	**98%**	🟩	
Surgical Site Infection Surveillance (SSIS)	**0**	⬜	

Key infection control challenges (relating to performance)

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

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

E coli bacteraemia
- There were seven hospital acquired ECBs this month.
- There were six healthcare acquired ECBs this month.
- There was one nursing home acquired ECB 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 no 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 be a patient with sepsis associated from an infected peripheral vascular catheter.

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

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

HAI Surveillance

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

Staph aureus bacteraemias (SABs)

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

NHS Forth Valley's approach to SAB prevention and reduction

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

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

June 2023

Monthly Total	4
Hospital	0
Healthcare	4
Nursing Home	0

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

Staph aureus bacteraemia total – April 23 to date - 14

Total number of SABs reported this month
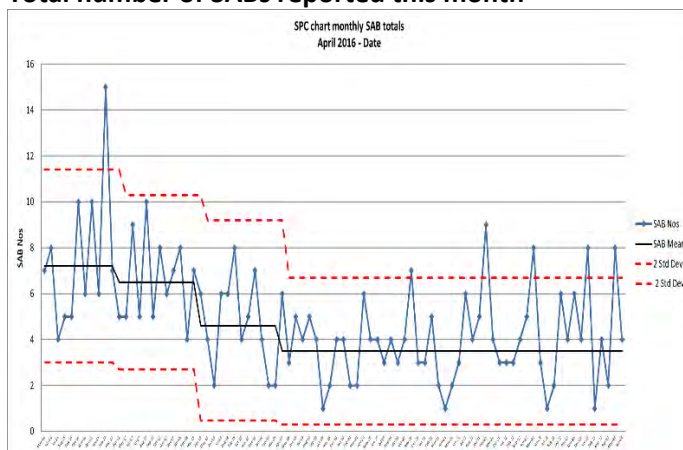
SPC chart monthly SAB totals
April 2016 - Date

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

Hospital Acquired SABs	Healthcare Acquired SABs

Hospital SABs
April 2016 - Date

Healthcare SABs
April 2016 to date
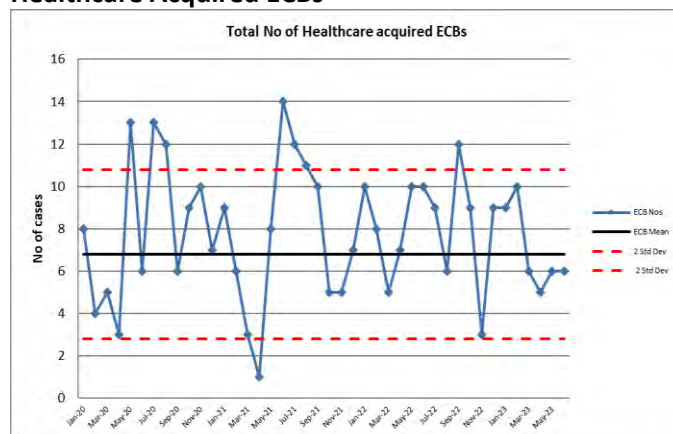
Comments: Case numbers remain within control limits this month. No concerns to raise.	**Comments:** Case numbers remain within control limits this month. No concerns to raise.

Source	No. of Infections
Healthcare	**4**
Unknown	2
Ulcer	1
Hepatobiliary	1
Grand Total	**4**

Breakdown

There were 749 blood cultures taken this month, of those there was in total 4 blood cultures that grew *Staph aureus*. This accounts for 0.5% of all blood cultures taken this month. There were no hospital acquired SABs this month.

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

National Context

All SABs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data publish is 3 months in arrears compared to the local data presented. The funnel plot below is based on the new national AOP targets i.e. hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 4 report (**January – March 2023**) highlighting Forth Valley's position compared to all other boards in Scotland. NHSFV remains below the national mean.
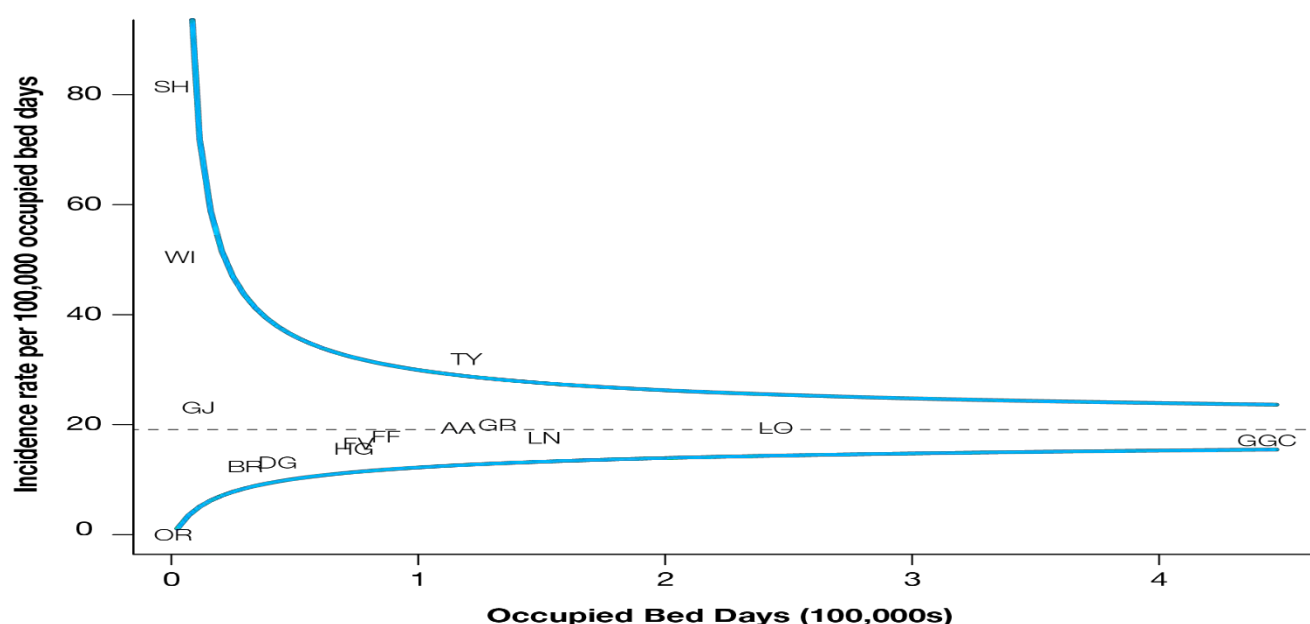
Device Associated Bacteraemias (DABs)

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.

June 2023

Monthly Total	5
Hospital	3
Healthcare	2
Nursing Home	0

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

Device associated bacteraemia total – April 22 to date – 18

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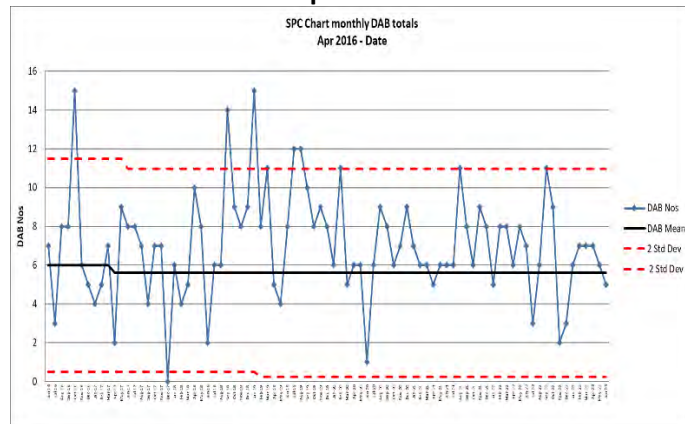
Comments:
Case numbers remain within control limits, no concerns to raise.

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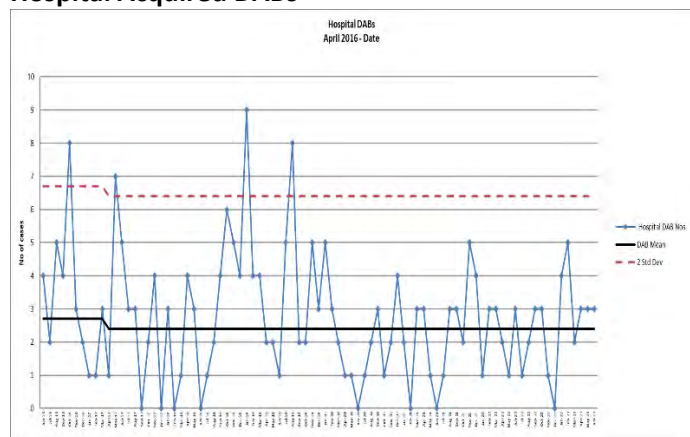
Comments:
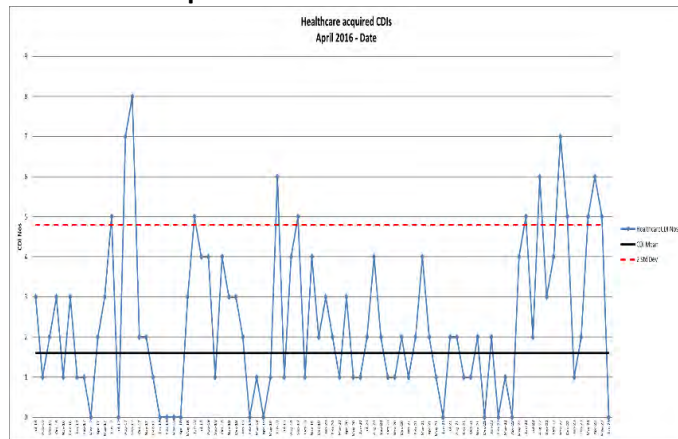Case numbers remain within control limits, no concerns to raise.

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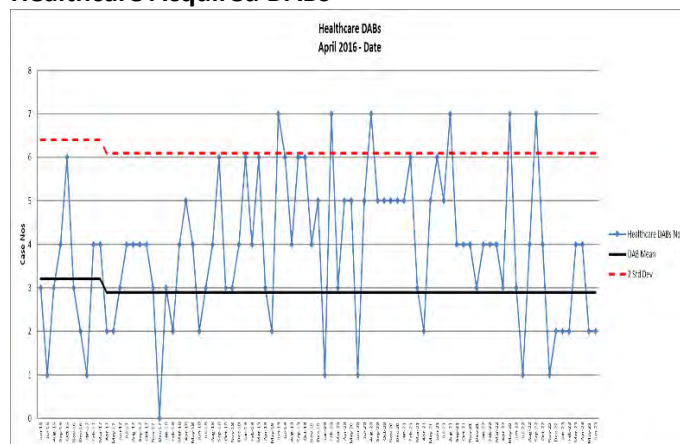
Comments:
Case numbers remain within control limits, no concerns to raise.

Breakdown

Source	No. of Infections
Healthcare	**2**
Hickman	2
Hospital	**3**
CVC	
No attributed ward	1
Urinary Catheter long term	
No attributed ward	1
Urinary Catheter short term	
No attributed ward	1
Grand Total	**5**

There were 749 blood cultures taken this month, of those there were in total 5 blood cultures that were associated with devices. This accounts for 0.7% of all blood cultures taken this month. There were 3 hospital acquired DABs this month; this accounts for 0.4% of all blood cultures this month.

Hospital DABs

- UCST: Extended admission due to unstable BMs and confusion. Catheterised to preserve skin integrity but patient self-removed catheter. New catheter inserted but patient then became pyrexial. Not attributed to ward as may be related to trauma of self-removal of catheter. Associated documentation satisfactory.

- CVC: Patient admitted with history of abdominal pain and vomiting, requiring small bowel resection for ischaemia. CVC in place for IV medications and monitoring. Replaced on day 8 with pyrexia and increase in inflammatory markers. Treated as line infection. Not attributed to ward as associated documentation fully completed.

- UCLT: Admitted with stroke. Catheterised due to retention however patient traumatically removed the catheter. Later in admission developed signs of infection and the replaced catheter found to be blocked. Not attributed to ward as infection likely related to the trauma caused of the patient self-removing catheter.

The graphs below provide an overview of the number of device associated bacteraemias, however, it doesn't provide sufficient detail of the individual device and whether the number of infections have exceeded control limits. Below are graphs relevant to the identified devices for this month.
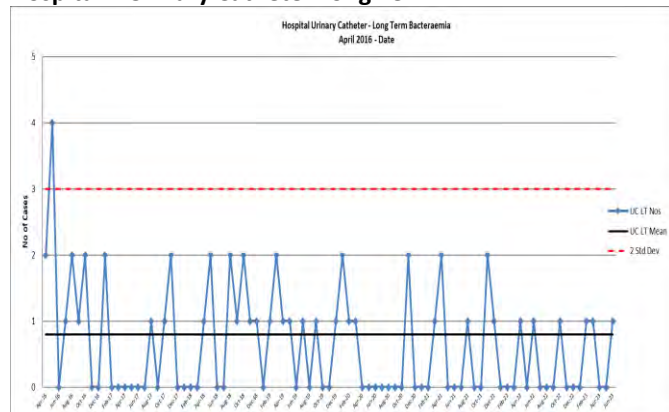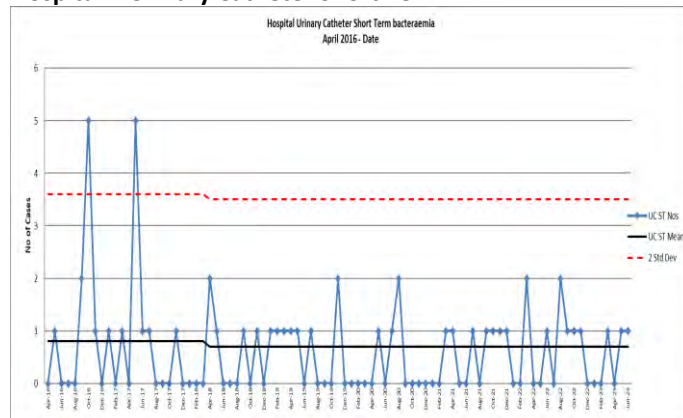
Hospital – Urinary Catheter Long Term	Hospital – Urinary Catheter Short Term
Comments: case numbers remain within control limits, no concerns to raise.	**Comments:** case numbers remain within control limits, no concerns to raise.
Hospital - CVC	Healthcare – Hickman
Comments: case numbers remain within control limits, no concerns to raise.	**Comments:** case numbers remain within control limits, no concerns to raise.
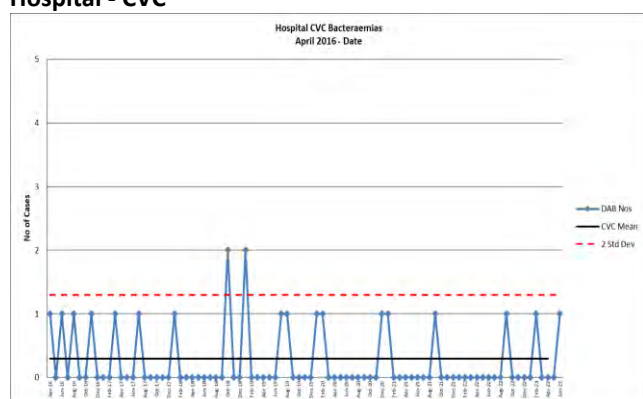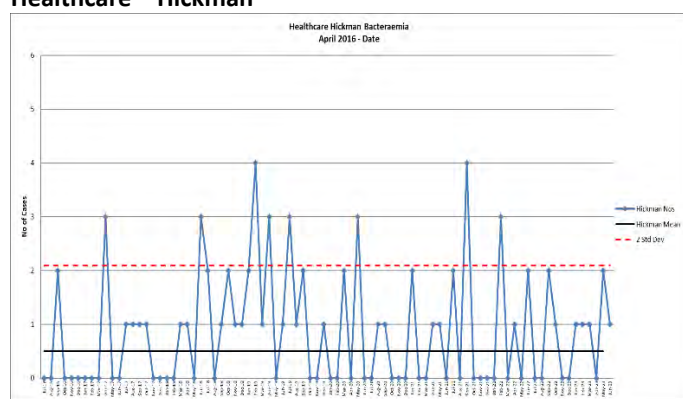
Escherichia coli Bacteraemia (ECB)

NHS Forth Valley's approach to ECB prevention and reduction

E coli is one of the most predominant organisms of the gut flora and for the last several years the incidence of Ecoli isolated from blood cultures i.e. causing sepsis, has increased 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.

June 2023

Monthly Total	14
Hospital	7
Healthcare	6
Nursing Home	1

E coli bacteraemia infection total – April 23 to date - 35

Total ECBs reported this month
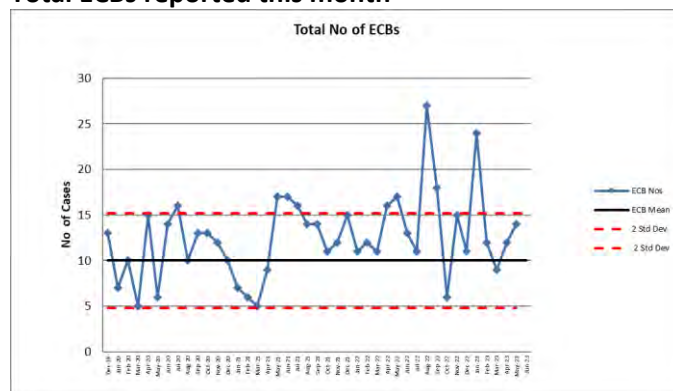
Comments: case numbers remain within control limits this month.

Hospital Acquired ECBs
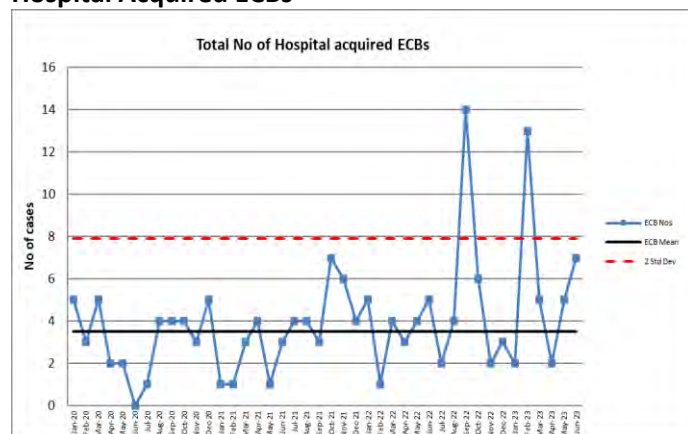
Comments: case numbers remain within control limits this month.

Healthcare Acquired ECBs

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

Breakdown

There were 749 blood cultures taken this month, of those there were in total 14 blood cultures that grew *E. coli*. This accounts for 1.9% of all blood cultures taken this month. There were 7 hospital ECBs this month, this accounted for 0.9% of all blood cultures taken.

Hospital ECBs
- o UTI; Patient admitted with increased confusion and LRTI. New onset pyrexia and raised heart rate during admission. Urine culture and blood cultures both E.coli positive. Treated as UTI. Not attributed to ward as no indication related to practice.
- o UCST; refer to DAB table above.
- o Hepatobiliary; patient had medical history of ALD. Admitted with ascites, diarrhoea, and vomiting. Treated for GI bleed and hepatic encephalopathy. Pyrexia during admission. Bacteraemia source classified as translocation related to decompensated ALD. Not attributed to ward as related to pre-existing condition.
- o UTI: Patient admitted with hip injury and confusion. Developed UTI during admission. Previously catheterised with patient traumatically removing catheter. Not attributed to ward as not determined to be associated with staff practice.
- o Intra-abdominal: Patient with bladder cancer and peritoneal metastasis admitted with worsening abdominal pain. Imaging confirmed small bowel obstruction along with other intra-abdominal clinical concerns. Blood cultures obtained during admission. Not attributed to ward as infection linked to pre-existing condition.
- o UCLT; refer to DAB table above.
- o Unknown: Renal dialysis patient. Extended admission following leg infection with resulting extensive amputation and subsequent wound infection. Blood cultures obtained during admission. Confirmed single source of bacteraemia not determined as multiple sources of infection present.

Source	No. of Infections
Healthcare	**6**
Unknown	1
UTI	2
PWID	1
Hepatobiliary	1
Renal	1
Hospital	**7**
Unknown	
No attributed ward	1
Urinary Catheter long term	
No attributed ward	1
UTI	
No attributed ward	2
Urinary Catheter short term	
No attributed ward	1
Misc	
No attributed ward	1
Intra abdominal	
No attributed ward	1
Nursing home	**1**
UTI	**1**
Grand Total	**14**

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, 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.

Actions include:
- Review of catheter management across NHS FV
- NHSFV engaging with other boards across Scotland to gain an insight of infection reduction.
- NHS FV exploring processes from diagnosis to surgical intervention of patients with gall bladder obstruction to improve surgical lead times.
- Reviewing prescribing practices across FV

National Context

All ECBs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data publish is 3 months in arrears compared to the local data presented. The funnel plot below is based on the new national AOP targets ie hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 4 report (**January – March 2023**) highlighting Forth Valley's position compared to all other boards in Scotland. NHFV remains an outlier and exceeds national control limits however, this last quarter (April – June) has seen a fall in reported cases and it is anticipated that our rate will fall within control limits from a national perspective.

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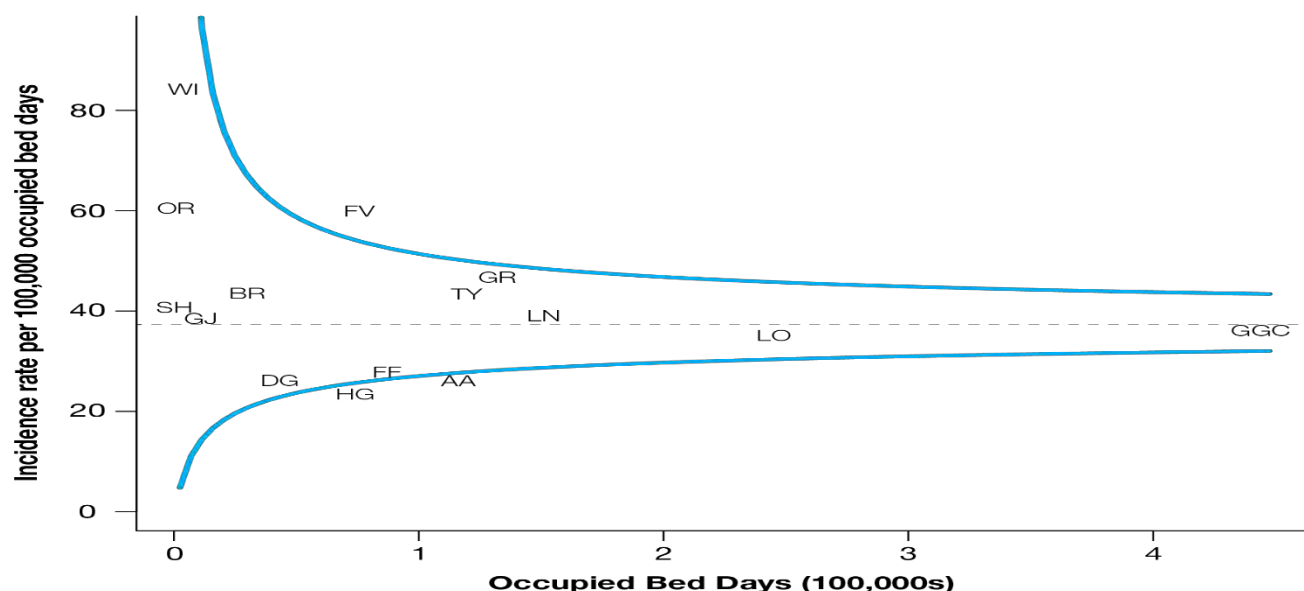
Following the Vale of Leven outbreak in 2007 where 131 patients were infected with *C. difficile* resulting in 34 deaths, it became mandatory for all health boards to monitor, investigate and report all infections associated with *C. difficile*. NHSFV has met its targets over the years and has maintained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

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

Cause definitions for *Clostridioides difficile* infections

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

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

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

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NHS Forth Valley's approach to CDI prevention and reduction

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

June 2023

Monthly Total	0
Hospital	0
Healthcare	0
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 – 12**

Total number of CDIs reported this month

SPC Chart Monthly CDI totals
April 16 - Date

Comments:
Case numbers remain within control limits this month, no concerns to raise.
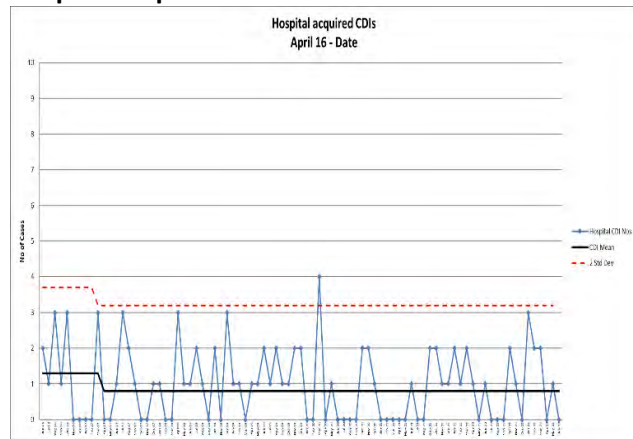
| Hospital Acquired CDIs	Healthcare Acquired CDIs
Hospital acquired CDIs April 16 - Date	**Healthcare acquired CDIs April 2016 - Date**
Comments: Case numbers remain within control limits, no concerns to raise.	**Comments:** Case numbers remain within control limits this month. No concerns to raise.

There were no reported CDIs this month which is encouraging given the increased number of reported cases in the past several months. A review was performed assessing the last 12 months of data to identify potential causes of this increase and concluded that a combination of seasonal variation including increases in respiratory infections, remobilisation of GP services and the increases in antibiotic usage due to Group A streptococal infections last year. As a precautionary and proactive measure, the increases over the last several months have been highlighted to ARHAI to assist FV in identifying any potential causes of this increase from a national perspective. It must be noted that nationally, FV remain within control limits at this time (see next page). This review has been shared with ARHAI and FV is awaiting a formal response from them.

National Context

All CDIs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data publish is 3 months in arrears compared to the local data presented. The funnel plots below are based on the new national AOP targets ie hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 4 report (**January – March 2023**) highlighting Forth Valley's position compared to all other boards in Scotland. Despite the local increases in reported cases, overall cases remain within national control limits. NHSFV has requested support from ARHAI given the local increases to provide an opinion and a national perspective.
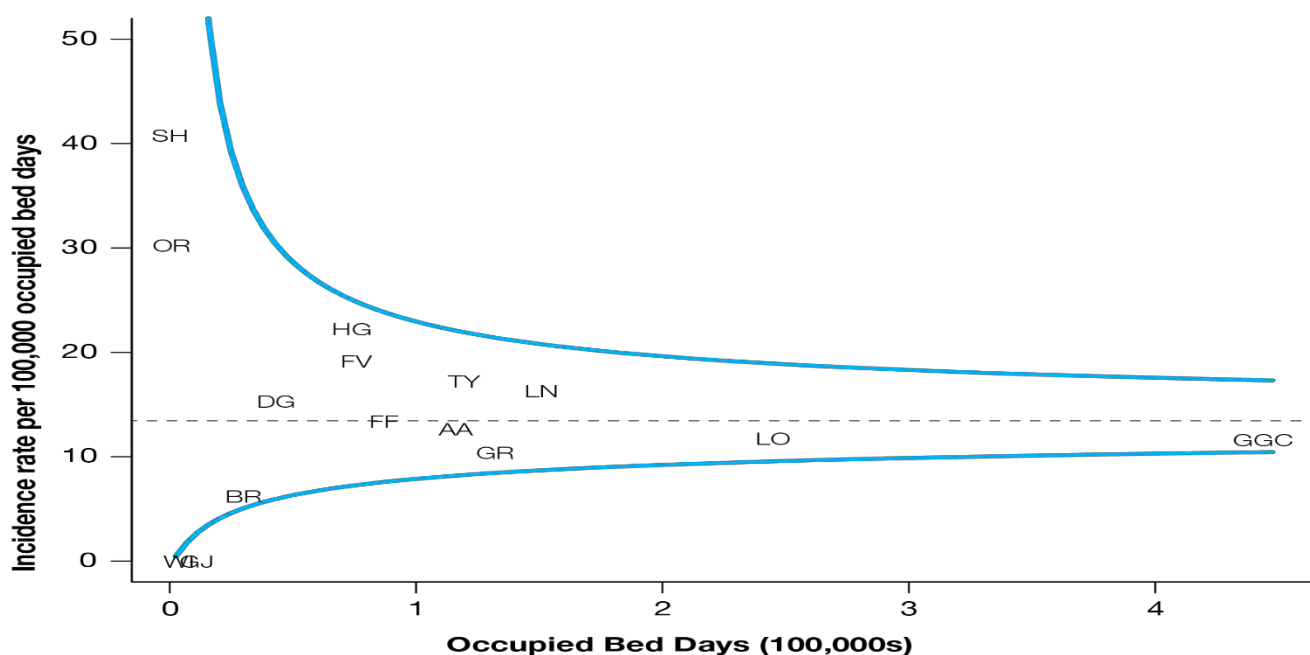
AOP TARGETS

HAI AOP targets for 2019-2024

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

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

	2018/19 Rate (base line) per 100,000 total bed days	No of cases (per annum)	Reduction %	Date for reduction	Target rate per 100,000 total bed days	Target cases per annum
ECB	40.8	135	25	2024	30.6	101
SAB	16.6	55	10	2024	14.9	50
CDI	11.4	38	10	2024	10.3	34

AOP target progress to date
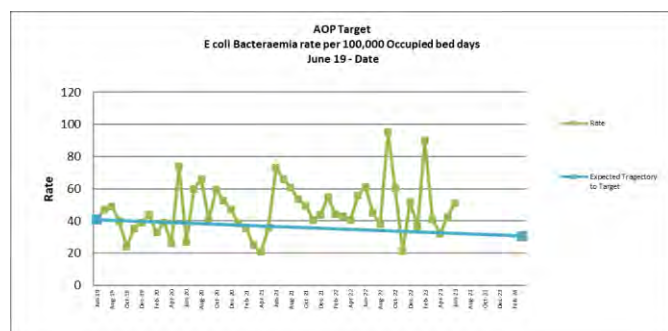
Comments: Infection rate has increased this month and remains above trajectory.
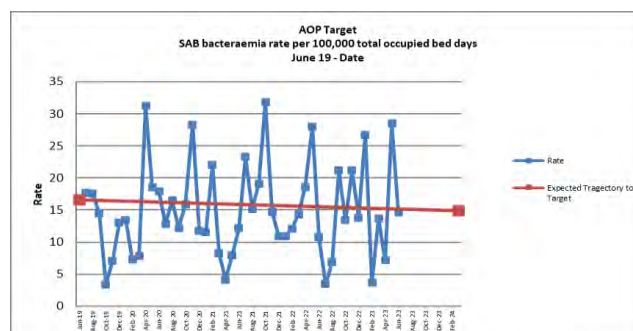
Comments: Infection rate has decreased this month and remains above trajectory.
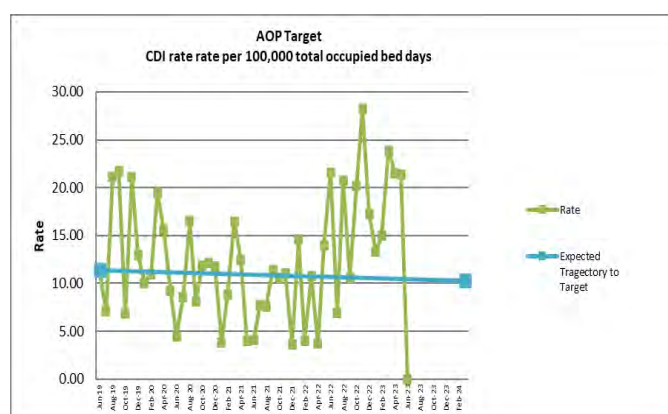
Comments: There were no recorded CDIs this month. Infection rates remain above trajectory.

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	50.8	Above trajectory
SAB	14.9	15.4	Above trajectory
CDI	10.3	15.8	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

Caesarean Section Total Numbers including SSIs
April 2023 - March 2024
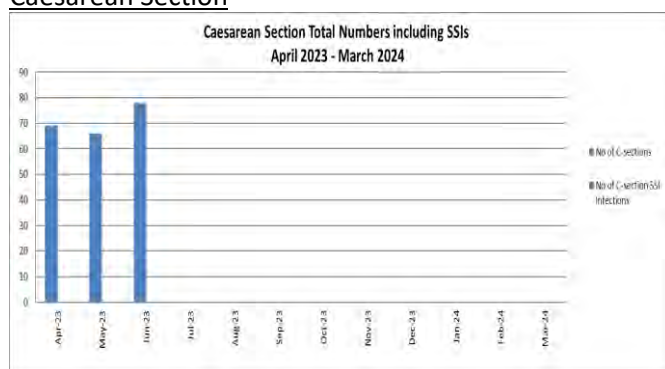
Comments: case numbers remain within control limits, no concerns to raise.

Abdominal Hysterectomy

Abdominal Hysterectomy Total Numbers including SSIs
April 2023- March 2024
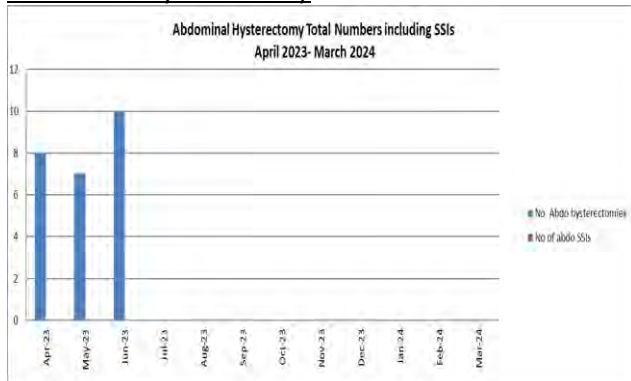
Comments: case numbers remain within control limits, no concerns to raise.

Hip Arthroplasty

Hip Arthroplasty Total Numbers including SSIs
April 2023 - March 2024
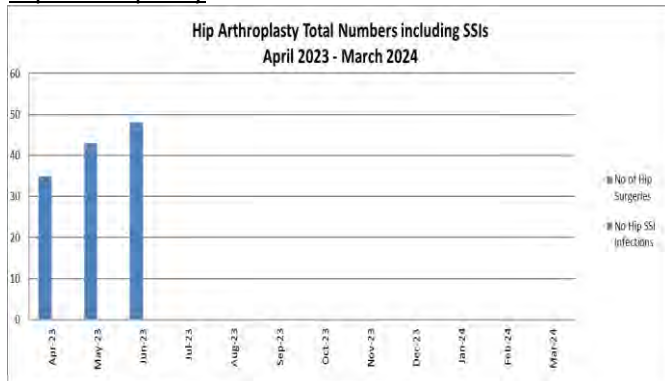
Comments: case numbers remain within control limits, no concerns to raise.

Knee Arthroplasty

Knee Arthroplasty Total Numbers including SSIs
April 2023 - March 2024
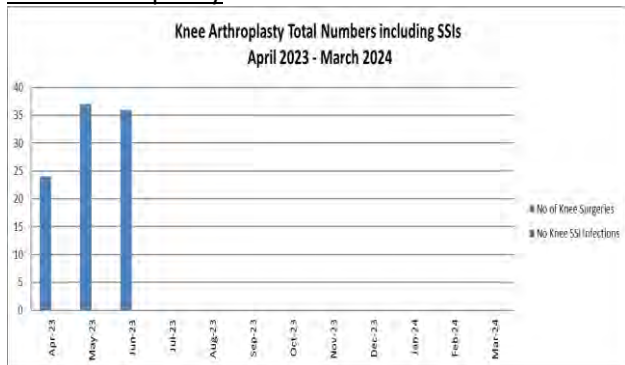
Comments: case numbers remain within control limits, no concerns to raise.

Breast Surgery

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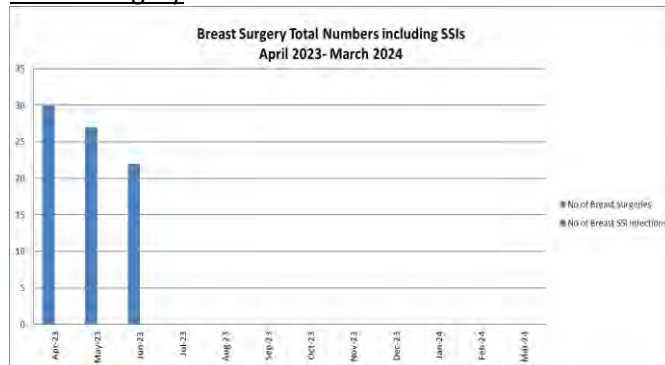
Comments: case numbers remain within control limits, no concerns to raise.
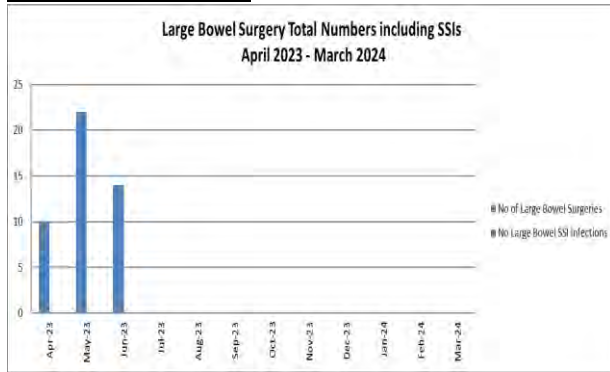
Large Bowel Surgery	Communication from Scottish Government has informed boards that national mandatory reporting of SSIs remains paused.
Comments: case numbers remain within control limits, no concerns to raise.	NHS FV will continue to perform and report SSI surveillance.

Methicillin 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 SICP audits. The training compliance has increased significantly in the last few months, the teams are working together to understand local and specialist reporting to ensure there is a correlation between both.

Hand Hygiene Compliance - TCAB	Training Hand Hygiene Compliance	Total Non Compliance Hand Hygiene
June 2023 result	July 2023 result	June 2023 result
✓ 98.5%	● 51%	📈 21
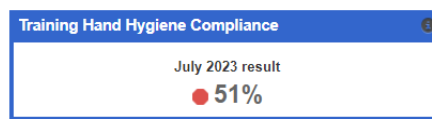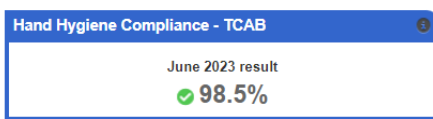
Estate and Cleaning Compliance (per hospital)

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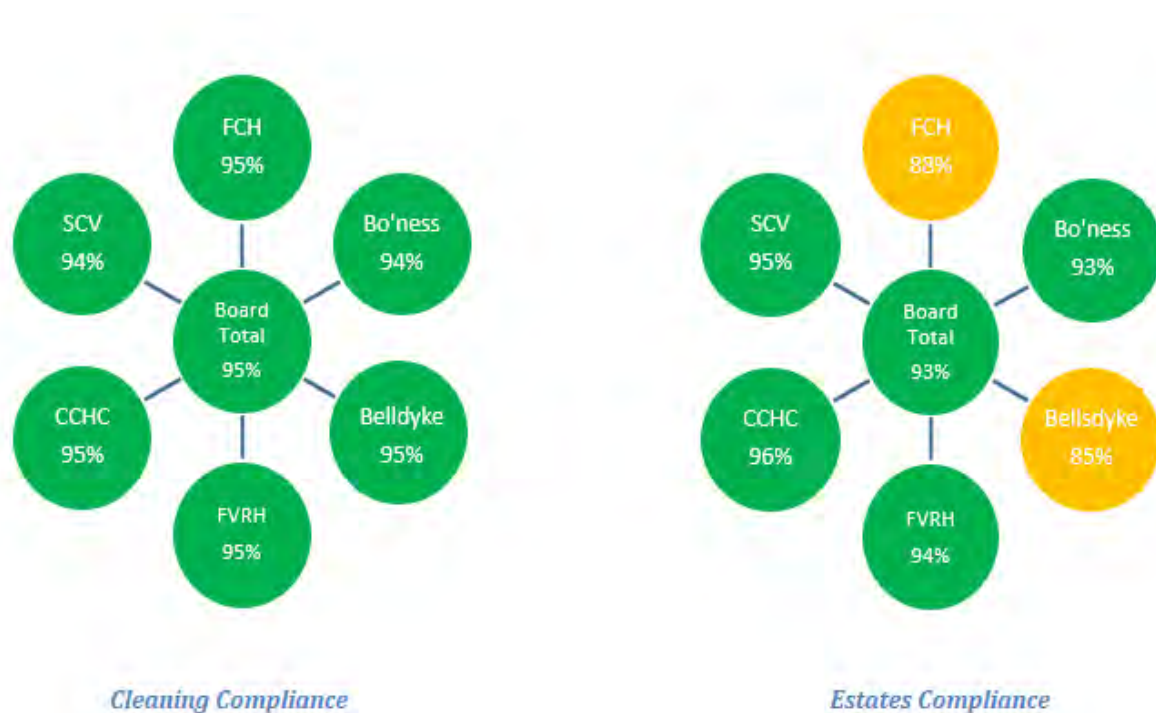
	Colour	Description
🟢	Green	compliance level 90% and above - Compliant
🟠	Amber	compliance level between 70% and 90% - Partially compliant
🔴	Red	compliance level below 70% - Non-compliant

Falkirk Community Hospital and Bellsdyke Hospital Estate Scores

This quarter, the estate scores have remained relatively stable, 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 85% compared to 84% 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	4	18	27	39	48	16	35	187
Primary Care & Mental Health Services	0	2	1	9	17	4	2	35
WC&SH Directorate	0	1	1	3	3	1	3	12
Totals	4	21	29	51	68	21	40	234

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

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

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

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

Board Wide Total Non-Compliances	Acute Services Total Non-Compliances
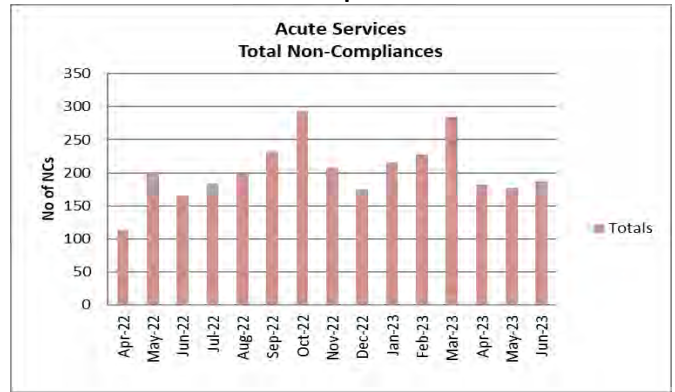
Primary Care & MH Services Total Non-Compliances	Women & Children & SH Total Non-Compliances
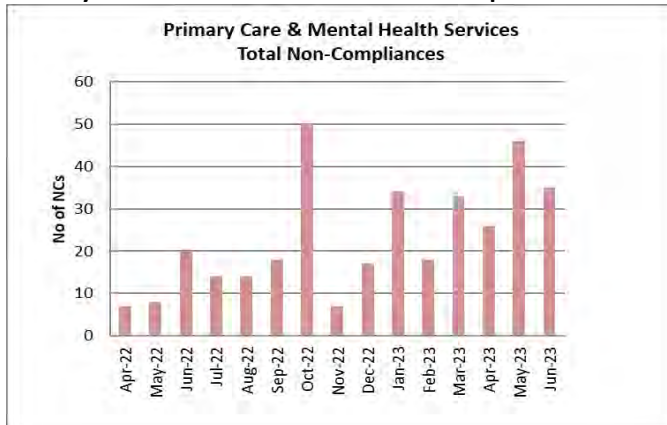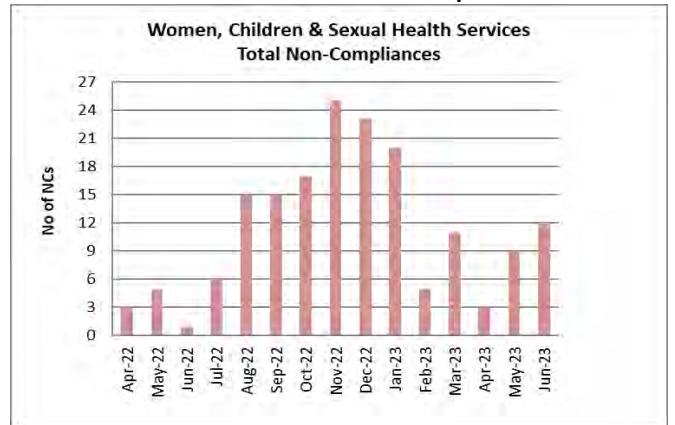
Incidence / Outbreaks

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

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

Outbreaks reported this month:

Ward	Type of Outbreak	No of patients affected
Ward A22, FVRH	Norovirus	17

COVID -19

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

See graph below of the inpatient case numbers.
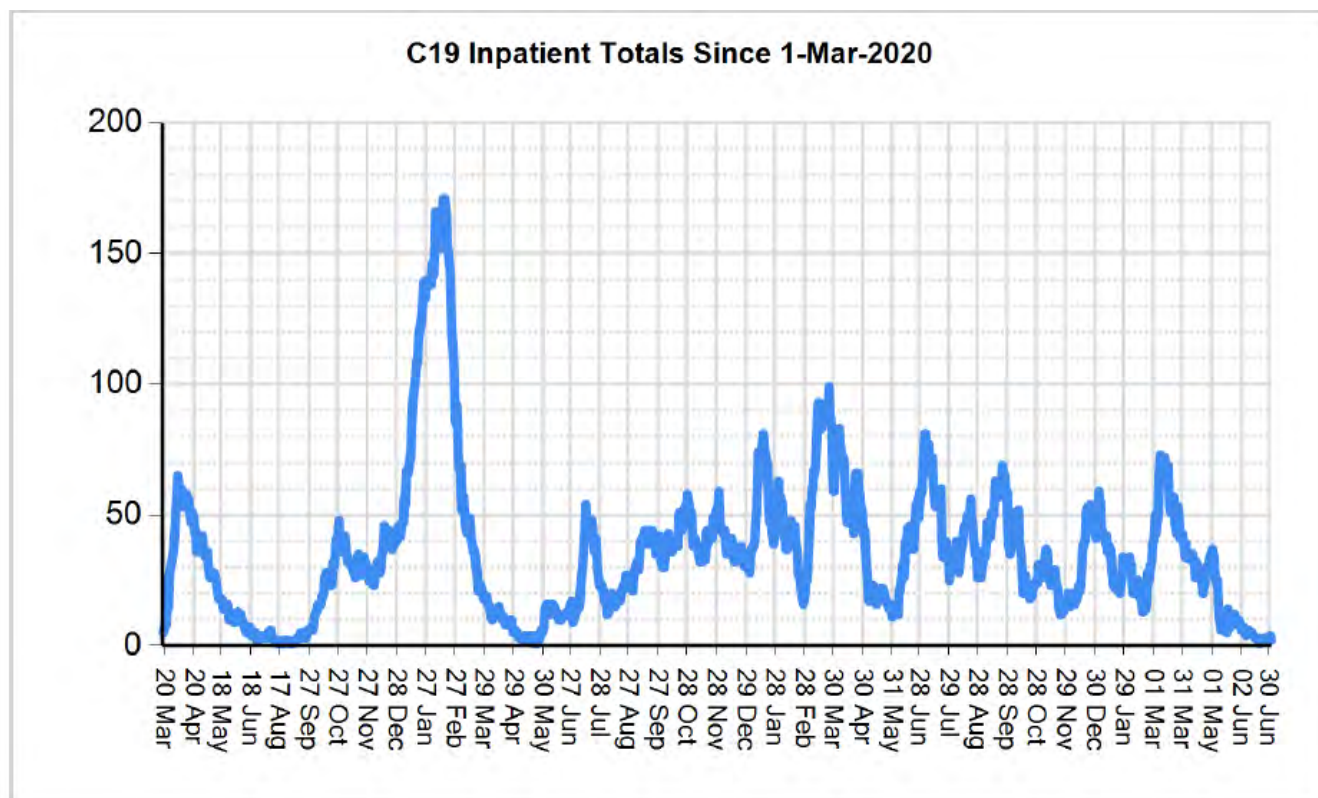
HIS unannounced inspection to Bellsdyke Hospital

On Tuesday the 27th June, Bellsdyke Hospital as part of the HIS inspections to mental health facilities across Scotland. The one-day inspection covered all areas across the Bellsdyke site. Initial feedback suggests the inspection went well with no issues of concern raised. The draft report is expected by the end of August with publication by mid-September.

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

8.3 Performance Scorecard
For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Ms Kerry Mackenzie, Head of Policy & Performance

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.

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 with work on-going to ensure accuracy of data, and that all the definitions and reporting periods remain appropriate and meaningful. Work is underway to include measures in respect of Health Improvement. It is anticipated these will begin to be included in the Performance Scorecard presented to the Performance & Resources Committee at the end of August 2023.

The Performance Scorecard is routinely presented to the scheduled meetings of the NHS Board and Performance & Resources Committee, and to members of 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.
> ➢ The Scotland position in respect of Average Length of Stay and a data graph have been included.

Key Performance Issues

- **•   *Unscheduled Care***

Overall compliance with the 4 hour target in June 2023 was 67.8%; Minor Injuries Unit 100%, Emergency Department 53.9%. A total of 2,372 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 849 waits longer than eight hours, 291 waits longer than 12 hours and one wait longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,332 patients, noting this is a decrease from 1,499 in May. 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 June 2023 compared to June 2022; 566 compared to 474.

- *Scheduled Care*

At the end of June 2023, the number of patients on the waiting list for a first outpatient appointment decreased to 19,460 from 19,694 in May. 58.5% of patients were waiting less than 12 weeks for a first appointment. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2023 to June 2023 as 94% compliance.

In June 2023, the number of inpatients/daycases waiting increased to 4,569 from 4,526 with an increase in those waiting beyond 12 weeks. Inpatient/daycase activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2023 to June 2023 as 99% compliance.

At the end of June 2023, 1,429 patients were waiting beyond the 6 week standard for imaging with 71.3% of patients waiting less than the standard. 403 patients were waiting longer than 6 weeks for an endoscopy with 60.0% of patients waiting less than the standard. Activity against the remobilisation plan April to June 2023 is noted as 93% and 135% respectively.

Cancer target compliance in May 2023:
  o 62-day target – 62.1% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is a deterioration in performance from the April position of 68.5%.
  o 31-day target was achieved 96.4%

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 June 2023 is noted as 6.0% which is a slight increase from the previous month. The return outpatient DNA rate across acute services increased in June 2023 to 8.3% from 7.1% the previous month.

- *Psychological Therapies*

In June 2023, draft numbers indicate that 74.3% of patients started treatment within 18 weeks of referral. This is an improvement in performance from the previous month position of 72.7% and from 64.3% in June 2022.

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

Performance against the LDP standard remains similar in June 2023 to the May position at 32.1%. The number of patients waiting over 52 weeks for treatment has reduced from 312 in May 2022 to 30 in June 2023.

- *Workforce*

The sickness absence target is 4.0%. Absence remains above the target at 6.40% in May 2023, noting the position is static from the April 2023 position of 6.41% and a deterioration from 6.30% in May 2022.

The absence for Coronavirus reasons is noted as 0.26% in May 2023. Total absence for May 2023 is 6.66% an improvement from 6.84% in April 2023.

- *Delayed Discharges*

The June 2023 census position in relation to standard delays (excluding Code 9 and guardianship) is 60 delays; static from May. There was a total of 42 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 102.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the June 2023 census was 2,039, this is a decrease from 2,403 in May.

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 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.

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 NHS FV does not consider and plan for current and future changes to population and associated demand/case-mix, there is a risk that the model for delivery of planned care will not meet demand or prioritise effectively, resulting in poorer patient outcomes, avoidable harm and failure to meet targets.

In addition, there is linkage to Organisational Risks in respect of Waiting Times, Delayed Discharge, CAMHS, Psychological Therapies and the 62-day cancer target.

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 June 2023 was 67.8%; Minor Injuries Unit 100%, Emergency Department 53.9%. A total of 2,372 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 849 waits longer than eight hours, 291 waits longer than 12 hours and 1 wait longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,332 patients, noting this is a reduction from 1,499 in May. 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 507 patients waiting beyond 4 hours with Clinical Reasons accounting for 186 breaches.

In June there were 566 new attendances to Rapid Assessment and Care Unit (RACU), 146 of which were via ED. This is compared to 474 new attendances in June 2022, 131 of which presented via ED. There were 104 scheduled returns in June 2023 a reduction from 125 in June 2022. 678 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 13.2% of all ED attendances in June.

The 4-hour Emergency Access Standard (EAS) remains variable however, on reviewing the data there are more data points above the median and nearer trajectory. There have been periods of improvement in our median time to triage and median time to first assessment data which is likely as a result of the ED triage model. We are starting to see fewer 12-hour breaches and fewer contingency beds. An improvement trajectory of 70% compliance with the EAS has been agreed with Scottish Government colleagues noting that following an initial examination of the position at the end of June it was agreed to reassess the trajectory at the end of July.

Priority is being given to the continued identification of capacity to relieve pressure within the system with focussed work underway to support 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. There is ongoing development of the ED Triage model with the aim to expand its hours of operation. 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. Pre noon discharge remains variable however an improvement has been seen since early May.

The continued development of virtual capacity services is supporting acute care outwith the hospital with recently identified opportunities to increase Hospital @ Home (H@H) beds; and Respiratory and Heart Failure services ready to 'go live' with inHealthcare app for remote patient monitoring. Recent H@H activity has been better than the agreed plan with activity above 90% for a 3 week period. When full capacity is not achieved this is as a result of staffing issues, higher acuity patients and more rural patients.

Out of Hours presentations have reduced in June 2023 to 4,619 from 4,875 in May 2023. Note average daily presentations in June as 154 a reduction from the May average of 157. NHS Forth Valley is working to improve the delivery of Out of Hours services supported by a comprehensive action plan.

Key actions underway:
-Realigned governance and reporting structure. Delivery groups are meeting regularly.
-Delivery group meetings are data-driven - trajectories and other measures are being used to support improvement planning.
-Stabilised senior unscheduled care team now in place along with revised management of ED.
-Clear reductions in 12 hour waits in ED with focus now on reducing 8 hour waits.
-A reduction in the utilisation of contingency areas including non-standard care areas continues to be a focus.
-Hospital @ Home capacity is monitored through the daily huddle and Flow Navigation Hub
-Improved relationships with IJB colleagues at all levels. This is particularly important over weekends and Public Holidays to maintain discharges.

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 June 2023, the number of patients on the waiting list for a first outpatient appointment reduced to 19,460 from 19,694 in May; 8,068 were waiting beyond 12 weeks. Note 58.5% of patients were waiting less than 12 weeks for a first appointment; an improvement from 57.4% the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to June 2023 as 94% compliance. Compliance against the plan for the month of June 2023 was 113%.

In June 2023, the number of inpatients/daycases waiting increased to 4,569 from 4,526. An increase in those waiting beyond 12 weeks was noted from 2,380 in May to 2,392 patients in June. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to June 2023 as 99% compliance. Compliance against the plan for the month of June 2023 is 115%.

Diagnostics

Imaging
At the end of June 2023, 1,429 patients were waiting beyond the 6-week standard for imaging with 71.3% of patients waiting less than the standard. This is a reduction from 77.3% the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to June 2023 as 93% compliance, with the position for June 2023, 98%. 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 June 2023 was 4,976 patients; a reduction from 5,770 in June 2022.

Waiting times for CT were significantly reduced as a result of additional capacity from a funded and staffed CT Van in 2022. This removed about 1500 outpatients from the CT waiting lists however low waits have been difficult to maintain due in part to an increase in demand for CT scanning. Note that scan requests for urgent suspicion of cancer are prioritised however this can have an impact on routine waits. The Executive Leadership Team has agreed a plan to support an increase in CT capacity with provision for 12 hour working/7 days a week, use of agency staff at weekends to deliver additional outpatient activity, and the appointment of additional staffing. A business case is awaited in relation to a 3rd CT scanner.

Endoscopy
At the end of June 2023, 403 patients were waiting beyond 6 weeks for endoscopy with 60.0% 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 cumulative position for the year April 2023 to June 2023 is noted as 135% compliance with June 2023 compliance against plan, 169%. The total number of patients waiting for endoscopy has increased in June 2023 to 982 patients from 899 in May 2023 and from 546 in June 2022.

The Endoscopy team is working closely with the Quality improvement team to move forward improvement work at pace. Modernising ways of working will ensure compliance with the national strategy and guidelines and will maximise current resource and ensure all endoscopy pathways are as efficient as possible. Bowel screening is a priority, and changes in this pathway will be complete by September 2023.

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 1,235 of which 11% are confirmed cancer patients.

The May 2023 position is noted as:
62-day target – 62.1% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is a deterioration in performance from the April position of 68.5%.
Five of the 10 cancer pathways achieved 100%. Improved performance was noted in the upper GI pathway at 92.3%, lymphoma pathway remained static at 66.7% however there was a reduction in performance in the colorectal (60%), lung (57.9%) and urology (32.1%) pathways. The highest number of breaches are within the urology pathway with 9 out of 28 patients meeting the standard.
The Scotland position in April was 73.2%.

31-day target – 96.4% of patients wait less than 31 days from decision to treat to first cancer treatment. Scotland position in May was 94.5%.

Pressure continues within the urology pathway noting the variable level of demand. Enhanced vetting has been utilised throughout service restriction period however with services returning to nearly normal provision, there has been an increase in referrals and workload has increased markedly. Following successful recruitment, a further urology consultant will start in August 2023 however workforce challenges are having an impact on clinics and surgery with nurses undergoing training to undertake some of the diagnostic procedures. There are significant waiting list pressures for oncology clinic appointments for patients with prostate cancer and patients with prostate cancer requiring joint surgical and oncology appointments. Renal patients waiting ablation in Glasgow are waiting a significant time as a strict prioritisation protocol is in place based on if the patient has a single kidney, the growth and size of the lesion, and the pathology.
Across the service radiology capacity has been challenged with longer appointment intervals however prioritisation of dedicated MRI slots for prostate cancer diagnosis has helped minimise any delay. 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 the Greater Glasgow and Clyde with the waits for the regional service under review.

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.

The national Cancer Strategy for Scotland 2023-2026 was published in June 2023. This will inform NHS Forth Valley's short and medium term planning.

Unavailability

Monitoring of patient unavailability is an Audit Scotland recommendation and refers to the percentage of outpatient or inpatient/daycase unavailability as a proportion of the total waiting list size.
-Outpatient unavailability in June 2023 was 0.9% of the total waiting list.
-Inpatient/daycase unavailability in June 2023 increased to 6.6% from 5.6% in May 2023. The unavailability rate is less than 9% for all specialties except for General Surgery Plastics 16.7% (1 patient), Surgical Paediatrics 13.3% (2 patients) and Oral and Maxillofacial Surgery 10.1% (9 patients). This position is monitored on an ongoing basis.

Did Not Attend (DNA)

The new outpatient DNA rate across acute services in June 2023 is noted as 6.0% which is an increase from the position in April of 5.8%. Variation across specialties continues with rates ranging from 19.6% to 0%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 8.8% (65 patients), General Surgery 3.9% (42 patients), Orthopaedics 3.4% (38 patients), and Dermatology 5.7% (37 patients).

The return outpatient DNA rate across acute services in June 2023 was 8.3%. There continues to be a high number of DNAs in Ophthalmology with 244 patients (7.3%), Diabetes 136 patients (10.6%), Orthodontics 130 patients (12.0%) and Dermatology 113 patients (5.3%).

The Performance & Resources Committee received an update in respect of the DNA position in April 2023. The Committee noted the significant actions underway and the continuation of monitoring of the work ongoing to drive and support improvements in the position.

New Acute Outpatient DNAs - June 2023

New Acute OP DNA's

... Code & Title	Value ▼	Numerator	Denominator
DNA.NEW.A81 New outpatient appointment DNA - Endocrinology	19.64%	11	56
DNA.NEW.A9 New outpatient appointment DNA - Gastroenterology	11.97%	17	142
DNA.NEW.AR New outpatient appointment DNA - Rheumatology	9.5%	21	221
DNA.NEW.A6 New outpatient appointment DNA - Infectious Diseases	9.09%	1	11
DNA.NEW.C7 New outpatient appointment DNA - Ophthalmology	8.84%	65	735
DNA.NEW.A2 New outpatient appointment DNA - Cardiology	8.33%	25	300
DNA.NEW.AB New outpatient appointment DNA - Geriatric Medicine	7.95%	7	88
DNA.NEW.C31 New outpatient appointment DNA - Pain Management	6.58%	5	76
DNA.NEW.C5 New outpatient appointment DNA - Ear, Nose and Throat (ENT)	6.34%	21	331
DNA.NEW.ACU New outpatient appointment DNA - Forth Valley (Acute OPD Service…	6.07%	402	6,628
DNA.NEW.A82 New outpatient appointment DNA - Diabetes	5.97%	4	67
DNA.NEW.A7 New outpatient appointment DNA - Dermatology	5.65%	37	655
DNA.NEW.AH New outpatient appointment DNA - Neurology	5.34%	15	281
DNA.NEW.D5 New outpatient appointment DNA - Orthodontist	5.32%	5	94
DNA.NEW.A1 New outpatient appointment DNA - General Medicine	4.71%	12	255
DNA.NEW.CB New outpatient appointment DNA - Urology	4.62%	15	325
DNA.NEW.C1 New outpatient appointment DNA - General Surgery	4.09%	39	953
DNA.NEW.AG New outpatient appointment DNA - Renal Medicine	4%	1	25
DNA.NEW.C8 New outpatient appointment DNA - Orthopaedics	3.42%	38	1,110
DNA.NEW.J4 New outpatient appointment DNA - Haematology	2.13%	1	47
DNA.NEW.AQ New outpatient appointment DNA - Respiratory Medicine	1.77%	7	396
DNA.NEW.AP New outpatient appointment DNA - Rehabilitation Medicine	0%	0	1
DNA.NEW.C12 New outpatient appointment DNA - Vascular Surgery	0%	0	8
DNA.NEW.H2 New outpatient appointment DNA - Clinical Oncology	0%	0	89
DNA.NEW.PREOP New outpatient appointment DNA - PRE-OP	n/a	0	0

Psychological Therapies

In June 2023, draft numbers indicate that 74.3% of patients started treatment within 18 weeks of referral. This is an improvement in performance from the previous month position of 72.7% and from 64.3% in June 2022 noting the RTT performance has been above 70% for 4 consecutive months for the first time outwith the Covid period.

The Scotland position for the quarter ending March 2023 was 79.8% with Forth Valley 71.1%.

Good progress has been made in terms of reducing both the total number of people awaiting initial assessment, and the number of people waiting a very long time for initial assessment. In June 2022, 224 people had been waiting over a year for initial assessment. Currently 4 people are waiting over a year for assessment (down from 7 at the end of April). In May 1631 people were waiting for treatment (down from 1677 in April). Of those, 366 had been waiting over 52 weeks (down from 381 in April).

RTT performance is based on the number of patients starting treatment. However, this data set is comprised of both new and return patients, as patients do not always begin treatment at their first appointment. In order to better understand our activity data, and ensure we have the correct balance between assessment and treatment appointments, we have analysed this from January 2022. For most months, the number of new patients seen is greater than the number starting treatment (as you would expect due to assessment only appointments). The number starting treatment has increased over time. With the redesign of Adult Psychological Therapies and the introduction of triage appointments in May 2022 there was an initial reduction in capacity for new treatment appointments however this has now recovered to pre-triage levels.

There is considerable development within Psychological Services, with a focus on staff wellbeing to aid both retention of existing staff and recruitment of new staff. In addition, 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:
-Continuous review of clinical activity at service, team, and clinician level since March 2023. This ensures clinicians are working to job plans which provides assurances around trajectory modelling. As this work is at an early stage, the impact is still being evaluated. Job plan reviews are ongoing.
-Training sessions have been rolled out for all staff to explain data reporting and trajectory modelling.
-Masterclasses are being developed for managers to support them in effective job planning and activity monitoring.
-As waiting times reduce and people are offered groups at an earlier time point it is predicted, based on previous service experience, that uptake of groups will improve. Orientation sessions for groups will be developed based on learning from groups that have better uptake. We have contributed to national discussions around developing the Psychological Therapies Waiting Times Standard and what counts as a 'reasonable offer' for groups to ensure consistency with other health boards.

Child and Adolescent Mental Health Services (CAMHS)

Performance against the LDP standard remains similar in June 2023 to the May position at 32.1%. It is predicted that the RTT may decline further as the service treats the children waiting the longest. The previously agreed trajectory has been revised and according to the data available, the service anticipates meeting the LDP standard in September 2023. This however is dependent on a number of variables including successful recruitment to outstanding posts and referral rates.

In June 2023 there are 183 children waiting over 18 weeks for treatment. The number of patients waiting over 52 weeks for treatment has reduced from 312 in May 2022 to 4 in May 2023.

The overall wait list, which includes waits for initial assessment and those awaiting treatment has reduced from 706 in May 2022 to 418 in June 2023. 209 referrals were received in June with a similar referral trend in May when 221 were received. Note that not all referrals were accepted with appropriate signposting in place. Comparing May and June 2023 with the same period in 2022, the increase in referrals is 44%. The spikes of high referral rates coinciding with seasonal holiday periods, is being closely managed by the clinical teams.

In the 12 months prior to October 2022, the average accepted referral rate was 67 children per month. For the subsequent 5-month period up to March 2023, the average accepted referral rate was 99 children per month (some months 47% higher than average).

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

Workforce

The sickness absence target is 4.0%. Absence remains above the target at 6.40% in May 2023, noting the position is static from the April 2023 position of 6.41% and a deterioration from 6.30% in May 2022. The 12 month rolling average June 2022 to May 2023 is noted as, NHS Forth Valley 7.39%; Scotland 6.29%.

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 0.26% in May 2023. This is a reduction from 0.43% in April 2023.

Total absence for May 2023 is 6.66%, an improvement from a total of 6.84% in April 2023.

The management of absence and the improvement of staff wellbeing remain key priorities for NHS Forth Valley noting a 2% reduction in absence has been agreed as part of the escalation response and has been included in the Executive Leadership Team objectives. A multidisciplinary improvement programme is on-going supported by a partnership working group.

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

Delayed Discharges

The June 2023 census position in relation to standard delays (excluding Code 9 and guardianship) is 60 delays; this is the same as May. There was a total of 42 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 102.

In addition, there were 3 code 100 patients. (These patients are undergoing a change in care setting and should not be classified as delayed discharges however are monitored).
The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the June 2023 census was 2,039, this is a decrease from 2,403 in May. Local authority breakdown is noted as Clackmannanshire 304, Falkirk 753, and Stirling 483. There were a further 499 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

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

Clackmannanshire
4 - await move to Care Home (2 patients over two weeks and 2 under two weeks)
5 - awaiting care packages for home (1 patient over two weeks and 4 under two weeks)

Stirling
7 - await move to Care Home (6 patients over two weeks and 1 under two weeks)
3 – await social work allocation (1 patient over two weeks and 2 under two weeks)
3 - allocated and assessment commenced (1 patient over two weeks and 2 under two weeks)
4 - awaiting care packages for home (4 patients under two weeks)
3 - await housing provision (3 patients over two weeks)

Falkirk
19 - awaiting move to care homes (14 patients over two weeks and 5 under two weeks)
2 - awaiting care packages for home (2 patients under two weeks)
3 - allocated and assessment commenced (2 patients over two weeks and 1 under two weeks)
4 - await housing provision (3 patients over two weeks and 1 under two weeks)

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	NOTES
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	Hospital Standardised Mortality Ratio (HSMR) is a measure of mortality adjusted to take account of some of the factors known to affect the underlying risk of death. The data is calculated on a rolling 12 months and published quarterly.
UNSCHEDULED CARE												
US1	SG	Monthly	Number of ED Attendances	30-Jun-23	Reduction	5,140	5,381	-	▲	-	-	Number of ED attandances and a target of 'Reduction' is relevant in relation to capacity and flow. National standard for A&E waiting times is that new and unplanned return attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place. The measure is the proportion of all attendances that are admitted, transferred or discharged within four hours of arrival. 95% of patients should wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment.
US2	SG	Monthly	Emergency Department % compliance against 4 hour access target	30-Jun-23	95%	53.9%	50.4%	✓	▲	67.2%	31-May-23	
US3	S5	Monthly	Number that waited >4 hours in ED	30-Jun-23	Reduction	2,372	2,668	-	▲	-	-	
US4	SG	Monthly	Number that waited >8 hours in ED	30-Jun-23	Reduction	849	973	-	▲	-	-	
US5	SG	Monthly	Number that waited >12 hours in ED	30-Jun-23	Reduction	291	294	-	▲	-	-	
US6	SG	Monthly	Number that waited >23 hours in ED	30-Jun-23	Reduction	1	0	-	▼	-	-	
US7	SG	Monthly	Number of MIU Attendances	30-Jun-23	Reduction	2,223	2,140	-	▼	-	-	
US8	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	30-Jun-23	95%	100.0%	99.8%	-	▲	-	-	
US9	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	30-Jun-23	95%	67.8%	64.5%	✓	▲	70.8%	31-May-23	
US10	FV	Monthly	Number of ED attendances - Mental Health	30-Jun-23	Reduction	69	69	-	-	-	-	Attendances at A&E with a cause of injury recorded as Intentional Self Harm
US11	FV	Monthly	Emergency Department % compliance against 4 hour access target - Mental Health	30-Jun-23	95%	39.1%	18.8%	-	▲	-	-	
US12	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	30-Jun-23	-	566	588	-	-	-	-	
US13	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	30-Jun-23	-	104	117	-	-	-	-	
US14	FV	Monthly	Number of Re-directions from ED	30-Jun-23	-	678	670	-	-	-	-	Redirections from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time
US15	FV	Monthly	Re-directions from ED %	30-Jun-23	-	13.2%	12.5%	-	-	-	-	
US16	FV	Monthly	Number of Emergency Admissions	30-Jun-23	Reduction	2,996	3,253	-	▲	-	-	Admission to a hospital bed following an attendance at an A&E service.
OUT OF HOURS												
OH1	FV	Monthly	Number of Out of Hours Presentations	30-Jun-23	Reduction	4,619	4,875	-	▲	-	-	
	FV	Monthly	Advice	30-Jun-23	-	3,533	3,718	-	-	-	-	
	FV	Monthly	Home Visit	30-Jun-23	-	140	132	-	-	-	-	
	FV	Monthly	Attend OOH Appointment	30-Jun-23	-	946	1,025	-	-	-	-	
OH2	FV	Monthly	Out of Hours % Rota Fill	30-Jun-23	-	74%	74%	-	◄►	-	-	
SCHEDULED CARE												
OUTPATIENTS												
SC1	SG	Monthly	Total Number of New Outpatients Waiting	30-Jun-23	Reduction	19,460	19,694	✓	▲	-	-	An outpatient is categorised as a new outpatient at his first meeting with a consultant or his representative following an outpatient referral. Outpatients whose first clinical interaction follows an inpatient episode are excluded. Scotland position quarterly
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	30-Jun-23	Reduction	8,068	8,392	✓	▲	-	-	
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	30-Jun-23	95%	58.5%	57.4%		▲	47.1%	31-Mar-23	
SC4	SG	Monthly	Compliance with Annual Delivery Plan trajectories - New Outpatients	30-Jun-23	100%	113%	94%	-	▲	-	-	
SC5	SG	FYTD	Compliance with Annual Delivery Plan trajectories - New Outpatients	30-Jun-23	100%	94%	86%	-	▲	-	-	
SC6	Audit	Monthly	Outpatient Unavailability	30-Jun-23	Monitor	0.9%	0.7%	✓	▼	0.7%	31-Mar-23	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly
SC7	FV	Monthly	New Acute Services Outpatient % DNA	30-Jun-23	5%	6.0%	5.8%	-	▼	6.8%	31-Mar-23	A patient may be categorised as did not attend (DNA) when the hospital is not notified in advance of the patient's unavailability to attend on the offered admission date, or for any appointment. Scotland position quarterly
SC8	FV	Monthly	Return Acute Services Outpatient % DNA	30-Jun-23	5%	8.3%	7.1%	-	▼	-	-	
DIAGNOSTICS - Imaging												
SC10	SG	Monthly	Total number waiting - Imaging	30-Jun-23	Reduction	4,976	4,289		▼	-	-	
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	30-Jun-23	0	1,429	973	-	▼	-	-	
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	30-Jun-23	100%	71.3%	77.3%	✓	▼	55.0%	31-Mar-23	
SC13	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Imaging	30-Jun-23	100%	98%	98%	-	◄►	-	-	Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations - Xray, Ultrasound, CT, MRI, Colonoscopy, Upper Endoscopy, Lower Endoscopy, Cystoscopy Scotland position monthly, available quarterly
SC14	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Imaging	30-Jun-23	100%	93%	91%	-	▲	-	-	
DIAGNOSTICS - Endoscopy												
SC15	SG	Monthly	Total number waiting - Endoscopy	30-Jun-23	Reduction	982	899		▼	-	-	
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	30-Jun-23	0	403	292	-	▼	-	-	
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	30-Jun-23	100%	58.9%	67.5%	✓	▼	42.3%	31-Mar-23	
SC18	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Endoscopy	30-Jun-23	100%	169%	116%	-	▲	-	-	
SC19	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Endoscopy	30-Jun-23	100%	135%	121%	-	▲	-	-	

CANCER												
SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	31-May-23	95%	62.1%	68.5%	✓	▼	73.2%	31-May-23	Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 62 and 31 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.
SC21	SG	Monthly	62 Day Cancer - Number seen within target against total	31-May-23	-	64/103	61/89	-	-	-	-	
	SG	Monthly	62 Day Cancer - Breast - Percentage compliance against target	31-May-23	95%	100.0%	94.1%	-	▲	89.8%	31-May-23	
	SG	Monthly	62 Day Cancer - Breast - Number seen within target against total	31-May-23	-	10/10	16/17	-	-	-	-	
	SG	Monthly	62 Day Cancer - Colorectal - Percentage compliance against target	31-May-23	95%	60.0%	73.3%	-	▼	67.6%	31-May-23	
	SG	Monthly	62 Day Cancer - Colorectal - Number seen within target against total	31-May-23	-	12/20	11/15	-	-	-	-	
	SG	Monthly	62 Day Cancer - Cervical - Percentage compliance against target	31-May-23	95%	100.0%	-	-	-	41.7%	31-May-23	
	SG	Monthly	62 Day Cancer - Cervical - Number seen within target against total	31-May-23	-	1/1	0/0	-	-	-	-	
	SG	Monthly	62 Day Cancer - Head & Neck - Percentage compliance against target	31-May-23	95%	100.0%	33.3%	-	▲	68.4%	31-May-23	The 62-day standard states that 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment.
	SG	Monthly	62 Day Cancer - Head & Neck - Number seen within target against total	31-May-23	-	3/3	2/6	-	-	-	-	
	SG	Monthly	62 Day Cancer - Lung - Percentage compliance against target	31-May-23	95%	57.9%	69.2%	-	▼	78.9%	31-May-23	
	SG	Monthly	62 Day Cancer - Lung - Number seen within target against total	31-May-23	-	11/19	9/13	-	-	-	-	
	SG	Monthly	62 Day Cancer - Lymphoma - Percentage compliance against target	31-May-23	95%	66.7%	66.7%	-	◄►	72.7%	31-May-23	
	SG	Monthly	62 Day Cancer - Lymphoma - Number seen within target against total	31-May-23	-	2/3	2/3	-	-	-	-	
	SG	Monthly	62 Day Cancer - Melanoma - Percentage compliance against target	31-May-23	95%	100.0%	100.0%	-	◄►	90.2%	31-May-23	The 31-day standard states that 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment.
	SG	Monthly	62 Day Cancer - Melanoma - Number seen within target against total	31-May-23	-	2/2	3/3	-	-	-	-	
	SG	Monthly	62 Day Cancer - Ovarian - Percentage compliance against target	31-May-23	95%	100.0%	100.0%	-	◄►	75.0%	31-May-23	
	SG	Monthly	62 Day Cancer - Ovarian - Number seen within target against total	31-May-23	-	2/2	3/3	-	-	-	-	
	SG	Monthly	62 Day Cancer - Upper GI - Percentage compliance against target	31-May-23	95%	92.3%	85.7%	-	▲	86.8%	31-May-23	
	SG	Monthly	62 Day Cancer - Upper GI - Number seen within target against total	31-May-23	-	12/13	6/7	-	-	-	-	
	SG	Monthly	62 Day Cancer - Urology - Percentage compliance against target	31-May-23	95%	32.1%	40.9%	-	▼	48.5%	31-May-23	
	SG	Monthly	62 Day Cancer - Urology - Number seen within target against total	31-May-23	-	9/28	9/22	-	-	-	-	
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	31-May-23	95%	96.4%	96.9%	✓	▼	94.5%	31-May-23	
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	31-May-23	-	107/111	94/97	-	-	-	-	
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	1271	1125	-	-	-	-	
SC27	SG	Quarterly	% Compliance with 12 week TTG Standard	31-Mar-23	100%	53.8%	51.7%	-	▲	56.3%	31-Mar-23	Treatement Time Guarantee (TTG) - There is a 12 week maximum waiting time for the treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis. Scotland position quarterly
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	30-Jun-23	Reduction	4,569	4,526	✓	▼	-	-	
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	30-Jun-23	Reduction	2,392	2,380	✓	▼	-	-	
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	30-Jun-23	100%	47.6%	47.4%	✓	▲	32.3%	31-Mar-23	
SC31	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	30-Jun-23	100%	115%	99%	-	▲	-	-	
SC32	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	30-Jun-23	100%	99%	92%	-	▲	-	-	
SC33	Audit	Monthly	Inpatient/Day case Unavailability	30-Jun-23	Monitor	6.6%	5.6%	✓	▼	2.6%	31-Mar-23	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly
READMISSIONS												
R1	FV	Monthly	Readmissions - Surgical 7 day	30-Jun-23	Reduction	2.0%	2.9%	-	▲	-	-	This is the measure of patients readmitted as an emergency to a medical/surgical specialty within 7 days or 28 days of the index admission. Emergency readmissions as a percentage of all admissions.
R2	FV	Monthly	Readmissions - Surgical 28 day	30-Jun-23	Reduction	5.5%	5.7%	-	▲	-	-	
R3	FV	Monthly	Readmissions - Medical 7 day	30-Jun-23	Reduction	1.1%	1.0%	-	▼	-	-	
R4	FV	Monthly	Readmissions - Medical 28 day	30-Jun-23	Reduction	3.5%	3.1%	-	▼	-	-	
MENTAL HEALTH												
PSYCHOLOGICAL THERAPIES												
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	30-Jun-23	90%	74.3%	72.7%	✓	▲	-	-	
MH2	FV	Monthly	Total Number Waiting for Pyschological Therapies Initial Assessment	30-Jun-23	Reduction	595	608	-	▲	-	-	
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	31-Mar-23	90%	71.1%	71.1%	-	◄►	79.8%	31-Mar-23	The 18 Weeks RTT is a whole journey waiting time standard from initial referral to the start of treatment. The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.
CHILD & ADOLESCENT MENTAL HEALTH SERVICES												
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Jun-23	90%	32.1%	31.3%	✓	▲	-	-	
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	30-Jun-23	Reduction	150	145	-	▼	-	-	
MH6	SG	Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Mar-23	90%	42.5%	38.0%		▲	74.2%	31-Mar-23	
SUBSTANCE USE												
SM1	SG	Quaterly	% Compliance with the 3 Week target - ADP (excluding Prisons)	31-Mar-23	90%	92.4%	92.4%	✓	◄►	92.2%	31-Mar-23	The Scottish Government set a Standard that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.
SM2	SG	Quaterly	% Compliance with the 3 Week target - Prisons	31-Mar-23	90%	98.9%	97.5%	✓	▲	94.0%	31-Mar-23	
COMPLAINTS												
C1		Monthly	% Compliance Forth Valley (inc. prisons)	31-May-23	100%	67.8%	51.4%	✓	▲	-	-	Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda
C2		Monthly	% Compliance Stage 1 (inc. prisons)	31-May-23	100%	71.6%	96.0%	✓	▼	-	-	
C3		Monthly	% Compliance Stage 2 (inc. prisons)	31-May-23	100%	23.4%	8.2%	✓	▲	-	-	

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-May-23	-	90	142	-	▲	-	-	From 1st September 2022 coronavirus absences are included within the sickness absence totals however there are some still instances recorded as Special Leave and are not included within the sickness absences. Hours lost due to sickness absence / total hours available (%).
WF2	FV	Monthly	COVID-19 Special Leave	31-May-23	-	0.26%	0.43%	✓	▲	-	-	
WF3	SG	Monthly	Overall Absence (excluding Covid Special Leave)	31-May-23	4.0%	6.40%	6.41%	✓	▲	5.94%	31-May-23	
WF4	FV	Monthly	Short Term Absence	31-May-23	-	1.96%	2.18%	-	▲	-	-	Short Term Absence - a period of sickness absence of 28 days or less
WF5	FV	Monthly	Long Term Absence	31-May-23	-	4.44%	4.20%	-	▼	-	-	Long Term Absence - a period of sickenss absence lasting over 28 days
WF6	FV	Rolling 12 mth	Overall Absence (excluding Covid Special Leave)	31-May-23	-	7.39%	7.35%	-	▼	6.29%	31-May-23	Absence Management is a standing item on the Staff Governance Committee

BETTER VALUE

REF		FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL	SCOTLAND POSITION	SCOTLAND DATE	
DELAYED DISCHARGES										-	-	
VA1	FV	Monthly	Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays)	30-Jun-23	Reduction	60	60	✓	◄►	-	-	
			Falkirk	30-Jun-23	Reduction	28	38	✓	▲	-	-	
			Clackmannanshire	30-Jun-23	Reduction	9	4	✓	▼	-	-	
			Stirling	30-Jun-23	Reduction	20	13	✓	▼	-	-	
			Outwith Forth Valley	30-Jun-23	Reduction	3	5	✓	▲	-	-	
VA2	FV		Code 9 & Guardianship Delays	30-Jun-23	Reduction	42	38	✓	▼	-	-	A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date
			Falkirk	30-Jun-23	Reduction	24	21	✓	▼	-	-	
			Clackmannanshire	30-Jun-23	Reduction	5	3	✓	▼	-	-	
			Stirling	30-Jun-23	Reduction	10	12	✓	▲	-	-	
			Outwith Forth Valley	30-Jun-23	Reduction	3	2	✓	▼	-	-	
VA3	FV		Total Bed Days Occupied by Delayed Discharges	30-Jun-23	Reduction	2,039	2,403	✓	▲	-	-	
			Falkirk	30-Jun-23	Reduction	753	1,252	✓	▲	-	-	
			Clackmannanshire	30-Jun-23	Reduction	304	179	✓	▼	-	-	
			Stirling	30-Jun-23	Reduction	483	435	✓	▼	-	-	
			Outwith Forth Valley	30-Jun-23	Reduction	499	537	✓	▲	-	-	
AVERAGE LENGTH OF STAY												
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	30-Jun-23	Reduction	7.28	7.09	-	▼	8.00	31-Dec-22	This is the mean length of stay (in days) experienced by inpatients in FVRH Acute wards, does not include MH or W&C. Scotland position quarterly - All Inpatients
EFFICIENCY												
E1	FV	Monthly	ED Attendances per 100,000 of the population - Forth Valley	30-Jun-23	Reduction	1,681	1,760	-	▲	-	-	
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	31-May-23	Reduction	829	833	-	▲	-	-	
E3	FV	Monthly	% Bed Occupancy - FVRH	30-Jun-23	Reduction	103.3%	103.5%	-	▲	-	-	The percentage occupancy is the percentage of average available staffed beds that were occupied by inpatients during the period. 85% is the nationally agreed standard supporting optimum flow
E4	FV	Monthly	% Bed Occupancy - Assessment Units	30-Jun-23	Reduction	106.5%	108.9%	-	▲	-	-	
E5	FV	Monthly	% Bed Occupancy - ICU	30-Jun-23	Reduction	73.7%	68.3%	-	▼	-	-	
FINANCE												
F1	SG	FYTD	Year to date revenue position	30-Jun-23	Breakeven	-£2.9m	-£2.8m	-	▼	-	-	

Scorecard Detail

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

MONTHLY KEY PERFORMANCE GRAPHS

BETTER CARE

UNSCHEDULED CARE

US1&2 - ED Attendances

Legend: Number of ED Breaches (green), ED Attendances (blue)

US2 & 8 - Unscheduled Care: 4hr access Target

Legend: Forth Valley ED, Forth Valley Total, Target, SCOT ED

SCHEDULED CARE

SC1 - Outpatient Waits: Total number waiting

Legend: Total number waiting

SC2 & 3 - Outpatient Waits: Number over 12 weeks

Legend: % waiting less than 12 weeks, Number over 12 weeks, SCOT % waiting less than 12 weeks - Quarterly

SC6 - OP Unavailability for Forth Valley

Legend: % outpatient unavailability, SCOT % outpatient unavailability - Quarterly

SC10-12 - Diagnostics: Imaging

Legend: % waiting less than 6 weeks, Total number waiting, Number waiting over 6 weeks, SCOT % waiting less than 6 weeks

SC15-17 - Diagnostics: Endoscopy

Legend: % waiting less than 6 weeks, Total Number waiting, Number waiting over 6 weeks, SCOT % waiting less than 6 weeks

SC20 - 62-Day Cancer Standard

Legend: % Compliance 62 Day Cancer Target, Targets

SC22 - 31-Day Cancer Standard

Legend: % Compliance 31 Day Cancer Target, Targets

SC25 - 62-Day Cancer Standard - Quarterly total

Legend: 62 day position, Target, Scotland

SC25 - 31-Day Cancer Standard - Quarterly total

Legend: 31 day position, Target, Scotland

SC28 - Inpatient/Daycases: Total number waiting

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

SC33 - Inpatient Unavailability

MENTAL HEALTH

MH1 - Access to Psychological Therapies

MH4- Access to Child & Adolescent Mental Health Services
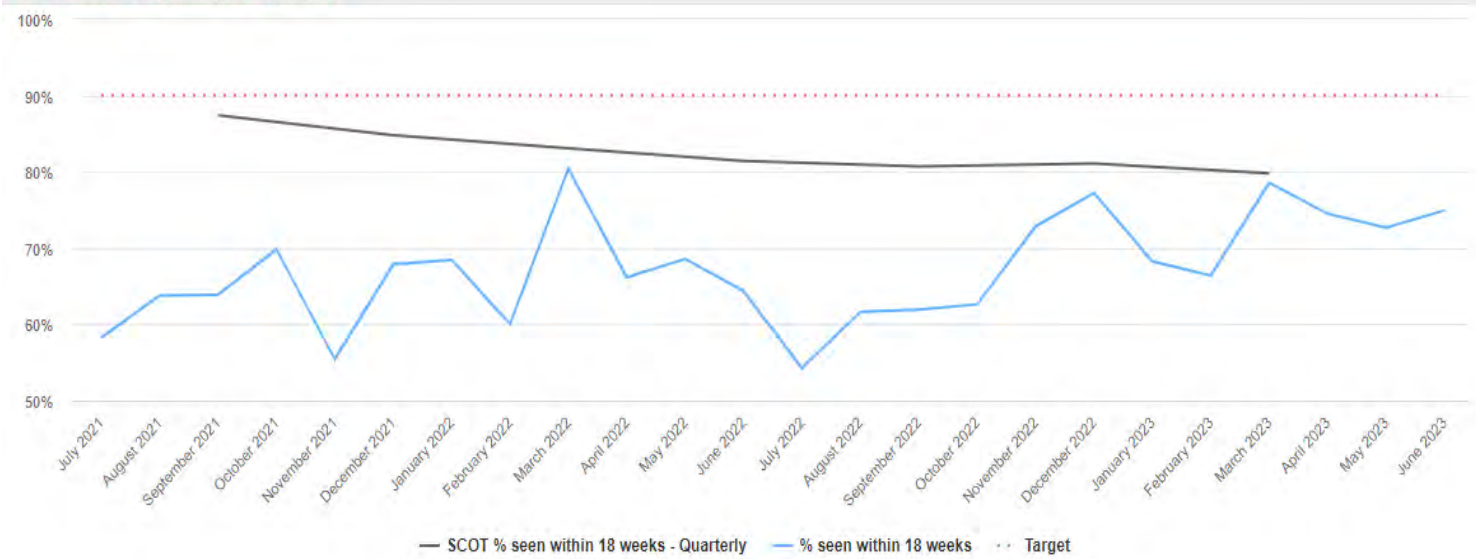
SUBSTANCE MISUSE

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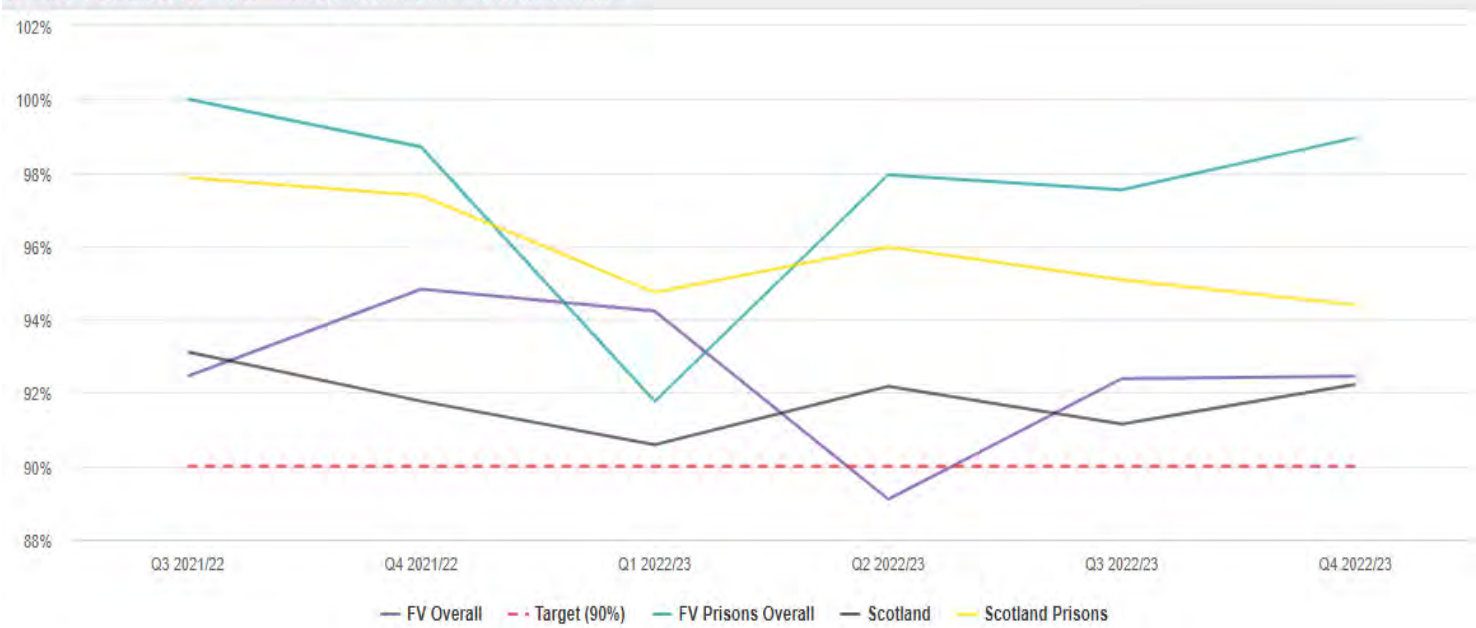
COMPLAINTS

Forth Valley Complaints
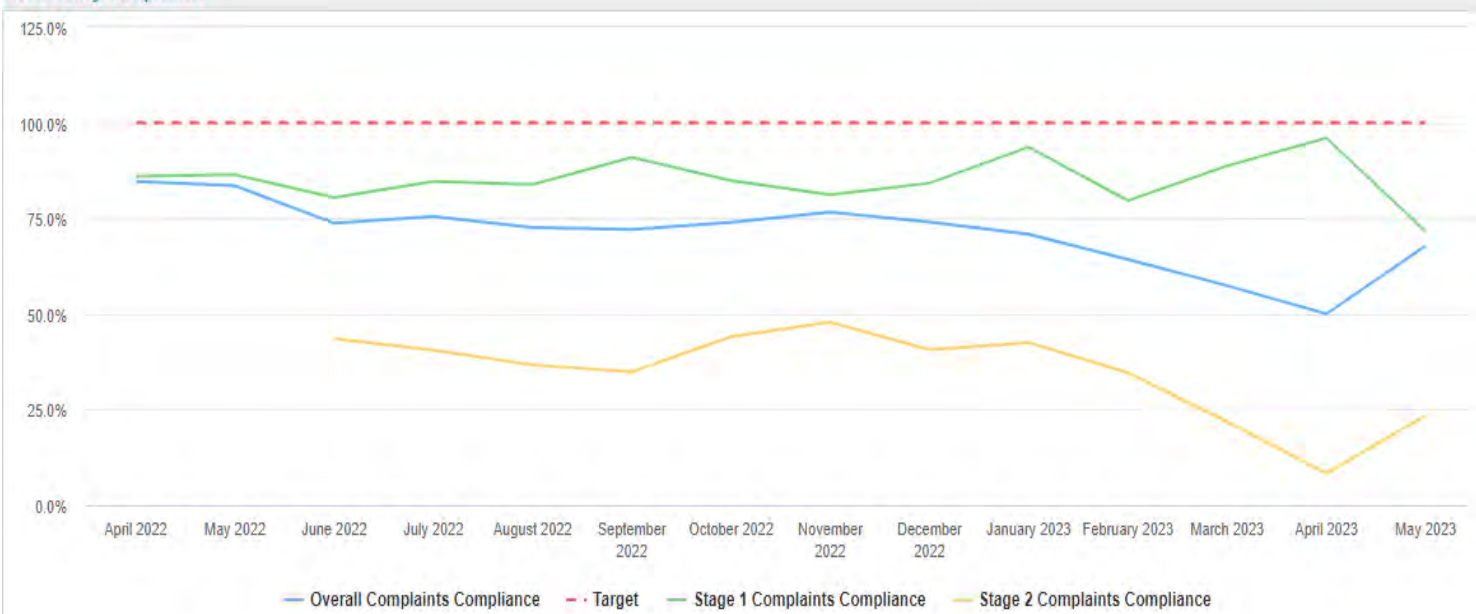
BETTER WORKFORCE

WF2 - Coronavirus Related Absence
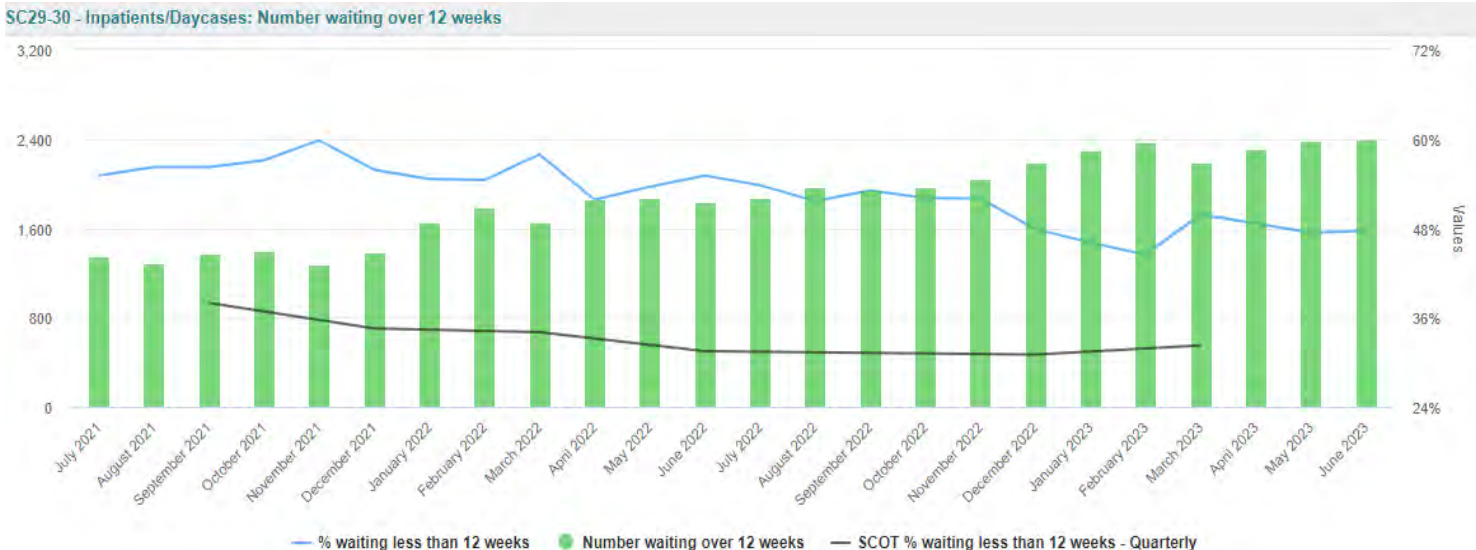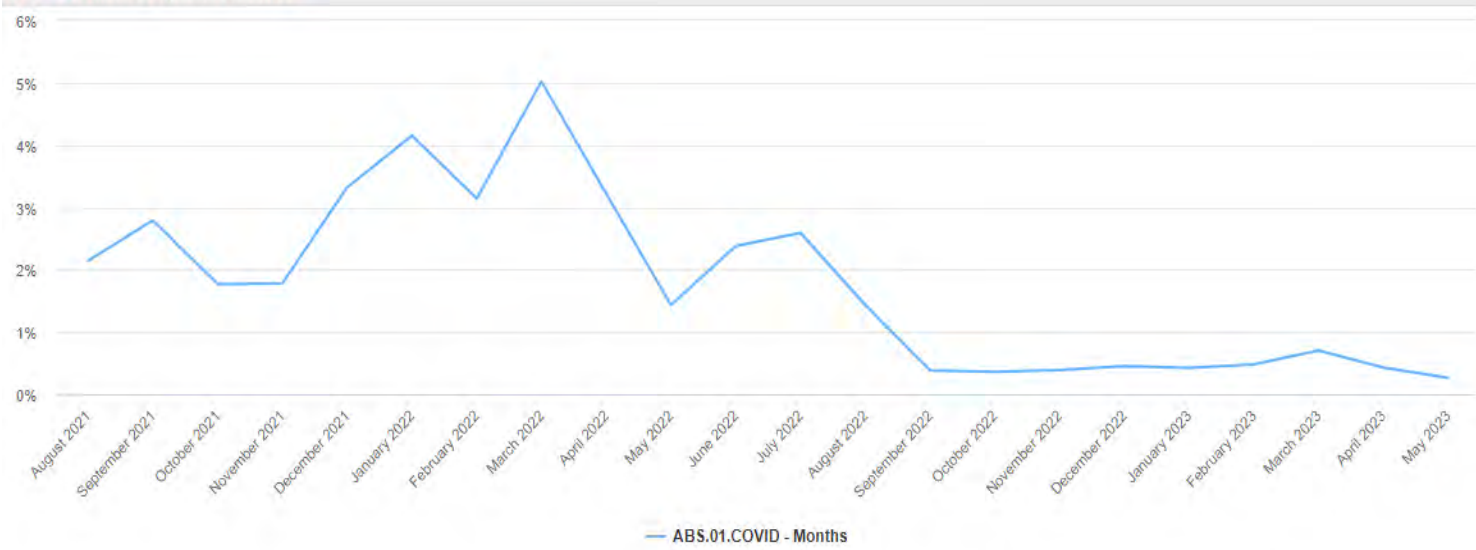
WF3 - Sickness Absence

BETTER VALUE

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

Falkirk Outwith FV Stirling Total Clackmannanshire

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

Falkirk Outwith FV Stirling Total Clackmannanshire

VA3 - Delayed Discharges: Total Occupied Bed Days

Total Clackmannanshire Falkirk Outwith FV Stirling

VA4 - Average Length of Stay (in days)

ALOS FVRH Acute Wards ALOS Scotland All Inpatients
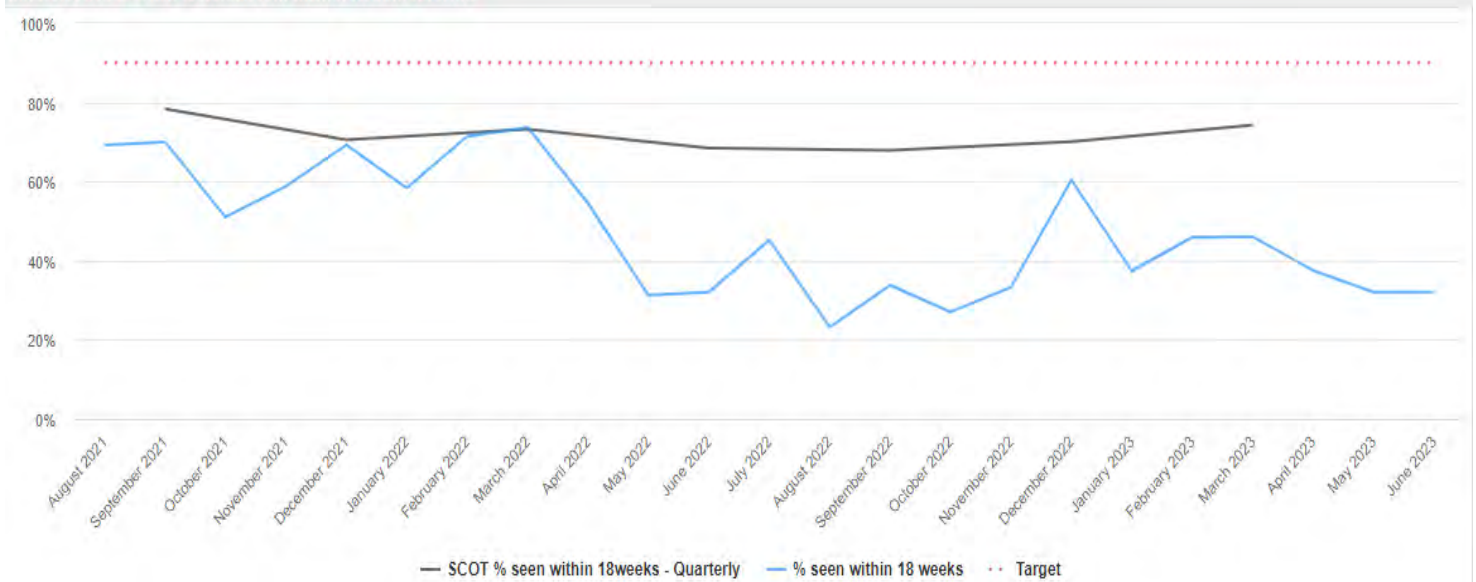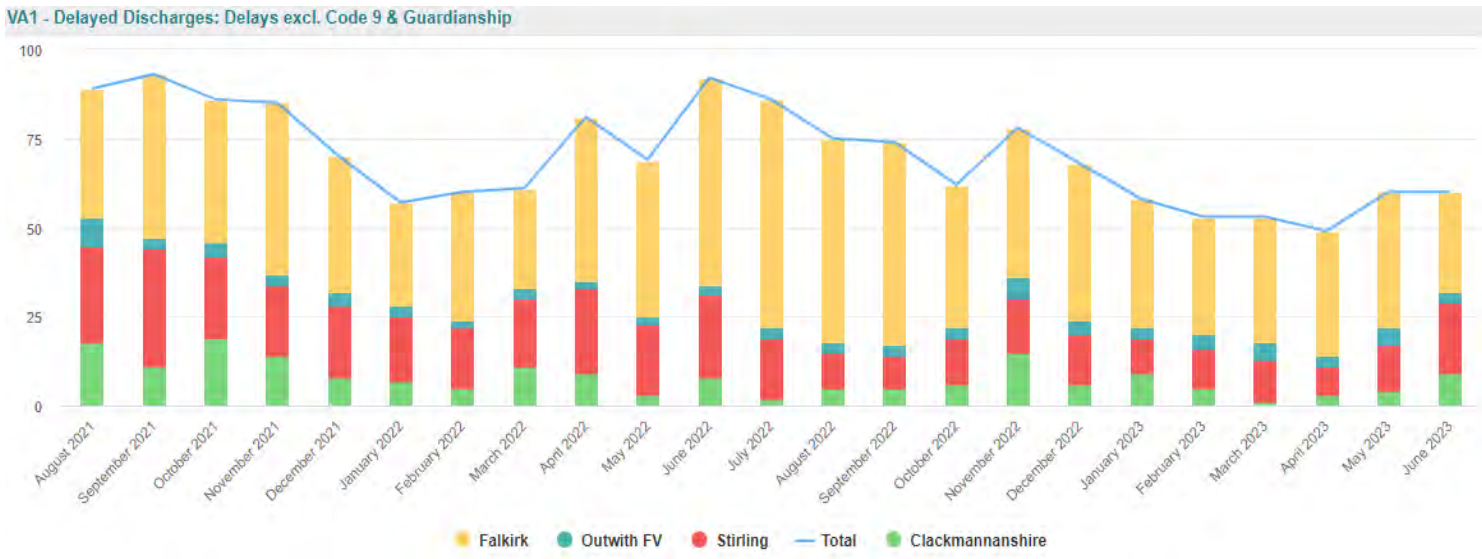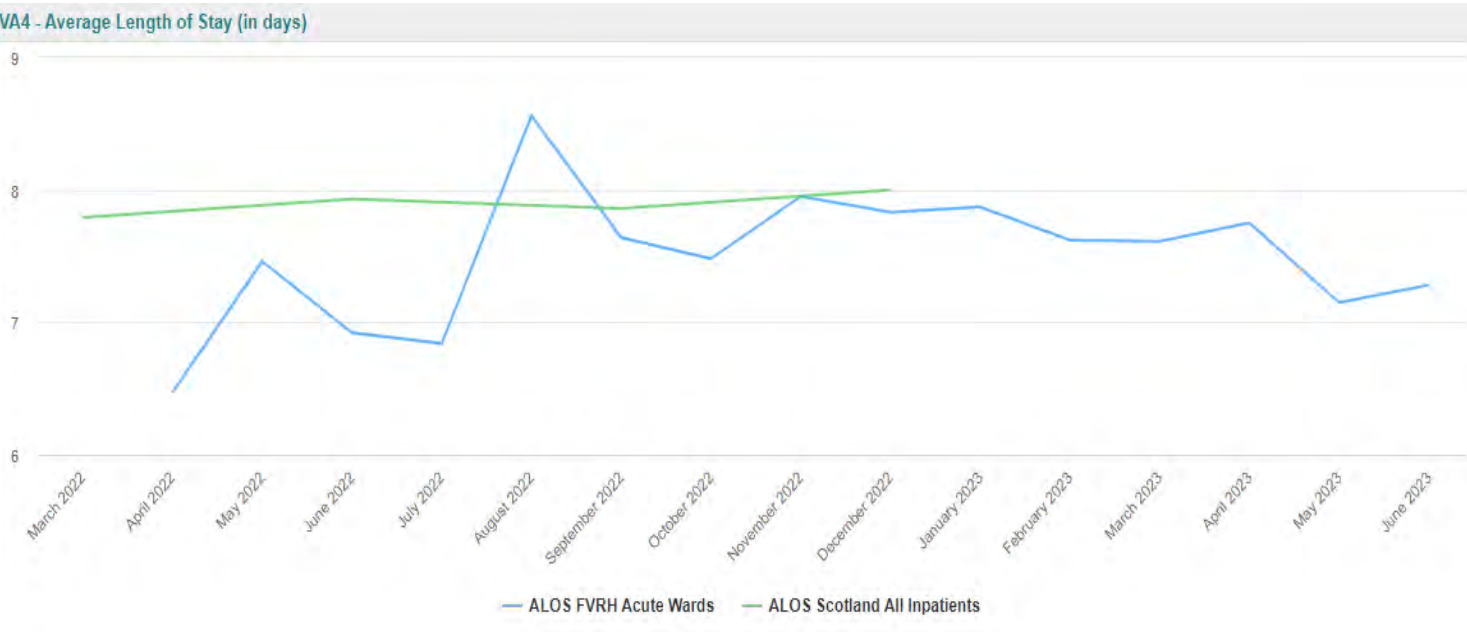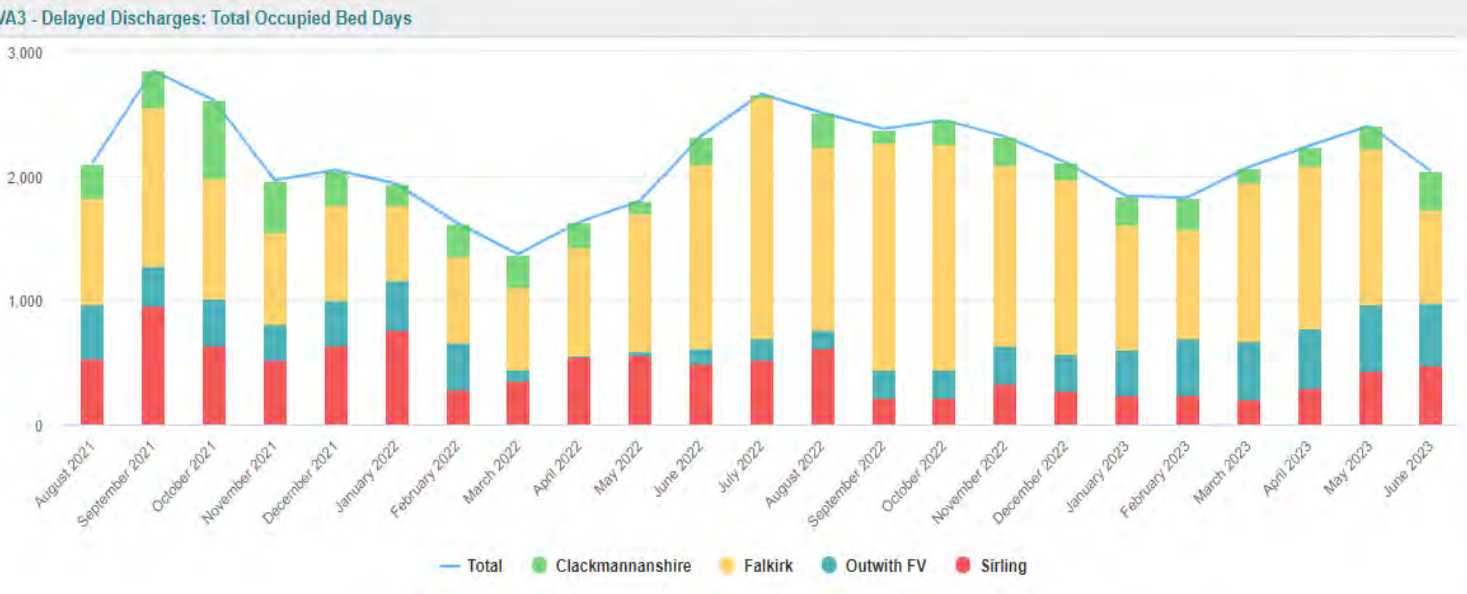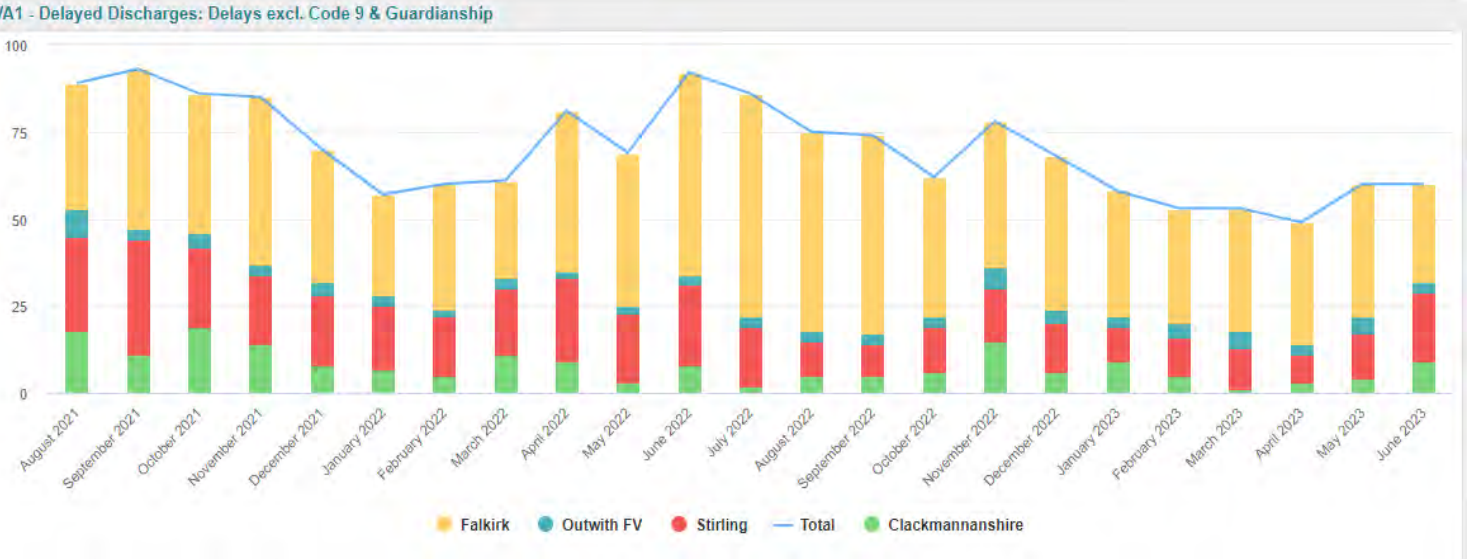
FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

8.4 Person Centred Complaints and Feedback Report – May 2023
For Assurance

Executive Sponsor: Prof Frances Dodd, Executive Nurse Director

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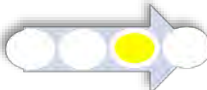
Recommendation
The NHS Board is asked to: -
- **note** the current position of the complaint's performance within the organisation.
- **note** the feedback activity across the organisation.

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 2023 – May 2023 is 62.5%, with the May performance at 69.1%.
- It is noted that the performance for Stage 1 is 80.4%, and Stage 2 performance is 19.5% for the period 1 April 2023 – 31 May 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:
- 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 – May 2023

NHS Forth Valley

Person Centred Care

"What matters to you, matters to us"

Care Opinion
What's your story?

what matters to you?

**Person Centred
Complaints & Feedback
Performance Report**

May 2023

"What matters to you, matters to us."

At a glance 2023/24

Employs 6,800 staff across Forth Valley
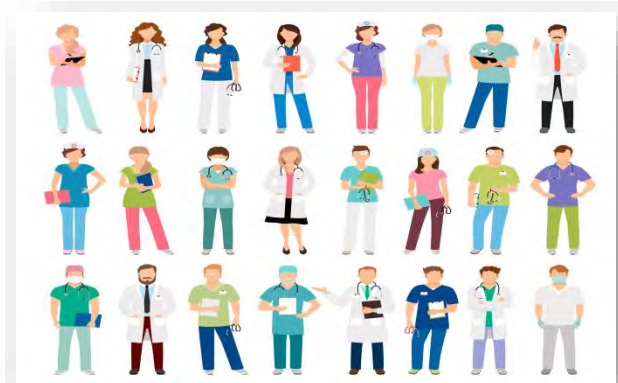
280 COMPLAINTS received during April – May 2023- **62.5**% YTD Performance.

May Performance – 69.1%

86 COMPLIMENTS were received during April – May 2023 with the Prison Healthcare Centre, Neonatal Unit, Children's ward, Wards A22 and B31 as high recipients of thank you cards

7 Cases went to the SPS0, 7 cases currently under investigation:
- 0 - no investigation conducted
- 0 - Fully Upheld
- 0 - Partially Upheld
- 0 - Not Upheld

SCOTTISH PUBLIC SERVICES OMBUDSMAN

Care Opinion
What's your story?

- 159 stories were shared on Care Opinion about NHS Forth Valley during February & March
- 89% of the stories were positive
- Stories have been read 10,616 times, averaging 67 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 2023 – 31 May 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 increase in the number of complaints received during 2022/23 due to the easing of COVID restrictions compared to 2020/21 and 2021/22.

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 – May 2023, a total of 280 complaints (including complaints transferred/withdrawn/consent not received) have been received indicating a decrease of 24.7% compared to the same period the previous year. A further breakdown is provided in the report.   It is noted that the percentage of complaints against NHS Forth Valley's patient activity represents 0.13% of the total number of complaints received during the period April – May 2023

Performance indicates that 261 complaints have been investigated during April – May 2023 achieving a performance figure 62.1% compared to a performance figure of 84.7% in the same period for 2022/23.   It is noted that there is a significant decrease in performance compared to the same period last year, and this can be attributed to an overall systems pressure within the organisation. In addition there have been staffing changes within the Patient Relations Team and the Team are working closely with the Directorates to overcome any challenges in managing the complaints handling process and responding to complainants in a timely manner.

The table below provides a breakdown of performance month on month for the current year, and during May 2023, a total of 152 complaints have been investigated of which 69.1% have been responded to within 20 working days. It is noted that there has been an improvement in performance compared to the performance figure achieved in April (51.8%), and the Team are continuing 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 decreased by 40.5% and Stage 2 complaints have decreased by 6% compared to the same period during 2022/23.

Overall Performance

Stage 1	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	50	88											138
No Responded to in 5 days	48	63											111
% responded to in 5 days	96.00	71.59											80.43
Stage 2	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	59	64											123
No Responded to in 20 days	7	17											24
% responded to in 20 days	11.86	26.56											19.51
Overall No of Complaints Received	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	109	152											261
No Responded to in 20 days	57	105											162
% responded to in 20 days	52.29	69.08											62.07

Performance Excluding Prisons

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 41.3% as at May 2023.

Stage 1	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	21	30											51
No Responded to in 5 days	19	15											34
% responded to in 5 days	90.48	50.00											66.67
Stage 2	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	58	63											121
No Responded to in 20 days	5	15											20
% responded to in 20 days	8.62	23.81											16.53
Overall No of Complaints Received	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	79	93	0	0	0	0	0	0	0	0	0	0	172
No Responded to in 20 days	26	45	0	0	0	0	0	0	0	0	0	0	71
% responded to in 20 days	26.00	48.39	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	41.28

Prison Performance Only

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 97.78% as at May 2023.

Stage 1	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	29	59											88
No Responded to in 5 days	29	48											77
% responded to in 5 days	100.00	81.36											87.50
Stage 2	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	1	1											2
No Responded to in 20 days	0	0											0
% responded to in 20 days	0.00	0.00											0.00
Overall No of Complaints Received	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	30	60											90
No Responded to in 20 days	29	59											88
% responded to in 20 days	96.67	98.33											97.78

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 – May 2023

Detailed in the table below is an overview of the current performance against each of the Key Performance Indicators as at May 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	May - 23		◀▶
KPI 2: Complaints Process Experience	May - 23		◀▶
KPI 3: Self Awareness and Training	May - 23		-
KPI 4: Total Number of Complaints Received	May - 23		▲
KPI 5: Complaint Closed at Each Stage	May - 23		▲
KPI 6: Complaints Upheld and Not Upheld	May - 23		▲
KPI 7: Average Times	May - 23		◀▶
KPI 8: Closed in Full within the Timescales	May - 23		▼
KPI 9: Number of Cases where an Extension is Authorised	May - 23		▼

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

Complaints

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

Key Performance Indicator One: Learning from Complaints

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

Identified Learning

The undernoted top 3 themes of complaints received have been identified during April 2023 - May 2023 and a brief synopsis of learning from complaint themes is detailed below:

1   Staff Attitude and Behaviour
   - Staff member to review her practice ensuring a more person centred approach is used when talking with patients.

2   Clinical Treatment/Problems with Medication/Prescribing
   - Pharmacy reviewed process for issuing prescription, and staff reminded of processes.

3   Waiting Time/Date of Appointment
   - CAMHS to review processes to ensure alternative appointments are made with appointments are cancelled especially at short notice.

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 7 cases relating to NHS Forth Valley complaints during April 2023 – May 2023. The table below provides detail of the outcomes as at 31 May 2023 from the investigations.

2023/24 SPSO Outcomes	Total Number
Fully Upheld	0
Partly Upheld	0
Not Upheld	0
No Investigation Conducted	0
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 – May 2023

During the period April – May 2023, a total of 280 complaints (including complaints transferred/withdrawn/ consent not received) were received by the Patient Relations Team and the graph below provides a comparison of the number of complaints received during the same period year on year.

**Complaints Yearly Comparison
April - May 2023**
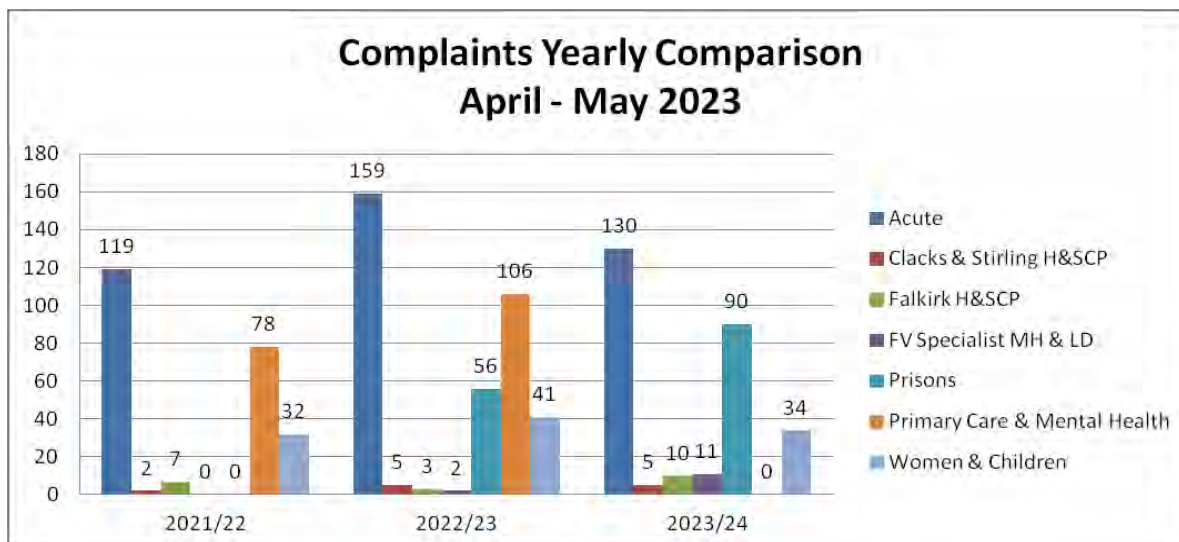
It is noted that the Directorate structure has changed and this is reflected in the above graph and not all complaints received are captured within the above Directorates.

To demonstrate the percentage of complaints against NHS Forth Valley's patient activity it can be noted that 0.13% represents the total number of complaints against patient activity during the period April – May 2023. In comparison the number of complaints received represents 4.1% 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 2023 – May 2023.

Complaints Type	Number of complaints closed at each stage	Number of complaints closed at each stage as a % of all complaints
Stage 1	138	52.9%
Stage 2	121	46.3%
Stage 2 after escalation	2	0.8%

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 2032 – 31 May 2023 is 138, the table below provides a breakdown of the formal outcome.

Stage 1	No. Of Complaints Closed	% of Complaints Closed at Stage 1
Upheld Complaints	10	3.8%
Not Upheld Complaints	126	94.3%
Partially Upheld Complaints	2	0.8%

The total number of complaints closed at Stage 2 for the period 1 April 2023 – 31 May 2023 is 123, the table below provides a breakdown of the formal outcome.

Stage 2	No. Of Complaints Closed	% of Complaints Closed at Stage 2
Upheld Complaints	7	5.7%
Not Upheld Complaints	52	42.3%
Partially Upheld Complaints	5	4.1%

It is noted that 59 complaints remain open (as at 30 June 2023). 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:

Average Number of days
April 2023 - May 2023

- Stage 2 (Over 20 days): 31.2
- Stage 2 (0 - 20 days): 17.6
- Stage 1 (over 5 days): 7.1
- Stage 1(0-5 days): 3
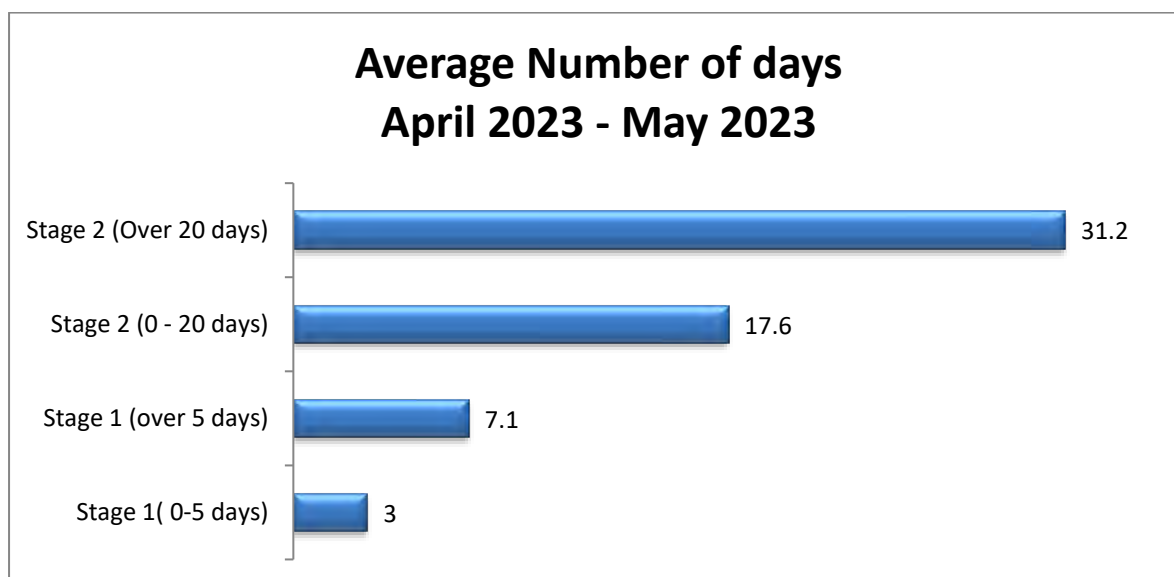
Key Performance Indicator Eight: Closed in Full within the Timescales

Overall Complaints Performance

In the period 1 April 2023 – 31 May 2023, 261 complaints have been investigated of which 62.1% have been responded to within 20 working days. A comparison of performance against 2021/22 and 2022/23 is detailed in the graph below.
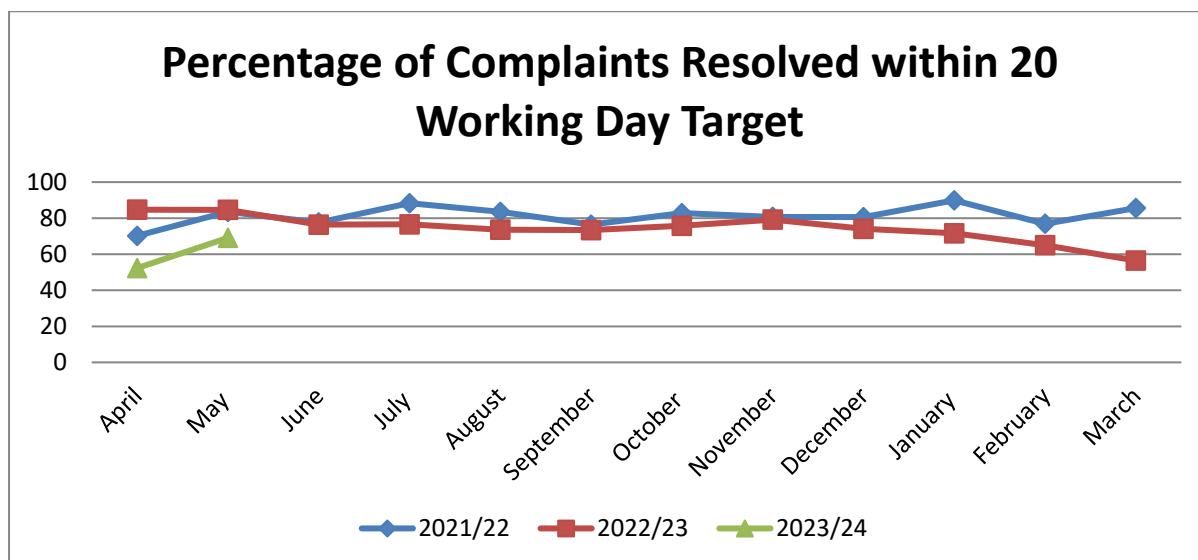
Stage 1 and Stage 2 Performance

During May 2023, a total of 152 complaints have been investigated of which 69.1% 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 May is provided. It is important to note April – May's Stage 1 activity has decreased by 40. 5% compared to the same period during 2022/23.

Stage 1	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	50	88											138
No Responded to in 5 days	48	63											111
% responded to in 5 days	96.00	71.59											80.43
Stage 2	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	59	64											123
No Responded to in 20 days	7	17											24
% responded to in 20 days	11.86	26.56											19.51
Overall No of Complaints Received	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	109	152											261
No Responded to in 20 days	57	105											162
% responded to in 20 days	52.29	69.08											62.07

In addition, Stage 2 complaints have decreased by 6% compared to same period in 2022/23.

It is noted that there has been an improvement in performance compared to the performance figure achieved in April (51.8%), and the Team are continuing to work closely with the Directorates to support staff during an overall systems pressure within the organisation.

Due to staffing changes within the Patient Relations Team, this has impacted on the workload within the Team and overall performance. In addition, the Team are

developing new ways of working to streamline processes which will enhance the performance of the Team, the management of complex cases and provide a more robust service to our patients and their families.

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

Breakdown by Service by % Response Times April 23 - March 24
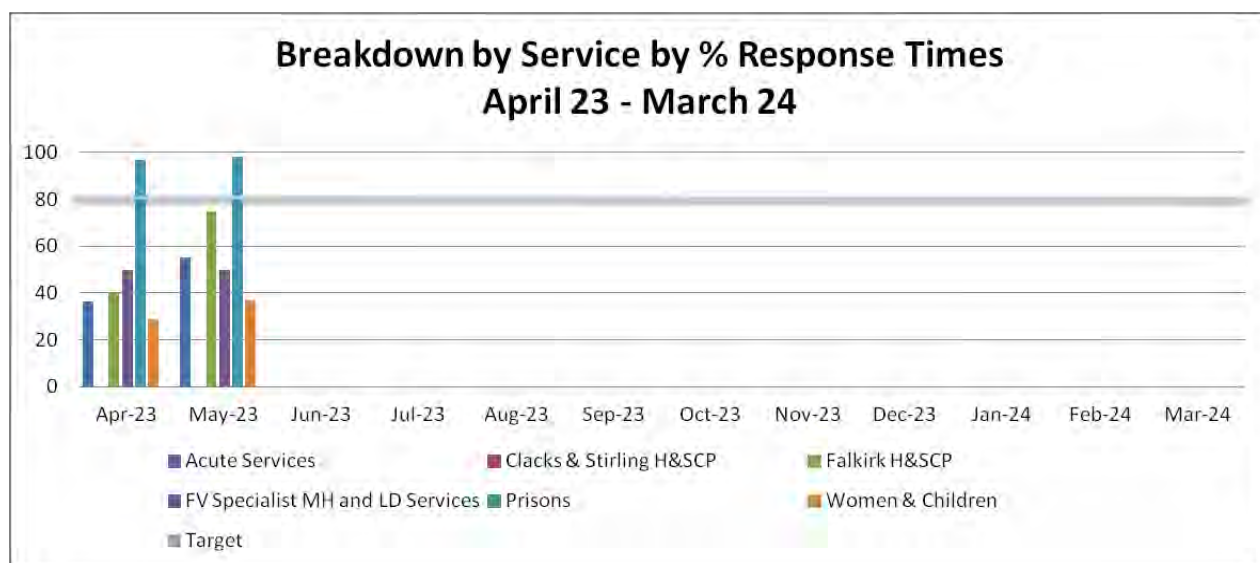
Key Performance Indicator Nine: Number of Cases where an Extension is Authorised

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 May 2023:

	Total No of Complaints at each stage	No of Authorised Extensions	% of Authorised Extensions

Complaint Stage	2022/23	2023/24	2022/23	2023/24	2022/23	2023/24
Stage 1	232	138	33	18	14.2%	13%
Stage 2	133	123	63	95	47.4%	77.2%

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

Acute	7
FV Specialist LD & MH	1
Prisons	37
Women & Children	3

Clinical Treatment/Problems with Medication/Prescribing	Total	48

Acute	14
FV Specialist LD & MH	2
Prisons	3
Women & Children	6

Treatment – Poor Nursing Care	Total	25

Acute	17
Falkirk H&SCP	1
FV Specialist LD & MH	1
Prisons	7
Women & Children	5

Waiting Time/Date of Appointment	Total	31

Acute	16
Clacks & Stirling H&SCP	1
Falkirk H&SCP	1

	FV Specialist LD & MH	2
	Nursing	1
	Prisons	9
	Women & Children	5
Communication – Not Given Full Information	**Total**	**35**

	Acute	26
	Clacks & Stirling H&SCP	3
	Falkirk H&SCP	1
	FV Specialist LD & MH	5
	Prisons	4
	Women & Children	12
Staff Attitude & Behaviour	**Total**	**51**

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 May 2023.

Directorate	Category	Total
Acute Services	Insensitive to Patient needs	17
Clacks & Stirling H&SCP	Staff Attitude	2
Falkirk H&SCP	Patient/Carer not Fully Involved Treatment Options Not Fully Explained Availability of Items Insensitive to Patient Needs Treatment did not have Expected Outcome Cancellation of Appointment	1 1 1 1 1 1
FV Specialist MH and LD Services	Insensitive to Patient Needs	3
Nursing Directorate	Patient's family not Kept Up-to-date	1
Prisons	Problems with Medication/Prescribing	22
Women, Children & Sexual Health	Insensitive to Patient Needs	7

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 May 2023, 48 departments have received complaints. The top 7 departments are detailed in the graph below for May 2023. The graph represents the number of issues raised within a complaint, it should be noted that a single complaint can raise multiple issues and can cover multiple departments.

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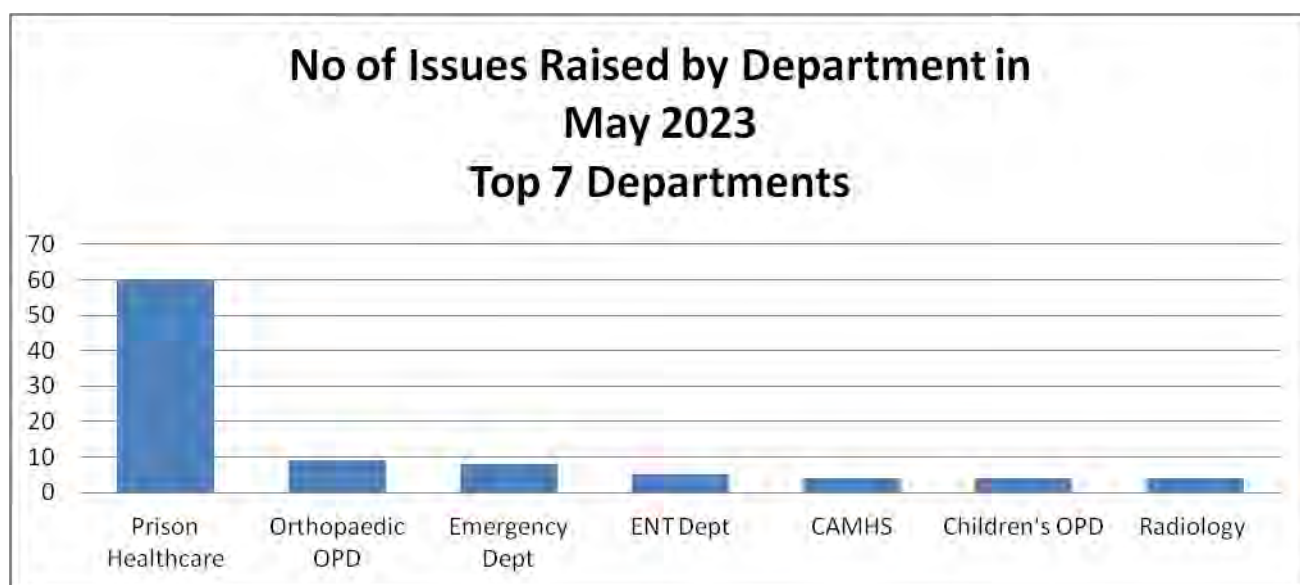
Person Centred Report

Due to unforeseen circumstances within the Person Centred Team the Person Centred Report is an abbreviated version for April and May 2023, a full version including the TCAB and Additional Bed Patient Experience data will be provided in the next report.

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

Care Opinion

During the months of April and May 2023 we have received 159 Care Opinion stories, to date the stories have be read 10,616 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: 85% of stories were posted by patients/service users.

How moderators have rated the criticality of these stories

Rating	Percentage (count)
not critical	87% (138)
minimally critical	2% (3)
mildly critical	6% (10)
moderately critical	3% (5)
strongly critical	2% (3)
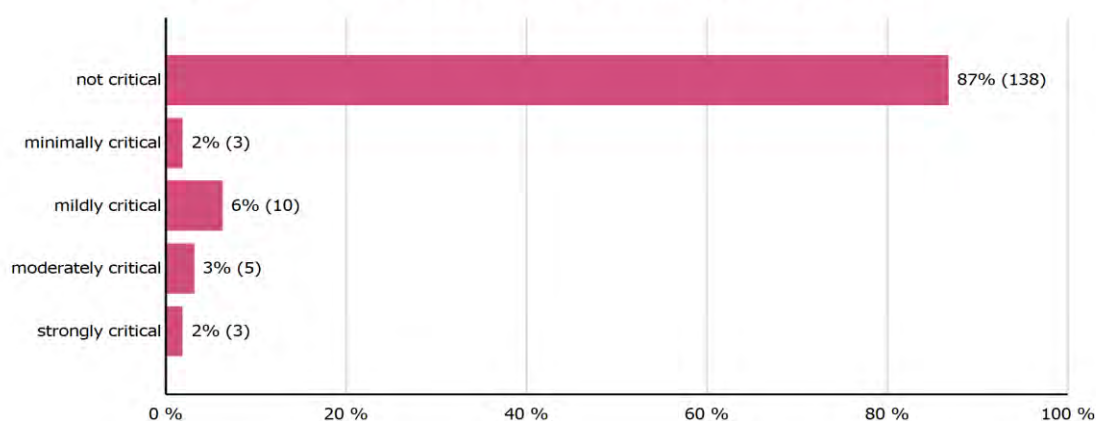
How the authors of these stories identify themselves

Author	Percentage (count)
a carer	1% (2)
a parent/guardian	8% (12)
a relative	6% (9)
a service user	33% (53)
a staff member	1% (1)
the patient	52% (82)

Number of stories

What was good?

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

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

What could be improved?

The wordle below details what could have improved their experience.
- Improve communication
- Doctors
- Staff attitude

Emergency Department Patient Experience Feedback

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

2. Referral Pathway

More Details   Insights

🔵 Self Referral	11	
🟠 NHS Referral (eg NHS 24)	4	
🟢 GP Referral	0	
🔴 Other (Please List)	0	
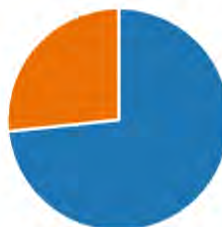
3. I was welcomed

More Details   Insights

🔵 Strongly Agree	10	
🟠 Agree	2	
🟢 Neither Agree/Disagree	1	
🔴 Disagree	2	
🟣 Strongly Disagree	0	

4. Staff introduced themselves

More Details   Insights

🔵 Strongly Agree	12	
🟠 Agree	2	
🟢 Neither Agree/Disagree	0	
🔴 Disagree	1	
🟣 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	3	
🟠 Agree	2	
🟢 Neither agree/disagree	0	
🔴 Disagree	10	
🟣 Strongly disagree	0	
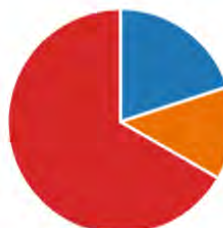
6. Once seen`by nurse/doctor, I was kept informed about what was happening to

🔵 Strongly Agree	5	
🟠 Agree	6	
🟢 Neither agree/disagree	2	
🔴 Disagree	2	
🟣 Strongly disagree	0	

7. I knew who was in charge of my care

🔵 Strongly agree	1	
🟠 Agree	2	
🟢 Neither Agree/Disagree	1	
🔴 Disagree	11	
🟣 Strongly disagree	0	
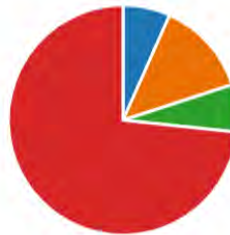
8. I felt staff listened to me if I had concerns or questions

🔵 Strongly agree	9	
🟠 Agree	4	
🟢 Neither agree/disagree	1	
🔴 Disagree	1	
🟣 Strongly disagree	0	

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

🔵 Strongly Agree	8	
🟠 Agree	6	
🟢 Neither agree/disagree	1	
🔴 Disagree	0	
🟣 Strongly disagree	0	

20

10. I had enough privacy when I was being examined

More Details   Insights

🔵	Strongly agree	10
🟠	Agree	3
🟢	Neither agree/disagree	2
🔴	Disagree	0
🟣	Strongly disagree	0
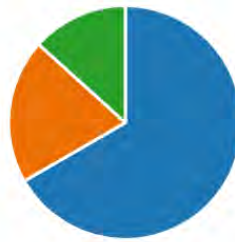
11. I was able to access adequate pain relief when I needed it

More Details   Insights

🔵	Strongly agree	9
🟠	Agree	0
🟢	Neither agree/disagree	5
🔴	Disagree	1
🟣	Strongly disagree	0
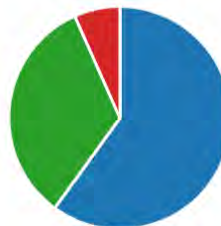
12. I felt safe during my time in the Emergency Department

More Details

🔵	Strongly Agree	15
🟠	Agree	0
🟢	Neither agree/disagree	0
🔴	Disagree	0
🟣	Strongly disagree	0
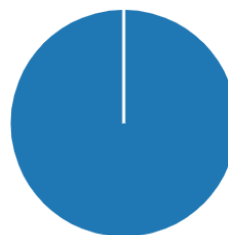
13. Overall I was happy with my experience in the Emergency Department

More Details   Insights

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

Q14. What could have made your experience better?

Patient comments:-

"Provide realistic timeframes for scans to take place"
"Staff to check in more often"
"Waiting area needs improved –provide better facilities – not everyone wants juice
and crisps – improve vending machines"
"Very cold experience coming into waiting area"

Q15. Was there anything particularly good about your visit to ED?

3 respondents (**23**%) answered **Staff friendly** for this question.

Patient Comments:-

"Staff friendly"

"Friendly and Listened to"

"Everything Fine"

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 104 during the month of April - May 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 busy, patients in treatment area waiting on beds/medication prior to discharge. Spoke with one patient and husband unhappy with length of wait in waiting area with vending machines not working had been in waiting area for 8 hours without access to water/food. Apologised for length of wait and take on board comments about the vending machines being broken and not being contactless. Provided tea to one gentleman and chatted with patients, patents well looked after and supportive of staff.
Department okay, few people have long waits on beds etc., spent time and chatted provided tea for one patient. Apologised for long wait. One patient would like staff to check in more with them to provide re-assurance.
Department okay, chatted with a few patients, spoke with a Canadian lady who could not thank staff enough for the care and attention, wonderful service, would definitely not receive this level of care from their health services. Provided tea for one gentleman. One family with mum grateful for time spent chatting to them.
Department busy, spent time with one family who are carers for their relative with stage 4 cancer, they shared their experiences of services across the organisation and of the system and processes involved in their relatives care. They feel that their relatives care is not co-ordinated and not supported at all; feeling abandoned by the system, listened to their concerns and advised that I would contact the Macmillan Team to contact them to chat and discuss their concerns. Family happy with this. Shared family's details with appropriate team to provide support. Spoke with gentleman and spent time with him who shared his experience, staff all very good but recalled a previous experience where a doctor told him he was wasting recourses, could tell doctor was not in a good mood and this experience has remained with him and made him wary of coming to hospital. Chatted with gentleman who is very happy with the care provided and how attentive the staff are, provided him with juice. Chatted with young guy waiting in test results provided him with a sandwich and juice. Chatted with lady waiting in chairs and provided her with sandwich and juice.
Department busy, patients waiting on beds and results. Spent time with one young lady who was upset, waiting on mum arriving, she explained her situation, provided re-assurance and kindness, updated staff nurse on how vulnerable young lady was feeling and she advised she would speak with her also. Elderly lady asked for assistance to go to toilet, staff supported lady. Spent time with lady who was on her own, connected her phone to the Wi-Fi to enable her to contact her daughter, chatted about her health and her life and how she looked after herself. Provided sick bowl to gentleman and re-assured family members, advised they were okay and waiting to see doctor.

Feedback received from patients is shared with the SCN of the department on a weekly basis. When a concern is raised by a patient or a loved one, it is highlighted to the nurse in charge and is dealt with.

Expressions of Care – Patient Feedback

NHS Forth Valley pro-actively encourages feedback to inform service improvements, ensuring that care is safe, effective and person centred. The comments and letters below demonstrate the range of positive expressions of care we have received, in the words of those providing the feedback.

Minor Injuries Unit

My 12 year old son was seen at minor injuries on Sunday morning at Forth Valley Royal Infirmary due to a splinter in his thumb nail bed (having been deliberately pushed into a rose bush). I just want to send a message of thanks. The nurse was friendly, kind, thoughtful and skilled. She competently extracted the splinter which was no mean feat as it was deeply embedded. I am very grateful as the whole situation was stressful for me and my son.

I also want to say that the surrounding staff in the hospital were also helpful and nice as were the NHS 24 line. We very much appreciate the care provided and everyone we had contact with are a credit to the NHS. Please pass this on to them.

Audiology

I just wanted to take a moment to acknowledge the amazing service I have received by the audiology team over many years.

I have been attending the service since I was a teenager and at every stage the team have always made me feel at ease and done everything they can to make sure I was receiving the right solutions for my situation. From smaller more discreet hearing aids when I was younger to recently having a simple request answered with a change to my solution – the pro activity and commitment to getting things right got me is always evident.

Both my children are also now on the books for the audiology service and I am once again seeing the same level of service I received happening again – special mention for Leza at this point.

I realise the team will likely be dealing with budget cuts as all other areas are however they are not letting this get in the way of the service. This is such a viral service for so many and I think the gram deserve endless praise. Don't ever change!

Day Surgery

I recently attended Forth Valley Hospital for surgery in the Day Surgery Unit and feel I must put on record that the level of care received by all the staff was excellent. Their professionalism and compassion was extremely good.

The organisation generally within the Unit was great with everyone playing their part to ensure a safe and comforting environment at a stressful time for patients.

Assurance – Performance and Demonstrating Improvements & Learning

This section of the report provides assurance and demonstrates work being progressed to enhance the management of complaints, feedback and learning, and person centred care to the Board.

- Provide a listening service through the Person Centred Team for those who do not wish to raise a complaint or a concern.
- Maintain the system wide approach to ensure that the Board's local target in respect of the Complaints Handling Procedure is achieved, however whilst acknowledging the ongoing systems pressure our staff are encountering.
- Ensure that performance is maintained and that there is an emphasis on the use of the Stage 1 complaint's process throughout the organisation particularly during the current COVID-19 pandemic.
- Provide continued support to staff around the importance of gathering feedback and learning to inform change and improve the services we deliver.
- To support local teams following the completion of an investigation within the CHP ensuring that the response is shared with staff involved in the process.
- A focussed journey of continuous improvement to the quality of responses provided to complainants ensuring a consistent person centred response is provided.
- All SPSO outcomes will go through appropriate local governance groups to ensure shared learning across the organisation.
- Developing a system wide focussed action orientated response to upheld complaints.
- Self-awareness and training has now recommenced with sessions being carried out for staff and future training is planned across a wide variety of staff within Forth Valley.
- Continued collaborative approach working with the Health and Social Care Partnerships to enhance and develop an integrated approach to the Complaints Handling Procedure, learning and reporting.

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

9.1 Finance Report
For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

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

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Executive Summary

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

Recommendations

The NHS Board is asked to:
- **note** the month 3 revenue overspend of £2.9m and balanced capital position as at 30 June 2023.
- **note** that that an in-depth review of the quarter 1 financial results is currently underway to inform the likely forecast outturn for the year. This will be shared with Scottish Governance in advance of the forthcoming quarter 1 review meeting scheduled for August.
- **note** that early indications suggest that that the potential financial risk for the year is in the region of £6m to £10m partly due to receipt of additional funding (this compares to the original financial plan deficit of £15.6m as previously reported to the NHS Board for 2023/24).
- **note** that savings progress is broadly on track with expectations at this stage. Work is underway to develop additional cost improvement schemes to mitigate financial risk as far as possible.

Assurance

Proposed assurance level:

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

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

Key Issues to be considered

2023/24 Financial Position
The 2023/24 financial plan approved by the NHS Board on 28th March 2023 set out an initial £40.6m deficit partly offset by a £25m savings plan, leaving a projected £15.6m residual gap for the year.

A number of key planning assumptions have changed since the 2023/24 financial plan was initially developed, including receipt of new unexpected funding allocations offset by areas of unplanned additional expenditure (for example in relation to the new Prison pharmacy contract and changes in cross boundary flow modelling). As a result, an in-depth review of the overall financial position (incorporating the quarter 1 financial results) is currently underway to re-assess the likely outturn and provide an updated forecast for the year. Early indications suggest that the potential financial risk is in the region of £6m to £10m (an improvement compared to the £15.6m deficit originally identified through the 2023/24 financial plan).

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 (i.e., 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 financial impact of ongoing operational service and capacity pressures.

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:
- 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
- Appendix 1: YTD savings delivery 23/24

1.0 OVERVIEW OF MONTH 3 FINANCIAL RESULTS

1.1 Revenue year to date (YTD) results as at 30 June 2023

An overspend of £2.9m is reported for the first quarter of the financial year as summarised in table 1 below.

TABLE 1: NHS Forth Valley 2023/24 Finanical performance	Annual Budget £m	Apr - June Budget £m	Apr - June Expenditure £m	Underspend/ (Overspend) £m
Set Aside & Non-Delegated Functions*				
Acute Servies	227.401	57.347	61.876	(4.529)
Women & Children's	56.806	14.434	14.880	(0.446)
Cross Boundary Flow/External SLAs	61.042	15.315	15.429	(0.114)
Non-delegated Community Services	35.123	8.911	9.733	(0.822)
Facilities and Infrastructure	117.277	29.326	29.639	(0.313)
Corporate Functions	33.290	5.585	5.506	0.079
Ringfenced and Contingency Budgets	20.743	3.391	0.000	3.391
Income	(32.176)	(10.136)	(10.228)	0.092
Sub total	**519.506**	**124.173**	**126.835**	**(2.662)**
Delegated Functions				
Operational Services	132.367	33.546	32.208	1.338
Universal Services	168.136	42.469	44.066	(1.597)
IJB reserves	9.377	0.000	0.000	0.000
Sub total	**309.880**	**76.015**	**76.274**	**(0.259)**
TOTAL	**829.386**	**200.188**	**203.109**	**(2.921)**

* 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 £519.506m above is £73.607m.   An oversepnd of £3.836m is reported at month 3.

In arriving at this position, a number of revenue allocations have been anticipated and included in the month 3 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, including the impact on pay funded by allocations outwith baseline core RRL). 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 addition, we continue to work through the implications of 2 recent unplanned funding allocations in relation to NRAC parity/sustainability and the new medicines fund (totalling £11.9m). The impact of these allocations will be incorporated in the deep dive review of the quarter 1 results and update of forecast outturn. As previously agreed by the Executive Leadership Team (ELT) this funding will be the first call against existing pressures and invest to save initiatives. Note that the Scottish Government are expecting an improvement in our forecast position as a direct result of this funding.

In the meantime, a £2.9m YTD overspend position is reported at the end of June which is broadly in line with the position reported at end May. This continues to reflect financial pressures in set aside and non-delegated functions due to ongoing capacity and staffing issues, combined with increases in medicines costs and the impact of inflation on a number of key contracts relating to premises and IT systems.

Expenditure on total supplementary staffing amounted to £11.8m at end June (up £4.2m or 55% on the same period in the previous year). The vast majority of this total (70%) relates to nurse bank and agency. Note that a range of local and national efficiency initiatives are already underway in relation to supplementary staffing costs, which are showing early signs of improvement with reductions reported in the month of June compared to April and May.

Despite, the national withdrawal of a range of covid measures, ongoing covid legacy costs is also a factor in the YTD set aside and non-delegated overspend (particularly in relation to non-emergency patient transport costs).

With respect to delegated functions, both HSCPs are reporting significant financial challenges in relation to Primary Care prescribing which is reflected in the YTD overspend reported against universal services in table 1 above. Note that due to the time taken to process prescriptions, actual prescription costs for May and June are not known at this stage, therefore estimates have been provided based on prior year trends in terms of volumes and the average cost per item. The 2023/24 Community Pharmacy contract settlement will also have a bearing on Primary Care prescribing costs going forward and this remains subject to ongoing negotiation between Community Pharmacy Scotland and the Scottish Government. The underspend reflected against operational services in table 1 is largely due to Falkirk HSCP residual budgets relating to the closed wards at Falkirk Community Hospital.

1.2 Efficiency savings

Work is underway to deliver the £25m approved savings plan. To date savings of £7.7m have been achieved as summarised in table 2 below (further detail is provided in appendix 1).

Table 2: Savings category (Set Aside & non-delegated services only)	Annual Target £m	Apr - Jun Target £m	Apr - Jun Actual £m	Variance £m
Workforce	4.586	0.033	0.033	0.000
Procurement & Contracts	0.405	0.001	0.000	(0.001)
Prescribing	4.372	0.933	0.883	(0.050)
Estates & Infrastructure	1.497	0.800	0.700	(0.100)
Income Generation	3.421	1.961	1.974	0.013
Non-recurring actions	10.300	4.080	4.080	0.000
Other	0.419	0.105	0.000	(0.105)
Total	**25.000**	**7.913**	**7.670**	**(0.243)**
Recurring	10.000	0.271	0.915	0.644
Non-Recurring	15.000	7.642	6.755	(0.887)
Total	**25.000**	**7.913**	**7.670**	**(0.243)**

Note that a number of the savings schemes under the categories in table 2 above were scheduled to start in May and June hence the reason YTD achievement is relatively low for some areas (e.g. workforce). Note that the total savings delivered at end of June are largely non-recurring including Bellsdyke income, return of funding banked with the Scottish Government in 22/23, PPP/PFI contractual arrangements and Hep C drug rebates. The recurring element of the savings achieved to date relates to specific oncology prescribing initiatives.

Detailed savings monitoring arrangements are actively being discussed and designed in conjunction with the CPMO to ensure progress can be robustly tracked throughout the year (including use of Pentana to automate reporting of savings delivery and enhance the presentation of this data to Directorate Leads and the Executive Leadership Team).

1.3 Capital YTD results as at 30 June 2023

The total annual net capital budget for 2023/24 is currently estimated at £10.9m as summarised in table 3 below. This reflects the core Capital Resource Limit (CRL) of £6.4m as advised by the Scottish Government, together with £4.5m of anticipated allocations and other adjustments which are expected to be applied to the CRL during the course of the year.

Note that the overall capital budget increased by £1.7m in June compared to the previous month which reflects additional funding anticipated in relation to the National Treatment Centre, further funding for the capitalisation of Right of Use Assets and an increase in expected property sales receipts.

TABLE 3: 2023/24 NHS Forth Valley Capital position	Annual Budget £m	April - June Budget £m	April - June Expenditure £m	Underspend/ (Overspend) £m
Core Capital Resource Limit	6.389	0.516	0.516	0.000
Anticipated allocations	5.057	1.405	1.405	0.000
Indirect Capital Charged to Revenue	(1.830)	0.000	0.000	0.000
Property sales	1.322	0.000	0.000	0.000
Total	**10.938**	**1.921**	**1.921**	**0.000**

As reported in table 3, a balanced position is reported for the 3-month period ending 30th June 2023. To date expenditure of £1.9m has been incurred, leaving a net balance of £9.0m to be spent over the remainder of the financial year.

2.0   SET ASIDE & NON- DELEGTAED FUCNTIONS - CLINICAL DIRECTORATES

Clinical Directorates reported a combined overspend of £2.4m as at 30 June 2023 as summarised in table 4 below.

TABLE 4: Clinical Directorates*	Annual Budget £m	Apr - June Budget £m	Apr - June Expenditure £m	Underspend/ (Overspend) £m
Acute Servies	227.401	57.347	61.876	(4.529)
Women & Children's	56.806	14.434	14.880	(0.446)
Cross Boundary Flow/External SLAs	61.042	15.315	15.429	(0.114)
Non-delegated Community Services	35.123	8.911	9.733	(0.822)
Ringfenced and Contingency Budgets	20.743	3.391	0.000	3.391
Income	(32.176)	(10.136)	(10.228)	0.092
Sub total	**368.939**	**89.262**	**91.690**	**(2.428)**

 * 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 £368.939m above is £73.607m.   An oversepnd of £3.836m is reported at month 3.

Acute services – an overspend of £4.5m is reported at the end of the first quarter. This reflects ongoing service pressures within A&E and various inpatient specialties due to increased demand and length of stay, together with additional workforce costs to cover vacancies and sickness absence. £7.2m of additional temporary staffing costs have been incurred to date within the Acute Services Directorate. Of this total, £5.0m (69%) relates to nurse bank and agency use. Key service areas where bank and agency staff are being deployed include Acute Assessment, the Emergency Department and wards A11, A32, B11, B23, B31 and B32.

The adverse year to date position is also exacerbated by ongoing staffing challenges across other parts of the health and care system which is impacting on an element of the planned discharge profile from the hospital. Unachieved historic recurring savings targets is also a key factor together

with a number of ongoing Covid legacy costs from previous gold command decisions. Clear exit strategies are required in relation to these costs and the phased closure of contingency areas. This will be considered as part of the in-depth review of the quarter 1 position.

Women & children's – an overspend of £0.4m is reported at the end of the first quarter. This reflects the impact of new Paediatric diabetes technologies and a number of high cost drug treatments.

Cross boundary flow/external SLAs – an overspend of £0.1m is reported at the end of the first quarter largely due to Out of Area Treatments, unplanned activity and SLA exclusions.

Non-delegated community services – an overspend of £0.8m is reported at the end of the first quarter. This reflects increased nurse agency usage in Prison healthcare settings (particularly Glenochil) and additional costs associated with surgical sundries and wound management products. Pressures are also reported in set aside mental health services due to higher than average staff absence levels.

Ringfenced and contingency budgets – £3.3m of funding has been released from central budgets in the first quarter to offset costs in respect of key service developments pending funding allocations being processed.

Income – income received in the first quarter was £0.1m higher than planned levels. This is largely due to income from externals, offset by a small under recovery of income in relation to Junior Doctors (via NHS National Education Scotland).

3.0 SET ASIDE & NON- DELEGTAED FUCNTIONS - CORPORATE DIRECTORATES

A combined overspend of £0.2m is reported for Corporate Services as at 30 June 2023 as summarised in table 5 below

TABLE 5: Corporate Functions and Facilities & Infrastructure	Annual Budget £m	Apr - June Budget £m	Apr - June Expenditure £m	Underspend/ (Overspend) £m
Facilities and Infrastructure	117.277	29.326	29.639	(0.313)
Corporate Functions				
Director of Finance	4.259	1.087	1.069	0.018
Area Wide Services	1.222	(2.433)	(2.274)	(0.159)
Medical Director	11.445	2.822	2.591	0.231
Director of Public Health	3.203	0.754	0.835	(0.081)
Director of HR	5.517	1.420	1.340	0.080
Director of Nursing	3.705	0.928	0.984	(0.056)
Chief Executive	2.258	0.572	0.565	0.007
Portfolio Management Office	0.569	0.146	0.106	0.040
Immunisation / Other	1.112	0.289	0.290	(0.001)
Corporate Functions sub total	33.290	5.585	5.506	0.079
Sub total	**150.567**	**34.911**	**35.145**	**(0.234)**

Facilities and Infrastructure – an overspend of £0.313m is reported at the end of the first quarter. This is primarily due to pressures within facilities support services in relation to non-emergency patient transport and postages. eHealth contract increases and telecom costs also contribute to the adverse YTD position.

Corporate Functions – a combined underspend of £0.079m is reported at the end of the first quarter. This is largely driven by vacancies in the Medical Director, HR Director and PMO budgets. Emerging pressures are reported in relation to Public Health due to a number of unfunded posts which requires further investigation.

4.0 DELEGATED FUNCTIONS – HEALTH & SOCIAL CARE PARTNERSHIPS

Delegated health functions reported under the Health and Social Care Partnerships (HSCPs) returned a combined overspend of £0.3m as at 30 June 2023 as summarised in table 6 below.

TABLE 6: Health & Social Care Partnerships	Annual Budget £m	Apr - June Budget £m	Apr - June Expenditure £m	Underspend/ (Overspend) £m
Clackmannanshire and Stirling HSCP				
Operational Services	60.056	15.159	14.890	0.269
Universal Services	86.006	21.690	22.615	(0.925)
Ringfenced and Contingency Budgets	3.898	0.000	0.000	0.000
Subtotal	149.960	36.849	37.505	(0.656)
Falkirk HSCP				
Operational Services	72.310	18.387	17.318	1.069
Universal Services	82.130	20.779	21.451	(0.672)
Ringfenced and Contingency Budgets	5.480	0.000	0.000	0.000
Subtotal	159.920	39.166	38.769	0.397
TOTAL	**309.880**	**76.015**	**76.274**	**(0.259)**

The HSCP budgets summarised in table 6 exclude budgets in respect of large hospital services, also referred to as set aside, which amount to £73.6m. Responsibility for operational management of the Set Aside functions currently resides with NHS Forth Valley with the exception of set aside Mental Health services which are now operationally managed by Clackmannanshire and Stirling HSCP.

In terms of the year to date position, the key financial challenge experienced by both HSCPs continues to relate to primary care prescribing which is reported under universal services. Both volume growth in the number of items prescribed and the average cost per item remain higher than original planning assumptions (up 2% and 8% respectively compared to the same period last year). This reflects ongoing demand and short supply issues. Delays in achieving prescribing efficiency savings also contribute to the adverse position.

A significant underspend continues to be reported in respect of Community Healthcare Services under the Operational budget for Falkirk HSCP. This is linked to the closure of wards 1 to 4 at Falkirk Community Hospital (whilst the wards have been closed for some time, the ward budgets have remained in place, although Falkirk IJB has agreed to partially re-purpose some of these budgets to support reablement/intermediate care). Other non-recurring underspends in community mental health services and community based AHP services due to vacancies and slippage in recruitment also contribute to the favourable position (note that similar recruitment issues and associated underspends in these services are also reported in Clackmannshire and Stirling HSCP but to a lesser extent).

Meetings with CFOs are in the process of being arranged to discuss and agreed IJB risk share arrangements for 2023/24. In the meantime, the current expectation is that appropriate corrective

action will be undertaken by Chief Officers as per section 8.5 of the extant Integration Schemes to mitigate financial risk as far as possible and avoid the need for risk sharing.

5.0 CAPITAL

A balance position is reported for Capital expenditure as at 30 June 2023 as summarised in table 7 below.

TABLE 7: 2023/24 NHS Forth Valley Capital position	Annual Budget £m	April - June Budget £m	April - June Expenditure £m	Underspend/ (Overspend) £m
Elective Care	3.382	1.381	1.381	0.000
Information Management & Technology	3.184	0.211	0.211	0.000
Medical Equipment	1.572	0.038	0.038	0.000
Facilities & Infrastructure	3.600	0.151	0.151	0.000
NHS Board corporate projects	0.447	0.140	0.140	0.000
Right of Use Assets IFRS16	0.583	0.000	0.000	0.000
Indirect Capital Charged to Revenue	(1.830)	0.000	0.000	0.000
Total	**10.938**	**1.921**	**1.921**	**0.000**

Elective Care – Works continue on the Elective Care Modular Build with an estimated completion date of October. The associated car park was completed during April 2023. YTD expenditure at end June equates to £1.4m, which is in addition to the £9.2m already capitalised in previous financial years.

Information Management & Technology – to date the sum of £0.2m has been spent on Information Management & Technology projects, including staff costs recharged to Capital and an upgrade to the Netcall System to enhance and improve the patient experience.

Medical Equipment – As at 30th June 2023 expenditure committed on Medical Equipment items equated to £0.03m. This includes a Probe replacement and internal staff costs recharged to Capital. A replacement plan for a range of medical equipment has already been agreed by the Medical Devices Group and the procurement process is underway.

Facilities & Infrastructure - a total of £0.2m is reported as spent or committed as at 30th June 2023 within Facilities and Infrastructure managed projects. This relates to compliance works and the ASDU extension and staff costs recharges to Capital.

NHS Board and Property Sales – as at 30th June 2023, no Property Sales have yet been transacted. A Capital Grant payment has however been made to Strathcarron Hospice to the value of £0.1m in respect of unavoidable energy infrastructure upgrades.

Appendix 1 – YTD savings delivery 2023/24

Category (Set Aside & non-delegated services only)	Annual Target £000s	Apr - Jun Plan £000s	Apr - Jun Actual £000s	Variance £000s	RAG status
Workforce					
Reduction in supplementary staff costs	3,454	0	0	0	AMBER
Retinue fees & charges	132	0	0	0	AMBER
Turnover/incremental progression	1,000	33	33	0	GREEN
	4,586	**33**	**33**	**0**	
Procurement & Contracts					
VAT advisory services	5	1	0	(1)	RED
Hand Towels	35	0	0	0	GREEN
Gloves	33	0	0	0	GREEN
Reducing non-contract spend	23	0	0	0	GREEN
Carriage charges	3	0	0	0	GREEN
Change of Tourniquet Supplier Via NDC	20	0	0	0	GREEN
Catering (plastic spoons to wooden spoons)	6	0	0	0	GREEN
Complex Care Education Provision Review	72	0	0	0	RED
Review of Complex Care Third Party Provision	208	0	0	0	RED
	405	**1**	**0**	**(1)**	
Prescribing					
Abiraterone switch	730	183	183	0	GREEN
Lenalidomide switch	415	0	0	0	AMBER
Fingolimod switch	201	50	0	(50)	GREEN
Patient Access Scheme rebates	2,800	700	700	0	AMBER
Cold chain/reduction in waste	66	0	0	0	RED
Complex rebates/review of contracts	150	0	0	0	AMBER
Review of homecare arrangements	10	0	0	0	AMBER
	4,372	**933**	**883**	**(50)**	
Estates & Infrastructure					
PPP/DBFM review of contractual arrangements	900	800	700	(100)	AMBER
Energy efficiency	255	0	0	0	GREEN
Review of order comms	40	0	0	0	GREEN
Review of desk top assets (incl mobiles)	50	0	0	0	GREEN
Patient hub/postages	250	0	0	0	GREEN
Waste	2	0	0	0	GREEN
	1,497	**800**	**700**	**(100)**	
Income Generation					
Overseas visitors	135	0	0	0	RED
Electric Vehicle charging income	300	0	0	0	GREEN
Mutual aid/capacity support to other NHS Boards	1,000	0	0	0	GREEN
Bellsdyke income	1,956	1,956	1,956	0	GREEN
Provision of training by Women & Children's service	10	0	0	0	AMBER
Travel vaccinations	20	5	18	13	GREEN
	3,421	**1,961**	**1,974**	**13**	
Non-recurring actions					
Revenue funding banked 22/23	3,000	3,000	3,000	0	GREEN
Annual leave carry forward	700	0	0	0	AMBER
Anticipated slippage on investment	1,429	0	0	0	GREEN
Unplanned financial benefits	3,851	0	0	0	AMBER
Balance sheet opportunities	1,320	1,080	1,080	0	GREEN
	10,300	**4,080**	**4,080**	**0**	
Other					
Reducing unwarranted variation	209	52	0	(52)	RED
Whole system integration opportunities	210	53	0	(53)	RED
	419	**105**	**0**	**(105)**	
Total	**25,000**	**7,913**	**7,670**	**(243)**	

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

10.1 Annual Report Summary 2022-23
For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mrs Elsbeth Campbell, Head of Communications

Executive Summary
NHS Boards are no longer required to produce a formal Annual Report as much of the financial and performance information previously included is now published in a range of national reports and websites. However, NHS Forth Valley has continued to produce a short summary report to highlight key service developments and achievements along with examples of service activity and performance during the year. This is available online, promoted via social media with hard copies available, on request.

Recommendation
The NHS Board is asked to:-

- **note** the Annual Report Summary for 2022/23

Assurance
Proposed assurance level:

Level of Assurance		System Adequacy	Controls
Substantial Assurance		Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.

A Substantial level of assurance is proposed on the basis that the Annual Report Summary provides a comprehensive overview of performance, key service developments and achievements for 2022/23.

Key Issues to be Considered:
- The Annual Report Summary, which covers the period 1 April 2022 – 31 March 2023, provides a short, easy-to-read summary of key developments in a more accessible and visual format.
- As well as summarising key service developments and achievements, the report also highlights a range of digital developments and research projects taken forward over the last 12 months.
- More detailed information on finance and performance is available on the NHS Forth Valley website and the publications section of the Public Health Scotland website.

Implications

Financial Implications
There are no costs as the Annual Report Summary is produced and published online. Small numbers of printed copies can also be printed internally for distribution at relevant meetings and events.

Workforce Implications
There are no workforce implications

Infrastructure Implications including Digital
There are no infrastructure implications – the Annual Report summary will be published on the NHS Forth Valley website and promoted via social media.

Sustainability Implications
The move to a digital summary has reduced the cost and potential waste associated with printed copies.

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 Annual Report summary is used to support a range of public and community meetings and events, including the Board's annual review meeting with the Scottish Government.

Information Governance Implications
There are no Information Governance implications – all of the information in the Annual Report Summary is publicly available.

Risk Assessment / Management
There are no risk management issues as the Annual Report Summary contains information which has already been published or promoted during the period.

Relevance to Strategic Priorities
The Annual Report Summary highlights how the organisation has performed in relation to a number of key strategic priorities and targets during 2022/2023.

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

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

Communication, involvement, engagement and consultation
The Annual Report has been developed by the Communications Department in collaboration with a number of individuals and departments across the organisation including colleagues within Performance Management and Information Services.

Appendices

- Appendix 1: Annual Report Summary 2022-2023

ANNUAL
REPORT
2022 - 2023

NHS Forth Valley

A summary of highlights
and developments

INTRODUCTION AND OVERVIEW

The last year has been a very challenging one as we continued to work very hard to reduce the backlog built up from the Covid-19 pandemic and respond to unprecedented levels of demand for local health and care services. This resulted in severe pressure across local hospitals, community teams, and GP Practices which, has unfortunately resulted in some patients experiencing longer waits or delays than we would have wanted. Despite these pressures we have continued to provide elective care and reduced the number of temporary additional inpatient beds in use within local hospitals which in turn will also address the need for additional supplementary staff and the costs associated with this. New assessment arrangements were also introduced in our Emergency Department to help reduce long waits.

On 23rd November 2022, the Cabinet Secretary for Health and Social Care confirmed that NHS Forth Valley had been escalated to Stage 4 of the NHS Scotland Performance Escalation Framework for governance, leadership, and culture. An Assurance Board has been established which brings direct formal oversight and engagement from the Scottish Government as we work to deliver sustainable changes and improvements in a number of areas through effective governance, strong leadership and an improved culture.

Healthcare Improvement Scotland (HIS) published a report on 5th December 2022 following an unannounced follow-up inspection visit to Forth Valley Royal Hospital on 27th and 28th September 2022. The report recognised the extreme pressures being experienced across the hospital at the time of the visit due to increased patient numbers and high levels of delayed discharges and staff absences. Immediate action was taken to address many of the issues and concerns highlighted however, we recognise that there is still more do and work continues to fully address all of the report recommendations as part of our wider Escalation Improvement Action Plan.

There is no doubt that both of these developments have been very concerning for local staff, patients and the general public. However, despite the many challenges faced our staff have continued to focus the delivery of high-quality care and services. Throughout the year we have invested significantly in staff recruitment and development and, as a result, are one of the leading NHS Boards for the development of advanced roles for nursing and AHP across a wide range of services. This has helped free up medical staff time to focus on patients with more complex healthcare needs and also helped reduce waiting lists for many common surgical procedures and diagnostic tests.

We have also taken forward a number of service developments, a number of which are highlighted in this report along with local awards and achievements. I wish to put on record my thanks to staff for their ongoing efforts as we work together and with our partners to deliver sustainable improvements that put patients first.

Cathie Cowan

CHIEF EXECUTIVE
NHS FORTH VALLEY

AT A GLANCE

6,079

Staff

(whole time equivalent)

£618m

Annual Budget

305,710

Population Served

2,868

Number of Babies Born

79,868

Attendances at Emergency Department & Minor Injuries Unit

177,488

Outpatient Appointments Delivered

14,394

Theatre Operations

More than 100

Research Projects Underway

AT A GLANCE

56,895

Covid-19 & Respiratory Virus tests carried out)
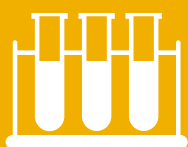
323,542

Samples processed by our microbiology laboratory

177,342

Radiology Scans carried out

321,361

Covid-19 and Flu Vaccinations delivered to adults and children

628,652

Pharmacy prescriptions processed for acute hospital patients

79,002

Contacts with our Health Visiting Teams

12,416

Contacts with our School Nursing Teams

20,942

Contacts with our AHP Community & Inpatient Teams

SERVICE DEVELOPMENTS

First to Use New Laser Treatment for Bladder Cancer

The Urology Department at Forth Valley Royal Hospital became the first in Scotland to set up a new service for treating patients who have a suspected recurrence of bladder cancer.

Known as TULA (Trans Urethral Laser Ablation), it enables abnormal tissue in the bladder to be removed under a local anaesthetic in a clinic setting, removing, in many cases, the need for a general anaesthetic.

The procedure involves examining the bladder using a camera on a thin flexible tube that uses laser treatment to remove any tumours or suspicious areas. TULA usually takes between 10 and 20 minutes to complete and most patients are able to go home on the same day.

TULA is an important development which can be used as an alternative to standard diathermy treatment, a less reliable and well tolerated treatment, which uses heat to destroy a tumour.

Almost all the patients who have experienced the previous treatment have commented on how much better their treatment experience has been with TULA. Also, because it is so well tolerated, it can be used to treat much larger tumours that, in the past, would have required a general anaesthetic. Local staff worked hard to get the new TULA service in place, and Urology Advanced Clinical Nurse Specialist, Leanne Hamill, is one of the first nurse cystoscopists in Scotland who has been trained to use the new laser treatment.

New Stroke Team Gets Off to a Flying Start

More than 200 stroke local patients have benefitted from services offered by START (Stroke Transition and Rehabilitation Team) which celebrated its first anniversary in November 2022.

These include being able to undergo rehabilitation at home, with the same level of expertise provided by a specialist team in hospital.

The Team includes physiotherapists, occupational therapists, a therapy assistant practitioner, a speech and language therapist, a neuro psychologist, as well as being supported by a Consultant from NHS Forth Valley's Stroke Service.

Patients who have been admitted to hospital following a stroke are now given information about START to explain how it works and the range of therapeutic support it offers. Most people are very keen to access support from the Team when they realise they can access specialist stroke care and support at home.

New National Treatment Centre

Construction work started in June 2022 to create a new inpatient ward at Forth Valley Royal Hospital, marking the final stage in the development of a new National Treatment Centre based at the Larbert hospital.

The National Treatment Centre – Forth Valley will form part of a network of National Treatment Centres being developed to increase capacity and reduce waiting times across NHS Scotland.

The new 30 bedded ward is part of a £17m national investment that has also funded the opening of two additional operating theatres (bringing the total number to 16) and the installation of a second state-of-the-art MRI scanner. This has increased surgical and diagnostic capacity and created more flexibility for managing surgery. The specialist MRI scanner, which is used to take images of all parts, is housed in a customised room within the hospital's Radiology Department, complete with backlit picture wall and ambient lighting to help patients relax in calming, less clinical surroundings.

The National Treatment Centre inpatient ward, which is being developed at the rear of the hospital between the Mental Health Unit and the Emergency Department, will enable around 1,500 additional operations to be carried out every year, mainly hip and knee joint replacement surgery, to support the delivery of local and national plans.

So far, more than 90 additional staff have been recruited across a number of specialties. These include theatre nurses, anaesthetists, orthopaedic surgeons as well as theatre practitioners, healthcare support workers, staff nurses and clinical team leaders.

Efforts Continue to Eliminate Hepatitis C

The fight against blood-borne viruses (BBVs) was strengthened locally with the appointment of a specialist community nurse (Sheree Fowler pictured) and increased outreach services, including visits to the Salvation Army premises and homeless units.

The drive is part of a national effort to meet the Scottish Government's target of eliminating Hepatitis C by 2024/2025. Around 3,000 people in the Forth Valley area are believed to be infected with Hepatitis – known as thesilent disease – but so far only around 1,500 have been diagnosed.

Following the Covid-19 pandemic, the numbers coming forward for testing across Scotland have dropped off significantly and there is also evidence of increased equipment sharing.

Preventing and reducing harm is paramount in preventing the onward spread of Hepatitis C, so efforts continue to increase the uptake of testing and highlight the risks of sharing injecting equipment.

Advanced Roles Help Transform Local Services

The creation of new advanced clinical roles for nursing and radiology staff has helped to transform a number of services, create additional capacity and reduce waiting times.

Advanced Nurse Practitioners (ANPs) now run a range of breast clinics for patients referred with suspected breast cancer who are able to have their outpatient consultation, mammography and ultrasound scanning performed during the same visit along with a biopsy, if required. They also assist in theatre and perform surgical procedures in both breast and plastic surgery as well as nipple tattooing following breast reconstruction.

This has led to consistently short waiting times for the breast and surgical skin cancer service throughout the Covid-19 pandemic and keep pace with rising demand.

Nurse Endoscopists working with the Endoscopy Department at Forth Valley Royal Hospital have been trained to carry out a number of new endoscopy techniques such as cytosponge endoscopy and colon capsule endoscopies.

Advanced practice roles are also being developed for a range of Allied Health Professionals (AHPs) including Advanced Radiography Practitioners who are able to read mammograms, perform diagnostic ultrasounds and take biopsy samples. In addition, a number of Healthcare Support Workers have undertaken additional training to carry out Assistant Practitioner roles within a range of areas, including nursing and radiology.

New Service Offers Better Bone Health

A new service was launched for local people suffering with osteoporosis in May 2022. It provides DXA scans locally, face-to-face and telephone appointments, medication reviews and treatments.

The service is staffed by a Consultant Rheumatologist, specialist nurse, a Fracture Liaison team, radiographers, and a specialist pharmacist.

Nursing staff run clinics four times a week reviewing around six patients in each clinic. Radiographers scan patients five days a week and report on those scans weekly.

Kris Robertson, Service Manager for Osteoporosis and the Fracture Liaison Service

GPs have direct access to DXA and are able refer local patients to the new clinics. There are also future plans to offer education sessions and a helpline which can be contacted via email or phone.

New Service for Patients with Heart Failure

Life for local patients with heart failure has become a little easier, thanks to a new service for patients with heart failure.

Specialist cardiac MRI scans are now able to be carried out locally, rather than patients having to travel to hospitals in other areas such as Edinburgh and Glasgow.

Radiographers within the department have worked tirelessly above and beyond to secure top-class imaging, supported by colleagues from the West of Scotland Regional Heart and Lung Centre based at the Golden Jubilee University National Hospital in Clydebank. The Centre provided specialist training for a number of NHS Forth Valley radiographers, helping them to gain valuable knowledge and experience which they have used to develop the new local service.

Consultant Radiologist, Dr Lindsey Norton reviews a cardiac MRI scan.

The new cardiac MRI service aims to provide high quality imaging for local patients which complements and enhances existing cardiology services. MRI plays an important role in the diagnosis and management of many cardiac conditions so having a local cardiac MRI service is a great asset. It also enables patients to be scanned locally prior to enable the quick insertion of an implantable cardiac defibrillator. Previously, this often required transfers to and from another hospital and an extended inpatient stay before the device could be inserted.

Theatre Pilot Aims To Cut Waiting Times for Cataract Surgery

A pilot project, funded by the Scottish Government, took place to explore during the year to explore ways of reducing waiting times for cataract surgery.

The Ophthalmology Department at Falkirk Community Hospital tested an approach known as 'Jack and Jill theatres' – two theatres side by side running concurrently – for cataract operations. This allowed surgeons to step swiftly from one theatre to another to help increase capacity and efficiency. Supporting a second operating theatre to remain open has the potential to deliver the equivalent of 8 extra operating sessions and an additional 8 cataract cases to be carried out every day or around 32 additional cases every week. Normally, around 12 cataract operations can be carried out in a day using a traditional operation model, however a surgeon working across two operating theatres has the potential to do up to 20 cases in one day – a 67% increase in activity.

Whilst the waiting time and the number of people waiting for cataract surgery has significantly improved, rising demand is starting to outweigh the number of operations being carried out. To prevent a bottleneck developing and a queue forming, the capacity of outpatient clinics has also increased. This was achieved by reconfiguring the existing clinic space at Falkirk Community Hospital, where the majority of cataract operations in Forth Valley are carried out, as well as recruiting and training additional staff.

Work is now underway to explore how this approach could be adopted in the future to help address current and future demand for a range of ophthalmology procedures. Ophthalmology is one of the busiest services in the NHS and covers conditions that may be sight-threatening or sight-limiting which require surgery as well as the management of long-term diseases which require life-long monitoring. Patients with ophthalmic conditions are often vulnerable, and as the majority of demand is age-related, the demand is continually increasing as the population lives longer. Cataract surgery is one of the most successful operations delivered across NHS Scotland with a high success rate in improving vision and relatively low risks or complications.

New Urology Hub Opens

A new Urology Hub opened at Forth Valley Royal Hospital to help improve the diagnosis of bladder and prostate cancers and carry out a range of surgical procedures. With three dedicated treatment rooms, two patient recovery bays and a central waiting and changing area, it brings the expertise of the entire urology team together in one area and provides a one-stop diagnostic and treatment service for local patients. It has also enabled a wide range of surgical procedures, such as vasectomies and circumcisions, to be undertaken in treatment rooms rather than theatres to help increase theatre capacity and free up lists for more complex operations.

Former Health Secretary, Humza Yousaf visited the Hub in July 2022 to see first-hand the difference the new facility is making to local patients and hear how staff have transformed local urology services to address workforce challenges, reduce waiting lists and create an improved, more sustainable service.

New and existing staff have been trained to take on new roles and responsibilities so that the majority of routine work can now be delivered by advanced nurse or surgical care practitioners, with the support of the consultant team. This includes Dean Barrowman, an Advanced Surgical Care Practitioner, who has undertaken specialist training and is one of only a few nurses in Scotland who is able to carry out their own surgical lists for patients requiring vasectomies and circumcisions.

Urology nurses have also received additional training and these advanced nurse practitioners now carry out the vast majority of diagnostic procedures. These include cystoscopies (which use a flexible thin tube with a camera to examine the bladder and urethra and are also used to monitor patients with bladder cancer), prostate biopsies (where an ultrasound probe is used to collect tissue samples which can then be tested for cancerous cells), bladder botox injections, uroflowmetry tests (which measure the flow of urine) and prostate cancer diagnosis and care.

Dean Barrowman, Surgical Care Practitioner, and Joby Taylor, Consultant Urologist

Advanced Roles Help to Reduce Waiting Times

A number of experienced nurses and radiographers across NHS Forth Valley have undertaken additional training to carry out minor surgical procedures and mammography reporting to help increase capacity and reduce waiting times.

Marie Stein, an Advanced Nurse Practitioner, who works across the breast and skin services at Forth Valley Royal Hospital, is also very positive about the new advanced practice roles and the benefits for staff and patients.

She explained: "I run a number of outpatient clinics for the breast service and I also have been trained to carry out a range of minor surgical procedures such as biopsies and the removal of skin lesions.

"I really enjoy learning new skills and the greater variety that this new advanced nursing role offers. It also has helped us to increase capacity and see patients more quickly which is really important."

Nurse Endoscopists are also working with the Endoscopy Department at Forth Valley Royal Hospital where they have been trained to carry out a number of new endoscopy techniques such as cytosponge endoscopy and colon capsule endoscopies.

In addition, advanced practice roles are being developed for a range of Allied Health Professionals (AHPs) including Advanced Practice Radiographers who have been trained in reporting scans such as mammograms.

A number of Healthcare Support Workers have also undertaken additional training to carry out Assistant Practitioner roles within a range of areas, including nursing and radiology.

First Overseas Nurses Arrive at Forth Valley Royal Hospital

Six nurses from overseas arrived at Forth Valley Royal Hospital in April 2022 from the Kerala state of India, bringing with them a wealth of knowledge and experience in a number of areas including intensive care and surgery. They were joined a few months later by a number of additional 7 nurses from India and Zimbabwe.

All of the nurses were recruited as part of a national Scottish Government initiative to increase international nurse recruitment and support the delivery of health services across Scotland.

This international recruitment programme, which aims to recruit around 200 nurses across Scotland, has been carried out ethically in line with the Scottish Code of Practice for the International Recruitment of Health and Social Care Personnel. This ensures NHS Scotland does not recruit from countries with their own qualified healthcare staffing shortages.

The nurses, who have experience in a number of areas including intensive care and surgical wards, have undergone a full induction programme and received support to help them settle into their new jobs and lives in Scotland where they have taken up a number of permanent nursing posts.

The new nursing arrivals were keen to come to Scotland as they felt they would have greater opportunities to learn and develop their nursing careers and they said they all feel very supported by everyone they had met since arriving in Forth Valley.

DIGITAL DEVELOPMENTS

A number of new digital developments were taken forward during the year to increase the information, support and advice available for local patients and their families. This included a new podiatry section (nhsforthvalley.com/podiatry) with foot care information as well as specific advice for children and people with a range of health conditions, including diabetes and rheumatology. A new sexual health website (centralsexualhealth.org) was created with a wide range of information on local sexual health services, clinics and contraception advice.
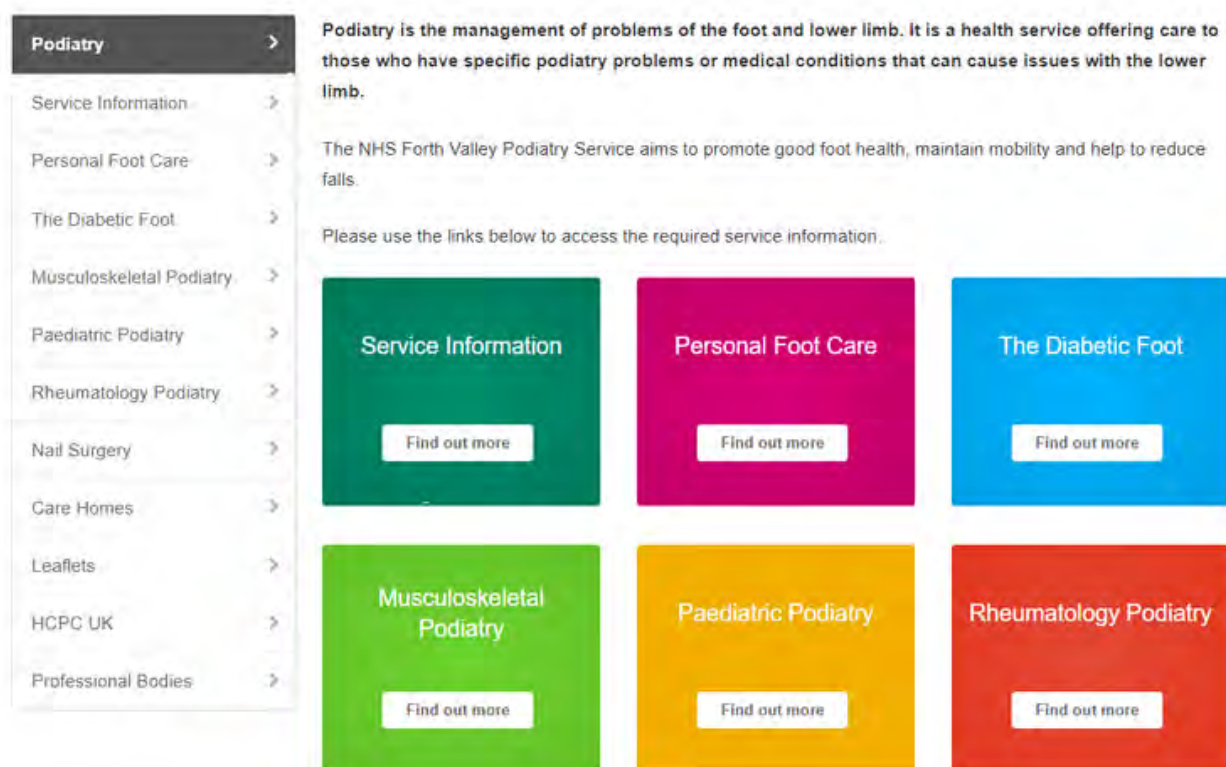
Other developments included a new physical activity website (nhsforthvalley.com/physical-activity) with details of local activities, classes and services across Forth Valley suitable for people of all ages and abilities. This includes simple strength and balance exercises which can be carried out at home as well as tips, advice and videos to help people become more active.

The website was developed in partnership with local Health Promotion leads who recognised that many people want to be more physically active but simply don't know where to start.

It also contains information for local health professionals and makes it easier for them to access details of all the physical activity opportunities available for their patients in one place, along with guidance on how they can start a conversation on becoming more active.

The website includes:

- Information on the benefits of being more active with videos and pictures
- Details of how you can become more active in your area with links to local service providers and organisations
- Information on active travel options
- Details of simple strength and balance exercises along with other activities which you can do at home

Work has been carried out with local GPs, physiotherapists and occupational therapists to help raise awareness of the new website and encourage more staff to recommend physical activities as part o wider efforts to improve the health and wellbeing of people across Forth Valley.
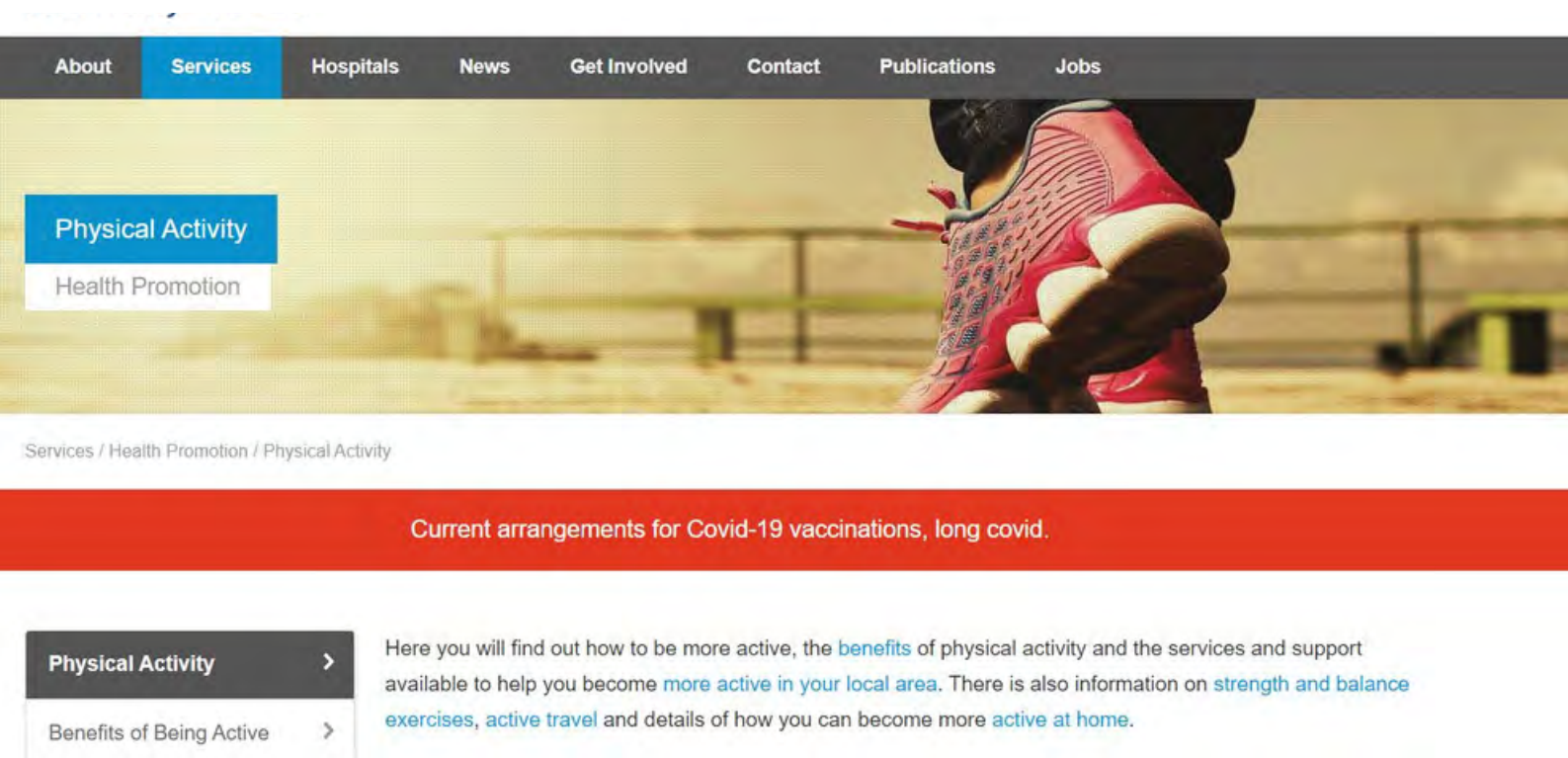
RESEARCH

NHS Forth Valley's Clinical Research Team support a diverse portfolio of more than 100 research projects, covering areas such as oncology, cardiology, dementia, neurodegenerative diseases, diabetes, women's health, gastroenterology, mental health and paediatrics.

The Team works closely with local teams and services to give patients the opportunity to participate in a wide range of research trials to help assess new medicines and treatments, eliminate the need for more invasive or unnecessary procedures, improve waiting times and reduce costs. NHS Forth Valley is extremely thankful to all the patients, staff and partners involved in research as, without their participation and support, it would not be able to carry out much needed research into new treatments.

The following section highlights just a few examples of the wide range of research underway.

Reducing Heart Attacks & Strokes

ORION-4 is an international study assessing the effects of the drug Inclisiran on outcomes for people with a certain type of cardiovascular disease. Recruitment started in January 2023 and participants will be followed for the next five years, with the aim of reducing their risk of heart attacks and strokes.

More Effective Treatment for Gallstones

The Sunflower Study aims to establish the clinical and cost effectiveness of different approaches to the treatment of patients with gallstones. Since this study started, 112 participants have participated, exceeding the initial target of 50 and achieving a recruitment rate of 224%.

Reducing Unnecessary Cancer Treatments

The OPTIMA research trial utilises genetic testing to determine whether some patients with breast cancer require chemotherapy after surgery, with an aim of reducing the use of unnecessary treatment. The Refine-Lung trial is investigating the benefits of reducing the frequency of immunotherapy in patients with a certain type of lung cancer.

UK First For Forth Valley Researchers

NHS Forth Valley became the first NHS organisation in the UK to recruit participants to a new clinical trial which could help adults with early onset or mild dementia.

Using specialist headsets which record EEG brain waves, participants are asked to carry out a variety of tasks and short 'games' to test their memory, language, fluency, attention and overall concentration. They also wear a special headband at night to record EEG brain waves and monitor the quality of their sleep at home.

Patients with mild dementia can then be benchmarked alongside a control group of individuals who didn't have dementia and the responses compared to help track changes in cognition, concentration and sleep quality.

Faster Test for Womb Cancer

NHS Forth Valley is the only site in Scotland to join a UK study to evaluate the use of a urine test which could help detect womb cancer in three hours. Detecting the cancer marker MCM5 (Minichromosome Maintenance Complex Component 5) in urine, could reduce the need for more invasive and sometimes painful procedures like biopsies in women suspected of having the disease.

The study is focussing on women with post-menopausal bleeding, one of the most common symptoms of womb cancer. Around 9,400 women are diagnosed with endometrial cancer, also known as uterine or womb cancer, in the UK each year. This makes it the fourth most common cancer in women in the UK – and the incidence and prevalence continues to rise each year.

CELEBRATING SUCCESS

Prestigious Award for Mental Health Services

Two mental health wards at Forth Valley Royal Hospital were awarded accreditation status by the Royal College of Psychiatrists (RCP) for their commitment to high quality care.

Currently, only two other mental health facilities in Scotland have managed to gain accreditation status and since the onset of the Covid-19 pandemic, there has been an increase in the number of people experiencing severe mental illness, such as psychosis, who have required to be admitted to hospital for inpatient care and treatment.

To achieve this prestigious recognition, staff in Wards 2 and 3 in the Mental Health Unit had to meet around 300 standards to demonstrate their commitment to the delivery of high-quality care and treatment. The rigorous and demanding process to evidence the standards were being achieved and maintained took more than two years to complete.

Prestigious Queen's Nurse Award

Two nurses from NHS Forth Valley have been awarded the prestigious title Queen's Nurse.

Colette Fotheringham, team leader of the Children's Community Nursing Team and Laura McCann, Community Learning Disability Charge Nurse, were both selected to take part in a 9 month development programme run by The Queen's Nursing Institute Scotland.

Colette's nomination described her as a transformational leader for raising the profile of staff and championing a culture change within the service. Her colleagues said she had gone above and beyond by integrating the paediatric day care and community children's nursing services, to help children to stay at home and receive exceptional care in the community.

Laura McCann was recognised for her ongoing advocacy within local learning disability services and her drive to develop the staff and students she supports daily. She described her award as one of the amazing experiences of her career so far.

Forth Valley Team Scoops National Health Award

The work of a local team in NHS Forth Valley was recognised at a prestigious national awards ceremony.

Staff from the Trauma Informed Cervical Screening Team Project team and Behavioural Psychotherapy Service Trauma Clinic were awarded the Care for Mental Award for their work to support women who have experienced rape or sexual assault to undergo cervical screening. Research has shown that less than 50% of women who have experienced sexual trauma attend for cervical screening compared to the national uptake.

Staff from both services worked together to develop a specialist cervical screening clinic within The Meadows in Larbert, a dedicated service for adults and children who have experienced sexual assault, rape or gender-based violence.

Improving Sexual Assault Support Services

Hazel Somerville, NHS Forth Valley's Gender-Based Violence & Sexual Assault Service Lead, was among the first group of nurses in Scotland to train in advanced forensic practice.

She graduated at Queen Margaret University with eleven colleagues who are now working together to develop and improve services across Scotland on behalf of the Sexual Assault Response Coordination Service Policy Unit, the Crown Office and the Lord Advocate.

Hazel also continues to be supported by the east regional forensic physicians, as she was throughout her training.

NHS Forth Valley team win UK Race for Recipients

NHS Forth Valley's Race for Recipients team was the 2022 winning team after it was the first team in the UK to smash the 7000km target to become the overall winner in the NHS Board/Trust level 3 or 4 category. The national race, which coincided with Organ Donation Week, challenges hospitals, NHS Boards and Trusts across the UK to travel 7,000km by walking, cycling, running or swimming in recognition of the 7,000 people currently waiting for a life-saving transplant in the UK.

Cancer Service Celebrates 10th Anniversary

A specialist service which has given support to over 4,000 cancer patients and their families in Forth Valley celebrated its 10th anniversary in November 2022. Originally set up as a pilot project with funding from Macmillan Cancer Support, the Macmillan One to One service proved so successful it has now become a permanent service fully funded by NHS Forth Valley.

The community-based team receive referrals from oncology teams as well as many other local health and social care services and the voluntary sector. They provide valuable psychological, practical and social support to people affected by cancer to help improve their quality of life and focus on any individual concerns and issues.

Top Prize for Dietician

Nicola Henderson, NHS Forth Valley Dietitian and eHealth Lead, graduated with a distinction and received the Imperial College London's Faculty of Medicine Dean's prize for her Digital Health Leadership MSc after finishing top of her class.

Nicola, said she was delighted and honoured to receive the prize and graduate in the stunning surroundings of the Royal Albert Hall in London.

She is also looking forward to putting her learning into action to improve the delivery of services across NHS Forth Valley.

Royal Award for Vicky

Local nurse and Olympic gold medal winner, Vicky Drummond (formerly Wright), received an MBE for services to curling from the Princess Royal at an investiture ceremony in the Palace of Holyroodhouse in January 2023.

Vicky, who married fellow curler, Greg Drummond, was joined by team members and British curling team's head coach David Murdoch, who also received their awards following the team's gold medal at the Beijing Winter Olympics.

Vicky stepped back from elite level curling in May 2022 to concentrate on her career. She previously worked in Ward B11 at Forth Valley Royal Hospital before moving to ITU.

As well as getting married and receiving an MBE, Vicky also received an Honorary degree from Glasgow Caledonian University for her outstanding contribution to public wellbeing through her work at the front line of nursing and her success in the Olympic Games.

Recognition for Pharmacy Technician

Steffani Beaton, Senior Pharmacy Technician, won the Katherine Miles Outstanding Contribution to Pharmacy Award at the Association of Pharmacy Technicians UK (APTUK) 70th anniversary conference in Birmingham on 10th April 2022.

Stephanie and her pharmacy colleagues played a vital role in the successful introduction and roll out of the Covid-19 vaccination programme across Forth Valley.

Enhancing the Environment

NHS Forth Valley works closely with Forestry and Land Scotland to manage, enhance and increase access to the woodland around Forth Valley Royal Hospital. This provides a great resource for local patients, staff, visitors as well as giving the wider community access to beautiful greenspace which has a very positive effect on mental health and wellbeing. This work was recognised with a Landscape Institute Building with Nature National Award for protecting and enhancing existing natural features can be achieved through collaborative working.

An Acer Crimson King was also planted in the grounds of Forth Valley Royal Hospital by the Lord Lieutenant of Stirling and Falkirk, Alan Simpson, as part of The Queens Green Canopy project which has seen more than a million trees take root across the UK.

Presidential Award for Public Health Nutrition

The Public Health Nutrition Team received the Royal Environmental Health Institute of Scotland (REHIS) President's Award for their work and training they deliver across the three prisons in Forth Valley.

Wendy Handley, Community Food Development Worker, has been delivering training and support to people in prison, Scottish Prison service staff and volunteers for more than 12 years. This work is invaluable in teaching basic nutrition as well as food hygiene, cooking and budgeting skills. It also helps prisoners achieve nationally recognised qualifications that increases their employability and helps them to get work within the food sector after they are released.

Academy Accolade for Neurologist

A Consultant Neurologist at Forth Valley Royal Hospital has been recognised for his outstanding contribution to biomedical and health science.

Prof Malcolm MacLeod, who is also Professor of Neurology and Translational Neuroscience at the University of Edinburgh, was elected a Fellow of the Academy of Medical Sciences. This prestigious academy recognises individuals for their remarkable contributions to biomedical and health science and their ability to generate new knowledge and improve the health of people everywhere.

Praise for Learning Disability & Mental Health Nurses

Norah Quinn, Interim Lead Nurse for Learning Disability Services, was selected from hundreds of entries as a finalist in the Learning Disability Nursing category of the RCN Nursing Awards 2022 for her efforts to improve the health of people with learning disabilities.

This included work to improve access to annual health checks at local GP Practices, develop a new advanced nurse practitioner post for learning disabilities and improve training across local health and social care services.

Two local mental health nurses, who developed an initiative to support colleagues during the pandemic, were also shortlisted in the Mental Health Nursing category of the RCN Nursing Awards 2022.

Aimee Kidd and Linda Crothers, wellbeing leads for the behavioural psychotherapy team at NHS Forth Valley, decided to make the changes when they returned from redeployment and wanted to do something proactive to improve the health and wellbeing of their colleagues.

PERFORMANCE

64%

of patients seen within 18 weeks from GP referral to outpatient appointment and / or treatment

(Scotland 67.1%)

March 2023

80.5%

patients waited less than six weeks for one or more of the eight key diagnostic tests

(Scotland 52.1%)

March 2023

71%

of patients started treatment within 18 weeks of being referred for psychological therapy

(Scotland 81%)

December 2022

73%

of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment

(Target 95%)

January - March 2023

99.3%

of patients waited less than 31 days from decision to treat to first cancer treatment.

(Target 95%)

January - March 2023

92%

Of people referred for drug or alcohol problems waited no longer than three weeks for specialist treatment

(Scotland 92%)

March 2023

93.3%

Of children received the rotavirus vaccine by the age of 12 months

(Scotland 92.6%)

92.6%

Of children had their 4-in-1 booster* by age 6 years

*provides protection against diphtheria, tetanus, pertussis and polio

(Scotland 92.5%)

10.2.1 Clinical Governance Committee Draft Minute – 23 May 2023
For Assurance

Chair: Dr Michele McClung, Non-Executive Director

DRAFT Minute of the Clinical Governance Committee meeting held on Tuesday 23 May 2023 at 9.00am via Microsoft (MS) Teams

Present:	Mrs Margo Biggs	
	Mrs Kirstin Cassels	
	Mr Robert Clark	
	Cllr Wendy Hamilton	
	Mr Gordon Johnston	
	Ms Janie McCusker	
	Dr Michele McClung (Chair)	
	Mrs Helen McGuire	
	Mr John Stuart	

In Attendance:	Mrs Lynda Bennie	Mr Jonathan Horwood
	Miss Jennifer Brisbane	Dr Alison Mackenzie (Item 9.4)
	Ms Laura Byrne	Mrs Sara Mackenzie (Item 9.1 & 9.2)
	Mrs Donna Clark (Item 9.2)	Mr Andrew Murray
	Mrs Cathie Cowan	Ms Jennifer Rodgers (Item 9.3)
	Prof Frances Dodd	Mrs Hazel Somerville (Item 12.3)
	Ms Morven Dunn (Item 8.2)	Dr Jillian Taylor (Item 12.2)
	Mrs Lorna Hood (Item 12.1)	

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Dr Jennifer Champion. 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 draft minute of Clinical Governance Committee meeting held on Tuesday 21 February 2023 was approved as an accurate, subject to the following amendments:
- Updated to reflect Mr John Stuart's presence.
- Item 7.3 was changed to note 'There was no paper presented. A Public Health update would be given at future meeting'.

4. Matters Arising from the Minute/Action Log

There were no matters arising from the previous meeting. The action log was reviewed, and all actions were noted as complete. The committee were reassured that those who raised questions, as requested in action 1, were satisfied with the response received.

Action:
- Summary page of questions and responses to be provided.

5. Clinical Governance Committee Planner

The Clinical Governance Committee were assured that the Committee Planner was updated to reflect the increase to 6 meetings per year, and that all items scheduled on the planner were on the agenda. Mr Andrew Murray and Mrs Lynda Bennie liaised with Mr Robert Clark and Mrs Kirstin Cassels to agree that the content within the planner was sufficient.

Action:
- Item 11.1 to be deferred to a future Clinical Governance Committee Meeting.

6. For Approval

6.1 Clinical Governance Strategic Implementation Plan

The Clinical Governance Committee received the 'Clinical Governance Strategic Implementation Plan'.

The Clinical Governance Committee:
- ***Approved the Clinical Governance Strategic Implementation Plan.***

The purpose of the Clinical Governance Strategic Implementation Plan was to support the implementation of Clinical Governance across NHS Forth Valley and Health & Social Care Partnerships (HSCPs) as a key component of the Forth Valley Quality Strategy.

Key points considered:
- The aim of Clinical Governance was to increase the organisational safety and assurance in order to strengthen the resilience and sustainability of corporate support over the course of three years.
- The development of the clinical governance framework and toolkit allowed for measured learning from adverse event reviews, duty of candour and safety improvement work streams.
- The Clinical Governance Working Group (CGWG) had a full consultation process across Health and Social Care prior to approval It was noted that there was no universal Clinical Governance structure that all three governance streams followed due to differing levels of governance. The committee were reassured that connections and relationships had formed naturally, and such structures were progressing.
- Following discussion, it was agreed that the Clinical Governance Strategic Implementation Plan would be taken to the NHS Forth Valley Board for endorsement, after approval from the Clinical Governance Committee, subject to the below amendments:
  - o Reference to the Health and Care (Staffing) (Scotland) Act 2019.
  - o Further information added in relation to the Annual Safety Culture Events.

Actions:
- Update Clinical Governance Strategic Implementation Plan to reflect the agreed amendments.
- Present the paper to NHS Forth Valley Board for endorsement.
- Following discussion, it was noted that there was a lack of clarity on what items were approved by the NHS Forth Valley Board. Further information to be provided on which items require approval from the Board.

6.2 Update to Section 3.4 and 3.6 Terms of Reference

The Clinical Governance Committee received the 'Update to Clinical Governance Committee Terms of Reference'.

The Clinical Governance Committee:
- *Approved the update to items 3.4 and 3.6 in Terms of Reference for the Clinical Governance Committee 2023/24.*

The purpose of the Clinical Governance Committee (CGC) Terms of Reference was to provide the NHS Board with Systems Assurance, Public Health Governance and assurance of appropriate risk management across the system.

Key points considered:
- Item 3.4 was updated to reflect the change in minutes presented to the NHS Forth Valley Board. This change was made following a recognition of the issues of relative timing and scheduling of meetings therefore it was agreed that the minute of the Clinical Governance Committee could be presented in draft form to the Board Meetings to ensure NHS Board members would be made aware of issues considered and decisions taken by the respective committees.
- Item 3.6 was updated to reflect the change in Clinical Governance Working Group minutes presented to the Clinical Governance Committee. This change was made following a recognition of the issues of relative timing and scheduling of meetings therefore it was agreed that the minute of the Clinical Governance Working Group could be presented in draft form to the Clinical Governance Committee.
- Following discussion, it was suggested that the update to the Terms of Reference was adopted across other structures. It was advised that the decision could not made by the Clinical Governance Committee.

Action:
- Liaise with Ms Kerry Mackenzie regarding adopting the updates across other committees.

6.3   Draft Clinical Governance Committee Annual Report

The Clinical Governance Committee received the 'Draft Clinical Governance Committee Annual Report'.

The Clinical Governance Committee:
- *Confirmed it was content with the level of assurance reported.*

The purpose of the report was to assist NHS Forth Valley Board in conducting a regular review of the effectiveness of the systems of internal control.

Key points considered:
- The Clinical Governance 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.
- Meeting agendas were structured following the Vincent Framework to demonstrably provide assurance of safe care.
- Key assurance reports were presented at all Clinical Governance Committee meetings.
- There were no regular public health updates due to pressures within the team. An assessment was carried out, a potential gap was identified and escalated. The committee were reassured that it had been resolved.
- The committee were updated on the unannounced Healthcare Improvement Scotland (HIS) inspection of Forth Valley Royal Hospital and were made aware of the 3 areas of concern:
    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

- 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.
- The committee were informed that Adult and Child Protection would be aligned into a Public Protection Committee. This was ongoing but it was noted that it would be updated to the Clinical Governance Committee planner once the committee were satisfied with the change.
- It was agreed that Chief Officers' Group (COG) would be taken to future Clinical Governance Committee meetings.

Approval of the Draft Clinical Governance Annual Report would be deferred until the below agreed amendment was made and circulated to committee members.

Actions:
- Amendments to be made to the report to reflect the increase of yearly meetings.
- Arrange to have COG minutes added to Clinical Governance Committee Planner.

6.4   Draft Duty of Candour Annual Report

The Clinical Governance Committee received the 'Draft Duty of Candour Annual Report'.

The Clinical Governance Committee:
- ***Approved the Draft Duty of Candour Annual Report.***

The purpose of the report was to provide evidence of how the duty of candour was implemented within NHS Forth Valley. The report described how NHS Forth valley operated the Duty of Candour during the time between 1 April 2022 and 31 March 2023.

Key points considered:
- During the reporting period there were 11 cases where Duty of Candour was implemented after being triggered through Significant Adverse Event Reviews (SAERs).
- Due to the backlog in SAERs many of the cases were related to reviews from the previous reporting period.
- It was noted that although many of the reviews within the reporting period were incomplete, all Duty of Candour requirements would be undertaken to include appropriate engagement with the families and patients due to identification through the Forth Valley SAER process. It was advised that the report would be shared with families to provide assurance of changes made to processes as a result of learning from Duty of Candour reports.
- The report would be uploaded to the NHS Forth Valley webpage, .
- Following discussion, the committee was reassured that families received support from the clinical team and that the SAERs faculty had received compassionate communication training.
- It was noted that the wording in reference to table 1, did not clearly state that the number of unexpected deaths and unintended incidents were related to all of Forth Valley sites. Therefore, it was suggested that the description was updated to ensure it was clear that it was not specific to Forth Valley Royal Hospital.

Action:
- Amend description of table 1 to clarify that the data represented NHS Forth Valley Wide.

4

6.5   Patient Safety Conversation Annual Report

The Clinical Governance Committee received the 'Patient Safety Conversation Annual Report'.

The Clinical Governance Committee:
- ***Approved the Patient Safety Conversation Annual Report.***
- ***Approved the continuation of the visits until the Board Seminar in June.***

The purpose of the report was to highlight the key points from the programme in order to support the decision to continue the programme of visits in the format to date.

Key points considered:
- Patient Safety Conversation Visits (PSCVs) were established to provide an opportunity for front line staff to have a conversation with NHS Forth Valley Board members, with a focus on patient safety. The structure of the visit was to allow for an informal open discussion that also provided the opportunity for Board members to visit clinical areas and gain an appreciation of the physical working environments, potential risks and challenges encountered.
- From April 2022 to March 2023, there were 20 initial PSCVs followed by 8 return visits.
- The key themes that emerged from PSCVs were:
  - Communication
  - Contingency Beds
  - Staffing Issues
  - Information Technology Issues
  - Estates/ Building Works
  - Safety Assurance
  - Staff Safety
- The main concern that arose was staff safety. It was highlighted that nursing staff were concerned about areas being short staffed and relocation of nursing staff to unfamiliar clinical areas which left their wards with limited staffing. .
- During the course of the 12 month trial programme, a substantial amount of administrative work was required to ensure visits were effective, efficient and valuable for everyone involved. The administration of each visit involved 4 phases:
  1. Planning initial visit
  2. Report writing and feedback
  3. Return visit
  4. Evaluation and feedback
- Challenges were faced when arranging PSCVs due difficulty with alignment of diaries therefore visits had to be rescheduled on a number of occasions.
- It was noted that any actions or concerns from the PSCV would be reported through the routine Clinical Governance and management structures within the Directorates
- It was agreed that PSCV outcome updates would be made visible to staff and patients with the hopes of strengthening staff morale.

7. In Our Services, Is Care Safe Today?

7.1   Safe Delivery of Care Oversight Group Update

7.2   Audit Report A14/23 Organisational Response to HIS Reports

The Clinical Governance Committee received the 'Safe Delivery of Care Review' presentation which incorporated items 7.1 and 7.2.

The Clinical Governance Committee:

- *Confirmed it was content with the level of assurance reported.*

Key issues considered:
- Healthcare Improvement Scotland (HIS) published a report in December 2022, following an inspection and follow up visit, which detailed 4 Areas of Good Practice and an additional 11 requirements to the original 9.
- The main requirements reported were:
  - Care and comfort rounding
  - Risk assessment of contingency beds
  - Hand hygiene compliance
- A detailed action plan was produced following the April 2022 inspection, where there were a number of areas that required a follow up. It was noted that assurance mechanisms were not fully considered as a part of the action plan delivery. As a result of the action plan, a number of actions were implemented to meet the requirements. Of the 9 original requirements, 3 requirements were met, 1 was partially met and 5 had not been met.
- The September follow up inspection concluded that there were an additional 11 requirements, all of which were within the acute setting. A Corporate Portfolio Management Office (CPMO) approach was adopted and a whole system approach across Women & Children, Mental Health and Prisons was used to review areas out with hospital settings. The detailed improvement plan focussed on action, process, impact, measurement and status of assurance. The Senior Nursing team were released from their operational roles in order to concentrate on safe delivery of care. The NHS Forth Valley Board, Executive Leadership Team, Assurance Board and Performance & Resources Committee received briefings.
- Actions taken following the September inspections began to result in significantly improved safety and resources for staff, which increased staff wellbeing, in line with the Health and Social care strategy.
- Internal Audit provided an update on actions and indicated that there were a number of areas that required strengthening, one of which was the measurement plan. The HIS Working Group developed action logs and slippages of actions was added to the Working Groups Terms of Reference and agenda. A formal review of the RAG status scoring mechanism was ongoing due to uncertainty of robustness which was fed back to CPMO.
- Work from the HIS Oversight Group was referred to as a 'revolutionary change of culture' due to the shift in staff awareness of being able to highlight areas that weren't working or required a change.
- Concern was raised over staff carrying out the patient surveys due to potential influence on a patient's response therefore it was suggested that Public Involvement Network members assist with patient surveys.

7.3 Escalation Update

The Clinical Governance Committee received the 'Escalation Update'.

The Clinical Governance Committee:
- *Considered progress to date (December to end of April) - attached at Appendix 1- Improvement Action Escalation Plan.*

The purpose of the paper was to update Clinical Governance Committee Members on the agreed actions as set out in the Escalation Improvement Action Plan version 2.

Key issues considered:
- It was agreed that the Clinical Governance Committee would be responsible for overseeing actions and providing assurance on the Safe Delivery of Care (HIS improvement actions) and Out of Hours Improvement Plan.

- Actions established within the Escalation Improvement Action Plan included:
  - Performance (March- June 2023)
    - Healthcare Improvement Scotland and Out of Hours
  - Measurement Framework
    - A Measurement Framework was developed to support the tracking of progress based on the approved Escalation Improvement Plan version 2. Work was undertaken to map detailed measures and activity to specific work streams and those responsible.
  - Governance Oversight
    - The Escalation Programme Board and Escalation Performance & Resources Committee continued to meet to respectively progress and implement approved actions and seek assurance on progress and the impact being made to deliver sustainable improvement.
  - Capacity
    - Support was provided by CPMO to the HIS and Out of Hours Improvement work.
- An update was provided on the advertisement for Out of Hours (OOH) Service Management, noting that it still did not have an assigned grade.

Action:
- Liaise with Miss Linda Donaldson regarding advertisement of the OOH service management post with an indicative grade.

8. In Our Services, Was Care Safe in the Past?

8.1 Safety and Assurance Report

The Clinical Governance Committee received the 'Safety and Assurance Report'.

The Safety and Assurance Report provided data and narrative around specific Scottish Patient Safety Program (SPSP) work streams to support safety, improvement and reducing harm. The purpose of the paper was to support discussion and scrutiny at the Clinical Governance Committee.

The Clinical Governance Committee:
- ***Noted the position to date, challenges and quality improvement of the specific SPSP areas and compliance with national targets.***
- ***Confirmed it was content with the level of assurance reported.***

Key points considered:
- Hospital Standardised Mortality Ratios (HSMR) had decreased from 1.01 to 0.98.
- Cardiac Arrest Rate was noted as 1.87 per 1,000.
- Stroke Bundle Compliance was 33%.
- Pressure Ulcer Rate for Grade 2 and 4 were below the national mean.
- Directorate Assurance Templates were under review.
- The committee were advised that the Falls Leadership group required a named person accountable.
- In order to gain organisational accountability, the addition of 'what will be the effectiveness of the action?' was added to each section of the Safety and Assurance Report.
- Concern was raised over the Access to stroke until within 1 day of admission decreasing to 51% and it was suggested that the stroke ward team should consider potential ring fencing. It was noted that the decrease was thought to be correlated with system pressures.

8.2 Scottish Patient Safety Programme Update

Item 8.2 'Scottish Patient Safety Programme Update' was presented following item 9.1.

8.3 Healthcare Associated Infection (HAI) Quarterly Report

The Clinical Governance Committee received the 'Healthcare Associated Infection (HAI) Quarterly Report'.

The Clinical Governance Committee:
- ***Noted the Healthcare Associated Quarterly Report.***
- ***Noted the performance in respect of the Annual Operational Plan (AOP) standards for Staph aureus bacteraemias (SABs), device associated bacteraemias (DABs), Clostridioides difficile infections (CDIs) and Escherichia coli Bacteraemia (ECBs).***
- ***Noted the detailed activity in support of the prevention and control of Health Associated Infection.***

The Healthcare Associated Infection Quarterly report was a mandatory report for the Clinical Governance to have oversight of the HAI targets for SABs, CDIs, DABs, incidents and outbreaks and all HAI other activities across NHS Forth Valley.

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:
  - o 6 hospital acquired SABs
  - o 11 hospital acquired DABs
  - o 7 hospital acquired CDIs
  - o 20 hospital acquired ECBs
- 1 *C.difficile* reported death recorded on Part 1 of the death certificate.
- There were no deaths with MRSA within the reported quarter.
- No surgical site infections were recorded.
- 9 outbreaks were recorded.
- ECB and CDI rate per 100,000 occupied bed days was above the national trajectory, therefore a formal pathway to identify causes of infection was to be extended further than infection control.
- There was an 85% compliance of patients who were screened on admission into Forth Valley Royal Hospital to determine if they were more susceptible to MRSA and carbapenamase, with the aim of minimising the risk of transmission within the hospital.
- NHS Forth Valley ECB rates were escalated due to 4 successive recorded periods above the national trajectory.
- Assurance was provided on the CDI rate remaining above the trajectory despite a reduction in the rate due to a drop in the national mean. Following discussion, it was noted that CDI rates would be formally raised to the Scottish Government in order be proactive and receive the highest level of support prior to being escalated.

Action:
- Formally raise CDI rates to the Scottish Government.

8.4 Healthcare Associated Infection (HAI) Annual Report

The Clinical Governance Committee received the 'Healthcare Associated Infection (HAI) Annual Report'.

The Clinical Governance Committee:
- ***Noted the Healthcare Associated Annual Report.***

- ***Noted the performance in respect of the Annual Operational Plan (AOP) standards for Staph aureus bacteraemias (SABs), device associated bacteraemias (DABs), Clostridioides difficile infections (CDIs) and Escherichia coli Bacteraemia (ECBs).***
- ***Noted the detailed activity in support of the prevention and control of Health Associated Infection.***

Key points considered:
- Within the reported year there were:
  - 18 hospital acquired SABs
  - 27 hospital acquired DABs
  - 12 hospital acquired CDI
  - 1 C.diffcile recorded death recorded on Part 1 of the death certificate.
  - No recorded MRSA deaths
  - 10 surgical site infections
  - 26 outbreaks (24 COVID-19, 1 Influenza A, 1 COVID-19 & Influenza A)
- There were 56 hospital acquired ECBs during the reporting period.
- The committee were advised that the rectification process for areas of incompliance following ward visits involved 100 standard infection audits being undertaken and fed back to charge nurses and service leads. In addition, the daily infection control teams dealt with concerns at board level prior to escalation by high-level detail monitoring.
- Concern was raised over the ownership and accountability of each business unit on the agenda of the infection control practice. It was noted that work to strengthen the accountability was in progress.

9. In Our Services, Will Care Be Safe in the Future?

9.2 Strategic Risk Deep Dive on Out of Hours

The Clinical Governance Committee received the 'SRR016 Out of Hours Service Strategic Risk Assurance Assessment'**.**

The Clinical Governance Committee:
- ***Endorsed the evaluation of the assurance provided.***

The purpose of the report was to provide the Clinical Governance Committee with an objective assessment of controls to ensure they were designed and operating effectively. The output of the process was to provide assurance on the effective management of aligned strategic risks.

Key points considered:
- Risks were reviewed and re-analysed on a daily basis in order to refresh and assess controls for effectiveness.
- The Out of Hours Service (OOHS) continued to improve following a detailed plan over a 6 month period, which focussed on quality improvement, communication, recruitment and staff wellbeing.
- The main risks were:
  - Shortage of GPs and Advanced Nurse Practitioners
  - Accessibility of services as unable to provide clinicians
  - Capacity and capability of key partners
- 10 controls were in place for the SSR016 OOHS risk, with 9 further controls planned and underway.
- Most controls were preventative in nature which was important from a proactive perspective.
- The majority of current and further controls were assessed as 'absolutely critical', 'very important' or 'important' which indicated little wasted resource in applying incorrect controls.

- Out of the 10 controls assessed:
    - 7 were mostly effective
    - 1 fully effective
    - 2 partially effective- 1 was due to factors out with NHS Forth Valley's control (Scottish Ambulance Service system pressures). 1 had not been embedded for long enough to be assured of its effectiveness (International Recruitment of GPs).
- Following discussion, the importance of the Senior Out of Hours Service Manager role being made permanent and management support was noted. It was recommended that the manager worked periodically in OOH to ensure staff had a contact out with business hours.

9.1   Risk Management Update Quarter 4

The Clinical Governance Committee received the 'Strategic Risk Register Quarter 4 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 4, 2022/23 for onward reporting to the Forth Valley NHS Board.***

The purpose of the report was to provide assurance in support of the Clinical Governance Committee's role in maintaining an overview of the Strategic risks aligned to the committee and agreeing appropriate escalation to the board.

Key points considered:
- No new risks identified at a strategic level were aligned to the Clinical Governance Committee.
- The risk description for SRR.004 Scheduled Care was revised to reflect the impact of changing population needs and case mix on NHS Forth Valley's ability to deliver planned care.
- The Risk management team planned to assist teams with their risk assessments.
- 7 controls aligned with the Clinical Governance Committee were overdue, this saw a decrease in comparison to previous reports due to the OHH deep dive work confirming that a number of actions had been completed, whilst others were given new target dates.
- 80% completion of controls aligned with the committee was expected by December 2023.
- Update reports on the risks would be provided to the Clinical Governance Committee on a quarterly basis to effectively track and scrutinise risk mitigation progress and provide onward assurance to the NHS Board on the successful management of clinical risk. As the organisational and directorate level risk profiles develop, the Clinical Governance Committee was to receive expanded reporting on a larger range of risks.

8.2   Scottish Patient Safety Programme Update- Acute Adult

The Clinical Governance Committee received the 'Scottish Patient Safety Programme Update- Acute Adult' presentation.

Key points considered:
- A Scottish Patient Safety Programme (SPSP) relaunch began in September 2021, with an active focus on:
    - Falls
    - Deteriorating Patients
    - Sepsis

- o Pressure Ulcers
- VTE Proholaxis was removed from the national programme however it was still recognised as a clinical risk within NHS Forth Valley.
- The SPSP Acute Adult Collaborative provided a variety of support such as online tools, webinars and local work to assist with improvement work.
- A Falls update was provided. It was agreed that the NHS Forth Valley aims for falls would be reviewed in early June 2023 to realign with the national aims for SPSP Acute Adult falls. Outcome data was to be submitted to SPSP on a quarterly basis. By September 2023 the falls group aimed to reduce inpatient falls by 20% and inpatient falls with harm by 30%.
- The cardiac arrest rate was to be submitted to the SPSP on a quarterly basis. The national aim for SPSP deteriorating patient was a reduction in Cardiopulmonary Resuscitation rate, in acute care, by September 2023. Draft guidelines from Healthcare Improvement Scotland ihub were used as a benchmark for NHS Forth Valley aims and plans.
- NHS Fife worked alongside NHS Forth Valley to gain a better insight into NHS Lanarkshire's implementation of eObs to gain shared learning and experiences to progress with the procurement of eObs.
- It was noted that falls data was visible to clinical staff on all acute wards, however, cardiac arrest data was only visible at the deteriorating leadership group and not available at ward level.
- Inappropriate cardiac arrest escalations were identified and it was suggested that there was a level of over caution therefore staff would be made clear of who was suitable for cardiac escalation.

9.3 Public Health Update

The Clinical Governance Committee received the 'Public Health Governance Update'.

The Clinical Governance Committee:
- ***Noted the governance of the public health department and health protection as appropriate to provide assurance and its further development.***

The purpose of the paper was to provide the Clinical Governance Committee with an update on routine management of the directorate and Health Protection governance.

The key points considered:
- The committee were advised that the routine management and running of the directorate was achieved by:
  - o Routine Consultant Advisory Team meetings to discuss and develop the priority workstreams being taken forward by Public Health.
  - o Compliance with training opportunities, workforce support and workforce planning. It was noted that the directorate did not meet the expected 90% annual target for mandatory training however work was ongoing to increase the percentage completed.
  - o Absence within the directorate was high due to its small size and consideration of long-term absence. The committee were reassured that the NHS attendance management policy was adhered to.
  - o All IR1s were completed when adverse events within patient care occurred directly or indirectly.
  - o The financial governance was robust and continued to remain within the financial budget.
  - o The directorate followed the Information Governance Framework to ensure information was handled in a secure and confidential manner.
- Health protection updates were provided on 7 topic areas which were all developments prior to COVID-19.

Action:
- Following discussion, it was agreed that the Public Health Team would receive support with future reporting to provide the Clinical Governance Committee with public health assurance following the Vincent Framework.

9.4 Deanery Visit Update

The Clinical Governance Committee received the 'Deanery Visit Update'.

The Clinical Governance Committee:
- ***Noted the position and actions identified.***
- ***Recognised potential support for financial or workforce implication.***

The purpose of the paper was to provide an update following a visit to Internal Medicine and specialities by the West of Scotland Deanery.

Key points considered:
- An 'Immediate triggered' quality management visit to Internal Medicine and associated specialties took place by the West of Scotland Deanery on 20 January 2023 in response to concerns regarding the training environment, highlighted by Healthcare Improvement Scotland, the site's escalation to Stage 4, and resignation of 5 Consultant Respiratory Physicians.
- The visit comprised of structured interviews with management, trainers, and trainees of all grades from a variety of departments and wards within Internal Medicine.
- Initial feedback was provided on 24 January 2023 alerting NHS Forth Valley of one 'serious concern' relating to the lack of consultant physician oversight over medical patients housed in the Emergency Department for more than a day.
- An action planning meeting was held on 10 March 2023 where a set of SMART objectives were agreed, following the dissemination of the final report. An action plan review meeting was scheduled for 20 June 2023 to review progress towards the attainment of the SMART objectives. The committee were advised that the trajectory of improvement against the SMART objectives would not be met despite progress being made. The committee agreed that it would need to be escalated if no further improvements were made.
- The trainee doctor's rota required more resource due to continued concern over rota administration.
- It was suggested that the GGC Medicines Handbook and Hepma could be used as a resource to make improvements.
- The General Medical Council sent a letter noting that they would be reassessing progress made following the deanery visit.

Action:
- Liaise with Dr Karen Adamson regarding the trajectory of SMART Objectives.

10. Is Our Care Person Centred?

10.1 NHS FV Complaints and Feedback Performance Report

The Clinical Governance Committee received the 'Person Centred Complaints and Feedback Report'.

The Clinical Governance Committee:
- ***Noted the current position of the complaints performance within the organisation.***
- **Noted the feedback activity across the organisation.**

The purpose of the report was 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, Scottish Public Services Ombudsman (SPSO) referrals and examples of actions taken following complaints.

Key points considered:
- The April 2022- March 2023 20 day performance target was at 74.4%, with March performance 56.5%.
- The performance for Stage 1 was at 85.6% and Stage 2 at 43.2% from 1 April 2022- 31 March 2023.
- 17 complaints were under investigation by the SPSO due to a significant number of Ombudsmen not being filled. Reassurance was provided regarding the level of responses from complaints internal to NHS Forth Valley.
- It was noted that collating comparison data from all three Forth Valley prisons had been challenging due to the variation of each site.
- The key themes and learning from complaints were:
  - Lack of communication
  - Staff attitude and behaviour
  - Treatment

11. Are We Learning and Improving?

11.1 Quality Strategy Update

The Chair advised that item 11.1 would be deferred to a future meeting due to late submission.

11.2 Significant Adverse Event Report

The Clinical Governance Committee received the 'Significant Adverse Event Report'.

The Clinical Governance Committee:
- ***Considered NHS Forth Valley's position on current SAERs with specific regard to compliance of the commissioning, completion, acceptance of SAERs and development of an improvement plan, within the timescales of the national framework.***

The purpose of the paper 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 key points considered:
- HIS produced a framework in December 2019 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. From the 37 SAERs, the below were out with the framework:
  - SAER 00096 commission out by 3 days.
  - SAER 00097 commission out by 46 days.
  - SAER 00098 commission out by 28 days.
  - SAER 00082 submission out by 160 days.
- 13 SAERs required development of an improvement plan.
- The committee were advised that some SAERs had reached the 10 day commissioning timescale before reaching the Clinical Governance team.
- The committee were reassured that work had progressed with training new staff to become reviewers and facilitators, and that the demand and capacity of the team would be scoped out to reduce the number of SAERs not meeting the deadlines.

- Following discussion, it was noted that the team were overwhelmed with the volume of SAERs and that committee members were uncomfortable with the backlog. It was noted that it was in reference to the team's capacity and not the process followed. Clarity was provided over the source of SAERs, and it was noted that the vast majority of SAERs were internal and did not require cooperation with other boards.
- A challenge experienced was creating a pool of clinical leads to chair SAERs.
- The committee were made aware of the use of learning summaries shared across the board and at the Clinical Governance Working Group to learn from significant adverse events.
- Committee members noted the timescales, specifically the SAER related to Neonatal deaths. The issue was recognised and there were active discussions with the Clinical Governance leads for Woman & Children's.

Action:
- Review the capacity of team and future demands of SAERs.

12. Are our Systems Reliable?

12.1 Child Protection Annual Report

The Clinical Governance Committee received the 'Child Protection End of Year Report'.

The Clinical Governance Committee:
- ***Noted the Draft End of Year Report.***
- ***Noted the performance in respect of child protection activity.***
- ***Noted the detailed activity in respect of child protection.***
- ***Noted the requirement for a scoping exercise regarding enhancing the out of hours Child Protection provision across NHS Forth Valley.***
- ***Confirmed it was content with the level of assurance reported.***

The purpose of the report was to provide information and reflection on the Child Protection activity during the past 12 months. By outlining the work that was completed in the 2022/23 to continually improve the service and highlight the service achievements to date and plans for the next year.

The key points considered:
- A review of the Out of Hours Child Protection Provision was planned for 2023.
- Concern was raised over the pre-birth national recommended timeframes not being met therefore inter-agency referral discussions (IRDs) were introduced and commenced on 4 April 2023 to support improved compliance with timeframe.
- Complex care was reviewed and a draft policy was devised to ensure all staff managing complex child issues would be supported through a Child Protection Supervision process.
- Regular audits of Form 5 identified improvement in the standard of reports submitted to Child Protection Planning meetings. Audits of Form 2b identified improved practice of Child Protection referrals.
- Work was ongoing to comply with the Scottish Government Revised Child Protection Guidance.
- The NHS Forth Valley Child Protection Supervision Guidance was under review.
- A Learning Review was commissioned by Falkirk Child Protection Committee and commenced in January 2023.
- Scottish Government published refreshed Getting it Right for Every Child Guidance material.
- The priorities were identified as:
  - Out of hours provision for child protection.

      o   Parental capacity and the potential impact on unborn babies and adult services-A plan and timeframe was in place to further develop support for staff.

12.2   Adult Support and Protection

The Clinical Governance Committee received the 'Adult Support and Protection Update'.

The Clinical Governance Committee:
- ***Noted NHS Forth Valley's Adult Support Protection improvements, the refreshed organisational structure, and governance structure.***

The purpose of the paper was to provide an update to the Clinical Governance Committee regarding NHS Forth Valley's Adult Support and Protection improvement work over 2022/23.

The key points considered:
- Gap analysis of the NHS Forth Valley Public Protection Accountability and Assurance Framework was undertaken where it was recognised that several aspects of public protection required strengthening over the course of 2022/23. Financial support was requested for a Nurse Consultant in Adult Support and Protection, and protected GP/Consultant time for public protection. Both positions were to appoint in 2023/24 with the aim of providing leadership throughout the health board and increase the support and learning available to staff.
- Initially in 2022/23, the Executive Nurse Director offered executive leadership to Child Protection. The Executive Medical Director focussed on Adult Support Protection. The Director of Public Health was responsible for the implementation of PREVENT work. The initial change was implemented to provide a more robust governance structure and deliver a higher level of assurance.
- The Public Protection Organisational Model was approved by the Executive Leadership Team, and it was noted that in latter 2022/23, the Executive Nurse Director assumed overall governance responsibility for all public protection activities.

12.3   Gender Based Violence Update

The Clinical Governance Committee received the 'Gender-Based Violence Report'.

The Clinical Governance Committee:
- ***Noted the work undertaken by the Gender-Based Violence Service.***

The purpose of the report was to highlight the work carried out by the Gender-Based Violence service to ensure that the requirements set out by the Scottish Government of CEL14 were met.

The key points considered:
- Impact of gender-based violence on health and the importance of embedding routine enquiry into key areas.
- The Rape & Sexual Assault Taskforce transitioned from the CMO Taskforce to a National Strategic Network Model.
- The volume of rape and sexual assault referrals sent to the Meadows had increased by 150% since it's opening in 2019.
- Concerns regarding the cleaning of the forensic suite within the Meadows were raised. It was noted that compliance with the Scottish Police Authority was necessary to maintain forensic integrity in order to mitigate audit failure resulting in closure of the suite.
- Medical evidence from self referred medical examination was at risk of being impacted if there was a freezer failure or breach of security.
- Further work was required to support NHS Forth Valley staff who experienced gender-based violence. The committee were informed that work was ongoing with Human

Resources to establish an independent domestic abuse adviser to help make staff aware of the service.
- The Meadows was recognised for quality of work and received a gold standard for Scotland.

13. Further Assurance

13.1 Controlled Drugs Assurances SBAR and CD Reporting Template

The Clinical Governance Committee received the 'Controlled Drugs Accountable Officer-Reporting Proposal'.

The Clinical Governance Committee:
- ***Noted the reporting structure for assurance.***
- ***Noted the future CDAO Annual Report scheduled for April/ May 2024.***
- ***Considered the SBAR and Appendix A 'CD Assurance Template' for assurance regarding the operation of responsibilities of the Controlled Drug Accountable Officer in NHS Forth Valley.***

The purpose of the report was to provide assurance to the Clinical Governance Committee on the recent advancing work to ensure the safe and effective use of controlled drugs (CDs) within Forth Valley.

The key points considered:
- Table 1 from the CD Assurance Template indicated that from December 2022 to February 2023:
    - A total of 12 incidents were reported for investigation.
    - 5 incidents had been closed with key learning implemented.
    - 2 incidents required feedback from other stakeholders with target timelines before they could be concluded.
    - 5 incidents were undergoing investigation with target timelines for conclusion.
- It was noted that the workforce were provided support so they were aware of what to do regarding patient safety.
- Any issues indentified through SAERs and IR1s would be raised with Prof Frances Dodd and Mr Andrew Murray.

Action:
- Add Controlled Drugs Assurances SBAR and CD Reporting Templates to committee planner as a new assurance item.

13.2 Clinical Governance Working Group Annual Report

The Clinical Governance Committee received the 'Clinical Governance Working Group Annual Report 2022/23'.

The Clinical Governance Committee:
- ***Reviewed the content of the report and considered if it provided an appropriate level of assurance that the Clinical Governance Working Group had fulfilled its remit to provide assurance to the Clinical Governance Committee.***
- ***Assessed if the information, documents and reports included as items on the Clinical Governance Working Group agenda were in line with the agreed forward planner.***

The purpose of the report was to provide the Clinical Governance Committee with assurance that the Clinical Governance Working Group had effective clinical governance systems in place across NHS Forth Valley.

The key points considered:

- The Clinical Governance Working Group (CGWG) annual report was structured to reflect the agreed format of assurance which was reflected in the forward planner and meeting agendas.
- The report provided an overview of the papers, presentations, reports and updates as core and exception, in addition to identifying potential governance gaps and associated clinical risks. All items were either scheduled within the committee planner or were identified as key in providing assurance to the CGWG under agreed agenda headings based on the Vincent Framework.
- A lack of staff side representation within the CGWG was noted and would be considered. An update on progress was to be provided at the next Clinical Governance Committee meeting.

Action:

- Provide an update on staff side representation on CGWG at next Clinical Governance Committee meeting.

14. For Noting

14.1 The Clinical Governance Committee **noted** the Standards and Reviews Report.

14.2 The Clinical Governance Committee **noted** the Safe Delivery of Care Unannounced Inspection Wishaw.

14.3 The Clinical Governance Committee **noted** the below reports from Associated Clinical Governance Groups:

14.3.1 Clinical Governance Working Group Minutes 230323
14.3.2 Draft Clinical Governance Working Group Minutes 110523
14.3.3 Organ Donation Committee Minute 220323
14.3.4 Area Prevention & Control of Infection Minute 230923
14.3.5 Child Protection Assurance Group Minute 240123

15. Any Other Competent Business

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

16. Date of Next Meeting

Tuesday 1 August 2023 at 09:00, on MS Teams.

ESCALATION PERFORMANCE & RESOURCES COMMITTEE

DRAFT Minute of the Escalation Performance & Resources Committee meeting held on Wednesday 4 July 2023 at 09.30am

Present:	Mr Martin Fairbairn (Chair)		
	Mrs Kirstin Cassells		
	Mr Robert Clark		
	Cllr Fiona Collie		
	Dr Michelle McClung		
	Mrs Janie McCusker		
	Mr Allan Rennie		
Attendance:	Mrs Annemargaret Black	Ms Jackie McEwan	
	Mr Michael Brown	Ms Sally McIntosh	
	Mrs Cathie Cowan	Mrs Gillian Morton	
	Ms Patricia Cassidy	Mr Andrew Murray	
	Prof Frances Dodd	Ms Rebecca Reid (minute)	
	Ms Kerry Mackenzie		

1. Welcome

Mr Martin Fairbairn welcomed everyone to the meeting and confirmed the meeting was quorate.

2. Apologies for Absence

Apologies were received for Miss Linda Donaldson, Mr Scott Urquhart. It was noted that Mr Michael Brown was attending on behalf of Miss Donaldson.

3. Declarations of Interest

There were no declarations of interests.

4. Minute of the meeting held on Wednesday 13 June 2023

The minute of the meeting held on Wednesday 13 June 2023 was approved as an accurate record.

5. Matters Arising / Action Log

The Escalation Performance & Resources Committee:
- **Confirmed the action log was accurate and up to date..**
- **Agreed action point 019 had been overtaken and therefore be noted as completed (see minute below).**
- **Agreed that action point 023 be amended to reflect completion by mid-July (see minute below).**

Mr Andrew Murray questioned action point 019, noting that clarity be requested from Christine McLaughlin regarding whether it was the NHS Forth Valley Board members or the entirety of the organisation that was escalated. Mr Fairbairn confirmed that he had reviewed the original letter from Caroline Lamb which stated that NHS Forth Valley was escalated, no specification was given to state NHS Forth Valley Board Members. It was agreed to mark action point 019 as complete.

Confirmation was given that meetings were taking place with non-executive board members in respect of the Culture Change and Compassionate Leadership Programme.

Action point 023 should be amended to state mid-July as a completion date to align with the next Assurance Board meeting.

6. Escalation Update

The escalation update was presented detailing the escalation improvement plan, the measurement framework, and an update of the urgent & unscheduled care performance against trajectory.

Key points:
- The Assurance Board asked that the actions completed be closed with supporting narrative to demonstrate impact.
- Going forward the aim continued to be to provide a standardised update that would clearly indicate where work was progressing and for the narrative to include data against the outcomes. A key change in future updates would be that key issues and risks be included to correspond with the escalation risk register.
- Ms Sally McIntosh informed the committee that the escalation improvement action plan was being streamlined to provide an easier read across of related documents. Additional information had been included which related to the compassionate leadership work. Updates provided would correlate to actions as well as being linked to the measurement framework to provide a clear line of sight to measures in place.
- It was noted that the blue numbered circles in the action plan enabled linkage to the measurement framework so that all actions can be aligned to the outcomes.
- Assurance was provided that numerous checks had taken place to ensure no key information was missed in the development of this version of the document.
- In light of the anticipated industrial actions, the planned ELT development sessions on 11/12 July may need to be paused.
- Mr Murray expressed the importance of having measures and outcomes that relate to the fundamental actions to develop ELT relationships. Mrs Cowan confirmed that she had agreed that discussions would take place at ELT scheduled for 10 July to mutually agree the measures should the ELT development session not progress.
- Mr Fairbairn provided an update against the areas of escalation that the Performance & Resources committee oversee. Although a discussion did take place for Urgent & Unscheduled Care at the Performance & Resources Committee, the detail would be discussed in depth today. In respect of CAMHS and Psychological Therapies, the committee was satisfied that the correct actions were in place but recognised that trajectories remained challenging. The biggest risk still being identified as staffing levels. Taking into account the performance and practices of comparable organisations, work would be undertaken to understand if NHSFV staffing levels are lower than organisations who are managing to maintain and sustain targets. The governance report detailing the findings from the work being carried out by Professor John Brown and Mrs Susan Walsh was yet to be received.
- With regard to integration, Mrs Cowan confirmed that an update report would be provided to the Assurance Board on 18 July. This would be co-produced by members of ELT.
- Mr Allan Rennie informed the committee that the Staff Governance Committee meeting that took place in May was to consider the final version of the Leadership and Culture update. Due to the paper only being circulated on the morning of the meeting, the Staff Governance Committee had only been able to note the paper. An additional meeting was scheduled to take place on 7 July, to allow sufficient time to consider and discuss the paper.
- Dr Michele McClung noted that there had not been a further Clinical Governance Committee meeting since the last Escalation Performance & Resources Committee, emphasising the

feedback provided was her opinion as chair and not on behalf of the committee members. In respect of the HIS improvement plan it was clear that the correct plans were in place. Sufficient progress was being made but more data would be required to understand the impact fully. In regard to OOH, there appeared to be a lack of information available to make a true judgement on implementation. Dr McClung informed the committee that she had reached out to a number of people for additional information but had been difficulties in obtaining any further information. Mrs Cowan apologised and confirmed that the additional information requested was now available and would be forwarded. It was recognised that staffing remained a risk in respect of OOH.

- Mrs Cowan confirmed that reporting methodology for OOH had been discussed at ELT and the aim was to move this to a similar reporting method as CAMHS and Psychological Therapies. Monthly updates are provided to Scottish Government of progress against the OOH improvement plan with regular feedback being received. Ahead of submission of the action plan in June a conversation would take place to discuss the closure of the thirteen completed actions as well as the potential closure of a further eleven that relate to dashboards and fill rates which could be incorporated into business as usual reporting.

- Mr Fairbairn highlighted that the remit of the Escalation Performance & Resources Committee was to understand the impact of the implementation of the measures within the measurement framework rather than consider the data in depth as this would be covered by responsible assurance committees.

- Mrs Cowan confirmed that an executive summary supporting the measurement framework had been drafted but further data was required to be populated before being shared.

- The executive summary would detail areas of good practice within the organisation as well as highlighting areas for improvement. Confirmation was given that the executive summary could be circulated to committee members to allow for comment.

- Mr Murray provided an update on Urgent & Unscheduled Care detailing that work continued against the improvement workstreams with the aim of achieving the 70% target against the 4-hour EAS by August.

- Data highlighted the improvement towards the 70% target however it was noted that achieving the target was proving to be difficult. The Committee was advised that consideration would be given to the trajectory at the end of July with regard to achievability before considering if a new trajectory is required.

- Staffing issues were noted to have influenced the achievement of the target; staff turnover within ED has affected the momentum of work against obtaining and sustaining the target however staff have now been recruited to key posts.

- The question was raised on whether an update against the potential revision of the target would be available for the Assurance Board on 18 July. It was advised that regular meetings were taking place with Scottish Government to discuss the trajectory so it may be possible to have this information to present.

- Recognition was given to the work that had been undertaken to achieve the target in the hopes to not lose sight of the improvements that had taken place.

7. Any Other Competent Business

Mr Fairbairn noted that there had been no further minutes of the Assurance Board published on the public website and questioned whether there was any other significant information that was required to be shared with the committee, but it was advised that there was not.

Noted was that the layout of papers provided to the committee provided clearer trajectories and sufficient narrative against each area so there was a request to maintain this layout where possible.

8. Date of Next Meeting
   15 August 2023 - 9.30am
   12 September 2023 - 9.30am

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

**10.2.2 Escalation Performance & Resources Committee Ratified Minute – 24 May 2023
For Assurance**

Chair: Mr Martin Fairbairn, Non-Executive Director

Minute of the Escalation Performance & Resources Committee meeting held on
Wednesday 24 May 2023 at 09.30am

Present:	Mr Martin Fairbairn (Chair)	
	Mr Robert Clark	
	Cllr Fiona Collie	
	Dr Michelle McClung	
	Mrs Janie McCusker	
	Mr Allan Rennie	

Attendance:	Mrs Annemargaret Black	Ms Jackie McEwan
	Mrs Elsbeth Campbell	Mr Andrew Murray
	Mrs Cathie Cowan	Ms Rebecca Reid (minute)
	Prof Frances Dodd	Mr Scott Urquhart
	Miss Linda Donaldson	Ms Gail Woodcock
	Ms Kerry Mackenzie	

1. Welcome

Mr Martin Fairbairn welcomed everyone to the meeting and confirmed the meeting was quorate.

2. Apologies for Absence

Apologies were received on behalf of Cllr Danny Gibson, Mrs Kirstin Cassells, and Mrs Gillian Morton.

3. Declarations of Interest

There were no declarations of interests.

4. Minute of the meeting held on Friday 24 May 2023

The minute of the meeting held on Wednesday 24 May was approved following the amendment to note that Dr Michelle McClung gave her apologies.

5. Matters Arising / Action Log

The Escalation Performance & Resources Committee:
- **Noted and agreed the action log.**
- **Agreed that completed actions were to be removed from the action log going forward.**
- **Noted that 23 actions had been determined in relation to action point 1 following Director of HR discussions that had taken place with other NHS Boards to support Leadership and Culture escalation domains.**
- **Noted that the progress for action point 19 with 1:1 meetings with Board Members will be incorporated within the diagnostics phase of Leadership and Culture programme.**

- **Requested that take an appropriate opportunity to clarify whether Leadership and Culture improvements apply specifically to the Board or both the Board and the organisation.**

6. Improvement Action Escalation Plan Update

The Escalation Performance & Resource Committee at its March 2023 meeting considered the Escalation Improvement Action Plan version 2 approved by the NHS Board and the role of Board Assurance Committees in providing assurance to the Escalation Performance & Resources Committee.

The Escalation Performance & Resources Committee:
- **Considered progress to date (December to end of April) - Improvement Action Escalation Plan (attached at Appendix 1)**
- **Considered the performance update reports attached at Appendix 2**
- **Considered the GP Out of Hours Action Plan (updated and submitted to S Govt monthly) - attached at Appendix 3**
- **Considered the HIS update - attached at Appendix 4**
- **Agreed that appropriate plans are in place and appropriate progress is taking place within the areas highlighted to the Committee, except in relation to the leadership work within the Executive Leadership Team (ELT).**
- **Agreed the need to see pace being given to demonstrate progress against the leadership work within the ELT.**
- **Acknowledged the progress and ongoing work relating to integration.**

Key points highlighted:
- Discussions had taken place at both the Staff Governance Committee and the Clinical Governance Committee to confirm the areas in which each committee will oversee. It was confirmed that Staff Governance Committee will oversee Culture and Leadership and the Clinical Governance Committee will oversee Out of Hours recommendations and the HIS improvement requirements.
- The Urgent & Unscheduled Care presentation had yet to be discussed at the Performance and Resources Committee, but the Committee will consider the performance trajectories for CAHMS, Urgent & Unscheduled Care, Psychological Therapies, and the governance issues and progress associated with integration and clarity on roles and responsibilities.
- Work to further support integration - e.g., review of Integration Schemes and revisiting self-assessment of Ministerial Steering Group principles (previous assessment to be used as a baseline) with Mr David Williams (previous Glasgow City Chief Officer and Govt Professional Advisor) providing support to Integration Joint Boards, Local Authorities, and the NHS Board. The terms of reference for this were provided to Committee Members for information. Mr Williams would be attending the monthly NHS Board CEO meeting with Chief Officers and Local Authorities Chief Executives.
- The Measurement Framework being developed by ELT was intended to demonstrate sustained improvement. SROs would be agreeing metrics with Sally McIntosh, Programme Director. The format of the Measurement Framework was revisited, and it was noted that although pentana can be used to display data to those within the organisation this is not a useful or helpful tool for external purposes, nor was it intended to be used in this way. Mrs Cowan asked that agreement on the format of the Measurement Framework be reached noting several iterations. Committee Members highlighted the current layout did not allow for read across to the approved Escalation Improvement Action Plan.
- Ms McCusker brought to the attention of the Escalation P&R Committee Members that at the most recent Assurance Board meeting ELT had differing views regarding the OD session and not meeting their needs. Confirmation was provided that at a recent ELT session these issues had been discussed, with the CEO offering all ELT Members mediation to address as

highlighted to previous Assurance Board unresolved 'historic issues' concerning some ELT members. Mr Rennie also shared similar concerns.

- Mr Fairbairn concluded that he had understood the ELT Development Programme had been co-produced and approved by members of ELT and his expectation was that the Programme be progressed in a way and at speed to maximise its impact and reminded those present that the CEO needed her space to address these ongoing issues as a matter of urgency with ELT members playing their part. It was expected that good progress be made by the time of its next meeting in early July.
- Ms McCusker sought clarity on the potential gap of appointment highlighted within Appendix 1. Mrs Cowan advised she and the Director of HR had held discussions with the Acting Director of Acute Services regarding this appointment. Mr Best had confirmed his ongoing mentorship support (up to 12 months) to support the sustained stability of the acute directorate.
- Mrs Cowan confirmed that a follow up visit from Sir Lewis Ritchie had been arranged to discuss progress that had been made against his 12 previous recommendations observed from his initial visit.
- The HIS Report and the outcome of the OOH strategic risk assessment was discussed at a recent Clinical Governance Committee and the Committee agreed they were assured that assurance measures were being fully considered and it appeared evident that a whole systems approach was being taken.

Actions:
- Clarify timetable and key stages of work planned to go forward and that progress can appropriately be fed back to the Board via the Committee Chairs.
- Ms McCusker, Mr Rennie, and Mrs Cowan to arrange to meet outwith the Committee meeting.

7. Measurement Framework Update

SROs - Mr Urquhart (Governance) and Miss Donaldson (Leadership and Culture) provided an update on the metrics proposed for each of the areas escalated.

The Escalation Performance & Resources Committee:
- **Requested that the Measurement Framework be populated and that a link be maintained back to the original Measurement Framework design. It was noted metrics as part of the Measurement Framework would be presented to the Escalation Programme Board ELT and shared with the Board.**
- **Noted progress against the development of the measurement framework but have set an expectation for a clear line of sight to the original document to be provided.**

Key points:
- Miss Donaldson provided the Committee with an update of the proposed Culture & Leadership metrics that had been identified with noting that there were 9 key areas within the presentation. The proposed metrics within the presentation had previously been discussed and approved by ELT.
- Miss Donaldson referred to the 'So what' question in the 9 key areas identified to allow for appropriate feedback on progress or otherwise in each of the improvement actions.
- Culture change and Leadership metrics were not included due to the difficulty in quantifying the data at present but will be included from September onwards once the thematic information had been shared from the Culture and Leadership Program.
- ELT development was noted as areas where metrics still required to be developed, Mrs Cowan suggested qualitative metrics e.g., feedback narrative may be more appropriate.
- Wellbeing metrics were not incorporated in this presentation due to the difficulty of extracting data from the logics model that was created as part of the wellbeing program, this continued to be worked on.

- Miss Donaldson informed the Committee that all information regarding the proposed metrics will be included within the staff governance dashboard which will be presented at the next Staff Governance Committee meeting.
- Mr Urquhart discussed the proposed governance assurance metrics advising that the focus was to align identifiable and quantifiable governance metrics to the blueprint of good governance.
- An interim report was produced by Professor John Brown had been shared with Board and ELT Members which described the process to date, no significant themes/issues had been highlighted at this stage.
- Outwith the external review there was a need to set out a suite of appropriate metrics and reliable measures to determine the effectiveness of governance arrangements.
- Mr Urquhart notified the Committee that integration measures e.g., Integration Scheme etc was still to be incorporated into this work.
- The opinions from chairs of the governance committees within NHS Forth Valley would be sought to better understand what they believe should be incorporated within the metrics to deliver good governance.

8. Any Other Competent Business

There being no other competent business the chair closed the meeting.

9. Date of Next Meeting

It was agreed at the NHS Board that a further meeting of the Escalation Performance & Resources Committee would be scheduled. This has been arranged for 13 June 2023 at 11.00am.

Future dates:
- 4 July 2023 - 9.30am
- 15 August 2023 - 9.30am
- 12 September 2023 - 9.30am

For Noting

- Assurance Board Minutes Links:
  - NHS Forth Valley Assurance Board minutes: 9 March 2023 - gov.scot (www.gov.scot)
  - NHS Forth Valley Assurance Board minutes: 23 March 2023 - gov.scot (www.gov.scot)
  - NHS Forth Valley Assurance Board minutes: 11 April 2023 - gov.scot (www.gov.scot)

**10.2.2 Escalation Performance & Resources Committee Ratified Minute – 13 June 2023
For Assurance**

Chair: Mr Martin Fairbairn, Non-Executive Director

Minute of the Escalation Performance & Resources Committee meeting held on Wednesday 13 June 2023 at 09.30am

Present:	Mr Martin Fairbairn (Chair)
	Mrs Kirstin Cassells
	Mr Robert Clark
	Cllr Fiona Collie
	Cllr Danny Gibson
	Dr Michelle McClung
	Mrs Janie McCusker
	Mr Allan Rennie
Attendance:	Mrs Elaine Bell
	Mrs Cathie Cowan
	Ms Jackie McEwan
	Ms Sally McIntosh
	Mrs Gillian Morton
	Ms Rebecca Reid (minute)
	Mr Scott Urquhart
	Mrs Gail Woodcock

1. Welcome

Mr Martin Fairbairn welcomed everyone to the meeting and confirmed the meeting was quorate.

2. Apologies for Absence

Apologies were received on behalf of Mrs Annemargaret Black, Mrs Elsbeth Campbell, Mrs Patricia Cassidy, Professor Frances Dodd, Ms Linda Donaldson, Ms Kerry Mackenzie, and Mr Andrew Murray.

3. Declarations of Interest

There were no declarations of interests.

4. Minute of the meeting held on Friday 24 May 2023

The minute of the meeting held on Wednesday 24 May was approved as an accurate record.

5. Matters Arising / Action Log

All maters arising were included within the agenda and due to this being an additional meeting an action log was not presented for consideration.

6. ELT Leadership Work

The Escalation P&R Committee received a verbal update of the ELT Leadership work that was underway.

Key points:
- Team development - 'leading successfully together' co-produced by ELT took place on 10th & 11th May. Outputs included: agreeing ELT purpose, vision, and values, current vs. desired culture state and relationship building. Outputs also included what we can do now as a collective in between OD time out sessions. A second 2-day even will take place on the 11th & 12th July. This session will focus on roles and responsibilities - ELT members will present their individual objectives to then inform team objectives that align to and deliver the approved Board corporate objectives using the RACI assignment tool.
- Following discussions at the previous Escalation P&R committee meeting Cathie confirmed each member within ELT (those currently at work) was offered mediation. Responses to date have confirmed most of the Team members do not wish to pursue this offer and for many they referred to this offer as helping to resolve any past issues to enable the team to move forward together.
- Confirmation was provided that having approved Board corporate objectives the CEO had shared her draft objectives with ELT on 22 May to help ELT focus on delivering its purpose whilst holding each other to account for delivering organisational performance. The July time out session would provide an opportunity for individual ELT members to share their objectives to help inform ELT/team objectives and build on mutual accountability.
- Following a question regarding whether the team objectives of ELT would be incorporated within the measurement framework it was advised that discussions on what to include within version 3 of the improvement plan was still underway.
- Mr Martin Fairbairn noted the offer of mediation to ELT members to resolve any outstanding issues and raised a concern about the need for pace and the importance of all ELT members working collectively to deliver sustainable improvement.
- Although NHS Forth Valley had not been escalated for performance issues, discussions continued to take place on this topic and how these areas related to e.g., U&USC, CAMHS and PT SRO leadership, governance/controls including risk management and supporting a culture of improvement and learning. Mrs Cathie Cowan referred to aligning the measurement framework outcomes with the actions set out in the Escalation Improvement Action Plan and Board performance management at an organisational, Directorate or Partnership, Team, and individual levels.
- Mr Allan Rennie advised the Assurance Board from the last meeting were pressing for the final measurement framework to be populated which should provide clear and concise evidence with timelines of progress. There was a requirement for version 3 to align with the original Escalation Improvement Action Plan that was published to ensure there was read across for the public, staff and others including partners.

Actions:
- ELT members to conclude offer of mediation.
- ELT to focus on building relationships in between OD sessions and to use check out to support team effectiveness.

7. Measurement Framework

The Escalation P&R Committee considered the measurement framework presentation.

Mr Scott Urquhart confirmed that the presentation would focus on the Blueprint for Good Governance (second edition) using the interdependent four-tiered model to inform ongoing improvement.

Key points:
- Version 2.1 highlighted the key metrics within the measurement framework. Feedback was received following presentation at the recent NHS Forth Valley Board which included aligning the outcomes to Board approved actions and describing the impact. It was noted that many of the actions whilst short term in their implementation need time over the medium to longer term to show sustainable improvement.
- It was noted that the measurement framework vs. organisational performance metrics had caused confusion and it had been agreed to have two separate but complementary frameworks. It was noted that the measurement framework would combine actions/indicators and data to achieve an outcome. The performance framework was a tool to show data over time to illustrate sustainable improvement (or not and learning) using quantitive and qualitative metrics.
- A recommendation from Professor John Brown included prioritising the evaluation of roles, responsibilities, and accountability. It was noted the second ELT OD session would focus on this.
- It was advised that the effectiveness of the assurance framework be assessed through two aspects, the effectiveness of the system and the culture and leadership driving the adoption of the system through the development of a suite of tools to measure the different components.
- The performance management framework considered a 'plan, do, review, and revise' cycle and the presentation articulated how this cycle would be implemented.
- Recognition was given to the effort of pulling together all the information and fulfilling the asks of each Board Committee. Although it remained valuable to demonstrate the work taking place over time and there was an ask on how the measures implemented at present could be displayed.
- A request from the Assurance Board included the requirement for an executive summary detailing improvements and actions as well as baseline measures.
- To provide assurance that work is progressing in all areas clearly defined trajectories and timelines should be incorporated within the framework. Although the long-term positive outcomes were evident there was a requirement for data to be shared detailing the benefits being seen now.
- Discussions took place to determine the best layout to present the measurement framework that would allow for clear metrics and measures to be displayed with clear read across to original document published.

Actions:
- Measurement Framework to be populated covering all three areas of escalation - leadership, governance, and culture (as well as the specific performance areas) and presented to the next meeting.
- The need to align the agreed actions as set out in the Escalation Improvement Action Plan with the previously agreed outcomes was noted.
- The need for standardisation of performance reporting was noted.
- The need for a clear narrative section to be developed was agreed, to enable the reader of the Measurement Framework to understand where there has been progress against the areas for which the NHS Forth Valley has been escalated. (This connected to the Assurance Board's request for an Executive Summary.)

8. Any Other Competent Business

There being no other competent business the chair closed the meeting.

9. Date of Next Meeting
4 July 2023 - 9.30am
15 August 2023 - 9.30am
12 September 2023 - 9.30am

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

10.2.3 Performance & Resources Committee Draft Minute – 27 June 2023
For Assurance

Chair: Mr Martin Fairbairn, Non-Executive Director

DRAFT Minute of the Performance & Resources Committee meeting held on Tuesday 27 June 2023 at 9.30am, Boardroom Carseview House/MS Teams

Present:	Mr Robert Clark	
	Mr Martin Fairbairn (Chair)	
	Ms Janie McCusker	

In Attendance:	Ms Claire Alexander	Mrs Sara Mackenzie
	Mrs Valerie Arbuckle (Item 9.3)	Ms Jackie McEwan
	Mrs Cathie Cowan	Mrs Gillian Morton
	Prof Frances Dodd	Mr Andrew Murray
	Ms Morag Farquhar (Item 9.4)	Mr Jonathan Procter
	Ms Claire Giddings	Miss Rebecca Reid (minutes)
	Ms Laura Henderson	Mr Scott Urquhart

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

Apologies were received on behalf of Mrs Kirstin Cassells, Cllr Fiona Collie, and Ms Kerry Mackenzie.

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

There were no declarations of interest.

3. **Minute of Performance & Resources Committee meeting held on 28 April 2023**

The minute of the meeting held on 28 April 2023 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 following the below amendments was agreed.

The Performance & Resources Committee
- **Requested that point 4 be updated to reflect all risks and not only financial sustainability.**
- **Asked that the Performance Scorecard be reviewed to include measures relating to the additional commitments in respect of Health Improvement.**

Actions:
- In discussion with public health colleagues, review the scorecard to include appropriate measures in relation to health improvement.

5. Performance & Resources Committee Planner

The Performance & Resources Committee received the Performance & Resources Committee Planner.

The Performance & Resources Committee:
- **Noted the detail within the Performance & Resources Committee Planner 2023/2024.**
- **Agreed that he Performance & Resources Committee planner was manageable but will be assessed ahead of each meeting due additional topics within the committee planner.**

In response to the anticipated junior doctors strike the Committee was asked to consider bring forward the Scheduled Care update. It was advised that this would be discussed under AOCB.

6. FOR APPROVAL

6.1 Proposed Sale of Surplus Property

The Performance & Resources Committee received the paper 'Proposed Sale of Surplus Property'.

The proposed sale applied to 39 Graham Avenue, Larbert to be sold to the highest bid submitted at the agreed closing date.

The Performance & Resources Committee:
- **Noted that the property was declared surplus to requirements at the October 2022 Performance & Resources Committee meeting.**
- **Noted that the requirements of the Property Transactions Handbook have been met in the trawl of the property and then it is being placed on the open market.**
- **Noted the bids received at the closing date.**
- **Approved the sale of the property to the highest bidder and remit to the Directors of Finance and of Facilities & Infrastructure to conclude the disposal.**

7. BETTER GOVERNANCE

7.1 Escalation Update – Specialty Reports

The Performance & Resources Committee received the 'Escalation Update - Specialty Reports'.

The Performance & Resources Committee:
- **Considered progress to date (April to June) - attached at Appendix 1 - Improvement Action Escalation Plan for those actions delegated to this Committee.**
- **Agreed that appropriate measures are in place against the escalation improvement plan and that sufficient progress was taking place, but noting that there are risks, including:**
  - **Projected steep improvement trajectories in Urgent & Unscheduled Care, Psychological Therapies and CAMHS**

o **Recruitment of sufficient staff**

Key Points:
- As previously agreed the Performance & Resources Committee would be responsible for overseeing actions and providing assurance on performance related concerns such as urgent & unscheduled care, out of hours (OOH) services, CAMHS and Psychological Therapies and integration.
- The 3 areas of escalation were leadership, culture and governance and each area of escalation now had a Senior Responsible Officer (SRO) assigned to overview work being undertaken.
- The plan presented to committee members included updates against each area of escalation. It was noted that a further iteration of the document will be produced by 3 July.
- The first of 2 ELT development sessions had taken place on the 10 and 11 July where a number of objectives were agreed with work to implement ongoing. The second session was scheduled to take place on 11 and 12 July.
- The Assurance Board confirmed at their previous meeting that there was a requirement for actions within the escalation improvement plan to be implemented and for the transition to a business as usual document.
- The deputy CEO position had been considered by ELT and was now under review by the Scottish Government. The recruitment process will be presented to the Remuneration Committee on 4 July 2023 for consideration and approval.
- Professor John Brown's external governance report will be discussed at the NHS Forth Valley Board Seminar in August allowing time for the development of an associated implementation plan ahead of the report going into the public domain.
- Mrs Gillian Morton advised that there had recently been an unexpected increase in referrals to CAMHS, and work was underway to determine the cause for the increase.
- Benchmarking against Boards who had similar WTEs to NHS Forth Valley but are continuously meeting their anticipated targets was taking place. Advised was that this could be as a result of a number of factors. Request that benchmarking be concluded prior to the Assurance Board scheduled for 18 July to allow for a further update to be provided.
- Mr Andrew Murray provided an update against the target trajectory of 70% for the 4-hour emergency access standard (EAS). Although a number of improvements had taken place to assist with achieving this target maintain an improvement consistently remained challenging. A comprehensive view of the trajectory would be provided at the Escalation Performance & Resources committee meeting scheduled for 4 July following a discussion at the Urgent & Unscheduled Care Programme Board on 28 June to review whether the 70% would be achievable.
- The OOH improvement action plan included the 12 recommendations that were provided from Sir Lewis Ritchie with a number of actions in each area being identified. Of those actions, 12 had been completed.
- Sir Lewis Ritchie had a follow up visit on 19 June, but feedback was yet to be received. The only comment to note was the need to ensure appropriate staffing was in place within OOH. Following questioning, Mrs Cowan confirmed that she would reach out to Donna Clark, OOH Service Manager, to determine whether it would be possible to receive feedback prior to the Assurance Board meeting on 18 July.
- Psychological therapies consistently achieved above the 70% trajected target for long waits. Highlighted was that there had been a drop in the number of people waiting over 52 weeks for an appointment.
- A review of the decision-making matrix for Integration was scheduled to for May/June and Mrs Cowan confirmed that this work had been completed and that

Mrs Jillian Thomson in conjunction with the Chief Finance Officers (CFO) from the partnerships would complete a worked example of the matrix in action using a recent hospice example. Mr Fairbairn asked if a report regarding the outcome of this work could be presented at the next meeting.

- During discussions Mr Fairbairn questioned the OOH and rota fill to fully understand what is meant by rota fill and if it applied only to GPs. Prof Dodds confirmed that fill rate covers the full clinical workforce. Discussions then took place regarding the 85% target and whether this may be reduced but it was advised that an answer would be provided prior to the scheduled Escalation Performance & Resources Committee meeting.
- Mr Robert Clark noted an amendment to page 9 of the improvement plan under Relationship Building and Communications. This should state that staff side and CEO Escalation meetings takes place every four weeks rather than 2 as stated, this is to time with the assurance board.

Actions:
- Benchmarking against other boards with similar WTEs but achieving PT and CAMHS targets were to be concluded by 18 July for an update to be provided to the Assurance Board.
- Update against 70% 4-hour EAS trajectory to be provided to the Escalation Performance & Resources committee on 4th July.
- Mrs Cowan to reach out to Donna Clark to discuss whether feedback of the follow up visit from Sir Lewis Ritchie could be provided ahead of the next scheduled Assurance Board.
- A report detailing the outcome of the worked example of the decision-making matrix being carried out by Jillian Thomson and the CFOs of the partnerships to be presented at the Performance & Resources Committee on 29 August.
- An update to be provided at a future meeting on progress with the 'Directorate & Partnership Performance meetings', including their effectiveness in relation to the issue it is hoped they will address.
- Feedback to be given regarding the 85% target of fill rates within the clinical workforce to be provided at the Escalation Performance & Resources Committee meeting on 15 August.
- Update to page 9 within the improvement plan to state that staff side and CEO escalation meeting takes place every 4 weeks.

7.2 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 1 2023/24 for onward reporting to the Forth Valley NHS Board.**
- **Agreed reasonable assurance was provided.**

Key points:
- The score reduction from 16 to 12 for risk SRR003 Information Governance was highlighted.
- SRR010 Estates and Supporting Infrastructure was the subject of an Assurance Deep Dive which would be discussed under item 9.4 on this agenda. The risk description had been reviewed to focus development of new and existing infrastructure as well as maintenance.

- SRR014 Healthcare Strategy may be subsumed into the strategic risk related to Prevention and Health inequalities that was currently being drafted. Although SRR014 was correct in relation to the ability to meet population needs and reduce pressures on services, workforce, and finance, Healthcare Strategy will be just one element of the mitigation.
- Highlighted was the risk description for Digital and eHealth - Infrastructure and Strategy will be revised to include effective implementation of the strategy.
- Rationale was provided regarding the score reduction for SRR003 Information Governance, including approval of the new DPIA process, Security incident procedure and Information Risk procedure by the Information Governance Group, and the positive audit by ICO which gave an assessment of high assurance. In order to reach the target score though, these new processes need to be sufficiently embedded within the organisation.

8. BETTER CARE

8.1 Performance Scorecard

The Performance & Resources Committee received the 'Performance Scorecard'.

The Performance & Resources Committee:
- **Noted the current key performance issues.**
- **Noted the detail within the Performance Scorecard.**
- **Noted the Annual Delivery Plan Quarter 4 Updates at Appendix 2 and Appendix 3.**
- **Considered and agreed the proposed level of Assurance.**
- **Agreed that sufficient plans were in place to assist areas that are not achieving performance targets.**

Key points:
- 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.
- Health Improvement standards to be included in scorecard.
- It was confirmed that the average LOS was now included within the scorecard and that the Out of Hours data was being refined.
- At the end of May 2023, the number of patients on the waiting list for a first outpatient appointment increased to 19,694 from 19,327 in April. 57.4% of patients were waiting less than 12 weeks for a first appointment. Activity against the agreed Remobilisation Plan trajectory highlighted the cumulative position from April 2023 to May 2023 as 86% compliance.
- Inpatient/daycase activity against the agreed Remobilisation Plan trajectory highlighted the cumulative position from April 2023 to May 2023 as 92% compliance.
- Cancer target compliance against the 62-day target achieved 68.5% of patients waiting less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This was a deterioration in performance from the March position of 73%.
- The May 2023 census position in relation to standard delays (excluding Code 9 and guardianship) is 60 delays; this is an increase from 49 in April. There was a total of 38 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 98.
- The 62-day cancer wait figures were acknowledged noting that this was a key area that Scottish Government were invested in.

- The committee was informed that NHS Lanarkshire was providing support in some area to ensure service delivery with commissioning of consultants from other areas.

Action:
- Appendices 2 and 3 should be modified in future versions to provide a clearer understanding of both positive progress and any areas of concern.

9.   BETTER VALUE

9.1   Finance Report

The Performance & Resources Committee received the 'Finance Report'.

The Performance & Resources Committee:
- **Noted the month 2 revenue overspend of £2.8m and balanced capital position as at 31 May 2023.**
- **Noted the ongoing 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.**
- **Noted that that an in-depth review of the overall financial position, including changes in key planning assumptions and the forecast outturn for the year, will be undertaken in July once the quarter 1 results are available.**

Key points:
- 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, leaving a projected £15.6m residual gap for the year.
- A £2.8m revenue overspend was reported for the first two months of the 2023/24 financial year. This is broadly in line with the £15.6m full year projected deficit as previously reported to the Performance & Resources committee. This reflects the ongoing impact of key financial pressures previously set out in the financial plan.
- Scottish Government had recently approved additional funding to the rough sum of £11.5m. This allocation increased the NHS Forth Valley NRAC position to 0.6 from 0.8.
- ELT to discuss how this additional funding can support predicted deficits and other areas within underlying deficits.
- Due to the unexpected allocation the year end evaluation will need to be reassessed for reporting.

9.2   Financial Savings Plan

The Performance & Resources Committee received the 'Financial Savings Plan'.

The Performance and Resources Committee:
- **Noted the actions being progressed to support delivery of 3% recurring savings and associated risks.**
- **Noted that a gap of £4.2m is currently reported against the 3% recurring SG target and further measures are being considered to address this.**
- **Noted that that an in-depth review of the overall financial position, including changes in key planning and funding assumptions, will be undertaken in July once the quarter 1 results are available.**
- **Considered and approved the proposed assurance level.**

Key Points:
- Following submission of the 2023/24 NHS Forth Valley Financial Plan in March 2023, the Director of Health Finance and Governance at Scottish Government wrote to the NHS Board Chief Executive confirming expectation for the Board to deliver a 3% recurring savings target, with four specific actions to be addressed by 30 June 2023.
    - The Development of 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 commitment was given that a draft response would be submitted to Scottish Government outlining the position against each area of specified actions.
- The 3% minimum recurring savings target was calculated against the baseline Revenue Resource Limit (RRL) and equates to £18.9m. Plans for delivery of £14.7m of recurring savings were already in progress, based on schemes already approved across both delegated and non-delegated budgets. A £4.2m gap was identified against the 3% target at this early point in the financial year.
- Work to identify further recurring savings plans was underway with a number of immediate proposals scheduled to be presented to the Executive Leadership Team.
- Targets against workforce related savings are intended to be increased by reducing bank and agency usage. There had currently been a reduction of 200 agency shifts. Non framework agency usage from 1 June had decreased from 900 to 24. Non framework agency usage now required approval from Professor Frances Dodd.

9.3   Corporate Portfolio Management Office Update

The Performance & Resources Committee received the 'Corporate Portfolio Management Office Update'.

The Performance & Resources Committee:
- **Noted progress of programmes/projects the CPMO are managing/supporting in particular the National Treatment Centre (NTC) Project and plan to project manage the COVID Inquiry response for NHS FV.**
- **Noted the continued development and delivery of Project Management Training to equip all Directorates.**
- **Noted the development of a performance dashboard within Pentana.**
- **Requested that the next Corporate Portfolio Management Office Update provided to the Performance & Resources committee includes an assessment of all the work being undertaken and whether, in total, the CPMO is having the impact which was originally intended.**

Key points:
- The National Treatment Centre (NTC) is being built on the Forth Valley Royal Hospital PPP site, which is managed by Forth Health, not NHS Forth Valley. Meetings continue to take place with Forth Health to track and monitor progress. Completion of the 30 bedded modular ward is now scheduled for Autumn.
- The NHS Assure Team continue to work with NHS Forth to complete key stage assurance reviews.

- A planning requirement stipulated additional car parking should be available in advance of the modular ward opening to patients. A new 182 space car park had been extended on the 'purple' car park at Forth Valley Royal Hospital. An update is planned in closed session of the Board in light of the commercially sensitive information.
- Planning had commenced to progress NHS Forth Valley's response to both the UK and Scottish Government's Covid Inquiries, utilising a project management approach with a project manager identified along with project support.
- Since January 2023, 15 delegates have undergone the CPMO facilitated project management training which focused on the tools and techniques required to manage and deliver projects across NHS Forth Valley.
- To address an identified skills gap, additional training had been developed to support colleagues engaged in projects in an administrative capacity.
- Bespoke one to one training has also been co-ordinated and delivered, when the urgency and need has arisen.

9.4 Estates and Supporting Infrastructure Deep Dive

The Performance & Resources Committee received a paper and presentation of the 'Estates and Supporting Infrastructure Deep Dive'.

The paper and associated presentation provides assurance in support of the Committee's role in maintaining an overview of the Strategic risks aligned to the Committee, specifically SRR010 Estates and Supporting Infrastructure.

The Performance & Resources Committee:
- **Endorsed the evaluation of the assurance provided.**
- **Confirmed they appreciated the context piece provided by Mr Procter and requested this be included within future deep dives and included within the cover paper circulated beforehand.**
- **Agreed that sufficient controls were in place for risk SRR010 but that the definition of the risk should be reviewed.**
- **Agreed the risk score of 20 that was advised.**

Key points:
- The Committee received a presentation detailing the 5 year Capital Plan & Revenue Resources from 2023 to 2028, a background against spend on the estates within Forth Valley, the strategic achievements, and details of the risk SRR.010.
- The capital resource within the 5 year plan totalled £37.7m and it was noted that £10.7m would be invested within buildings & infrastructure. A breakdown of the spend on buildings and estates within 2023/24 was provided confirming an anticipated spend of £3.6m. The annual revenue resource of 2023/24 was confirmed as £3.9m
- The committee was advised that 87% of the estate was noted to be in 'good' condition, broken down to either an excellent or satisfactory condition. In comparison to national figures NHS Forth Valley was noted to have one of the highest percentage of properties within 'good' condition.
- The cost of backlog maintenance to NHS Forth Valley Health Board owned properties was noted as £11.2m with the caveat that costs are as per Building Cost Information Service Cost Indices (BCIS) and don't represent the true costs of dealing with the backlog.
- The current risk score for SRR010 Estates and Supporting Infrastructure was noted as 20 with a target score of 9.

- There were 10 current controls in place for this risk, with 2 further controls planned and underway. The controls in place and planned are preventative, which is important from a proactive perspective, however they also act as contingency controls.
- The majority of current and further controls are assessed as "absolutely critical", "very important" or "important" which indicates little wasted effort/resource in applying incorrect controls.
- Eight of the 10 current controls have been assessed as mostly effective, and one assessed as partially effective. One control requires further embedding before an assurance assessment can be made. The partially effective control related to Horizon Scanning, and the area of improvement identified related to effective capturing and sharing of any learning identified.
- There were a number of questions around the risk score given the positive picture projected regarding the maintenance backlogs and general state of the estate, but Mrs Mackenzie advised that there were some high residual impact elements relating to service delivery which effected the predicted scoring.
- Following a question regarding the criticality assessment of further control in terms of the whole system plan it was noted that the control would be broken down into elements once plans begin to be developed. Additional supporting narrative around the scoring and clear linkage to the strategic goals were requested for inclusion.

Action:
- Definition of risk SRR010 to be reviewed and updated to make for an easier read.

9.5 Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update

The Performance & Resources Committee:
- **Noted the updates for Capital & Infrastructure, Medical Equipment and Digital / eHealth.**
- **Noted the Cyber Dashboard on Appendix 4 of the Digital & eHealth Report.**
- **Noted the ongoing position with surplus land in Kinnaird.**
- **Note the progress with the Bellsdyke Development Agreement and receipt of funds.**

Key points:
- The position remained as previously reported to the Committee in relation to the business case process and national direction on the preparation of Whole System Plans.
- A number of workstreams to improve the sustainability within NHS Forth Valley continue to be undertaken including the phased installation of electric vehicle (EV) charging infrastructure for the NHS fleet.
- Confirmation was provided that the project noted to be of a red status were all national projects but that plans were in place to progress forward with these projects.
- Clarity was provided around the term 'closed' which meant that no further work was taking place. This was due to the project no longer being pursued or being implemented as business as usual.

10. ANY OTHER COMPETENT BUSINESS

Mr Andrew Murray provided an update on Scheduled Care in respects of the mandate for strikes of junior doctors anticipated to take place on 13 and 14 July 2023. A strike planning group had been established and were meeting weekly to discuss an action plan for the

assumed workforce gaps as a result of the strikes. It was confirmed that a gold command structure was in place.

Mr Clark highlighted some sensitivities around this with perception that other staff are being asked to cover Junior Doctor work, and Mr Murray confirmed that patient care remained the primary priority.

11.   DATE OF NEXT MEETING

Tuesday 29 August 2023 at 09:30 in the Boardroom, Carseview House.

10.2.4 Staff Governance Committee Ratified Minute – 12 May 2023
For Assurance

Chair: Mr Allan Rennie, Vice Chair

Minute of the Staff Governance Committee meeting held on Friday 12 May 2023 in the Boardroom, Carseview House and via MS Teams.

Present:	Mr Robert Clark
	Ms Wendy Hamilton
	Mr Nicholas Hill
	Mr Gordon Johnston
	Mrs Janie McCusker
	Ms Karren Morrison
	Mrs Hilary Nelson
	Mr Allan Rennie (Chair)
	Ms Janet Sneddon

In Attendance:	Mrs Cathie Cowan	Mr Jonathan Procter
	Prof Frances Dodd	Mr Cameron Raeburn
	Ms Linda Donaldson	Ms Rebecca Reid (minute)
	Mrs Margaret Kerr	Mrs Linda Robertson
	Mrs Sara Mackenzie	Ms Rachel Tardito
	Ms Catherine McLean	Mr Scott Urquhart

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

Apologies were received from Mrs Elaine Bell, Mr Michael Brown, and Mr Stephen McAllister, and Ms Pauline Donnelly (for agenda item 8.2). The Chair confirmed the meeting was quorate.

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

There were no declarations of interest.

3. **Minute of the Staff Governance Committee meeting held on 17 March 2023**

The minute from the Staff Governance Committee meeting on 17 March was noted as an accurate record.

Ms Sara Mackenzie informed the committee that although the minute stated that workforce strategic risk deep dive would be presented at this meeting the decision was made to defer this to September to accumulate more information to present.

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

There were no matters arising from the minute and the action log was reviewed and noted that all actions were either in progress or completed.

The Staff Governance Committee:
- **Noted that action 3 was in progress and referred to the volume of papers in line with ICE recommendations. The Chair discussed his concerns regarding the continuance of high volumes of papers and the circulation of papers not being in line with the terms of reference, which states that papers must be circulated 5 days prior to the meeting.**
- **Noted that the Absence management dashboard final document will be presented at the September meeting.**
- **Agreed that due to the late submission and circulation of item 6.2, Leadership & Culture Update, an additional meeting should be scheduled to allow for sufficient time to consider and discuss the paper.**

5. Staff Governance Workplan

The Staff Governance Committee received the 'Staff Governance Workplan'.

The workplan for 2023/2024 highlighted the ongoing work underway to ensure full cognisance has been taken of the Staff Governance Committee Terms of Reference in developing the plan.

The Staff Governance Committee:
- **Noted the changes Staff Governance Committee Workplan 2023/2024.**
- **Reviewed the draft Staff Governance Committee Workplan 2023/2024 and noted the request for feedback in respect of content and timescales.**

Key points:
- The workplan will remain an iterative document that may be required to be amended at times.
- The reporting of progress against the National Workforce Strategy was rescheduled for September 2023 rather than May as time and capacity constraints meant that the work was yet to be finalised before being presented to the committee.
- It was decided that the Workforce Strategic Risk deep dive would be presented in September 2023 rather than December 2023.
- The Partnership Annual report was not presented at this meeting as work was still required to be undertaken to determine the content of the report, this will be picked up with Robert Clark and Cathie Cowan – co-chairs of the APF.
- Questions were raised regarding whether there was sufficient workforce capacity, and it was agreed that this discussion would be picked up offline with Linda, Cathie, and Janie.

6. ESCALATION

6.1 Escalation Update

The Staff Governance Committee received an 'Escalation Update'.

The Staff Governance Committee:
- **Considered progress to date (December to end of April), Appendix 1-Improvement Action Escalation Plan**

Key Points:

- The Escalation Performance & Resource Committee at its March 2023 meeting considered the Escalation Improvement Action Plan version 2 approved by the NHS Board and the role of Board Assurance Committees in providing assurance to the Escalation P&R is Committee.
- Previously agreed was that the Staff Governance Committee would be responsible for overseeing actions and providing assurance on the Leadership & Culture domain of the Escalation Improvement Action Plan.
- Questions were raised by Staff-Side regarding the funding of additional senior management posts and scrutiny was required as to why staffing levels doesn't appear to be increasing but managerial levels do. It was advised that although the figures look high there are only a small number of increases within senior manager roles. The deputy Chief Executive position was a post that was considered pre Covid and was being progressed now.
- Frances Dodd advised the committee that the Nurse Directors position discussed was a replacement post. The job description and banding for this post was reviewed as the previous one was deemed unfit for purpose.
- Highlighted following questioning of the use agency nursing staff was that there had been no decrease to the funding within nursing, but the establishment had increased with the international nursing program.
- Consideration was being given on how to progress at a quicker pace to get newly appointed staff enlisted on the bank system.
- It was advised that there remained a significant challenge to reduce the spend on agency staff, not only within Forth Valley but across all health boards within Scotland.
- There is a national piece of work for the governance of safe staffing levels within wards.

Actions:
- The agency usage/spend in comparison to other Health Boards would be presented at the additional meeting.
- Update on the national off framework agency work and potential risks to be discussed at the additional meeting.
- Feedback to be provided of management posts in comparison to other Health Boards.

6.2   Leadership & Culture Update

The Staff Governance Committee received the presentation 'Leadership & Culture Update'.

The Staff Governance Committee:
- **Noted the Leadership & Culture update presentation.**

Given this was a late submission and the importance in terms of escalation, the committee requested an additional meeting be held to allow proper scrutiny of the paper.

Key points:
- The presentation delivered to the committee contained high level information detailing the work underway against improving the leadership & culture within the organisation.
- A number of working groups were established to monitor the work that was being undertaken and a term of reference was created for each working group.
- Each workstream within the measurement framework for culture and compassionate leadership had been assigned a senior responsible officer (SRO).

- Consideration was still being given on how to effectively report the progress of the data being reported from each workstream.
- An absence management dashboard was being created with consideration being given to the staffing climate across the organisation. The data to build this dashboard was being provided through pentana.
- Feedback from the committee determined that clarity of progress and linkage to the measures being implemented would be beneficial to be included within the presentation to provide assurance to the committee.

6.3 HIS Report Update

The Staff Governance Committee received the 'HIS Report Update'.

The Staff Governance Committee:
- **Noted HIS expectation of NHS Forth Valley to address all the requirements.**
- **Noted the continued progress of the Working Group.**
- **Noted the assurance role of the Oversight Group.**
- **Noted the development of the Patient/Public Forum and its role in co-production.**
- **Noted the CPMO project structure.**
- **Noted the Project Plan at Appendix 1.**
- **Noted the reporting structure.**

Key points:
- 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 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, and the detailed outcomes have been reported to the oversight group.
- A staff and patient short life working group was created to allow for a deeper understanding of the outcomes reported back to the oversight group.
- An internal measure of mock inspections to monitor the implementation of actions will be carried out before moving to business as usual.
- The Internal Audit HIS report had been received and the findings accepted and acted upon, they acknowledge the work still to be undertaken to align the appropriate measurement plan.
- When questioned if common themes were predicted from the work so far it was advised that culture & leadership was a concern and communication across the organisation.

7. FOR APPROVAL

7.1 Workforce Action Plan, Audit Outcomes

The Staff Governance Committee received the 'Workforce Action Plans, Audit Outcomes'.

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.**
- **Considered and approved the draft SMART Action plan which incorporates recommendations / actions from the following reports / assessments:**
    - **Scottish Government Feedback letter 26th September 2022**
    - **A08/23 internal Control Evaluation Report – Staff Governance Actions 2023**
    - **A17/23 Internal Audit Workforce Planning**
    - **SRR009 Workforce Planning Assurance Assessment March 2023**

Key Points:
- At the March 2023 Staff Governance Committee, it was agreed that all gaps and improvements identified within the following reports would be incorporated in a SMART Workforce Action Plan:
    - Scottish Government Feedback action letter 26th September 2022.
    - A08/23 Internal Control Evaluation Report – Staff Governance Actions 2023.
    - A17/ 23 Internal Audit Workforce Planning.
    - SRR009 Workforce Planning Assurance Assessment March 2023
- As agreed at the last Staff Governance Committee, the Internal Audit Workforce Planning Audit A17/23 has been completed.
- There were a number of key messages generated from the reports which included:
    - Compliance with National Guidance DL (2022)09 is paramount.
    - Scottish Government feedback needs to be clearly articulated with key actions incorporated within the cover paper.
    - Clearly articulate strategic direction and undertake gap analysis to reflect the expected level of service demands and quantifiable risks to the organisation of non-achievement of sustainable and affordable workforce.
    - SMART Action planning is required with appropriate measurements and KPI's identified.
    - Next iteration of the Workforce plan requires direct involvement and alignment with HSCP's, 3rd Sector and volunteers.
    - Data analysis is essential to inform current and future workforce planning activity.
    - Future plans require to be aligned with financial and service planning and Healthcare strategy.
    - Demonstrating affordability / costings is essential.
    - Workforce Risk Assessment Deep Dives will be the vehicle to provide assurance to the Staff Governance Committee of mitigation.
    - Medium and long terms actions need to be included within the plan with risk assessment undertaken.
- Questions were raised regarding whether the gap analysis work was an iterative document in which it was advised that there is a 3 year in plan in place and the document can be updated when necessary.

7.2   Staff Governance Committee Annual Report

The Staff Governance Committee received the 'Staff Governance Committee Annual Report'.

The Staff Governance Committee:

- **Reviewed the key areas of business highlighted within the report.**
- **Approved the Staff Governance Committee Draft Annual Report prior to presentation at the NHS Board.**

8.   STAFF GOVERNANCE STANDARD ACTIVITY

8.1   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 progress of the Youth & Employability Framework.**
- **Noted that Long Service Award ceremonies took place on 2nd and 12th 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 cohort 4 and the addition of AHP and medical posts.**
- **Continue to support the implementation of eRostering with the plan to extend the program of work till 2024.**
- **Noted the progress of the Staff Governance Action Plans.**
- **Noted the progress of the Workforce Action Plans.**

Key points:
- Miss Donaldson advised that a new layout had been adapted for reporting the HR Director report which now follows the framework of the Health & Safety Group. Each piece of key work will be detailed within the report.
- Following the NHS Scotland "Once for Scotland" Workforce Policies Supporting the Work Life Balance, draft policies will be presented for approval to SWAG in June 2023, followed by a 3 month soft launch.
- The 3 Local Authorities – Clackmannanshire, Falkirk and Stirling Employability Partnerships proposed to work with NHS Forth Valley to deliver an employability partnership to support employability and child poverty developments as set out in Best Start Bright Futures. The proposal was to secure 30 immediate employment opportunities across NHS Forth Valley for parents. Funding was agreed to be contributed by the 3 local authorities to support this program.
- Anxiety, stress, and depression is consistently the highest reported reason for sickness, which was reported as 27.69% for March 2023 which is a decrease from February 2023 of 30.39%.
- Staff Governance action plans are completed by all Directorates and HSCPs on a quarterly basis following the self-assessment against the 5 strands of the Staff Governance Standard. Progress against these action plans will be reported on a quarterly basis.
- The implementation of eRostering was reported as progressing well.
- NHS Forth Valley continue to make good progress with international recruitment to Nursing, AHP's, Midwife's posts and work had commenced to explore having access to medical posts and clinical psychologists.
- Questions were raised regarding high turnover rates and whether there was data available to determine if the recurring high rates were being recognised in specific areas. It was advised that this information could be provided at the additional meeting being scheduled.   National turnover data was available to support benchmarking against other Health Boards.

8.2   Speak Up Service Update

The Staff Governance Committee received the paper and presentation 'Speak Up Service Update'.

The Staff Governance Committee:
- **Noted the activity of the Speak Up Service.**
- **Approved recruitment to Speak Up Advocates and training of new advocates.**
- **Approved development and delivery of Speak Up improvement programme.**
- **Noted the Speak Up Ambassadors availability to support the Culture and Leadership Programme to improve how concerns are received.**

Key points:
- The Speak Up service was launched in December 2021 as a confidential, impartial service delivered by trained advocates and ambassadors.
- Staff within the workforce are being made aware of the service and that concerns should be raised but it was noted that some staff are not coming forward due to various reasons.
- Barriers as to why staff were reserved to raise concerns could be attributed to fear of futility, individual detriment, and the concern against reputational protection.
- A positive Speak Up culture allows us to use concerns to better understand services, enhance quality and safety, and improve staff experience.
- Work remained underway to develop a programme of change to improve early acknowledgement and resolution of concerns, rooted in an understanding of Speak Up literature.
- The Speak Up Ambassadors are also able to support the work of the Culture and Leadership Programme in understanding the experience of those raising concerns and improving how staff are heard.
- Following discussions, it was noted that the Speak Up work should be tied in with the Culture & Leadership program as encouraging staff to speak up about issues within the organisation should be a whole system effort.
- The committee agreed that the work being carried out within Speak Up was vital to get right support/advice to assure staff that their concerns are being heard.
- It was recognised that the HR process in place to assist with Speak Up was not designed to deal with the complexity of issues that may arise as the process tends to oversimplify the issue. Thought would be required to address how this process can be improved to ensure that staff feel heard and supported.

Actions:
- Safe staffing will be added to the Staff Governance Committee agenda as a standing item to discuss progress.

8.3   Sturrock Report

The Staff Governance Committee received the 'Sturrock Report'.

The Staff Governance Committee:
- **Noted the content of this paper.**
- **Noted that the Post Sturrock Group has been re-established and is focussing on improvement in culture and leadership.**

- **Noted that the Director of HR and Employee Director are co-chairing this group.**
- **Noted the update on progress against the Post Sturrock Action Plan May 2023.**

Key points:
- The partnership Post Sturrock Group has been re-established and planned to meet every 2 months. Although it was advised that the meeting scheduled for May did not go ahead due to a number of other commitments.
- NHS Forth Valley established a Post Sturrock Group to review the work to date regarding NHS Forth Valley response to the Sturrock Report with colleagues from the Area Partnership Forum to identify short to medium term actions that will work towards a healthier culture. The output from this meeting was the establishment of a Post Sturrock Action plan which identified 20 key themes that were included in the action plan.
- It was determined that the Terms of Reference should be reviewed to reflect an expanded membership to ensure that key stakeholders were involved with the work ongoing.
- The standing items of the agenda were reviewed and updated.
- Confirmation was given that the action log from the Sturrock Group could be provided to the subsequent Staff Governance Committee for assurance.
- Identified was that no staff voice was present within the make up of the group and there was a request to allow staff side to pick a representative to join the Sturrock group due to having a connection with a high volume of staff.
- Consideration was being given on producing a program of work that will allow staff to answer questions regarding the culture within the organisation. This information would then provide the baseline of data against culture and staff experience across NHS Forth Valley. The themes and outcomes generated from this program of work would be used to identify if there were any outcome measures required.

Action:
- Staff involvement within the Sturrock Group to be identified at the following Staff Governance Committee.

8.4   Whistleblowing

The Staff Governance Committee received the paper 'Whistleblowing'.

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 Staff Governance Committee:
- **Noted Whistleblowing performance in NHS Forth Valley in Quarter 3 of 2022/23**

Key points:
- Professor Dodd advised the committee that the paper presented highlights the activity that had been ongoing within whistleblowing but expressed it was essential that she also highlighted her concerns of the service capacity.

- Although this remained a relatively new infrastructure it was recognised that a number of issues needed to be addressed to provide a robust system to instil confidence in staff that their concerns are being heard and dealt with.
- The length of the process from reporting concerns to resolving them where possible was noted as a lengthy process.
- To provide support to the infrastructure a paper was being produced to be submitted to ELT to request for a small administrative team to provide support and assist with combating ongoing issues against the length of the process of whistleblowing.

8.5 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 and an updated timeline is provided for next stages.**
- **Noted that Staff Awareness Presentations/Sessions are continuing to occur across the organisation.**
- **Noted that there has been a slight delay to the development of the Annual Programme of Events in order to ensure it is fit-for-purpose, with all events confirmed to avoid cancellation and protect the reputation and trust of the Workforce Wellbeing Plan.**
- **Noted the ongoing work with the Spiritual Care Team to promote the new Weekly Wellbeing Drop-in Service and encourage staff uptake.**
- **Noted the themes from the recent staff surveys and next steps planned.**
- **Noted that the Minority Ethnic Network second meeting is scheduled for June with work ongoing at present to establish an Executive Committee.**
- **Noted the work progressing to establish further networks – LGBTQ+, Carers, Disability and Menstrual Health and Menopause continues.**
- **Noted the Staff Support and Wellbeing Logic Model that will allow measurement against short, medium and long term plans and the accompanying Activity Tracker that is ready to go live.**

Key points:
- Further updates had been made to refresh the staff support and wellbeing website and a spinner carousel to the landing page that will advertise prominent resources and events was added.
- There had been a delay to the finalised development of the annual programme of wellbeing events however work continued to ensure this will be made available as soon as possible to staff.
- The Activity Tracker is ready to go live and will be circulated to all areas to allow us to capture the good work that is ongoing across the organisation, to share learning, celebrate success and provide support as required. Work was underway to triangulate the data within Pentana.

8.6 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.**

Key points:
- NHS Forth Valley will use the Board self-assessment template to outline how duties are being met under the act. The local Workforce Planning team were developing a training plan which will be rolled out across the organisation, and in addition are working with national groups to review the suite of tools already in place.
- An oversight group will be developed to monitor, track, and implement the work to support the act.

8.7 Update on Organisational Development including Learning and Education

The Staff Governance Committee received the paper 'Update on Organisational Development including Learning and Education'.

The Staff Governance Committee:
- **Noted the contents of this update and receive future updates on these and other areas.**

Key points:
- Staff Support and Wellbeing will continue to be a key priority within the OD team.
- Additional optional questions have been included in this year's iMatter survey as a test of change which place a focus on staff confidence in raising concerns in the workplace. These questions were developed Nationally in partnership and aim to enable a meaningful opportunity for staff to express their views on raising concerns.
- Responses to these questions will be treated in the strictest confidence and no one in the organisation will be able to identify individual responses. In order to enable an enhanced level of anonymity and confidentiality, results for these questions will only be reported at Directorate/Partnership and Board level.
- Scottish Government will undertake an evaluation of the introduction of these questions and consult with stakeholders to determine whether these should continue in future iMatter surveys.
- The OD team are currently supporting teams within Acute Services to support culture and team effectiveness in partnership with staff side.

9. RISK MANAGEMENT

9.1 Strategic Risk Register

The Staff Governance Committee received the paper '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 4, 2022/23 for onward reporting to the Forth Valley NHS Board.**

Key points:
- Risk SRR018 Primary Care Sustainability had increased in score to 20 from 16. This was a result of unexpected spending review late last year, which saw a

reduction on previously agreed Primary Care Improvement funding, and delays in implementation of the 2018 GMS contract.

- There was a new risk aligned to the staff governance committee, SRR019 Culture and Leadership. This risk will capture the need for an effective culture and strong leadership to improve our overall performance and ability to effect sustainable change.   These were two of the priority areas highlighted for improvement when the Board was escalated to stage 4 of the NHS Scotland Performance Escalation Framework.
- Risk management training was launched, and the first session was delivered on the 3rd of May.
- Srr009 Workforce plans remained static at the time of this meeting but will continue to be reviewed.

9.2   Health & Safety Quarterly Report

The Staff Governance Committee received the '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**

Key points:
- There continued to be no communication with HSE in Q4.
- 9 events had been reported under RIDDOR which was an increase from Q3 but there were no further events involving covid-19 positive staff being reported.
- The total number of adverse events, excluding clinical events, for Quarter 4 was 1,886, 64% of all adverse events reported (2,958) which was an increase of events reported in Q3.
- 86% of adverse events were reported within 3 days of it occurring, a decrease of 4% from Q3. 57% of adverse events were reviewed within the 9-day target, an increase of 6% from Q3, however, remained below the required target.
- Manual Handling training compliance achieved 78% compliance, short of the original 90% target but in line with the projection per the previous updates to committee.
- Violence & Aggression training compliance achieved 64%, short of the original 71% target, however, a little improved on that projected per previous reports to committee.
- 15 control book audits were undertaken by Health & Safety advisers in Q4, reporting an average compliance score of 55%, ranging between 41% and 92%.
- A total of 71 Control Books had been audited up to Q3. Only 59% of Control Book Holders had provided an update on progress with their audit actions and only 40% of actions had been reported as being completed.

10.   REPORTS FROM COMMITTEES FOR NOTING

10.1   The Staff Governance Committee **noted** the Area Partnership Forum minute held on 20 January 2023.

10.2   The Staff Governance Committee **noted** the Facilities and Infrastructure Partnership Forum minute held on 1 December 2022

10.3   The Staff Governance Committee **noted** the Health and Safety Committee minute held on 21 February 2023.

11. FOR NOTING

11.1 The Staff Governance Committee **noted** the Circulars and Policies.

11.2 The Staff Governance Committee **noted** the Youth Employability Framework Annual Report.

11.3 The Staff Governance Committee **noted** the Draft Health and Safety Annual Report 2022-2023.

11.4 The Staff Governance Committee **noted** the Organisational Development, Learning and Education Annual Report 2022-2023.

12. ANY OTHER COMPETENT BUSINESS

There was no other competent business for discussion.

13. DATE OF NEXT MEETING

Friday 7 July 2023 in the Boardroom, Carseview (hybrid)

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

10.3.1 Area Clinical Forum Ratified Minute – 20 April 2023
For Assurance

Chair: Mrs Kirstin Cassells, Non-Executive Director

Minute of the **Area Clinical Forum** meeting held on **Thursday 20 April 2023** a**t 6.15pm** via MS Teams

Present:	Kirstin Cassells (Chair)	Alison McMullan	Clare Neil
	Elizabeth Kilgour	Geraldine Law	Gillian Lenox
	Rhona King	James King	

In Attendance: Andrew Murray, Medical Director
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 16 February 2023**

   The note of the meeting held on 16 February 2023 was approved as an accurate record.

4. **Matters Arising from the minute/action log**

   It was agreed an Action Log would be prepared for the next meeting.

5. **ACF Committee Planner**

   The Area Clinical Forum discussed the forward planner noting overarching headings aligned with the Terms of Reference. It was agreed that early sight of the Board Agenda would enable the ACF to contribute and provide feedback on items which could be reflected within the Board meeting discussions. This would enable the Forum to fully fulfil their advisory role and operate more effectively.

   To maximise the effectiveness of the ACF, it was agreed that meetings would be re-arranged to align with Board meetings, provisionally meeting the week before the Board. This would ensure the Forum was able to provide assurance and ensure its views and opinions were reflected within the Board.   **Action: Admin**

6. FOR DISCUSSION

6.1 Culture Change and Compassionate Leadership

The Area Clinical Forum received a Presentation titled "Improving Our Culture" led by Kirstin Cassells. The aim was to update the Forum on the Culture Change and Compassionate Leadership Programme being taken forward by the Board. It was recognised that there was a need for the Board to engage with independent contractors around this subject.

The Presentation outlined the reasons for this work being undertaken, noting Culture was one of the reasons for NHS Forth Valley being escalated to Stage 4 (of 5) of the Scottish Government's Board escalation framework. Therefore, a focus was required to make the necessary changes to improve the position for both staff and patients.

The Programme commenced in April 2023 and would last for one year with focus on listening to staff, learning what they thought and felt and then making the requisite changes to fulfil these requirements. The role of the Culture Change Team was outlined to ensure views were heard from a broad range of staff. The approach has been successfully used in other NHS Boards.

The three phases to the programme were detailed with an Improvement Plan being developed by the end of 2023.

Following the Presentation, it was highlighted that Independent Contractors, did not have access to the Intranet. There was therefore a need to consider accessibility to ensure appropriate feedback and contribution was sought. There was also felt to be a need for the Board to be more interactive in seeking views from Independent Contractors, such as including the GP Sub Committee. Liz Kilgour advised the Forum that she was now a Culture Team member.

It was agreed that each of the Forum members would take this Presentation and information into their specific areas. Any feedback should be forwarded to Kirstin who would ensure escalation. **Action: ALL**

7. FOR NOTING

7.1 GP Sub Committee – 17/01/23; 21/02/23; 21/03/23

An update was provided by James King who outlined the wide-ranging topics discussed by the Committee. The prominent issue remained delivery of the new GP Contract which had now stalled. A level of frustration was being seen with Scottish Government disengaging from negotiations. Pathway work as well as recruitment and retention were the other main topics. Significant engagement work had been undertaken with Doctors in training to ascertain why so few became GPs in Forth Valley. From this some proposals had emerged around supporting younger GPs and mentoring.

Area Medical Committee

Andrew Murray advised of previous challenges around engagement. A review had been proposed following NHSFV's escalation. Contact had been

made with Consultants and several declarations of interest received. An inaugural meeting was being arranged with James King to Chair.

7.2   Psychology Advisory Committee
Clare Neil advised the last meeting was held 15 March 2023. Main topics were around recruitment, retention and staff wellbeing within Psychology. Topics were also emerging around the Board's escalation and waiting lists. Analysis would now be undertaken of individual clinician data rather than reviewing services as a whole. This proposal had generated some anxiety from staff. Difficulty had also been raised around accessing Therapy Rooms to see patients. This was obviously impacting on contacts and waiting lists. Alison McMullan would be retiring and Clare's 2-year term as Vice Chair was also ending. Challenge was anticipated around replacement with contingency being Claire's agreement to remain as Vice Chair temporarily. Eligibility for the Committee was highlighted, noting Terms of Reference required members to be Consultants, or to have Consultant experience. This would therefore mean the Committee would be management led. Further discussion would take place at the next meeting.

The ACF noted the opportunity for the Committee to amend these to better suit current requirements

7.3   Area Pharmaceutical Committee
The most recent meeting was held 19 April 2023 with minutes to come to the next ACF. Pre-reg Pharmacists attended noting they had reached the West of Scotland Finals for their Pre-Reg project. The APC had received an in-depth presentation which was extremely well received. Pre-reg Pharmacists had also provided support around a discharge pilot focussed on Community Pharmacy providing discharge medicines rather than patients having to wait within hospitals. Due to various challenges, the Pilot was only run for a short period, however the APC had an appetite for this type of work. Workforce challenges within Community Pharmacy sites and continuity of staff were also highlighted. Services offered by local contractors were also discussed including Covid Spring Booster Programme.

7.4   Allied Health Professionals
Geraldine Law noted similar discussion themes around recruitment and retention. Physiotherapy was a particular area of challenge. 3 international recruits would be joining the organisation via the Scottish Government Scheme. A further 2 had been appointed via Job Train with Post-reg Masters being undertaken. It was acknowledged that there would be steep learning curve for the organisation in areas such as induction, competency-based training and culture.

In terms of Long Covid, initial recruitment had been unsuccessful with re-advertising underway.

Within Dietetics in terms of weight management proposal was to move to self-referral due to significant non-attendance for appointments.

Early-stage work was ongoing around re-establishing the ANMAC Group which would then feed into the ACF.

Area Dental Committee

Gillian Lennox noted a similarity with issues highlighted within the GP Sub Committee. Contract negotiations had been put on pause with Scottish Government. Latest information was this would be in place by October 2023. Impact into the Public Dental Service was noted. Significant frustration was noted, with fear that Practices may choose to leave. Recruitment and Retention was also an area of challenge. Potential international recruitment had been discussed, however the process for the oversee graduates was lengthy, potentially up to 2 years.

7.6   **HCS National Leads meeting**
It was confirmed that National and local meetings have been reconvened. Engagement remained an issue particularly around some of the smaller specialities. Scottish Government were undertaking an educational pathway review along with work around workforce coding, particularly around clinical physiology disciplines. This would provide greater data around workforce. Health and Care Safe Staffing Bill was being reviewed which linked into recruitment and retention. Useful work was being undertaken in Audiology and Pathology around transforming in Advanced roles. Staff Wellbeing was also an area of focus within microbiology linkage undertaken with Organisation Development around celebrating success while looking ahead to team development in line with values and culture. Pathology had a development day for Labs. Proposal noted to have a Keep Well Nurse undertake physical and mental wellbeing sessions.

Optometry
An update was provided by Rhona King who advised recruitment and retention was not currently an issue. As noted in most other areas, the post-Covid 'deflation' was being felt by staff. Community Optometry have significant communication between Primary and Secondary Care with the aim of new Community based services to take workload out of the hospital and upskill Optometrists. Communication and level of interest however has reduced. An appetite was noted by Community Optometrists to push some shared care options with access to clinical portal and emergency care portal. At the last meeting it was proposed a paper be taken to the ACF with escalation then to the NHS Board. Since that time however, the appetite has reduced with insufficient support from the hospital to progress. Several national schemes had also been paused due to funding challenge. NESGAT Optometrist Scheme would be for Optomestrists who have already undertaken Independent Prescribing and wish to take a further Glaucoma qualification. A Pilot was being undertaken in Glasgow with roll out anticipated by end of year. This would enable low risk Glaucoma patients to be discharged into the Community with management by a specialist NESGAT Optometrist. There was currently only 1 in NHS Forth Valley. Better attendance was noted at the last Optometrist meeting with Opthalmologists leading a presentation around referral refinement.

The forum noted the position with disappointment noted the loss of appetite to drive forward areas of change. Workforce was also discussed, with issues highlighted around Staff Wellbeing. Staff were moving into private practice for a better quality of life. Specifically within NHS Forth Valley, travel was also highlighted noting the Edinburgh to Glasgow trainline was the most expensive in Scotland. Linkage to issues such as the cost of living crises

were noted. The challenges and expectations around home working and commuter time was noted. Work undertaken by other Boards had included the option for staff to pick their base which would allow for some travel expenses to be claimed.

8   BETTER GOVERNANCE

8.3   ACF Annual Report 2022/23

The Report had been circulated to the Forum noting presentation would be made to the NHS Board for formal approval. Following review, the following amendments were requested:
- Liz Kilgour's job title to be amended to: Healthcare Science Professional Lead
- Spelling of Clare Neal's name to be amended.
- Alison McMullan's retiral date was 2023.

Following these amendments, the Area Clinical Forum approved the minute for progression to the NHS Board.

9   AOCB

There were no areas of AOCB raised. Kirstin thanked everyone for their input and contributions.

10 Date of next meeting

As per discussions earlier in the meeting, it was agreed the ACF meetings will be changed to align with the NHS Board.

There being no other business, the Chair closed the meeting at 7.21 pm.

NHS Forth Valley

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

10.3.2 Area Partnership Forum Ratified Minute – 1 March 2023
For Assurance

Chair: Mr Robert Clark, Non-Executive Director

Minute of the Area Partnership Forum meeting held on Wednesday 1 March 2023, Board Room, Carseview House

Present:	Mr Robert Clark, Employee Director (Chair)
	Cathie Cowan, Chief Executive (Co-Chair)
	David O'Connor Regional Officer, Unison
	Frances Dodd, Executive Nurse Director
	Gillian Morton, Director for CPMO/W&C Directorate/Chief Midwife (joined at 1518)
	Jennifer Borthwick, Head of Psychology Services
	Karen Leonard, Regional Officer, GMB
	Mr Michael Brown, Head of HR Resourcing
	Mr Scott Urquhart, Director of Finance
	Mrs Hilary Nelson, RCN
	Mrs Margaret Kerr, Head of Organisational Development
	Ms Janett Sneddon, RCM
	Ms Karren Morrison, UNISON
	Ms Linda Donaldson, Director of HR (joined at 1444)
	Nicholas Hill, GMB
	Oriane Johnston, Dietetics
	Una Madill, College of Podiatrists
	Yvonne Myler, College of Podiatrists

In Attendance: Mrs Sarah Smith, Corporate Services Assistant (minute)

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

   Mr Robert Clark welcomed everyone to the meeting. Apologies for absence were noted on behalf of: Elaine Bell; Linda Robertson; Lorna Dougans; Elaine Macdonald; Lynsey Connor; Patricia Cassidy; Annemargaret Black; Helena Buckley; Jonathan Best.

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

   There were no declarations of interest made.

3. **Draft minute of Area Partnership Forum meeting held on Friday 20 January 2023**

   The minute of the APF meeting held on Friday 20 January 2023 was approved as an accurate record subject to the following amendments:

   - **Page 3/Item 6.1, bullet point 4** – to be amended to read: "Nurse bank usage over 5 years has increased to 14m, nurse agency c. 9m
   - **Page 4** Frances Dodd provided clarification that the Infrastructure around Safe Staffing Bill was '*in the progress*' of being re-established.
   - **Page 5/Item 7.5/paragraph 3** "SCH" to be amended to "SCN"

- **Page 4/Item 7.3.1/paragraph 3** – "Ms Morrison highlighted' to be amended to "Ms Nelson highlighted."

4. Matters Arising from the Minute/Action Log

Ms Karren Morrison, on behalf of Staff Side, highlighted the following points from the minute:

- Sturrock dates had not yet been provided. This was agreed as urgent at the last meeting.
- Job Evaluation was raised noting 180 job descriptions had been submitted for evaluation and were waiting until re-engagement. Karren Morrison noted it had been 6 months since evaluation and it had been agreed dates and a process would be established. The risk to the organisation was highlighted.
- Risk Assessments for contingency areas have not yet been undertaken. It was however understood the Endoscopy in Falkirk Community Hospital was no longer being used.
- Cathie Cowan stated at the last meeting she would provide an update on the room allocation, following co-ordination of the rooms being taken to the Executive Leadership Team (ELT).

In response to these highlighted points, Mrs Cathie Cowan provided an update as follows:

- Job Evaluation - email conversation took place today with Mr Robert Clark and Ms Linda Donaldson. This confirmed a commitment to meet urgently to discuss. Consideration would be made of staff side diaries.
- Risk Assessments and Standing Operating Procedures were available for Stirling Community Hospital and would be shared with Partnership Forum members.
  Action: Cathie Cowan
- An update on room allocation had been provided to the ELT. Mr Jonathan Procter (Director of Facilities & Infrastructure, Digital and eHealth Lead) and Mr Brian O'Rourke (Property Services Manager) were undertaking a mapping exercise which would be returned to ELT. This would then be fed back through the APF. Due to leave, a virtual update would be obtained and provided to Partnership Forum members. **Action: Cathie Cowan**
- Sturrock dates would be issued by the end of the week with Ms Linda Donaldson's PA to co-ordinate. **Action: Linda Donaldson/Denise Davidson**

Mrs Cathie Cowan advised that going forward, the Corporate Office would be undertaking the administrative responsibility for the Area Partnership Forum. As part of this, an Action Log and forward planner would be developed. This would aid in ensuring Governance requirements were being met. The update was noted by the APF.

4.1 Escalation Update

The APF received a verbal update from Mrs Cathie Cowan.

The last Assurance Board was held on 22 February 2023 and consisted of verbal updates and a deep dive discussion. These meetings were alternated with reporting period information.

Feedback was provided from the last meeting, noting a focus around Out of Hours Performance. Monthly plans continued to be submitted to the Primary Care Division of Scottish Government. This was undertaken following Sir Lewis Ritchie's visit to the Acute site on 12 October 2022 which resulted in 12 recommendations. Positive feedback was received around several areas, including hybrid working with Health Support Care workers.

A further Out of Hours update was provided to Scottish Government yesterday (28/02/23) with no high-risk areas being escalated to the APF. Recruiting to post remained an ongoing challenge, however Out of Hour fill rate for last month were 70%. Learning work was ongoing with other Boards.

In terms of Children and Adolescent Mental Health Services (CAMHS), Scottish Government were comfortable with progress being made. Agreement had been made to meet 90% target by the 1st Quarter (April – June 2023).

For Psychological Therapies, recruitment was required for 9 posts. Anticipated funding had not been received, so the Improvement Plan was being reviewed. Performance remained around 70% with 4 areas achieving 90% target and work was ongoing within 6 service areas. Ms Jennifer Borthwick confirmed a member of the Assurance Board would join the monthly routine engagement meetings.

In Urgent and Unscheduled Care, performance was around 50%. Mrs Cowan confirmed contingency beds were unavoidably being used due to delays on site and there were around 80 patients currently delayed within Acute. Ms Frances Dodd reiterated the work underway to avoid utilisation of Contingency beds and the significant work being undertaken by staff and managers was noted.

Positive feedback was provided around the Triage Redesign which was working well.

Recruitment to Head of Emergency and Inpatient Services was underway and it was hoped this post would provide stability to Acute. Appointment of an Acting Director, Jonathan Best, had been made and staff were being returned to their substantive posts. Feedback from staff and patients was positive.

Mrs Cowan provided feedback on the deep dive undertaken around Integration and detail around escalation. Positive feedback had been received from the Assurance Board with transfer of operational management now complete. Ms Jennifer Borthwick was leading on Specialist Mental Health Services which was now within the Partnership, being led by Clackmannanshire and Stirling.

The Governance Review would be discussed under Item 10.1.

Following a request for clarification, it was confirmed that some beds were not being filled due to patient criteria. A review of criteria was being requested, with risk management required across the system. Ms Dodd offered to meet with Ms Morrison to clarify data recording within reports. **Action: Frances Dodd/Karren Morrison**

Mrs Cowan outlined the patients delayed as of this morning (01/03/23) with the Forum acknowledging the clarification around the ongoing challenges within the system. They also recognised the ongoing work to withdraw from contingency beds, which had a positive impact to staff morale. A similar position was noted for all Boards in Scotland.

5. Area Partnership Forum Committee Planner

Mrs Cowan confirmed her intention for Partnership meeting to have a minute; action log and forward planner. Mr Robert Clark proposed the Forward Planner be discussed and agreed in the Partnership for the whole group. This would ensure the planner remained meaningful and pertinent to current issues.

6. FOR APPROVAL

6.1 Staff Bank Organisational Change

The Area Partnership Forum considered a paper "Staff Bank Organisational Change" presented by Mr Michael Brown, Head of Resourcing. The paper had been previously presented, but risk additionality had been requested.

The proposed change being made was of one Band 4 post to one Band 5 post. This change would be monitored while work was undertaken to move from a neutral vendor (Retinue) to an in-house model. Significant workforce and financial benefits were outlined in the paper.

Mr Brown then expanded on the three risks as noted within the paper along with mitigation. This included wide engagement, with significant work already undertaken, including engagement with National Procurement. Learning from other areas was noted, including NHS Lothian, with significant support acknowledged.

Clarification was sought around measurement of success with Mr Brown confirming monthly reports were provided to the Board and National Procurement. Monthly data around hours and spend were also submitted to Pentana. This would ensure prompt identification of any issues. Challenge around re-engagement was noted with future clarification anticipated.

The APF thereafter approved the paper and noted this proposal would provide greater flexibility and deliver better value for the organisation.

6.2 Area Partnership Forum proposed meeting dates

Mrs Cowan formally acknowledged that future meeting dates would be held on a Wednesday afternoon with a monthly frequency. It was then noted however Linda that Chief Officers would be unable to attend at this time. A suitable potential date was then discussed, with Thursday afternoon proposed.

Following approval, it was agreed meeting invites would be issued. **Action: Admin**

6.3 Facility Time Proposal

The Area Partnership Forum considered a paper "Facilities Time Proposal" presented by Mr Nicholas Hill and Ms Karren Morrison.

A brief background was provided noting a dissatisfaction around previous handling of facility time requests. Direction was provided by the National PIN Policy and Facilities Agreement. These documents clearly stated that:

"Boards must put in place a mechanism, agreed by the Area Partnership Forum, to enable facilities time to be quantified, funded, monitored and to demonstrate adherence to the principles of ensuring that facilities time funding is fair and equitable across the organisation."

The wide and disparate role undertaken by Staff Side Representatives was outlined, recognising a need to embed this work.

The Forum noted this was the first paper presented by staff side, encouraged by Mrs Cowan. Thanks were expressed to Mr Hill and Ms Morrison.

Mrs Cowan praised the paper and confirmed she was fully supportive of the comments made. The need for payment was required to acknowledge and recognise this work as being a huge reward for the organisation.

Following discussion, it was agreed a small group would be established to determine a mechanism for obtaining facility time and a potential process. Mr Clark would lead with Mrs Elaine Bell and Ms Linda Robertson from HR. Ms Jennifer Borthwick would provide a Senior Manager view and a financial representative would be sought. Recommendations would be brought to the next APF meeting. A sub-group would then be established to take this process forward. **Action: Robert Clark**

Frances Dodd left the meeting at 1527 hours.

7. BETTER CARE *(This was taken after Item 8)*

7.1 Performance Update

A verbal update on performance was provided by Mrs Cathie Cowan, noting several areas were previously discussed under Item 4. The following key points were highlighted:

- For Planned Care, NHS Forth Valley were one of the best performing Boards. Despite significant backlogs being experienced across the country, tangible process was being seen.
- Diagnostics (Imaging), recruitment had been made to a number of Radiology posts.
- Following Health Improvement Scotland (HIS) Inspection, a response had been submitted on 20 requirements which were progressing well.
- Cancer 31-day target was being met. 62-day target position was around 73.5%. Work was being undertaken around did not attend (DNA) figures.
- Volume of mutual aid being provided.

The APF acknowledged the update provided.

8. BETTER VALUE

8.1 NHS Forth Valley Financial Position

The Area Partnership Forum considered a paper "Finance Report" presented by Mr Scott Urquhart, Director of Finance.

Mr Urquhart provided assurance that the Board remained on track to achieve break-even position for this year, along with the ability to deliver statutory requirements. Resolution of potential low risk areas and External Audit Review would also be required prior to conclusion.

The Audit Scotland Report ('NHS in Scotland 2022') was recently published. Key messages confirmed NHS Boards across Scotland were facing extreme service and financial pressures. Future workforce risks were also highlighted.

The 3-year financial plan was submitted to the Performance & Resources Committee, yesterday, 28/02/23. This was the first time a non-balanced plan had been presented and significant financial pressures were recognised over the next 3 years. The Committee were provided with detail around a number of the drivers, similar to those outlined at the last APF meeting.

A potential £10m deficit was being indicated for 2023/24 despite an ambitious saving programme. This indicated likely requirement for a brokerage loan from Scottish Government to meet the Board's statutory requirement to achieve a break-even position.

Significant work was required to develop a cost improvement plan to aid in achieving financial sustainability. Key strands included absence rates, noting any reduction would also positively impact on temporary staff costs utilised to cover. There was also a need to improve capacity and flow across the system, noting the largest areas of spend were workforce and medicines.

It was also reported to the APF that a meeting would take place with Scottish Government on 02/03/23 to discuss the Board's financial plan. It was acknowledged the majority of Scottish Boards were in a similar financial position.

Clarification was sought around the data within Table 7 which detailed a review of the annual leave policy. Reassurance was provided this was a quantification of the annual leave carried between years.

Mrs Cowan noted the increase of Nurse Bank and Agency Costs and significant impact of any savings made in this area.

The APF recognised the significant work undertaken by the Finance Team. Thanks were expressed as NHS Forth Valley were one of only 3 Boards in Scotland who have achieved break-even.

Mr Urquhart confirmed that updates would be taken through the APF as well as the Performance & Resources Committee and the NHS Board.

The Report was then noted.

9. BETTER WORKFORCE

9.1 Change to Absence Monitoring

The APF received a verbal update on 'Change to Absence Monitoring' led by Ms Linda Donaldson, HR Director.

Ms Donaldson noted agreement at the last meeting to focus on absence; ensuring all processes were in place and policy was applied correctly.

For January 2023 the Board position had reduced to 8.12% in January (8.32% in December). This however remained the highest ever sickness absence rate.

A breakdown of the figures was provided, noting total hours lost in month were 79,280. A policy was in place with key performance indicators noted. Mr Michael Brown confirmed this total could be set against the 75,000 hours covered by Bank and Agency in January 2023 for all reasons. It was reassuring that absence was being covered, however this was at significant cost.

In December, there were 1,338 people that returned to work. Of these only 1 return to work was completed on the eESS system. It was confirmed that this didn't mean conversations didn't take place, but focus was required to ensure formal recording was undertaken.

An increase in Covid was being seen over the last 3 days, with 56 people off today. Anxiety remained the top reason for absence with 25.9%. The significant impact on staff was recognised with creative thinking required to ensure staff were supported.

A deep dive on absence was being undertaken with the Staff Governance Committee, with information available for the APF.

The APF noted the update provided.

10.   BETTER GOVERNANCE

10.1 Review of Governance by Prof John Brown, Chair of NHSGG&C

A verbal update was provided by Mr Scott Urquhart, Director of Finance.

The APF were reminded that NHS Forth Valley had been escalated due to issues around Leadership, Governance and Culture.

In terms of Governance, Mr Urquhart confirmed Terms of Reference had been agreed for the review of Board level Governance across the organisation. This was being led by Professor John Brown, Chair of NHS Greater Glasgow & Clyde, supported by Susan Walsh, Non-Executive Director, Healthcare Improvement Scotland.

Professor Brown was a key author of the 'Governance Blueprint' which was the document that set out best practice for Governance arrangements across NHS Scotland. A revised document was issued in December 2022.

There were three stages to the Governance Review, with the first being one to ones with 20-30 key staff. Mr Urquhart provided an overview of potential focus areas.

The second phase of the review would be observed meetings which have commenced and will continue over the next month. This would enable Professor Brown to take observations and provide recommendations.

The third strand was a document review. Work was ongoing with Professor Brown's team and this was progressing well.

The output would be set of recommendations around continue improvement and best practice. This was anticipated by June 2023. Mr Urquhart confirmed regular updates were being provided to the Assurance Board around the Governance Review process.

11.   FOR NOTING

11.1 Update on Organisation Development Priorities   including Learning, Education and iMatter

Ms Karren Morrison referenced 'Item 2.2 Compassionate Leadership and Culture Programme.' This noted a plan for cultural change model for the organisation. Significant disappointment was expressed that Partnership colleagues were not involved in the development of the Plan prior to APF presentation. Progress has been made without Staff Side involvement and this aligned with a lack of trust in the organisation. This was demonstrated by staff going to their Trade Union rather than their manager.

Reassurance was provided that Partnership colleagues would be closely involved within the Compassionate Leadership and Culture Programme. There were 4 stages to the plan and a culture change team will be established. Staff side would be key representatives on this group.

Clarity was also sought around the role of Cultural Champions with proposal that these requirements were clearly being met by Staff Side colleagues. It was confirmed Champions would be key staff involved in the diagnostics.

Ms Hillary Nelson outlined non-recurring funding and sought clarification around potential financial risk. Mr Scott Urquhart confirmed discussion was ongoing with Scottish Government around resourcing support for the entirety of the programme of work in response to escalation. Reassurance was provided that this was a key priority for the organisation and additionality was noted in the financial plan.

Clarification was sought around Item 2.7 which referred to a staff member requesting a session on 'Courageous Conversations' and reported this did not go ahead to due non-attendance. Ms Margaret Kerr confirmed no apologies had been received and this was a recurring pattern. Work was ongoing with Ms Phyllis Wilkieson to review requirements.

Protected time was noted for Corporate Induction, however not for the compulsory Violence and Aggression and Manual Handling which had poor completion figures. Ms Margaret Kerr provided assurance that this essential learning was part of the Corporate Induction.

11.2   Circular and Policies

The APF noted 'DL 2023/24' related to carry forward of annual leave. Concern was highlighted around preferential consideration to staff who were unable to take annual leave and potential challenge by staff. Ms Linda Donaldson confirmed this related to a pocket of areas with minimal people impacted.

11.3   Facilities & Infrastructure Partnership Forum Minute 25.08.22

No comments were received.

11.4   ED Working Group Minutes 27.10.2022 & 09.012.2022

The APF were informed that this Group had now been stood down and would be incorporated within the Acute Services Directorate structure.

Directorate and Partnership Performance meetings were now in place with 3 pilot areas targeted. Learning would be taken and meetings would then take place with Directorates and Partnerships to ensure review of key areas such as training/absence/budgets/turnover etc. This would ensure close oversight and a transparent culture.

11.5   Clackmannanshire & Stirling Joint Staff Forum 01.12.22

12.   ANY OTHER COMPETENT BUSINESS

12.1   Staff Governance Committee Papers to include:
- **Board Escalation update**
- **ICE Report**
- **Changes to Absence Reporting and Improvement support**

Mrs Cathie Cowan confirmed the above items would be added to the APF Agenda. This would enable staff side to contribute to the process and ensure escalation where appropriate. The APF minute would also be presented to the Board.

13.   DATE OF NEXT MEETING

The date of the next meeting would be issued once agreed.

NHS Forth Valley

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

10.3.2 Area Partnership Forum Ratified Minute – 27 June 2023
For Assurance

Chair: Mr Robert Clark, Non-Executive Director

Minute of the Area Partnership Forum meeting held on 27 June 2023 at 2pm, via MS Teams.

Present:	Cathie Cowan, Chief Executive (Co-Chair)
	Robert Clark, Employee Director
	Elaine Bell, Interim Associate Director of HR
	Jennifer Borthwick, Head of Psychology Services
	Michael Brown, Head of HR Resourcing
	Frances Dodd, Executive Nurse Director
	Sandra Drinkeld, HR Manager
	Nicholas Hill, GMB
	Karren Morrison, UNISON
	Yvonne Myler, College of Podiatrists
	Hilary Nelson, RCN
	David O'Connor, Regional Officer, Unison
	Linda Robertson, HR Manager
	Janet Sneddon, RCM
	Scott Urquhart, Director of Finance
	Lynsey Walker, Dietetics

In Attendance:	Fiona Sharples, Organisational Development Advisor
	Fiona Donnelly, Interim Service Manager Prisons, PDUs and Portfolio ANP's
	Julie Mitchell, Recruitment Manager
	Sarah Smith, Corporate Services Assistant (minute)

1. Apologies for Absence/Confirmation of Quorum

Cathie Cowan welcomed everyone to the meeting. Apologies for absence were noted on behalf of: Jonathan Procter, Patricia Cassidy, Gillian Morton. Post meeting apologies were received from Annemargaret Black.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft minute of Area Partnership Forum meeting held on Tuesday 30 May 2023

The minute of the APF meeting held on Tuesday 30 May was approved as an accurate record.

Matters arising

There were no matters arising.

4. Action Log

The Action Log was reviewed and would be updated as follows:

Item 6 no update and it was agreed this item would be carried forward.

Item 7 on the agenda

Item 8 Scott Urquhart provided an update noting discussion with Elaine Bell and the Payroll Consortium. Feedback advised that although possible to pay overtime weekly, there would be a potential risk to employees around contributions including tax. APF noted there was also significant implications on Payroll resource, this was acknowledged. Completed.

5. Matters Arising from the minute/Action Log
5.1 Escalation Update

The Area Partnership Forum received a verbal update led by Cathie Cowan, Chief Executive. By way of background, the escalation process for the Board was noted. APF Members noted the focus was on strengthening leadership supported by effective governance and cultural improvement.

An Escalation Improvement Plan Version 2 which centred around 3 key principles - 'putting patients first', 'supporting our staff' and working in partnership' was in place with many of the actions being progressed and/or reaching conclusion. Cathie focused on the 'supporting our staff' and confirmed the coproduced ELT Organisational Development Programme to improve the effectiveness of team building and building positive relationships continued. A dashboard was being developed and would be shared with Staff Governance members at the meeting scheduled for 7 July. In addition, learning from other Boards, Greater Glasgow and Clyde; Grampian and Highland had been undertaken with assessment against this. These Boards would now join the Oversight Group that sat within the Leadership and Cultural Programme. Version 3 of the Plan was to be developed and presented to Board for approval.

The professional structure and the additional posts had been completed. Additional management capacity to support integration / working in partnership had been approved which completed those actions. Cathie provided an update re posts and recruitment. The role of Deputy Chief Executive was also progressing and would go to the Remuneration Committee on 4 July 2023 for consideration.

In terms of the Governance Review being undertaken by Professor John Brown, a report was anticipated by the end of July.

For the next Assurance Board (18th July) an overview report setting out work in progress/completed supporting by key documents notably 'putting patients first' led by A Murray and F Dodd, 'supporting our staff' and performance reports - urgent & unscheduled care, CAMHS, Psychological Therapies, and Out of Hours. A Measurement Framework was intended to provide data to measure impact of actions.

The roles of Internal and External Audit were noted, confirming both had provided independent reviews as a part of the year end accounts process. Both reports referred to adequate and effective internal controls.

Cathie Cowan confirmed an update was provided to the Performance and Resources Committee this morning, with a further update to the Escalation P&R scheduled for 4 July 2023.

The role of the Culture Programme was noted. Elaine Bell, Interim Associate Director of HR, provided feedback on Cohort 1 of the Focus Groups. Cohort 2 dates have been issued with 35 Focus Groups underway. Dates have also been provided for Out of Hours and drop-in sessions. Positive response was noted to the staff survey. The next phase of work would focus on synthesis with a triangulation of themes and information. Jo Toland would be commencing as Programme Director on 10 July.

The APF noted the significant work underway.

5.2 Job Evaluation

The Area Partnership Forum received a verbal update on Job Evaluation led by Cathie Cowan. Julie Mitchell, Recruitment Manager, was on the call as HR job evaluation lead.

By way of background, the significant concerns raised around the process were noted. Cathie Cowan confirmed she had Chaired a Collective Grievance and acknowledged the patience and leadership displayed by Staff Side. Resolution was reached with Hilary Nelson, RCN (job evaluation staff side lead) and Julie Mitchell, to draft a Standard Operating Procedure which reference to the National Policy and Job Evaluation Handbook. This would ensure good compliance whilst providing clarity. Thanks were expressed to E Bell and colleagues who met with Cathie Cowan on behalf of staff side to progress.

Hilary Nelson outlined work undertaken with Julie Mitchell that resulted in two provisional dates to recommence panels. Funding had been provided for Admin Support. National training was noted with managers to encourage staff to come forward for training in job matching and as consistency checkers. Training would also available around writing job descriptions.

A new National Job-Sharing Protocol was noted, and it was confirmed the local policy would be presented to the APF in July. This would provide procedural guidance to allow staff and managers to comply with the process. The importance of having robust processes in place was required to ensure a diverse group of people were in place to run panels. Buy-in would be required to release both managers trained in job matching as well as reps.

The APF noted the resolution and dates proposed for recommencement of the Job Evaluation panels.

6. FOR APPROVAL

6.1 HMP & YOI Stirling, Change to Shift Pattern

The Area Partnership Forum revisited a paper "HMP & YOI Stirling, Change to Shift Pattern' presented by Fiona Donnelly, Interim Service Manager.

This paper was presented to the APF in May 2023 and a review of the suggested shift pattern had been requested. This work had been completed and the proposed shift pattern had been reduced to either a core shift pattern or a 12.5-hour shift with a 30-minute unpaid break with paid breaks included. It was also proposed that the commencement of the early shift - 7.30 am with a finish time of 9 pm. This would align with the new operational prison regime and would allow staff on shift to support patients. It would also align with the European Working Time Regulations and the SPS Operational Regime. It was also anticipated this change would increase role attractiveness and staff wellbeing for those in post.

The changes proposed would affect Primary Care and Mental Health Nurses B3 - B6, currently 12 in total. The proposed shift alignment for both full and part time employees was noted in the paper. It was confirmed there were a number of staff in Glenochil and Polmont who had moved to the longer day pattern and the feedback had been positive. This was in terms of personal wellbeing and positive work experience. There had been no impact on absence.

There were a small number of staff who have requested to remain on the core shift pattern. This would therefore also require to be reviewed to ensure alignment with the European Working Time Regulations.

The Chair thanked Fiona for listening to the APF concerns and returning with a new proposal. Elaine Bell noted that she had met with Fiona and colleagues following the last meeting and confirmed she was happy with the content of the amended paper.

The APF thereafter confirmed approval for the consultation on shift times within HMP and YOI Stirling. This was subject to ongoing monitoring around absence, patient safety, and compliance.

The APF also acknowledged the significant work undertaken around the opening of HMP Stirling.

6.2 Medical Workforce Organisational Change Proposal

The APF considered a paper 'Medical Workforce Organisational Change Proposal' presented by Michael Brown.

This paper was generated from an accommodation review within Carseview, Stirling and proposed the Medical Workforce Team (10 staff) relocate to Carronbank, Stirling. This would mean the full HR Resourcing Team was located in the same building and had access to the same support. The benefits to the move were outlined fully within the paper. Due to a change of base, the organisational change policy should be followed.

The paper also provided assurance around staff involvement and the ongoing support that would continue during the process. A Hybrid model of working would continue for the Medical Workforce Team. Detail was also provided around costing, noting some ventilation work was required which would cost £3.5k along with an additional £3.5k for furniture. These expenses would be funded centrally with Finance approval provided.

The APF thereafter supported an organisation change process which would support the relocation of the Medical Workforce Team from Carseview, Stirling to Carronbank, Denny.

7. BETTER CARE

7.1 Performance Report

This item was circulated for information.

Cathie Cowan highlighted some key areas noting increase in both outpatient/inpatient and day case activity. In diagnostics, waits were increasing which was having an impact on cancer specialty specific waits. The Acute Directorate was currently preparing a proposal to increase activity late days and weekends, while completing a Business Case for a third CT Scanner.

8. BETTER VALUE

8.1 NHS Forth Valley Finance Report (taken after Item 4)

The APF received a paper presented by Scott Urquhart, Director of Finance, who highlighted three main issues to APF in terms of the Board's financial position.

Significant overspends were being seen in a number of areas, with a £2.8m overspend for the first two months of the financial year. If this continued, the position would extend beyond the £15m projected deficit.

Scottish Government had confirmed a £200m package of additional National funding to all Boards across Scotland. This was to support the financial position in year and comprised a

mixture of recurring and non-recurring funds. Despite this additional allocation, a significant recurring gap remained with focus on recurring savings required.

Good progress was being seen in terms of the savings plans that were outlined to APF previously. Arrangements had been put in place to stop off-framework Agency. A significant drop was noted for off-framework Agency shifts, with a break glass policy in place to ensure safe staffing compliance. Additionality there has been an improvement seen in the overall absence position; significant recruitment of newly qualified Nurses and a reduction in supplementary beds on the Acute site. These areas would all contribute to an improved spend position for supplementary staff however the majority only took effect in June, so impact was still to be seen.

Discussion was ongoing with Scottish Government around the Board's current year projected position. A formal meeting would take place after Quarter 1 when the position was expected to be above the projected deficit. Focus was required on recurring savings. Note was made of the 'spend to save' investments made at ELT 26/06/23 in the areas of Pharmacy and Psychiatry.

Work would be undertaken to reassess the financial position for this financial year and an update on this and the outstanding risks would be provided to the next APF. **Action: Scott Urquhart**

Michael Brown informed the APF that there had been a 94% overall reduction in the use of off framework, with 20% reduction in Agency use overall. The benefit of transparent processes around escalation was noted. If reductions to date were replicated nationally, there would be a £36m saving, with an expected improvement month on month. Cathie Cowan confirmed the focus was on filling permanent posts to reduce Agency utilisation. The role of the Workforce Governance Group was noted with a focus on areas including spend, sickness absence and recruitment and retention. The work undertaken with the newly qualified practitioners in Nursing and Midwifery was noted with potential future expansion.

Frances outlined the National Ready Reckoner that Scottish Government had requested to support and inform implementation. This would be circulated to APF members.
Action: Frances Dodd

Elaine Bell provided feedback on the Leadership Programme Presentation, outlining the work in AAU led by Kathryn Swan, Clinical Nurse Education. This included induction programmes and exit interviews, with an improvement in staff retention seen.

The APF thanked Frances Dodd, Michael Brown, and his team for their leadership in this area. Assurance around the continued prioritisation of safety was noted. Thanks was also expressed to Scott for his progression in delivering mitigating actions which should help progress the financial position.

9. BETTER WORKFORCE

9.1 Absence Management

The Area Partnership Forum received a paper Sickness Absence Information May 2023 presented by Linda Robertson, HR Manager.

The absence figures for May 2023 had reduced slightly from 6.41% to 6.4% - long term had increased, but short term reduced. For sickness absence by service, Clackmannanshire and Stirling HSCP remained the highest at 8.75, followed by Falkirk HSCP. Overall, there were 26 fewer staff off in May.

For job family, Nursing, Midwifery, unregistered was the highest at 11.4% which was a slight increase. In terms of reasons for absence, anxiety/stress/depression remained the highest across the organisation. Specific note was made of the increase in 'other known causes not elsewhere classified' noting it was unusual that sickness absence reason did not fall within one of the provided options. Specific note was made of the Falkirk HSCP at 14.43%. It was proposed that absence reasons be re-circulated with aim for this figure to resolve in the next month. Reassurance was provided that this increase would be picked up by HR Managers in each area. It was noted that within Prisons the figure for this reason had reduced from 25 to 15.

Cathie Cowan highlighted the important measure of hours lost to sickness, noting in May 2023 in Nursing there were 22,802 hours lost. This was not always reflected within the percentage figure, in this case 6.41%.

Nick Hill sought clarification around the reasons for increase in absence within support services. The small number of staff in service areas was noted, however it was agreed that absence reasons would be reviewed and APF updated. This would be done in advance of the next meeting to allow prompt action. **Action: Linda Robertson**

The work undertaken around an Action Plan for sickness absence was noted with clarification sought around the work output. Submission would be made to Staff Governance on 7 July 2023 with proposal to incorporate high level themes from the Staff Survey. This would also be circulated to APF. Reassurance was provided around Clackmannanshire and Stirling HSCP noting a significant volume of work being undertaken to address absence. Detail was also provided around the work within Emergency Care and Inpatients noting improvement was being seen in performance indicators. Capture of learning would be undertaken to enable replication of this improvement in other areas.

It was also noted that the absence trajectory from December 2022 to date had reduced.

Hilary noted the excellent work undertaken around the Peer Support Network from Joanna and her team in Occupational Health.

The APF thereafter noted the position and all ongoing work.

10.   BETTER GOVERNANCE

10.1 Review of Governance by Prof John Brown, Chair of NHSGG&C

Cathie Cowan by way of background, advised Professor John Brown had been undertaking a review of Governance commissioned by the organisation. Terms of Reference had been approved by the Board and work undertaken through desktop exercises, interviews and observations in key areas. A number of governance controls were being reviewed – e.g., SFI etc. A significant piece of work was noted around the Code of Corporate Governance led by Kerry in Cathie's team

A Report would detail findings/recommendations to then inform improvement actions. The Board would then respond to these and add timescales. An Interim Report had been received however this focussed on the process adopted to date.

11. FOR NOTING

11.1 Update on Organisation Development Priorities including Learning, Education and iMatter

The Area Partnership Forum received a paper presented by Fiona Sharples, Organisational Development Advisor.

Staff Support and Wellbeing remained an ongoing priority for the Organisational Development Team. The iMatter survey had closed with a Board response rate of 61%. Work was now progressing to action planning which would finish on 1 August 2023 for electronic plans and 14 August 2023 for paper. The Culture Programme was detailed, noting previous update provided to APF.

The Staff Awards would close on 30 June 2023 and 400 electronic nominations have been received to date. Paper submissions still require to be counted.

The Leading for the Future, Cohort 12 had concluded with a Consolidation event on 8 June 2023.
The APF thereafter noted the paper as presented.

11.2 Circulars and Policies
11.3 Facilities & Infrastructure Partnership Forum Minute 2 March 2023

The APF noted items 11.2; 11.3.

12. ANY OTHER COMPETENT BUSINESS

12.1 Staff Governance Committee: Board Escalation update (Role of Staff Governance Committee)

The APF noted the paper.

Band 2 to Band 3 Bank Staff - Karren Morrison outlined the Collective Grievance process undertaken. A letter has been issued from STAC which requested resolution. This had been achieved with pay backdated to October 2021. Michael Brown confirmed the requirement to resolve the Grievance which would be heard on 29 June 2023. The 24 people involved would then have their increase processed. A letter would then be issued to all 1700 Bank Staff. This had been amended by Staff Side with timeline not being included. Additional resource would be required to resolve.

Elaine Bell provided an update on the **B2 to B3 for substantive staff**. To date, 530 arrears have been processed with payment for 183 to be made in June. This left 250 outstanding with aim for this to be within the August pay. A staff communication would be shared with Karren prior to distribution. The positive partnership working was noted. Michael highlighted the need to retain a community direct level entry post with work ongoing with Frances Dodd and the Team to develop this role.

Hilary Nelson advised that as face masks were no longer required in non-clinical spaces, it was confirmed that Covid reporting was no longer required. This was supported by APF.

It was confirmed NHS Forth Valley were well represented at **The RCN Scotland Nurse of the Year** that took place 21 June 2023. The organisation had 2 wins and 5 runners up. The process for 2024 had begun. Cathie acknowledged the work and recognition of all the winners.

Karren highlighted meeting attendance and requested that those on the distribution be encouraged to attend. Robert Clark and Cathie Cowan would highlight this at the Executive Leadership Team. **Action: Cathie Cowan/Robert Clark**

13. DATE OF NEXT MEETING

The next meeting of the Area Partnership Forum will be held on Tuesday 18 July 2023 at 2 pm via MS Teams.

NHS Forth Valley

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

10.3.2 Area Partnership Forum Ratified Minute – 30 May 2023
For Assurance

Chair: Mr Robert Clark, Non-Executive Director

Minute of the Area Partnership Forum meeting held on 30 May 2023 at 2pm, via MS Teams.

Present: Mr Robert Clark, Employee Director (Chair)
Cathie Cowan, Chief Executive (Co-Chair)
Elaine Bell, Interim Associate Director of HR
Michael Brown, Head of HR Resourcing
Frances Dodd, Executive Nurse Director
Linda Guy, HR Manager
Nicholas Hill, GMB
Margaret Kerr, Head of Organisational Development
Karen Leonard, Regional Officer, GMB
Karren Morrison, UNISON
Gillian Morton, Director for CPMO/W&C Directorate/Chief Midwife
Hilary Nelson, RCN
David O'Connor Regional Officer, Unison
Linda Robertson, HR Manager
Janett Sneddon, RCM
Scott Urquhart, Director of Finance

In Attendance: Ross Cheape, Service Development Manager - Mental Health (Item 6.1)
Fiona Donnelly, Interim Service Manager Prisons, PDUs and Portfolio ANP's
Marie Gardiner¸ Head of Service (Item 6.3)
Judith Rooney, Service Manager - Emergency Care & Inpatients (Item 6.2)
Sarah Smith, Corporate Services Assistant (minute)

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

   Robert Clark welcomed everyone to the meeting. Apologies for absence were noted on behalf of: Jennifer Borthwick, Patricia Cassidy, Mark Craske; Linda Donaldson; Bryan Hynd; Yvonne Myler; Jonathan Procter and Cameron Raeburn.

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

   There were no declarations of interest made.

3. **Draft minute of Area Partnership Forum meeting held on Wednesday 1 March 2023.**

   The minute of the APF meeting held on Wednesday 1 March 2023 was approved as an accurate record, subject to the following amendment:

   Page 7 - Item 10.1, Paragraph 5: Scott Urquhart confirmed the interviews were confidential and his update provided a general overview on the process with reference to the Blueprint for Good Governance (second edition) model being used to assess NHS Board governance arrangements.

Matters arising

Page 3 - Meeting of CAHMS target in Quarter 1: Cathie Cowan updated colleagues and reminded them that the NHS Board had agreed the focus would be on long waits vs. RTT performance and this continued. At the Board meeting earlier today, Mrs Cowan had reported on an increase in referrals and the impact this would have on meeting the standard. The Directorate having reprofiled trajectories had confirmed meeting the standard would now be by August 2023 and in Q1.

4. **Action Log**

   The Action Log was reviewed and would be updated as follows:
   1. Cathie Cowan confirmed circulation of the SOP - Ward 5, SCH as agreed - action complete.
   2. Karren Morrison provided clarity around the action re room allocation confirming an accommodation review would take place for the Forth Valley site. An interim solution had been obtained with allocation of Rooms. Gillian Morton highlighted the need for rooms to accommodate the NTC development. Gillian also referred to work previously undertaken on room allocations (G Allan would have proposals) and revisiting this. It was agreed to invite Jonathan Procter to comment on this.
   3. Cathie Cowan confirmed Sturrock dates have been issued: - 20/07; 06/09; and 15/11 – action complete.
   4. Action to be carried over to next meeting.
   5. Future APF dates have been issued - action complete.
   6. Hillary Nelson sought clarification on facility time and an intended timescale. Robert Clark confirmed he would liaise with Linda Donaldson and bring an update to the next meeting.

5. **Matters Arising from the Minute**

   Following request, an update was provided on Job Evaluation led by Michael Brown. APF Members noted Julie Mitchell and Hilary Nelson were the job evaluation leads. Karren Morrison requested written assurance that any issues arising matching and/or consistency, the process was followed in accordance with the national policy and handbook. Cathie Cowan confirmed in Linda Donaldson's absence that Linda would issue assurance confirming this - 01/06/23.

   Subject to the assurance letter being provided, the APF agreed the recommencement of job evaluation by 5 June 2023. **Action: Linda Donaldson**

   There were no further matters arising from the minute.

5.1 **Culture Review Process and APF involvement**

   The APF received a verbal update presented by Margaret Kerr.

   Margaret referred to the Leadership and Culture 4 phase programme launched in early April and acknowledged staff side involvement. Since the launch high numbers of staff had asked to be included in the Culture Change Programme Team. Having raised awareness led by ELT Members focus groups had been meeting with good engagement and wide/diverse representation. APF Members highlighted the need for staff to feel supported to speak up. Margaret provided clarification on the timescales for each of the phases - noting the Discovery Phase would end in July, with Synthesis running throughout August.

   Cathie Cowan thanked Margaret Kerr for her Leadership in this area, noting the positive level of staff involvement.

   The APF noted the update.

11.1   Update on Organisation Development Priorities including Learning, Education and iMatter

The APF received a paper presented by Margaret Kerr for noting. In terms of iMatter, this would close on 5 June 2023.   Current organisational response rate was 46% (2022 was 58%). Following enquiry around comparison, it was confirmed the position for other Boards could not be accessed until the National Report was issued.

The APF had encouraged staff to complete the survey 'honestly' and had assured staff that responses were confidential. It was noted that Managers were also encouraging staff to complete the survey to support improvement actions.

The APF noted the paper.

6.   FOR APPROVAL

6.1   Mental Health Unit Shift Patterns

The APF considered a paper presented by Ross Cheape, Service Development Manager - Mental Health.

APF Members were aware and noted the staffing challenges within the Mental Health Unit. Members also noted informal conversations had taken place around the current core shift pattern with a significant number of staff advising that this no longer met their needs around a variety of areas.

The proposal was to formalise discussions through a questionnaire issued via Microsoft Forms. Suggested questions were noted within the paper. This was not anticipated to be a contentious issue with staff driving the progress.

It was also agreed that for any proposal submitted, a strong evaluation of impact on staff/patients with review period would be sought.

The APF praised the process as a good example of best practice around organisational change. The progression to Consultation Questionnaire was then approved, with return to APF following completion.

6.2   Organisational Change Duty Manager Rota

The APF considered a paper "Organisational Change Duty Manager Rota" presented by Jude Rooney, Service Manager.

A brief presentation was provided which provided clarity around the current model and its challenges.   Proposal model and its benefits were outlined, acknowledging further site management work would be required. Financial implications were noted in the region of £11k additionality per year, which was to be funded within Directorate costs.

The APF recognised the significant challenge for staff moving to an increasing 1/8 on call pattern for Senior Nurse and 1/14 for Duty Manager. The benefit of separating posts of Duty Management and Senior Nursing roles was acknowledged. Removal of Senior AHP roles from the roster was also recognised noting the significant staffing challenge in this area. Increasing frequency would also supporting managers maintain both confidence and competencies. It was noted the Executive on call would not change.

The APF discussed benefits with evaluation again recognised as a key requirement along with leadership, capacity, and good governance (i.e., controls) and culture. It was also recognised that as there would be a Duty Manager/Senior Nurse and Executive on call each day, clarity would be required re roles and responsibilities. Linkage to safe staffing legislation etc was noted.

Following discussion, the APF then approved the progression of the proposal however noted specific financial implications would be required, including any protections or additional payments. Jude Rooney confirmed this would be circulated to APF.

6.3 Health and Corporate Records Management Plan

A paper was presented by Marie Gardiner, Head of Acute Services Ambulatory, Diagnostics & Theatre, titled "Health and Corporate Records Management Plan".

The proposal was for the staff and budget for the Corporate Records Management Service to move to the Information Governance Unit. Close working and alignment of processes were recognised with benefit of increasing efficiency and effectiveness. There would be 2 staff affected (B6 and B5) and informal discussion had taken place with no issues highlighted.

As there would be a change in base, the organisational change process would be required. Human Resources support would be sought for the change in management line.

Following discussion, the APF thereafter approved the proposal.

6.4 HMP/YOI Stirling: Proposed Change to Shift Pattern

The Area Partnership Forum considered a paper "HP/YOI Stirling: Proposed Change to Shift Pattern" presented by Fiona Donnelly, Interim Service Manager Prisons, PDUs and Portfolio ANP's.

HMP Stirling would open on 19 June 2023 and staff had made request for consideration around longer shift patterns. This had not been possible previously due to staffing position. Full discussion had taken place with staff with 90% agreement. Alignment with the SPS Regime was required and detail was provided around times of core requirement.

The proposal was outlined, focussing on a 13.5-hour shift with 2 worked together. An alternative was also noted with alternative pattern for week 4. This was not the preferred choice of staff.

During discussion the APF acknowledged the uniqueness of the service area, with SPS alignment required. The significant risks within the posts were noted.

APF Members highlighted that 3.5 hours shift did not meet with the European Working Time Directives and the APF would not approve the paper in its current form. It was recognised that a change in hours may have potential benefits for the service. Therefore, discussion should continue to try to reach a compromised position with staff. Hillary Nelson and Elaine Bell offered to work with Fiona Donnelly to review and refine paper with return to the APF in due course, this was supported.

7.   BETTER CARE

7.1 Performance Report

This item was circulated for information.

8.   BETTER VALUE

8.1 NHS Forth Valley Finance Report

The APF received a Finance Report presented by Scott Urquhart who advised an updated position had been provided to the NHS Board earlier in the morning today.

In terms of last financial year, a draft position was reported which included meeting all three financial requirements including break even, subject to External Audit. The clearance meeting would take place on Thursday 8 June 2023. No significant issues have been highlighted to date that would impact on the position. Presentation would then be made to the Audit and Risk meeting on 20 June 2023 with a Special Board scheduled on 23 June 2023 to sign off annual accounts and the supporting internal and external governance findings /requirements.

In terms of the current year position a significant financial challenge was noted. The financial plan recorded a £15m deficit which was in addition to the assumed savings of £25m, noting associated risks. The Performance and Resources Committee had been provided with three key saving areas of workforce (supplementary staffing); Medicines cost; and Income.

Concern regarding the Board's opening position – in excess of £2M was highlighted and the supplementary staff costs to support contingency beds. Delays in discharge and community transfers was also contributing to Board costs. However, a clearer position would be seen after the first quarter.

A significant piece of work was being undertaken around Nurse Agency. This was being led by Frances Dodd and the work intended to stop/reduce reliance on off-framework contracts from 01/06/23, with a clear escalation process in place.

Enquiry was sought around the ability to pay staff overtime on a weekly basis, which may encourage staff to undertake shifts and aid in reduction of high-cost agency. Clarification had been sought and would be reported to APF Members. Following enquiry, a response was awaited from the Payroll Consortium (incorporating NHSFV), and this would be circulated once available.

Action: Scott Urquhart

The APF noted the position as presented.

9.   BETTER WORKFORCE

9.1 Absence Management

The APF received the April Absence Management Report presented by Linda Robertson, HR Manager.

A reduction in overall absence was noted from 7.34% to 6.41% including long and short term. There were 228 fewer staff absent in April. Sickness absence was provided by job family, noting

top reason of anxiety stress and depression was replicated across all areas. The March national position was 6.25%, with NHS Forth Valley being the 2nd highest NHS Board.

Areas of ongoing work were noted, with all actions requiring completion by August 2023. Updates would continue to be provided to the APF monthly.

Elaine Bell confirmed the updated Absence Management Action Plan had been circulated.

Following enquiry, an update was provided around monitoring of return to work through eESS.

10. BETTER GOVERNANCE

10.1 Review of Governance by Prof John Brown, Chair of NHSGG&C

Scott Urquhart advised the ACF that the External Review of Governance was expected to conclude end of June 2023. An interim report has been circulated outlining progress against 1:1, desktop review of documentation and observed meetings. There were no obvious themes or early indication of issues/risks. A meeting would take place with Prof John Brown on 1 June 2023 to seek advice on governance metrics to inform NHS Board reporting on actions/progress.

Aligned to this, a facilitated governance self-assessment was being progressed. This would align with the Revised Blueprint for Good Governance and outputs from the external review. The aim would be for one Governance Improvement Action Plan going forward.

Scott also referred to pilots to inform the Directorate/Partnership Performance Review and these being rolled out following further reflection and clarification. Feedback from ELT members had been received and it was intended this would also incorporate the level of performance information to be reviewed at ELT.

11. FOR NOTING

11.1 Update on Organisation Development Priorities including Learning, Education and iMatter (taken after Item 5.1)

11.2 Circular and Policies
11.3 Facilities & Infrastructure Partnership Forum Minute 01/12/22
11.4 ESM Overtime Letter 30/03/23

The APF noted items 11.2; 11.3 and 11.4.

12. ANY OTHER COMPETENT BUSINESS

12.1 Staff Governance Committee:
- **Board Escalation update (Role of Staff Governance Committee)**
- **ICE Report**
- **Attendance Management paper (covered during Item 9.1)**
- **Changes to Absence Reporting and Improvement support**

Cathie Cowan advised she expected assurance being provided by the SGC and its role in overseeing the culture and leadership programme implementation.

12.2 B2-B3 Bank Staff

Karren Morrison advised this item was being raised as a significant concern. It was noted conversations have taken place with Elaine Bell and Michael Brown; however back pay remained a significant issue along with Band 3 posts receiving Band 2 pay.

Frances Dodd was clear that B3 posts would only be filled with staffing having B3 competencies. If any staff were being asked to do anything outwith the competencies of their role, then she and Michael Brown should be informed. B2 would remain as the organisation's entry level post.

Cathie Cowan acknowledged the backlog and the impact of updated pay awards on the timetable. Cathie supported the urgency and reported additional staff were being brought in to assist with the process.

Karren Morrison advised she was not assured, and it was requested further work be undertaken to obtain figures around how many shifts requested a Band 3 and were receiving a B2 staff. Cathie in support agreed this be progressed to address this anomaly.

APF members were also requested that to encourage staff to remain respectful in all communications with Payroll. Cathie Cowan made clear that abuse of any staff was not acceptable.

Cathie proposed band 2 to 3 joint communication with staff side, however also acknowledged the role of staff side in maintaining their negotiation role.

AOCB

APF papers – Robert Clark advised the call for papers would be made 2 weeks before the meeting, with a reminder issued. No late papers would be accepted unless exceptional circumstances. Papers would be sent out 1 week (5 full days) in advance of the meeting.

Nursing and Midwifery Taskforce - updates were requested from Francis Dodd to future meetings.

Action: Frances Dodd

Nick Hill introduced E-bikes: Forth Bike had gone out of business and all ebikes were locked on site. It was requested some form of service be established noting linkage with sustainability and car parking. Robert Clark confirmed he would liaise with Mark Craske to establish options.

Action: Robert Clark

13.   DATE OF NEXT MEETING

The next meeting of the Area Partnership Forum will be held on Tuesday 27 June 2023 at 2 pm, via MS Teams.

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

11.1 Falkirk IJB Ratified Minute - 31 March 2023
For Assurance

Chair: Dr Michele McClung, Non-Executive Director, NHS Forth Valley

Minute of hybrid meeting of the Integration Joint Board held within Room G33, The Foundry on Friday 31 March 2023 at **9.30a.m.**

Voting Members:	Councillor Collie (Vice-Chair) Councillor Flynn Councillor Hannah Gordon Johnston Stephen McAllister Michele McClung (Chair)
Non –voting Members:	Margo Biggs, Service User Representative Robert Clark, Staff Representation, NHS Forth Valley Ian Dickson, Third Sector Representative Frank Donnelly, Carer Representative Carol Ann Harrower, Carer Representative David Herron, GP Representative Steven Kirkwood, Chief Finance Officer Sara Lacey, Chief Social Work Officer Victoria McRae, Third Sector Interface Roger Ridley, Staff Representative, Falkirk Council Helen Welsh, Staff Representative Substitute, Falkirk Council
Also Attending:	Jack Frawley, Team Leader- Committee Services Calum MacDonald, Performance and Quality Assurance Manager Lesley Mc Arthur, Partnership Funding Co-ordinator Colin Moodie, Chief Governance Officer Margaret Petherbridge, Project Development Manager Paul Surgenor, Communications Officer Andrew Stirckland, Policy and Research Officer Martin Thom, Head of Integration Suzanne Thomson, Senior Service Manager Gail Woodcock, Head of Integration Lydia Wright, Development Worker

IJB52. Apologies

The Chair led the Board in expressing its thanks to Councillor Devine for her service as a member of the Board. The Board welcomed Councillor Flynn as a member of the Board.

There were apologies from Patricia Cassidy, Chief Officer; Cathie Cowan, Chief Executive NHS Forth Valley; Kenneth Lawrie, Chief Executive NHS Forth Valley; Andrew Murray, Medical Director, and Frances Dodd, Nursing Director.

IJB53. Declarations of Interest

There were no declarations at this point.

IJB54. Minute

Decision

The Integration Joint Board approved the minute of meeting held on 18 November 2022.

Patrick Rafferty joined the meeting during consideration of the following item.

IJB55. Action Log

'Request for Progress Update on the Annual Health Checks for People with Learning Disabilities' was provided within the Chief Officer report and accordingly fell from the action log.

Decision

The Integration Joint Board noted the Action Log.

IJB56. Chief Officer Report

The Integration Joint Board considered a report by the Chief Officer which provided an update on current developments within the Falkirk Health and Social Care Partnership (HSCP). The report also provided an update on the ongoing systems pressure response.

The report provided information on:-

- Delegated Authority;
- Urgent and Unscheduled Care Programme
- HSCP Recruitment Campaign
- Arrangements for Forth Valley Wide Health Services
- Transfer of Interim Care Team
- Home First Service
- Support at Home Services Contract
- Registration of Thornton Gardens Care Home
- Alcohol and Drug Partnership (ADP) Update
- Care Opinion Implementation
- Mother and Child Care Recovery House – Aberlour
- Annual Health Checks for People with Learning Disabilities.

Decision

The Integration Joint Board:-

(1)   agreed to continue to delegate authority to the Chief Officer, to be

reviewed at the Board meeting in June 2023;

(2)   **delegated authority to the Chief Officer, in consultation with the Chair and Vice Chair, to agree the required changes to Thornton Gardens Care Inspectorate registration, and**

(3)   **noted the Aberlour Children's Charity proposal had received support in principle from partners and that further discussions were ongoing**

IJB57. 2022/2023 Finance Report

The Integration Joint Board considered a report by the Chief Finance Officer which provided a summary of the financial position for the ten-month period ended 31 January 2023, including the projected outturn for the year.

An overspend of £3.788m was reported against the set aside budget and an underspend of £2.243m against the integrated budget at 31 January 2023. This was 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 an overspend of £3.784m against the set aside budget, to be managed by NHS Forth Valley, and an underspend of £2.119m against the integrated budget by 31 March 2023.

Decision

The Integration Joint Board:-

(1)   **approved the breakdown of the payments to Falkirk Council and NHS Forth Valley as per the Directions summary;**

(2)   **noted the year to date overspend of £3.788m against the set aside budget and the integrated budget underspend of £2.243m reported as at 31 January 2023;**

(3)   **noted that risk share arrangements had been agreed for 2022/23 only and that the forecast set aside overspend of £3.784m would be managed by NHS Forth Valley while the integrated budget was forecast to underspend by £2.119m and would not require risk share intervention;**

(4)   **noted that longer term risk share arrangements required to be agreed as part of the on-going review of the Integration Scheme, and**

(5)   **noted the cost share arrangements for the contingency beds in Stirling Community Hospital.**

IJB58. 2023/24 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 reflected the updated position following negotiations with Falkirk Council and NHS Forth Valley regarding the level of payments for 2023/24.

Decision

The Integration Joint Board:-

(1)   **noted the adjustments to the 2023/24 financial planning assumptions;**

(2)   **approved the updated 2023/24 Business Case which had been revised following negotiations with Falkirk Council and NHS Forth Valley in respect of the level of payments for financial year 2023/24, and**

(3)   **approved the 2023/24 savings plan including the use of £2.829m reserves to address the residual financial gap non recurrently until a recurring solution could be identified.**

IJB59. Strategic Risk Register

The Integration Joint Board considered a report by the Chief Finance Officer which provided an update on the IJB's Strategic Risk Register. One new risk had been added to the register since last presented to IJB on 2 September 2022, essentially splitting the previous Primary Care risk into two separate components.

There were 10 live risks recorded in the register, 9 were considered as high risk and 1 as medium risk.

Decision

The Integration Joint Board noted:-

(1)   **the high-level summary of the Strategic Risk Register, and**

(2)   **the detailed Strategic Risk Register.**

IJB60. Medium Term Financial Plan 2023-2027

The Integration Joint Board considered a report by the Chief Finance Officer which presented the Medium-Term Financial Plan (MTFP) 2023/24 to 2026/27. This provided a framework to enable the Integration Joint Board to effectively allocate its financial resources.

Developing a Medium-Term Financial Plan would help to balance the financial implications of objectives and policies against constraints in financial resources, allowing effective decision making and providing a clear and concise view of future sustainability. Along with the Workforce Plan, the MTFP formed a pivotal link to translate the organisation's ambitions and constraints into deliverable options for the future.

The Plan acknowledged the global economic uncertainty and the widespread pressures on public spending. Further work was required to take account of recent NHS Forth Valley and Falkirk Council decisions on IJB budget allocations and service impacts, in order to achieve recurring financial sustainability. There were still due diligence processes to be completed for the transfer of remaining services to the Falkirk and Clackmannanshire & Stirling IJBs. A workshop was planned with the Board to ensure there was a thorough understanding of the financial outlook.

Decision

The Integration Joint Board:-

(1) approved the **Medium-Term Financial Plan 2023/24 – 2026/27, and**

(2) noted a **Board development session would be held in April 2023 to consider the MTFP and due diligence implications.**

IJB61. Falkirk HSCP Strategic Plan 2023-26

The Integration Joint Board considered a report by the Senior Service Manager which presented the draft Strategic Plan 2023 - 2026 for approval. The new Strategic Plan and associated high level Delivery Plan had been developed with the Strategic Planning Group (SPG). The Plan was based on an assessment of the 2019-2023 Strategic Plan, evidence of local challenges and needs provided via a Strategic Needs Assessment and feedback gathered through two consultation processes.

Decision

The Integration Joint Board:-

(1) approved the **draft Strategic Plan and Easy Read and Summary versions;**

(2) noted the **Consultation Report on the development of the Strategic Plan, and**

(3) noted the **Equality and Poverty Impact Assessment.**

IJB62. Falkirk Carers Strategy 2023/26

The Integration Joint Board considered a report by the Project Development Manager which sought approval of the Falkirk Carers Strategy 2023-26.
The strategy had been prepared following public consultation and extensive engagement with carers and partners in the delivery of support to unpaid carers in Falkirk.

Following discussion with the Scottish Government, IJB had Chief Officers agreed to publish a Statement of Intent for Unpaid Carers. It was concluded that it would be appropriate to publish this to accompany the strategy. The Falkirk Short Breaks Services Statement would be updated subject to the approval of the strategy and would reflect the agreed outcomes within the strategy.

Decision

The Integration Joint Board:-

(1) approved the **Falkirk Carers Strategy 2023-26;**

(2) approved the **Falkirk Statement of Intent for Unpaid Carers, and**

(3) noted the **Falkirk Carers Strategy and Local Statement of Intent for Unpaid Carers have been shared with Children's Services.**

Stephen McAllister left the meeting during consideration of the previous item.

IJB63. Annual Report of the Chief Social Work Officer 2021/22

The Integration Joint Board considered a report by the Chief Social Work Officer which provided an overview of how the statutory responsibilities had been fulfilled during 2021-22. CSWOs were required to submit an Annual Report in accordance with Scottish Government guidance.

Decision

The Integration Joint Board:-

(1)   noted the content of the CSWO's Annual Report, and

(2)   acknowledged the commitment, skills and experience of social work staff in continuing to deliver high quality services during an unprecedented year.

IJB64. Performance Monitoring Report

The Integration Joint Board considered a report by the Performance & Quality Assurance Manager, Falkirk HSCP which presented the Performance Monitoring Report December 2021 – December 2022. The report provided a summary of key performance issues and drew on a basic balanced scorecard approach with a focus on exception reporting.

Decision

The Integration Joint Board noted:-

(1)   the Performance Monitoring Report; and

(2)   that appropriate management actions continued to be taken to address the issues identified through the Performance Monitoring Report.

IJB65. IJB Governance Report

The Integration Joint Board considered a report by the HSCP Governance Support Officer and Senior Service Manager which provided a number of updates relating to governance matters including on the Chairing arrangements and membership of the IJB, effective from 30 April 2023.

The report also presented the Volunteer Expenses Policy, 2023 - 2026 for approval. There were no major changes between the proposed policy and the previous policy. The policy and claims form had been refreshed to suit current branded document templates and pass accessibility checks.

The Vice-Chair led the Board in expressing its thanks to Michele McClung for her service as Chair and noted that it was very welcome she would remain as a member of the Board going forward.

Decision

The Integration Joint Board:-

(1)   noted the appointment of Councillor Collie as Chair of the IJB, effective 30 April 2023;

(2)   noted the appointment of Stephen McAllister as Vice-Chair of the IJB, effective 30 April 2023;

(3)   noted the re-appointment of Gordon Johnston, Stephen McAllister and Michele McClung as NHS Forth Valley voting members;

(4)   noted that Frances Dodd, NHS Forth Valley Executive Nurse Director would be the nurse representative on the IJB and that Elaine Kettings, Falkirk HSCP Chief Nurse would be their substitute;

(5)   noted that Register of Interests forms for all members had been completed and published on the Health & Social Care Partnership website, in compliance with the Code of Conduct;

(6)   noted the ongoing review of the Integration Scheme, and

(7)   approved the Volunteer Expenses Policy, 2023 – 2026.

IJB66. Public Sector Equality Duty Compliance

The Integration Joint Board considered a report by the Senior Service Manager which provided an update on the ongoing work to ensure compliance with the Public Sector Equality Duty (PSED) and Scottish Specific Duties (SSDs).

Decision

The Integration Joint Board noted the report.

IJB67. HSCP Communications Update

The Integration Joint Board considered a report by the Communications Officer which provided a summary of communications activity undertaken during October – December 2022. Communication activity had covered key service developments, media issues, and improvements to the website and digital channels.

Decision

The Integration Joint Board noted the report.

IJB68. Exclusion of Public

The Board agreed to exclude the public during consideration of the following item of business in terms of Standing Order 11 of its Standing Orders on the grounds that the item would include information relating to the financial or business affairs of another person.

Prior to consideration of the following item David Herron made a transparency

statement that he had a connection with the item as his spouse was employed at a local practice. However, having applied the objective test, he stated that he did not think that he had an interest to declare as there was no decision to be made by the Integration Joint Board on the matter at this meeting.

Victoria McRae left the meeting during consideration of the following item.

IJB69. Primary Care in Falkirk

The Integration Joint Board considered a report by the Head of Integration which provided an update on Primary Care provision.

Decision

The Integration Joint Board noted:-

(1)   the Primary Care update, and

(2)   that should delegated authority require to be used in this area that this would be done with patients' interests in mind alongside financial considerations.

FORTH VALLEY NHS BOARD
TUESDAY 25 JULY 2023

11.2 Clackmannanshire & Stirling IJB Ratified Minute – 29 March 2023
For Assurance

Chair: Mr Allan Rennie, Non-Executive Director, NHS Forth Valley

Draft Minute of the **Clackmannanshire & Stirling Integration Joint Board meeting** held on **Wednesday 29 March 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 Danny Gibson (Vice Chair), Stirling Council
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
Anthea Coulter, Third Sector Representative, Clackmannanshire
Narek Bido, Third Sector Representative, Stirling
Helen McGuire, Service User Representative, Clackmannanshire
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Marie Valente, Chief Social Work Officer, Stirling Council
Abigail Robertson, Staff Representative, Stirling Council
Lorraine Robertson, Chief Nurse HSCP
Paul Morris, Service User Representative, Clackmannanshire
Robert Clark, Employee Director, NHS Forth Valley
Helen Duncan, Third Sector Representative, Stirling

Advisory Members
Nikki Bridle, Chief Executive, Clackmannanshire Council
Lesley Fulford, Senior Planning Manager, HSCP
Heather Buchanan, Resources & Governance-Legal Services, Clackmannanshire Council
Lee Robertson, Senior Manager Legal & Governance and Monitoring Officer

In Attendance
Wendy Forrest, Head of Strategic Planning and Health Improvement
Carolyn Wyllie, Head of Community Health and Care
Sandra Comrie, Business Support Officer (minutes)

1. **APOLOGIES FOR ABSENCE**

   The Chair welcomed everyone to the meeting.

   Mr Rennie explained any questions/queries raised by IJB members prior to the meeting had been responded to or would be covered within the presentation of papers.

   Respects were paid to Morag Mason who had been a Service User representative on the IJB for 6 years. Not only had she played a huge part as a volunteer in Forth Valley for 18 years she had also represented the wider public across many forums and committees. She was an amazing lady and thoughts are with her family and friends.

   Apologies for absence were noted on behalf of:

   Eileen Wallace, Service User Representative, Stirling
   Carol Beattie, Chief Executive, Stirling Council
   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**

   Due to technical difficulties, it was agreed that this would be emailed to the Board members after the meeting.

5. **URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/EMERGENCY ITEMS**

   None.

6. **MINUTE OF MEETING HELD ON 01 FEBRUARY 2023**

   The Integration Joint Board approved the draft minute of the meeting held on 23 November 2022 subject to the following amendments:

   Mr Fairbairn explained he raised three points, which had not been reflected, from agenda item 10.1 Strategic Commissioning Plan 2023-2033 which were:

   1. The potential to have a board session at early stage of such planning processes.
   2. Little mention of the significant challenges facing the health and social care system and how they would be addressed.
   3. If the Strategic Commissioning Plan belongs to the IJB, should we remove the HSCP logo?

   He explained it was about the completeness of the minutes rather than the substance of the points he raised. The points were responded to by Ms Forrest directly prior to the meeting.

7. CHIEF OFFICER UPDATE

The Integration Joint Board considered the report provided by Ms Annemargaret Black, Chief Officer.

Ms Black advised it continued to be a challenging, busy operating environment for leaders and teams across the HSCP and thanked everyone for their ongoing hard work to support the public. Ms Black raised a particular capacity issue that would challenge the HSCP following the recent resignations of Carolyn Wyllie, Head of Community Health and Care who was moving to a new promoted role at NHS Lothian, and Bob Barr, Stirling Locality Manager who was relocating with his family to Australia. Ms Black thanked them for all their contributions over recent years and wished them well for the future. The recruitment process was underway along with the need for temporary cover, to support and ensure services were safe in the interim. The service is currently carrying a lot of risks and it is important to remain as safe as possible.

She noted in particular two papers of great significance for IJB consideration, the 2023/24 Revenue Budget due to the considerable challenges we face going into next year; and the draft 10 year Strategic Commissioning Plan, which had involved significant engagement across Clackmannanshire and Stirling with stakeholders and partners. As previously advised, an associated one year delivery plan to support 2023/24 priorities would be undertaken alongside work on finance, the risk register and performance framework which will commence soon. These will support the delivery of key objectives.

Ms Black informed the IJB that Narek Bido, Chief Executive of Recovery Scotland has expressed an interest in becoming a non voting member of the IJB Audit and Risk Committee. The IJB were asked to approve his appointment, to which they agreed.

The implications for the IJB within the NHS Forth Valley Internal Control Environment Report 2022/23 were being reviewed, led by Ewan Murray, and brought back through the IJB.

Ms Black highlighted the enormous pressures in Forth Valley Royal Hospital and explained that work was ongoing with acute services regarding the whole system working to support getting people home from hospital. She added that oversight arrangements were in place on a pan Forth Valley basis involving both Chief Officers and Chief Executives to look at the whole system performance regarding unscheduled care and the numbers of people delayed in their discharges. Work has continued on the Discharge without Delay programme. As there were several workstreams involved, the work had been prioritised with the Chief Officer from Falkirk IJB and monitored through the Unscheduled Care Programme Board which they co-chaired with the Medical Director. The Heads of Service and Operational Managers were supporting this also.

Another area of the whole system work, as previously explained, was the programme of work Reimagining Care Closer to Home. The programme was about maximising support to people in their own homes and key workstreams had been agreed which include out of hours services. An application for external funding had been submitted to support this work and was ongoing.

In response to a request, Ms Black said that going forward Ms Fulford would include both the number and rate of delays in the report.

Ms Black explained the Integration scheme was due for review.
She explained Chief Executives from both Councils and the Health Board had decided to have their own internal process with their respective decision makers to establish what they

would prefer in terms of the future IJB model, supported by a revised integration scheme. Ms Fulford had put together a process document with all the areas to be considered as part of that. Work was ongoing and Ms Black, Mr Murray and Ms Fulford would be supporting the Chief Executives in the process. Scottish Government advised there was no set deadline for this work but there were some local governance issues which needed to be addressed.

Finally, Ms Black introduced Dr Jennifer Borthwick, who was the Director of Psychology and Head of Clinical and Care Services for Mental Health, Alcohol and Drugs and Learning Disabilities. As part of the NHS Forth Valley escalation process, Psychological Therapy performance is part of the process as an area for performance improvement. Dr Borthwick had transferred into the HSCP with Specialist Mental Health Services and was now responsible for the management of Community Mental Health and Social Care Services. Going forward she would attend IJB meetings and assist with questions relating to her areas of operational responsibility.

In response to a question raised regarding funding for interim care beds after 31 March 2023. Ms Black explained that whilst the current cost does stop, residents can access care at home or a preferred care home. Scottish Government had been in touch about funding. Mr Murray explained the challenges faced with regard to the clarification of funding arrangements.

Mr Stuart raised a question about the whole system dashboard development and whether the IJB could have sight of what the indicators look like. Ms Forrest explained the team were currently reviewing the performance framework and suggested a presentation on whole system performance to understand where some of the issues were coming from. Ms Black proposed this be presented at a Finance and Performance Committee meeting to provide more detail and also a deep dive as part of the IJB development programme.

In response to concerns from Ms Coulter regarding guardianship, Ms Black confirmed she was assured there was a tight process in place to ensure people were not delayed in hospital a day longer than they needed to be. A conversation then took place about the national campaign to encourage Power of Attorney and if a local one was required.

Mr Rennie suggested that, given the amount of activity captured in the report and, as colleagues had made a lot of points and suggestions, the IJB were updated regularly of the progress of these, and the work carried out.

The Integration Joint Board:

1) **Noted the content of the report.**
2) **Approved the appointment of Narek Bido, Chief Executive of Recovery Scotland to the Audit and Risk Committee.**

8. **BUDGET AND FINANCE**

8.1   **FINANCIAL REPORT**

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Mr Murray explained this Financial Report was previously presented to the IJB Finance and Performance Committee on 1 March 2023. The report set out projections for the first 10 months of the financial year to 31 January 2023. It also set out the projected overspend on the integrated budget of £260,000 and a projected overspend on the set aside budget for large hospital services of just under £3million for the financial year. He noted the set aside

financial pressure had been agreed to be met in full by NHS Forth Valley for the current financial year as it has been in previous years.

Due to the time of writing the report Mr Murray verbally confirmed, that based on month 11 updates on the financial projections, he anticipated the integrated budget was forecast to be balanced for the current financial year.

Mr Murray outlined the key financial pressures set out in the report including the demand levels and increasing acuity of care, complex care packages and the prescribing budget. He explained a Development Session on Prescribing was held with the Finance and Performance Committee, which will be followed up in due course with a Development Session for the full Board as this is a growing area for concern nationally.

The ongoing pressures across the entire health and social care system continued to have a material impact on the delivery of savings and would also set the context for the IJB 2023/24 revenue budget.

Following the verbal update in relation to the projection on the integrated budget, Mr Murray advised that recommendation 3 was no longer required. The IJB was asked to note recommendations 1 & 2.

The Integration Joint Board:

1) **Noted the 2022/23 projection based on Financial Performance for the first 10 months of the financial year.**
2) **Noted the significant financial issues and pressures, key assumptions, and risks.**

8.2   2023/24 IJB INITIAL REVENUE BUDGET

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Mr Murray explained the budget set out the proposed balanced initial 2023/24 IJB Revenue Budget for consideration and approval, incorporating material updates on issues affecting the financial position of the IJB and the assessment of risk in the delivery of savings and efficiency plans. The revenue budget should be considered alongside the 2023/33 Strategic Commissioning Plan to enable people in Clackmannanshire and Stirling to live full and positive lives within supportive communities. Difficult economic conditions had resulted in an extremely challenging set of circumstances and the revenue budget should be regarded as an initial budget.

Mr Murray discussed the details of the report which included an overview of the following:

- 2023/24 IJB Revenue Budget: Proposed payment and set aside budget for large hospitals.
- Budget considerations, the Transforming Care Programme and meeting the budget gap.
- Set aside budget for large hospital services.
- National Care Home Contract (NCHC) update and contract uplifts for care at home and day care providers.
- 2023/24 directions.
- Reserves strategy & projected reserves position at 31 March 2022.
- Medium term financial outlook for IJB.

Due to the amount of information contained in the report, Mr Murray opened to questions before going through the recommendations.

The IJB discussed the financial position and current challenges faced by other IJB Boards and recommended that the financial sustainability risk score should be raised to 25 which is the highest possible score. Mr Murray confirmed the risk register was reviewed regularly and reported to the Audit and Risk Committee. Ms Black provided reassurance that wider engagement took place and considerations were made prior to presenting the budget to the IJB for decision.

Mr Stuart asked for clarification regarding the reserve position, Mr Murray confirmed the clawback of excess Covid earmarked reserves had been actioned by Scottish Government. However, a year end reconciliation process would be completed and if there were a shortfall, there was a mechanism to seek this back through further allocation.

Regarding settlements from Clackmannanshire Council. Stirling Council and NHS Forth Valley, Councillor Earl asked what the position would be if the governments expectations in terms of passthrough of funding were not met by any constituent authority this should be specifically noted by the Board and sought assurance that this would be noted as being an exception, rather than the rule. Ms Bridle explained that there had been variation over the years regarding levels of contribution and each Council had to consider their own affordability each year taking into account variation in levels of contributions to the IJB over a number of years Ms Black explained there had been engagement at officer level and, ultimately, the decision was with each constituent authority as to how much they contributed even if it did not meet Scottish Governments expectations.

The Board were content with the recommendations subject to amendments at recommendations 7,8 and 14 and a summary of Directions at the next meeting. Mr Murray noted these were usually considered by the Finance and Performance Committee, but these would also be brought to a future IJB meeting.

1) **Approved the initial 2023/24 IJB Revenue Budget to support delivery of the Strategic Commissioning Plan of £243.670m (Section 4.6)**
2) **Noted the proposed payments and set aside budget for large hospital services from the constituent authorities and that these are compliant with the terms of the Scottish Budget (Section 4)**
3) **Approved the proposed approach to an initial balanced budget for 2023/24 including deployment of £2m of earmarked reserves (Section 5.4)**
4) **Noted the core risk associated with the proposed approach (Section 5.5)**
5) **Agreed that further recurrent options to eliminate the reliance on reserves are brought forward during 2023/24 (Section 5.6)**
6) **Noted the requirement to develop a single overarching delivery plan and agree that a draft plan is brought to the IJB Finance & Performance Committee in May 2023 (Section 5.10)**
7) **Delegated authority to the Chief Officer and Chief Finance Officer in consultation with the IJB Chair and Vice Chair, and IJB Finance and Performance Committee Chair to consider and approve business cases for 'Invest to Save' proposals and additional management capacity within available resource envelopes. (Sections 5.14 to 5.17)**
8) **Approved the proposal to re-purpose £0.237m of earmarked reserves, on a non recurring basis, to support additional management capacity for strategic change (Section 5.16)**
9) **Approved the proposed approach to transformation funding including allocation of funding to support Locality Networks. (Section 6)**

10) **Noted the update and risks in relation to the National Care Home Contract and approve an uplift of 4.31%**
on Care at Home and Day Care contracts for commissioned services. (Section 8)
11) **Noted the recommendation from the Audit and Risk Committee to approve the Reserves Policy and Strategy (Section 10 and Appendix 1).**
12) **Noted the medium term financial outlook for the IJB (Section 11).**
13) **Agreed that a substantive update to the IJBs Medium Term Financial Plan is completed and presented to the November 23 IJB meeting (Section 11).**
14) **Delegated authority to the Chief Officer to issue initial directions for 2023/24 (Section 12).**

8.3   REVIEW OF IJB COMMITTEES TERMS OF REFERENCE

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Both the Audit and Risk and the Finance and Performance Committees are required to review their terms of reference on an annual basis. Mr Murray confirmed that both the Audit and Risk and the Finance and Performance Committee had both approved their Terms of Reference. Work is ongoing to improve planning for the Committees and the Terms of Reference provides visibility on the recommendations for annual reporting.

In line with the recommendations within the last annual internal audit report. The IJB should receive an annual assurance report from the Committee Chairs on the work they provide.

Mr Clark highlighted that the wording for the Chair and Vice Chair isn't consistent in Appendices 1 and 2. Ms Black agreed the papers should be consistent, and therefore amended accordingly and reissued.

The Integration Joint Board:

1) **Approved the Terms of Reference for both Committees of the IJB, subject to amendments to ensure Chair and Vice Chair roles were clear and which constituent partner can or cannot hold them.**
2) **Agreed regular Chair's Report and an Annual Assurance Report will be submitted to the IJB to further strengthen the governance and accountability processes in place.**

9.   PERFORMANCE

9.1   STRATEGIC COMMISSIONING PLAN 2023/33

The Integration Joint Board considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

Ms Forrest explained the current Strategic Commissioning Plan 2019-2022 had come to an end. It had been agreed, by the IJB and Scottish Government, that the former Plan was carried forward for an additional year due to the impact of the pandemic.

The 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 identified needs of the population.

Ms Forrest highlighted that what became clear was the impact on specific care groups, particularly unpaid carers and people with mental health issues. The engagement activity focused around the newly developing locality planning networks and the work which had been done.

with Stirling Rural, Stirling Urban and Clackmannanshire. This included online surveys, community events and online events for each of the Localities. There were also meetings with local interest and peer support groups at a local level as well as some of the commissioned services and colleagues with the third sector. Within the locality planning network, it enabled a better understanding of how people wanted the team to engage with them. A process was then agreed which was about online and in person engagement in partnership with colleagues from the two third sector interface organisations. Overall, it was important to think about how to embed equality, human rights and ecology across all of the work being undertaken, with a focus on a person-centred approach.

The delivery of the ethical commissioning approach, as previously agreed by the IJB, meant delivery of all commissioning activity within a Commissioning Consortium model with all partners and stakeholders having the opportunity to influence service models. This programme was well underway across a range of care groups.

Ms Forrest explained that in terms of the Strategic Commissioning Plan it was not the end, but the start of activity and an integrated performance framework was required to align information and data whilst supporting and training staff to ensure the right information was going into the system. An integrated financial plan was also required to ensure delivery within the financial envelope as the Chief Officer had set out in her earlier report.

Following feedback from colleagues, a section has been included about the National Care Service in terms of the impact of proposed legislation going forward.

Engagement was key to the development of the draft Strategic Commissioning Plan and its implementation. Ms Forrest explained key groups representing a range of community groups and specialist services, such as housing and community development, as well as key partners have been pivotal to supporting the programme of work with Carers Centres and Third Sector Interfaces. Specific sessions were held with third sector forums to consult with them and begin to develop the Delivery Plan against the key priorities. The draft Strategic Commissioning Plan has been shared formally with Clackmannanshire Council, Stirling Council and NHS Forth Valley for their final comments.

Finally, Ms Forrest confirmed that involvement and participation would not end with the publication of the Strategic Commissioning Plan if approved today, as the Plan sets out continuous engagement and co-production of services throughout the ten-year period.

The IJB agreed it was a very informative and robust Plan and also the collaborative approach regarding commissioning. Councillor Rennie asked whether the Plan should be more explicit regarding trauma informed principles. Ms Forrest agreed, and it would be included in the delivery plan around responding to mental health and addiction, embedding this into community services and approach.

Mr Fairbairn asked how we will ensure the constituent authorities are taking the information into account and how they will be delivering services that we are commissioning from them. How will this work in the short term regarding how the directions are going to work. In addition, he asked whether the Plan should be an IJB document rather than an HSCP document.

Ms Black explained the development of the delivery plan would inform more detailed directions and that the implementation of the delivery plan would be monitored and visible to the IJB. The year one delivery plan which would also feed into the locality plans for Stirling Rural, Stirling Urban and Clackmannanshire. These year one priorities would also inform the management and leaderships objectives for the year. This would create additional focus on the delivery of priorities.

Regarding branding Ms Forrest explained the IJB are responsible for Strategic Planning and the delivery is done by the HSCP. Mr Rennie agreed that it should remain as the HSCP logo for now as the Plan was being approved, but it would be considered for the future.

The Integration Joint Board:

1) **Were provided with assurance on the development, engagement and consultation to develop the final draft of the Strategic Commissioning Plan.**
2) **Were presented with the final draft Strategic Commissioning Plan 2023-2033 for publication if approved.**
3) **Approved the final version of the draft Strategic Commissioning Plan 2023 - 2033.**

10. **FOR NOTING**

   10.1 **Action Log**
   Noted

   10.2 **Decision Log**
   Noted

   10.3 **Minutes**
   Noted

       a. **Audit and Risk Committee – 2022.11.16**
       b. **Finance and Performance Committee – 2022.12.21**
       c. **Joint Staff Forum – 2022.12.01**
       d. **Strategic Planning Group – 2022.12.14**
       e. **Clinical and Care Governance Group – 2022.11.24**

11. **ANY OTHER COMPETENT BUSINESS (AOCB)**

Mr Murray explained the Annual External Audit Plan was not available for the Audit and Risk Committee in March. Mr Murray has now reviewed the plan and submitted comments to Deloitte. He proposed to have a special single item Audit and Risk Committee to consider the plan.

Mr Murray reported Ashlea Nursing Home in Callander had formally intimated notice of its intention to decommission. Notice was given on 22nd March 2023. The owner cited the current operating climate including staffing shortages, cost of living and inflationary pressures, including energy costs and low occupancy levels as reasons behind the decision. The National Care Home Contract requested a 13 week period from the date that notice is serviced on which to complete the decommissioning process. Operational and commissioning staff were currently working with the owner to commence this process whilst ensuring the care and wellbeing of the current residents.

Ms Black confirmed that her team had assured her that all options were being looked at to provide care for residents.

Ms Black thanked the IJB for their ongoing support as the operating environment was very challenging at the moment and had been for the last few years. She thanked IJB members for the positive feedback and constructive comments and questions for which she was grateful and was sure the team would be too.

13.   **DATE OF NEXT MEETING**

21 June 2023 2-4 pm