

A meeting of the **Forth Valley NHS Board** will be held on **Tuesday 26 September 2023** at **10.30am** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW**.

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 26 July 2023**](#) Seek Approval
4. [**Matters Arising from the Minute / Action Log**](#) Items 1 to 4
10.30-10.35am
5. **Patient/Staff Story** 10.35-10.50am
6. **FOR APPROVAL**

 - 6.1 [**Annual Delivery Plan 2023/2024**](#) Seek Approval
10.50-11.05am
(Paper presented by Ms Amanda Croft, Interim Chief Executive)
 - 6.2 [**Communications Framework 2023 – 2028**](#) Seek Assurance
11.05-11.15am
(Paper presented by Ms Amanda Croft, Interim Chief Executive)
 - 6.3 [**Whistleblowing Standards and Activity Report**](#) Seek Assurance
11.15-11.30am
(Paper presented by Prof Frances Dodd, Executive Nurse Director)
 - 6.4 [**Draft Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2022/23**](#) Seek Approval
11.30-11.40am
(Paper presented by Prof Frances Dodd, Executive Nurse Director)
 - 6.5 [**Assurance Committee Membership**](#) Seek Approval
11.40-11.45am
(Paper presented by Ms Amanda Croft, Interim Chief Executive)
 - 6.6 [**Assurance Committee Meeting Dates 2024/2025**](#) Seek Approval
11.45-11.50am
(Paper presented by Ms Amanda Croft, Interim Chief Executive)
7. **BETTER CARE**

 - 7.1 [**Assurance on Patient Safety**](#) Seek Assurance
11.50-12.10pm
(Paper presented by Mr Andrew Murray, Medical Director)
 - 7.2 **NHS Forth Valley Estate Reinforced Autoclaved Aerated Concrete (RAAC) Update** Seek Assurance
12.10-12.25pm
(Verbal update by Mr Scott Urquhart, Director of Finance)
 - 7.3 [**Healthcare Associated Infection Reporting Template**](#) Seek Assurance
12.25-12.40pm
(Paper presented by Prof Frances Dodd, Executive Nurse Director)
- BREAK** 12.40-12.50pm

7.4	<u>Performance Scorecard</u> (Paper presented by Ms Amanda Croft, Interim Chief Executive)	Seek Assurance <u>12.50-1.05pm</u>
7.5	<u>Person Centred Complaints and Feedback Report</u> (Paper presented by Prof Frances Dodd, Executive Nurse Director)	Seek Assurance <u>1.05-1.15pm</u>
7.6	<u>Healthcare Strategy Update</u> (Paper presented by Ms Amanda Croft, Interim Chief Executive)	Seek Assurance <u>1.15-1.25pm</u>
8.	BETTER VALUE	
8.1	<u>Finance Report</u> (Paper presented by Mr Scott Urquhart, Director of Finance)	Seek Assurance <u>1.25-1.40pm</u>
9.	BETTER GOVERNANCE	
9.1	Escalation Update (Verbal update by Ms Amanda Croft, Interim Chief Executive)	Seek Assurance <u>1.40-1.55pm</u>
9.2	<u>Communication Update</u> (Paper presented by Ms Amanda Croft, Interim Chief Executive)	Seek Assurance <u>1.55-2.05pm</u>
9.3	Governance Committee Minutes	Seek Assurance <u>2.05-2.25pm</u>
9.3.1	<u>Clinical Governance Committee Ratified Minute: 01/08/2023</u> (Paper presented by Dr Michele McClung, Committee Chair)	
9.3.2	<u>Escalation Performance & Resources Committee Draft Minute: 15/08/2023</u> (Paper presented by Mr Martin Fairbairn, Committee Chair)	
9.3.3	<u>Performance & Resources Committee Draft Minute: 29/08/2023</u> (Paper presented by Mr Martin Fairbairn, Committee Chair)	
9.3.4	<u>Staff Governance Committee Ratified Minute: 07/07/2023</u> (Paper presented by Mr Allan Rennie, Committee Chair)	
9.4	Advisory Committee Minutes	Seek Assurance <u>2.25-2.30pm</u>
9.4.1	<u>Area Partnership Forum Ratified Minute: 18/07/2023 & 22/08/2023</u> (Paper presented by Mr Robert Clark, APF Co-Chair)	
10.	FOR NOTING	
10.1	<u>Clackmannanshire & Stirling Integration Joint Board</u> Ratified Minute: 29/03/2023	
11.	ANY OTHER COMPETENT BUSINESS	
11.1	Emerging Topics	
12.	DATE OF NEXT MEETING	
	Tuesday 28 November 2023 at 10.30am	

Closed Session Agenda

Item of business	Grounds for consideration in Closed Session as detailed within the Code of Corporate Governance
<ul style="list-style-type: none"> Minute of the NHS Board Closed Session held on 25 July 2023 	<p>The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation.</p> <p>The business necessarily involves reference to personal information and requires to be discussed in private in order to uphold the Data Protection Principles.</p>
<ul style="list-style-type: none"> National Treatment Centre 	<p>The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation.</p>
<ul style="list-style-type: none"> Assurance Issue 	<p>The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.</p>

FORTH VALLEY NHS BOARD
TUESDAY 26 SEPTEMBER 2023

For Approval

Item 3 – DRAFT Minute of the Forth Valley NHS Board Meeting held on Tuesday 25 July 2023 at 10.30am

Present:	Mr Allan Rennie (Chair)	Mr Gordon Johnston
	Mrs Kirstin Cassells	Mr Stephen McAllister
	Mr Robert Clark	Dr Michelle McClung
	Mrs Cathie Cowan	Mr Andrew Murray
	Prof Frances Dodd	Mr John Stuart
	Cllr Wendy Hamilton	Mr Scott Urquhart

Ms Janie McCusker observing via MS Teams

In Attendance: Ms Annemargaret Black, Director of Health & Social Care
Mrs Elsbeth Campbell, Head of Communications
Mr Jim Cannon, Interim Director of Acute Services
Mrs Patricia Cassidy, Director of Health & Social Care
Ms Morag Farquhar, Associate Director of Facilities & Infrastructure
Miss Sinead Hamill, Board Secretary (Minute)
Mr Derek Jarvie, Head of Climate Change & Sustainability
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

1. Apologies for Absence

The Chair welcomed everyone to the meeting.

Mr Rennie introduced Mr Jim Cannon who recently joined NHS Forth Valley as the Interim Director of Acute Services.

Apologies were noted on behalf of Fiona Collie and Martin Fairbairn.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Minute of Forth Valley NHS Board meeting held on 30 May 2023

The minute of the meeting held on Tuesday 30 May 2023 was approved as an accurate record.

4. Minute of Forth Valley NHS Special Board meeting held on 23 June 2023

The minute of the meeting held on Friday 23 June 2023 was approved as an accurate record.

5. Matters Arising from the Minute / Action Log

02. Board members noted that a Workforce Seminar will be scheduled for October 2023.

6. Patient/Staff Story

Prof Frances Dodd, Executive Nurse Director introduced the patient story. The patient having contacted her GP with a knee injury caused by running was referred to the Advanced Physiotherapy Practitioner (APP) Service. The patient described her positive experience including her 'full' examination and ongoing encouragement and support. The patient highlighted being confident and making a good recovery which included rethinking their diet and exercise regime which led to weight loss and feeling good about themselves.

Board Members acknowledged the role and contribution made by advanced practitioners in the care and treatment of patients. Mr Murray also wished to highlight the added value of advanced practice.

7. FOR APPROVAL

7.1 Risk Appetite & Tolerance Levels

The NHS Board considered a paper 'Risk Appetite & Tolerance Levels' presented by Mr Scott Urquhart, Director of Finance.

Mr Urquhart informed Board Members that the report sets out the proposed appetite and tolerance levels and the work undertaken to revise and improve the Risk Assessment matrix. It was noted that the proposed risk appetite was considered by the Audit and Risk Committee 20 June 2023.

Mr Urquhart introduced Mrs Sarah Mackenzie, Corporate Risk Manager who led on this agenda item. Mrs Mackenzie referred to the discussion held at the Board Seminar in February 2023 followed by the review undertaken by the Short Life Working Group (SLWG) to inform the amendments to the matrix. Board Members noted the key amendments as set out in the paper including the addition of health inequalities and environmental sustainability and climate change as discussed by the Board in the recent seminar.

Board Members acknowledged the quality of the work led by Mrs Mackenzie. Mr Stuart as a member of the SLWG highlighted the work of the Group and the quality of the product being presented today for consideration and approval. Board Members noted that there will be a 6 monthly update of the Risk Appetite and Tolerance which will go to the Audit and Risk Committee and the Board annually for consideration and approval.

The Forth Valley NHS Board:

- ***Considered the report and approve the proposed risk appetite and tolerance levels.***
- ***Approved the changes to the Risk Assessment matrix (amended categories and score ranges).***

7.2 Strategic Risk Register - Quarter 4 Update

The NHS Board considered a paper 'Strategic Risk Register - Quarter 4 Update' presented by Mr Scott Urquhart, Director of Finance.

Mrs Sarah Mackenzie, Corporate Risk Manager was invited to provide the update. Board Members acknowledged the Board's role for being corporately responsible for ensuring significant risks are adequately controlled before considering the mitigation as set out in the key issues for consideration, notably:

- The proposed increase in primary care sustainability and the two factors contributing to the increase, this related to national funding and progress on the GMS contract implementation.
- The new risk (SRR019) relating to culture and leadership and being able to support sustainable improvement in areas of performance.

Board Members considered the 'deep dives' that had taken place in Q4 - SRR005 (financial sustainability) with 'reasonable assurance' in relation to the internal control environment as reported to the Performance & Resources Committee. SRR.016 (Out of Hours) - and 'reasonable assurance' status as reported to the Clinical Governance Committee as informed also by the Government feedback on the Board's Annual Delivery Plan.

Board Members noted: the change in SRR.011 IT Infrastructure title to Digital and eHealth Infrastructure and Strategy; work underway in relation to Prevention and Health Inequalities to be presented to ELT and the launch of risk management training from 3 May 2023.

Mr Johnston proposed that the scoring for SRR019 Culture and Leadership (C&L) should be scored higher - current score of 12 to be able to demonstrate improvement. Having a target score of 9 limited that demonstrable shift. Mrs Mackenzie agreed to take this into the Staff Governance Committee for consideration.

Mr Murray sought clarity on the current cyber resilience score of 20 and proposed that this be reduced given the assurance provided by the recent NIS audit findings. Board Members noted that the compliance as reflected in the audit findings would be considered during the next review of SRR.015.

The Forth Valley NHS Board:

- ***Considered the assurance provided regarding the effective management and escalation of Strategic Risks.***
- ***Approved the proposed changes to the Strategic Risk Register for Quarter 4 2022/23.***

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

The NHS Board considered a paper 'Climate Emergency & Sustainability Strategy and Action Plan 2023 - 2026' presented by Mrs Cathie Cowan, Chief Executive in Mr Procter's absence. Mrs Cowan referred to the Scottish Government's policy statement, on Global Climate Emergency and Sustainable Development received by NHS Boards in November 2021 which set out aims and associated targets for NHS Scotland.

Mrs Cowan introduced Ms Morag Farquhar, Associate Director of Facilities & Infrastructure and Derek Jarvie, Head of Climate Change & Sustainability and invited them to present the Strategy & Action Plan 2023 - 2026.

Board Members noted the NHS Scotland Climate Emergency & Sustainable Development Policy, DL (2021) 38 (DL38) and reference to climate change presenting a serious risk to the health of people around the world and being the biggest global threat of the 21st century (Lancet Commission on Managing the Health Effects of Climate Change). The 'Lancet' also

highlights tackling climate change as ‘the greatest global health opportunity of the 21st century’.

Ms Farquhar led a presentation and shared the targets for achieving net-zero emissions brought forward from 2045 to 2040 with a requirement to reduce greenhouse gas emissions by at least 75% by 2030 and 90% by 2040. NHS Forth Valley in responding to this requirement has set up a governance structure to oversee the implementation of the Strategy and supporting Action Plan.

Mr Derek Jarvie, Head of Climate Change & Sustainability provided an update on the work underway in the Board to reduce emissions. Mr Jarvie also shared the projects and investment in the NHS Board’s estate to deliver key improvements including electric vehicle charging.

Mr Stuart sought clarity on the reporting structure and make-up of the working groups to ensure appropriate coverage whilst avoiding duplication. Mr Jarvie informed the Board that the working groups were intended to focus on both identifying and implementing key areas of work - e.g., energy consumption, waste management and sustainable care.

Board Members noted that recruitment to outstanding posts will support this key work and delivery of agreed actions.

Mr Stuart also highlighted from staff walk rounds that staff members had expressed a keenness to contribute to this significant agenda. Mr Jarvie agreed and highlighted that both staff and patients want to help to have influence in supporting improvements in climate change. Mrs Cowan on behalf of the Board acknowledged the work led by Mr Jarvie. Mrs Cowan also thanked Mr Procter and Ms Farquhar for their leadership in securing investment notably in primary care and the energy efficiency project on the Forth Valley Royal Hospital site.

The Forth Valley NHS Board:

- ***Noted the progress to date with climate change and sustainability action and the multi-disciplinary approach to the completion of the Strategy & Action Plan.***
- ***Noted the ongoing requirement for commitment (staff input, capital and revenue) to enable action towards achievement of national and local targets.***
- ***Noted 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.***
- ***Approved the NHS Forth Valley Climate Emergency & Sustainability Strategy & Action Plan 2023-2026.***

7.4 Chief Internal Auditor Appointment

The NHS Board considered a paper ‘Chief Internal Auditor Appointment’ presented by Mr Scott Urquhart, Director of Finance.

Mr Urquhart informed the Board that the current Chief Internal Auditor (CIA) advised in February 2023 that he would retire 31 August 2023. Board members noted that a recruitment process had recently been completed to appoint a successor to lead Fife, Tayside and Forth Valley Internal Audit Service Consortium and act as CIA of NHS Lanarkshire.

Mr Urquhart identified that NHS Forth Valley’s Standing order requires the appointment of NHS Forth Valley’s CIA to be formally approved by the NHS Board. Prof Dodd wished to

seek clarity that was no conflict of interest with the panel and the appointment. Mr Urquhart assured the Board that there was no conflict identified. Board Members acknowledged the work of the Chief Internal Auditor and wished him a long and happy retirement.

The Forth Valley NHS Board:

- ***Endorsed the appointment of the new Chief Internal Auditor, following the successful conclusion of the recruitment process.***

8. BETTER CARE

8.1 Escalation Update

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

Strengthening leadership across NHS Forth Valley, supported by effective governance and cultural improvement continue to underpin the Board's response to escalation with a focus on three key priority areas:

- Putting patients first
- Supporting our staff
- Working in partnership

Mrs Cowan in taking each of the priorities highlighted the work led by Prof Dodd and Mr Murray to support 'putting patients first' including the newly established Public Participation Forum and its contribution to informing and monitoring the Board's response to the HIS inspection requirements. Mrs Cowan also referred to the new approach adopted to support the safety huddle arrangements which are intended to encourage staff to speak up and report any safety concerns/risks on each of the huddles. Mrs Cowan referred to the feedback from Care Opinion and highlighted an increase of 28% in patients/families providing feedback on their experience and the focus on reducing 12-hr ED waits and use of contingency beds. Board Members were encouraged by the actions being taken to put patients first. Board Members noted the report prepared by Prof Dodd and Mr Murray also refers to e.g., complaints, SAER and infection control metrics and compliance to support learning and improvement actions.

Mrs Cowan next referred to 'supporting our staff' and acknowledged the increase in employee response to iMatter from 56 to 61% with an employee engagement index rate of 76%. The Leadership and Culture Change Programme built from a strong evidence and formative evaluation base was also underway with good levels of engagement. Mrs Cowan acknowledged the programme would highlight areas of poor behaviour and/or practice - like that found in the ED review as well as areas of good and positive behaviours and practice. Mrs Cowan added that engaging in such an in-depth programme demonstrated the Board's willingness to support staff speak up and in responding would also demonstrate the Board's culture and commitment to learning and improvement when it came to hearing issues and/or concerns. Board Members noted the report prepared by Ms Elaine Bell, Associate Directorate of HR also refers to HR related metrics to enable the Board to benchmark with other Boards when comparing e.g., absence and turnover.

Working in partnership also remained a key priority with the Board continuing to be recognised as a good partner in its provision of mutual aid and/or building regional solutions to support service sustainability. Locally, the Board continues to build relationships and the University, College and NHS Partnership, and its Anchor priorities are good examples of this. Health & Social Care integration remains at the top of the Board's agenda and whilst progress in all six key actions is being progressed e.g., transfer of operational pan FV

services (primary care and specialist mental health and learning disability inpatient services), staff and budget responsibilities being completed the pace has been slower in other areas e.g., developing and agreeing a shared narrative. However, it is recognised that partners also have other organisational priorities and carving up time to support this work has been challenging.

Mrs Cowan by way of summary highlighted the feedback from both internal and external auditors and their acknowledgement of the Board's response and actions to strengthen leadership - e.g., investment in management capacity and focusing on roles and responsibilities, supported by good governance - e.g., commissioning of the governance review and actions to reduce bank and agency spend and cultural intention through our leadership and cultural change programme to respond to poor behaviours and/or practice and build on best practice.

In areas of performance, Mrs Cowan referred to integration, GP & Primary Care Out of Hours (OOH), HIS - Safe Delivery of Care, Mental Health - Child & Adolescent Mental Health Services (CAMHS) and Psychological Therapies (PT) and Urgent & Unscheduled Care (U&USC) noting that all these areas are subject to high levels of scrutiny in each of the Board's Assurance Committees.

Mr Johnston acknowledged the level of work underway and noted the information provided to be positive with actions being completed and an impact noticed. Mr Johnston wished to seek clarity on the formal review process and role of the Assurance Board in determining progress.

Prof Dodd wished to assure the Board of the positive improvements being made with a recognition that there is still work needed to be done alongside a strong sense of progression. Ms Black also wished to emphasise the positive meeting with good discussion at the Assurance Board regarding the measurement framework. Ms Black also identified that an Integration Awareness session will take place at ELT OD time out led by herself and Mrs Patricia Cassidy.

Mrs Cowan acknowledged there was a need for transparency and continuity to bring together all the actions in Version 3 of the Escalation Improvement Action Plan including those highlighted by the Assurance Board - i.e., ELT relationships, integration relationships/implementation to illustrate progress/completion and impact alongside new actions notably informed by the Governance Review commissioned by the Board and led by Prof Brown and the findings from the Leadership and Culture programme diagnostics phase. Investment in dedicated leadership capacity for both the Escalation response (Sally McIntosh) and Leadership and Cultural Change programme (Jo Tolland) supported by Prof Michael West and Dr Katy Steward continues to support the Board's improvement agenda.

Prof Dodd reassured Board Members that negative or concerning feedback received from the Leadership and Culture change focus group activities was being picked up immediately. Mr Stuart highlighted an ongoing need to address staff absence given the pressures across the NHS and asked about access to mental health and wellbeing supports for staff. Mrs Cowan referred to the recent Staff Governance Committee discussions that focused on Board wellbeing services including the peer support service and continuation of funding, Mrs Cowan assured Board Members that staff wellbeing was a key priority as demonstrated by the decision to undertake a leadership and culture review to inform the actions that staff themselves will identify.

Ms Black identified that ward areas tend to have the highest absence rates which puts other staff under pressure. Mr Clark proposed a questionnaire be put in place for those who are off work due to stress as stress related information cannot be added to SSTs. Mrs Cowan

referred to a need to complete a workplace stress related risk assessment and proposed measuring the number completed.

The Forth Valley NHS Board:

- **Considered the update and sought assurance on the actions in all 3 escalation domains (leadership, governance and culture) and in those areas highlighted for performance (OOH, U&USC, CAMHS, PT and integration)**

8.2 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 reminded Board members that due to ongoing challenges with Escherichia coli Bacteraemia (ECB) case numbers and being a statistical outlier, the Scottish Government HAI Policy Unit had evoked the National Support Framework. Several meetings have been held with ARHAI and an agreed action plan was submitted to Government and ongoing support continues to help the Board reduce ECB case numbers. Board Members noted an update is due be sent the Scottish Government 11 August 2023 and a response will confirm the progress being made.

Board Members noted there were no areas to highlight with all infection control metrics reported within control limits. Regarding outbreaks - Norovirus was reported affecting Ward A22 within Forth Valley Royal Hospital.

Board Members also noted that an unannounced inspection had taken place at Bellsdyke Hospital 27 June 2023. Prof Dodd informed Board Members that the draft report is expected by the end of August 2023 with the final report due mid-September. Prof Dodd confirmed the verbal feedback from Inspectors had been positive.

Mr Rennie asked for an update on action taken from the meetings with Antimicrobial Resistance & Healthcare Associated Infection (ARHAI). Prof Dodd confirmed the Board was working positively with ARHAI colleagues and was expected to provide a submission on 11 August 2023 for consideration. Mr Stuart sought clarity on the actions related to reducing ECB case numbers and specifically what the review of catheter management was highlighting. Prof Dodd referred to the case reviews and the findings to date reporting that there were none attributed to a 'ward.'

The Forth Valley NHS Board:

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

8.3 Performance Scorecard

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

Mrs Cowan informed Board members that CAHMS 18-week RTT performance continues to drop (32.1%) whilst the CAMHS Team continue to focus on reducing long waits. Board

members noted patients waiting over 52 weeks for treatment had reduced from 312 in May 2022 to 30 in June 2023 with an expectation of an increase in RTT from August onwards.

Psychological Therapies draft numbers indicated that 74.3% of patients started treatment within 18 weeks of referral. Board members noted this as an improvement in performance from the previous month position of 72.7%. Mrs Cowan identified that the Psychological Therapies RTT performance had been above 70% for a consecutive 4 months. However, with a focus on long waits there is likely to be a drop in RTT.

4-hr Emergency Access Standard remained static at just over 50% and when combined with the MIU performance was reported at 67.8% in June. Time to triage continued to improve as did reliance on contingency beds and 12-hour breaches. Board Members noted as reported to Clinical Governance Committee the HSMR rate had reduced to below 1.0.

A deterioration in May performance (68.5% April) for the 62-day cancer target was noted with 62.1% of patients waiting less than 62 days from urgent suspicion of cancer referral to first cancer treatment. Mrs Cowan informed Board members that 5 of the 10 pathways are achieving the standard with ongoing challenges notably in the colorectal, lung and urology pathways, with only 9 out of the 28 urology patients being seen within 62 days. The total number of patients waiting for imaging in June 2023 was 4,976 patients: a reduction from 5,770 in June 2022. However, CT waiting times continue to be challenged and steps to increase capacity - e.g., weekend working had been implemented to avoid impact on the cancer pathways.

Mr Stuart sought greater clarity on the urology 62-day cancer pathway and was informed this related notably to the prostatectomy pathway which was under pressure. A Urologist had been appointed and steps to address gaps in advance practice was also being progressed.

Mr Johnston noted the pressure on the acute hospital site and asked about the emergency admission demand. Mr Murray confirmed emergency admissions remained relatively stable. However, system pressures and delays in discharge and/or community transfers impacted on length of stay and access to beds. Cllr Hamilton highlighted Guardianship and asked if this was still an issue. Mrs Cowan confirmed guardianship relating to adults with incapacity was notably higher in the community hospitals (25 to 30 patients) which impacted on flow and length of stay. Mrs Cassidy agreed with Mrs Cowan and shared the ongoing work to improve awareness for adults with incapacity and their families.

Mr Murray informed the Board that the Scottish Government are looking to change the reporting of unscheduled care to include MIU performance data, this was noted.

Mr Rennie highlighted staff absence and asked if this impacted on rota fill rate and performance. It was noted that short notice absence can impact on performance in areas such as OOH and ED. Prof Dodd informed Board members that there are system mechanisms in place for staff absences.

The Forth Valley NHS Board:

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

8.4 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 informed Board members that the report provides a comprehensive review of complaints across NHS Forth Valley against the 80% 20 working day standard. Board members noted the overall performance for April to May was 62.5% with May performance at 69.1%. Prof Dodd highlighted Stage 1 compliance being met with Stage 2 falling well short at 19.5%. Prof Dodd referred to staff recruitment and staff absence challenges through which she was working.

Mr Clark highlighted the performance relating to prison healthcare and sought clarity on the reasons and/or learning. Prof Dodd informed the Board that there is an individual throughout the prisons who had complained multiple times which is being looked into to identify if it is the same complaint.

Mrs Cowan confirmed that majority of prisoner complaints are medication related and it is hoped with a change in the national pharmacy contract and pharmacist appointed to prisons that complaints related to medications should reduce. Mr Stuart wished to know if prisoners have the right to appeal. Prof Dodd identified that no complaints had been upheld.

Ms Black wished to know if the medication complaint was in relation to access to controlled drugs. Prof Dodd identified that it was not an access issue. Dr McClung expressed her interest in prison population and who is most likely to complain. Prof Dodd informed Board members that a breakdown can be provided but most complaints come from Glenochil Prison and are in relation to medication.

The Forth Valley NHS Board:

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

9. BETTER VALUE

9.1 Finance Report

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

Mr Urquhart informed Board members that the report provides a high-level summary of the financial position for the first quarter of the 2023/2024 financial year. Board Members were asked to note the revenue overspend of £2.9m for the period ending 30 June 2023 which is broadly in line with the position reported in May. Financial pressures continue in both set aside and non-delegated functions because of additional capacity e.g., contingency beds/areas and staffing issues staffing. Prescribing in primary care, increased medicine costs and the impact of inflation on key contracts relating to premises, and IT systems are also adding to the overspend and pressures on funding.

The Board is also reporting a deficit gap of £40.6m partly offset by £25m savings plan leaving a projected deficit of £15.6m. Mr Urquhart outlined the cost improvement measures – e.g., spend to save in pharmacy and mental health medical staffing and the level of allocations yet to be received. Board Members noted the grip and control including monthly ELT dedicated performance reviews.

Board Members noted that an in-depth review of the quarter 1 financial results is underway to inform the forecast outturn for the year based on the information to date, this will be shared with Scottish Government.

Dr McClung wished to better understand how NHS Forth Valley compared in overspend levels with other NHS Boards. Mr Urquhart informed the Board that the benchmarking information was not yet available however he could confirm that majority of Boards have higher overspend positions when compared to previous years. Dr McClung asked to be updated when this information was available.

The Forth Valley NHS Board:

- ***Noted the month 3 revenue overspend of £2.9m and balanced capital position as at 30 June 2023.***
- ***Noted 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.***
- ***Noted 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).***
- ***Noted 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.***

10. BETTER GOVERNANCE

10.1 Annual Report Summary 2022/2023

The NHS Board considered a paper 'Annual Report Summary 2022/2023' presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan advised that there was no longer a requirement to produce a formal Annual Report as most of the information relating to performance and funding is now published in a range of national reports. However, it was good to capture and showcase local service and staff developments which can get overlooked in the busy everyday business. Mrs Cowan handed over to Mrs Elsbeth Campbell, Head of Communications to lead on this agenda item.

Mrs Campbell referred to the many examples under service and digital developments as well staff achievements. Mrs Campbell confirmed the Annual Report had been shared with ELT and will be shared on NHS Forth Valleys website.

The Forth Valley NHS Board:

- ***Noted the Annual Report Summary for 2022/23.***

10.2 Governance Committee Minutes

10.2.1 Clinical Governance Committee Draft Minute: 23/05/2023

Dr McClung provided an overview of the most recent Clinical Governance Committee Meeting 23/05/2023. Board members noted that the 'Patient Safety Conversation Annual Report' had been considered by the Committee along with the 'Safe Delivery of Care Review' which set out the findings from the Internal Audit report on the Board's response to the HIS follow up inspection. Committee Members had also received an update on escalation areas delegated to the Committee for scrutiny and assurance purposes. The

Committee in this regard had received an update on the strategic risk deep dive on Out of Hours.

The NHS Board noted the assurance provided through the draft minute of the Clinical Governance Committee meeting 23/05/2023.

**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**

Mr Clark referred to the Minutes and highlighted Prof Brown's governance review was awaited. It was also noted that the Staff Governance Committee had been unable to review the Leadership and Culture Update due to the paper being late, a meeting to focus on this key area of business was being progressed. Mr Clark also highlighted the assurance sought on implementation of the Escalation Improvement Action Plan including ELT development and progress on developing the Measurement Framework. In the July meeting the Measurement Framework was commended.

The NHS Board noted the assurance provided through the ratified minutes of the Escalation Performance & Resources Committee meeting 24/05/2023, 13/06/2023 and draft minute 04/07/2023.

10.2.3 Performance & Resources Committee Draft Minute: 27/06/2023

Mr Clark provided an overview of the June Performance & Resources Committee and areas that were subject to scrutiny. The Committee focused significantly on those escalated improvement actions delegated to the Committee for scrutiny and assurance purposes. The Committee discussed in detail the: OOH's recommendations, mental health staff benchmarking as compared to other Boards, U&USC update against the 70% 4-hr EAS, integration and progress to conclude the decision-making matrix, and progress given the challenges to set dates for Directorate and Partnership performance reviews. The Committee whilst reviewing overall performance including a review of risk management noted the improvement work supported by the Corporate Portfolio Management Office.

The NHS Board noted the assurance provided through the draft minute of the Performance & Resources Committee meeting 27/06/2023.

10.2.4 Staff Governance Committee Ratified Minute: 12/05/2023

Mr Rennie informed Board members that the volume of papers brought to the Staff Governance Committee had been discussed and request for a dedicated meeting to discuss the late paper - Leadership and Culture Update. This meeting had taken place and it was noted the improvement of reporting. Board Members noted the two significant internal audit workforce related findings/recommendations which would be monitored through the Committee.

The NHS Board noted the assurance provided through the ratified minute of the Staff Governance Committee Meeting 12/05/2023.

10.3 Advisory Committee Minutes

10.3.1 Area Clinical Forum Ratified Minute: 20/04/23

The NHS Board noted the assurance provided through the ratified minute of the Area Clinical Forum Meeting 20/04/2023.

Mrs Cassels informed Board members that the dates of the ACF meetings had been rescheduled to align with NHS Forth Valley's Board meetings to ensure the ACF are actively engaged in Board reports and recommendations. Board members also noted that an impact of workforce challenges was also discussed at the ACF.

Mrs Cassels wished to inform the Board that the Area Medical Committee Meeting will take place the first week of August 2023.

The NHS Board noted the assurance provided through the ratified minute of the Area Clinical Forum Meeting 20/04/2023.

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

Mr Clark informed Board members that regular escalation updates are provided to the Area Partnership Forum. Board members noted that Job Evaluation had reached resolution to support the recommencement of Job Evaluation Panels.

The NHS Board noted the assurance provided through the ratified minutes from Area Partnership Forum 01/03/2023, 30/05/2023 & 27/06/2023.

11. Integration Joint Board Ratified Minutes

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

The NHS Board noted the assurance provided through the minute from the Falkirk IJB 31/03/2023.

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

Ms Black wished to inform Board members that the Year 1 Draft Annual Delivery Plan is scheduled to go back to the September 2023 Integration Joint Board Meeting.

The NHS Board noted the assurance provided through the minute from the Clackmannanshire and Stirling IJB 29/03/2023.

12. ANY OTHER COMPETENT BUSINESS

Mr Stuart wished to receive an update on the Staff Governance Healthcare Safe Staffing Act. Board members noted that there was to be a Board Seminar on this new legislation.

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.	Director of Human Resources	07.07.23	Seminar to focus on workforce arranged for 07.07.23. Following postponement, item provisionally scheduled on seminar agenda in February 2024.	In Progress
006	30.05.23	Person Centred Complaints & Feedback report	Establish comparisons in relation to other board and prison complaints.	Frances Dodd	End August 2023 Revised date end January 2023	Difficulty in establishing like for like comparisons as a result of differing and diverse prison populations. Work continues to determine data to see if benchmarking of complaints across the prison estate can be realised in a meaningful way.	In progress
008	30.05.23	Healthcare Strategy	Present initial draft strategy to the Performance & Resources Committee in October ahead of NHS Board approval in November.	Chief Executive	End October 2023	Scheduled on P&RC and NHS Board planners. Update on agenda 26.09.23	In progress
009	25.07.23	Strategic Risk Register	SRR019 Culture & Leadership score to be considered.	Scott Urquhart	25.09.23	Risk score reviewed by the Staff Governance Committee. Content with current score however acknowledged that this will	Complete

						be under regular review and will adjust if appropriate.	
010	25.07.23	Escalation Update	Agree how to capture work related stress information e.g., questionnaire to staff, number of workplace stress related risk assessments completed.	Kevin Reith	15.12.23		In progress
011	25.07.23	Finance Report	Benchmarking data in respect of overspend levels to be shared when available.	Scott Urquhart	26.09.23		In progress

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

FORTH VALLEY NHS BOARD
TUESDAY 26 SEPTEMBER 2023

6.1 Annual Delivery Plan 2023/2024 For Approval

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Author: Mrs Janette Fraser, Head of Planning

Executive Summary

The draft Annual Delivery Plan (ADP) 2023/2024 was signed off by Scottish Government on 31 July 2023 and forms the contract between NHS Forth Valley and the Scottish Government.

The ADP builds on the previous Remobilisation, Recovery and Delivery Plans and the quarterly operational planning arrangements of 2022/2023 and seeks to continue to build on the many positive and impactful changes seen throughout the pandemic. The ADP seeks to set out activities for this year and also sets out a marker for some medium to longer term objectives as we seek to build back stronger, as part of medium to longer term recovery and stabilisation.

The ADP is in 2 parts:

- Narrative Document and appendices
- Action Planning Template

The ADP is also set in the context of NHS Board Draft Medium Term Plans for the period 2023/2026, which were submitted to Scottish Government in July 2023, and for which feedback has not yet been provided, and the development of the NHS Forth Valley Healthcare Strategy 2024/2029.


Recommendation

The Forth Valley NHS Board is asked to:

- **approve** the Annual Delivery Plan 2023/2024.
- **note** that ADP sign off has been received from the Scottish Government.
- **note** that quarterly progress updates will be requested by Scottish Government and will be received by the Performance and Resources Committee on behalf of the NHS Board.
- **note** the draft Medium-Term Plan has been submitted to Scottish Government with feedback awaited.

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 the ADP was prepared in line with Scottish Government Guidance. Initial feedback was received from Scottish Government colleagues on the draft ADP, and this was responded to in the updated ADP,

with subsequently sign off by Scottish Government in a letter received from Mr John Burns, NHS Scotland Chief Operating Officer.

Key Issues to be Considered

Delivery Plan guidance and associated templates were received from Scottish Government colleagues in February 2023. The guidance was framed around 10 recovery drivers:

- Primary and Community Care
- Urgent and Unscheduled Care
- Mental Health
- Planned Care
- Cancer Care
- Health Inequalities
- Innovation Adoption
- Workforce
- Digital
- Climate

There is also a focus on Finance and Sustainability and Value Based Healthcare within the ADP 2023/2024.

The ADP has been prepared in collaboration with the Executive Leadership Team and senior leaders in NHS Forth Valley, Clackmannanshire and Stirling Health and Social Care Partnership and Falkirk Health and Social Care Partnership. The Scottish Government Directorate for Health Performance and Delivery Leads have also supported the development of the ADP, with guidance documents and regular sponsorship meetings.

The plan sets out in the narrative document, the Forth Valley priorities for 2023/2024 aligned to the specific requirements set out in the Delivery Plan guidance. The ADP guidance is not exhaustive and does not cover all of the activities and services provided to NHS Forth Valley in 2023/2024 but focusses on the areas where change and improvement across NHS Scotland have been prioritised by the Scottish Government.

The action planning template sets out the key actions that NHS Forth Valley plans to deliver in 2023/2024 linked to the Scottish Government's priorities and indicates the associated milestones, timelines, and risks. This will support quarterly progress reporting to the Scottish Government, Performance and Resources Committee and Executive Leadership Team and will identify where remedial actions may be required.

Scottish Government colleagues have confirmed that the ADP 2023/2024 broadly meets their requirements and provides a clearly shared understanding between the Scottish Government and NHS Forth Valley regarding what is to be delivered in 2023/2024. There are a small number of areas (including type 2 diabetes, dental care risks, environmental management systems) where some further detailed work is required, and these will be included in the quarter 1 and quarter 2 update due to be submitted at the end of October.

The Scottish Government has also asked Boards to prepare and submit draft Medium Term Plans. The guidance advised that the draft Medium Term Plans should take into consideration the service changes which Boards are preparing for locally over the next 3 years and identify, through horizon scanning, issues which may require local, regional or national planning input. Guidance was provided and has been used to inform the draft Forth Valley Medium Term Plan. No feedback from Scottish Government has been received to date and it is understood that there will be further engagement with all Boards over the coming months, to further develop medium term planning for NHS Scotland.

Implications

Financial Implications

The financial implications are set out in the ADP.

Workforce Implications

The workforce implications including the Workforce Action Plan and summary of the Staff Support and Wellbeing Priorities are included in the ADP.

Infrastructure Implications including Digital

A summary of the Digital Actions for 2023/2024 are included in the ADP.

Sustainability Implications

Sustainability and Climate Change priorities and associated actions are included in the ADP.

Sustainability Declaration

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

- ✓ Yes
- N/A

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

Quality / Patient Care Implications

The ADP sets out actions for improvement to quality and patient care.

Information Governance Implications

There are no implications for Information Governance.

Risk Assessment / Management

There are risks highlighted in the Annual Delivery Planning Template associated with the actions and milestones.

Relevance to Strategic Priorities

The ADP is aligned to the NHS Board corporate objectives and strategic priorities. The Medium Term Plan and Healthcare Strategy, in development, will provide further alignment between the priorities for 2023/24 and the medium to long term, along with alignment to national priorities for health and care.

Equality Declaration

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

Further to an evaluation it is noted that:

- Screening completed - no discrimination noted.

Communication, involvement, engagement and consultation

The Executive Leadership Team, senior leaders and colleagues across NHS Forth Valley and the two Health and Social Care Partnerships have contributed to the preparation of the ADP and will provide quarterly updates on progress. The draft Medium Term Plan has also been prepared with Executive Leadership Team and senior leader input.

Appendices

- Appendix 1: NHS Forth Valley Annual Delivery Plan 2023/2024
- Appendix 2: Workforce Plan Actions 2022/2025
- Appendix 3: NHS Forth Valley Action Plan Template 2023/2024

DRAFT Annual Delivery Plan

April 2023 to March 2024

A thick, dark blue curved line that spans the width of the page, positioned below the title and above the quote.

We aim to be 'a great place to work and an outstanding place to receive care.'

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Foreword

Covid-19 has been the most significant challenge our health and care system has faced in living memory and its legacy and ongoing impact has also sharpened the Board's focus on inequalities as highlighted in our 'anchor' work and in our unique 'Partnership' with the University of Stirling and Forth Valley College. The cost of living crisis and the focus on climate has focused the Board's commitment to sustainability and reform of our services to support innovation and improvements in accessing services and the health and wellbeing of our local population and staff.

In 2022/2023, the Board continued to invest in services to support our ongoing redesign of our urgent and unscheduled care including Out of Hours services, planned care and expansion of Hospital @ Home. Alongside investment in service redesign has been investment in our workforce and the NHS Board in working closely with our Area Clinical Forum and Area Partnership Forum approved £2.780m recurrently in nurse staffing and £0.696 bridging resource to support prison healthcare. In addition, as part of the Board's commitment to 'growing our workforce' the Board also invested in upgrading just over 800 staff from a Band 2 to Band 3, similar work to support international recruitment and Band 4 advancement is underway as we look to match our workforce to changing service delivery models. These investments are intended to support the NHS Board's commitment to service/workforce sustainability whilst reducing our supplementary staffing spend.

The significant additional funding to improve psychological and child & adolescent mental health services has not yet delivered the step change in performance we aspire to achieve; and we are looking at new ways of working and using technology to support our clinicians deliver more direct patient care.

As we look to the future population health e.g., prevention, early intervention including 'keeping and staying well', whilst tackling inequalities, primary care, and staff wellbeing will continue to be centre stage in our plans to stabilise and reform services. Our ambitious plans to improve Urgent & Unscheduled Care performance are yet to deliver and a focus on triage redesign, new pathways to support scheduling of patients who traditionally present to the Emergency Department, improving prenoon and weekend discharge rates and delays in transfer or discharge with a focus on reducing our length of stay will continue.

On a positive note, Covid-19 has helped us embed and accelerate the use of technology within the Board and we will ensure we continue to support the acceleration of digital services and innovation to improve patient outcomes and experiences, where appropriate.

In summary, the time to change having been escalated to Stage 4 of the NHS Scotland Escalation Performance Framework has never been as important to us as we look to adopt and spread the language and practice of transformation and innovation as part of our everyday culture. In going forward the demands for health and social care services and the circumstances in which they will be delivered may be fundamentally different as we work more closely with neighbouring NHS Boards to share resources, achieve critical mass, and create sustainability. Integration and health and social care partnership working will be even more important as we continue to build relationships with Local Authority colleagues

to improve outcomes. We are committed to taking forward the recommendations of the Assurance Board and the review of governance, where appropriate, into our 2023/4 operational planning.

Introduction

Annual Delivery Plan 2023/2024 Guidance was issued to NHS Board at the end of February 2023; members of the Executive Leadership Team and Corporate Management Team were invited to complete the Annual Delivery Planning Template detailing key deliverables and associated milestones linked to the 10 recovery drivers:

- Primary and Community Care
- Urgent and Unscheduled Care
- Mental Health
- Planned Care
- Cancer Care
- Health Inequalities
- Innovation Adoption
- Workforce
- Digital
- Climate

Additionally, there is a focus on Finance and Sustainability, and Value Based Health Care.

This Plan builds on the previous Remobilisation, Recovery and Delivery Plans and the quarterly operational planning arrangements of 2022/2023 and seeks to continue to build on the many positive and impactful changes seen throughout the pandemic. The Plan seeks to set out activities for this year and also sets out a marker for some medium to longer term objectives as we seek to build back stronger as part of medium to longer term recovery and stabilisation.

This year there is a reset of Medium Term Plans and Boards have been asked to take the opportunity to set Annual Delivery Plans aligned to medium term plans, consistent with, and not losing sight of, longer term ambitions, as set out in existing strategies.

1. Primary Care and Communities

Reimagining Care Closer to Home - Intermediate Care Programme

We are developing a programme of work to improve access to a wide range of intermediate care services supporting people at home or enabling them to return home, or to a homely setting in a timely way. The Programme brings together leads from services to share awareness and understanding, agree priorities and enable a comprehensive set of benefits relating to prevention, early intervention, timely access to services, reducing duplication and bureaucracy and increasing capacity. The programme will also aim to have a positive impact on health inequalities. This will support service providers, including the 3rd sector, to collaborate more easily to design and deliver care, when and where people need it. The Reimagining Care Programme will add value by focussing on priority actions which cannot be resolved by one service alone and needs the collaboration of services, including support services, to be able to deliver the benefits.

The cross-system priority areas include:

- Falls pathways and frailty and addressing the deconditioning of inpatients and anticipatory care planning.
- Better access to information and IT systems
- Access to services, with fewer and simpler points of access.
- Building networks of health and social care and 3rd sector services around communities, which are resilient.
- Out of Hours service integration.

Work completed to date includes:

- Scoping the services which provide intermediate care with service profiles completed.
- Vision for intermediate care agreed.
- Design principles for intermediate care prepared.
- 2 workshops undertaken focussed on sharing, learning and prioritising areas for collaborative improvement.

Milestones:

- Facilitated workstreams.
- Develop the priorities.
- Action planning, reporting, testing, and implementing improvements and planning for benefits realisation.
- Communication plan and stakeholder engagement.

- Workshops to share progress on the cross-system priorities and actions and identify where further collaboration and improvement is required, whilst improving knowledge across the system of the services available and how to access them.

1.1 Forth Valley's Approach to extending and scale the MDT preventative approach to support strategic aims of delivering more care in the community and enhancing a focus on preventative care.

Primary Care Improvement Plan (PCIP)

We have largely fulfilled our PCIP plan to embedded more than 180 multidisciplinary roles within and supporting our 49 GP practices. This has resulted in the full vaccination service transfer and circa 6000 weekly MDT (Physiotherapy, mental health, OT, Advanced nurse practitioner and Phlebotomy) appointments. Within existing resource limits this will extend to around 7000 weekly appointments if we retain our trainee ANP workforce. We have recruited and trained around 70 ANPs over the last 5 years, of which around 50% move on to other ANP roles, due to the lack of availability of ANPs and the range of opportunities available to them. By quarter 3 of 2023 we will continue to recruit proactively and review skill mix and, workforce permitting, we hope to achieve 7000 weekly appointments.

The Pharmacotherapy service has 60 pharmacy team members in place from a plan of 70. Recruitment to the planned 70 posts is limited by workforce availability. By Q2 2023, through skill mix review and continual recruitment we hope to have 70 posts in place. This will not, however, meet the full GP expectations of the new GMS contract.

Community Treatment and Care (CTAC)

Forth Valley delivers a community wide treatment room service delivering more than 1300 weekly appointments for a range of services including wound care, IM injections, suture removal, catheter care, Doppler, and ear assessments. Treatment room guidelines are in place and agreed with the GP sub-committee.

The CTAC phlebotomy service, when staffed to full available resources, will provide around 3200 blood and Chronic Disease Management (CDM) appointments per week. A full transfer in line with GP contract expectations would require at least 3500 appointments per week with general practice total demand being around 4500 appointments per week in Forth Valley. Development of CTAC services is a collaborative process between GPs, Practice nurse lead and community nursing. CDM protocols are standardised across Forth Valley to reduce variation. By Q2 2023 it is aimed to provide 3200 CTAC phlebotomy and CDM appointments per week available. A full end of year report is available and CTAC / HIS service mapping information is available.

Initial steps have been taken to investigate how CTAC services may be developed to become community diagnostic hubs, allowing access to a wider range of investigations in the community than specified in the MOU.

Health Visiting Services entered 2023/24 with 17 health visitor vacancies and 3 school nursing vacancies. In the first quarter 13 trainee health visitors were recruited, 3 of which are converting from school nursing to health visiting and will join 5 others recruited last year to graduate in September 2023. This will mean 8 vacancies will be filled with these graduates. The other 10 trainees will complete their education programme in September 2024. School Nursing Services will recruit 3 trainee school nurses in quarter 3, 2023/24 to commence their programme of study in Quarter 4, January 2024.

Preventative and Proactive Care

An approach that shifts the focus to include preventative and proactive care is also being considered and will be explored medium term. CTACs could become a focal point for the meeting of health and social care to support community-based prevention and early intervention through local access. We will also incorporate the learning from Keep Well Forth Valley into our approach to implementing CTACs.

A focus on equity, and a system which plans services based around local population needs, drawing across health, social care, third sector and communities' own assets to help shift culture and behaviour towards living well for longer by giving citizens more autonomy in how they choose a more preventive and proactive approach is proposed. This will be taken forward as part of Forth Valley's ambition to develop a world class public health system.

Public Health will continue work to develop systematic methods to assess access to primary care including using vision data (see section on IT development).

1.2 Plans to deliver a sustainable Out of Hours services, utilising MDTs as per Sir Lewis Ritchie Review recommendations.

NHS Forth Valley GP Out of Hours (OOH) Redesign & Sustainability Improvement Plan in response to the findings and twelve recommendations from the visit by Sir Lewis Ritchie on 5th October 2022 continue to be implemented. Sir Ritchie will meet the OOH Team again on the 19th of June to discuss progress.

Monthly Action Plan updates continue to be submitted to the Primary Care Division of Scottish Government. The OOH Servicer Manager duties and support continues to be covered by the Acute Services Directorate. The OOH Service Manager and GP Fellow posts are to be advertised by week commencing 29 May 2023.

The Out of Hours service continues to work with the wider MDT. This includes a dedicated advice line for SAS, CHART (Care Home Assessment and Response Team), Pharmacy, Nursing Homes, Laboratories, Police and Prisons. Integrating Out of Hours, while at an early stage in defining and development, is considering opportunities that may exist through the bringing together and integrating of wider out of hours services across Forth Valley. The following services are involved in this piece of work - primary care, social work, MECS and nursing.

A Key Performance Indicator (KPI) Dashboard has been developed. Roll out is to commence following successful demonstration and agreement on metrics, scheduled first week in May 2023. Introduction of the dashboard will allow speedy analysis of real time data to identify areas of challenge or any key issues that require intervention. Phase 2 Project Initiation Document (PID) complete, to continue with project initiatives to improve the OOH service.

1.3 Build and Optimise primary care capacity to align with existing and emerging mental health and wellbeing resources with primary care resource, with the aim of providing early access to community based services.

It is planned that by Q1 2023, every GP practice in Forth Valley will have direct access to mental health nursing service embedded within the practice. This is funded jointly by PCIP (Primary Care Improvement Plan) and Action 15 (Mental Health and Wellbeing Funding). The service has also been extended successfully to include young people through a test of change.

By Q3 2023, the full service, supported by CAMHs resources, will be extended to young people aged from 12 to 17 years.

Plans aligned to the Mental Health and Wellbeing Programme to ensure every practice has access to a link worker are paused due to withdrawal of the funding programme. No further plans to increase mental health resource in primary care can be progressed, existing non-recurring link worker funding is a risk and the test of new enhanced psychological practitioner roles may not be able to be sustained without the Mental Health and Wellbeing funding.

The original Forth Valley Primary Care MHWB Plan was to recruit Community Link Workers per 10,000-15,000 of population. Partnerships and PCIP funding have temporarily funded the community link worker posts of those already in situ but on a temporary basis. Enhanced Psychological practitioners have been trained by NES and psychological services to provide intervention in primary care. The expectation is that staffing figures will stay the same in 23/24 due to no further funding confirmation from Scottish Government. There is a risk that HSCP funding will not be available 24/25 and there will be a significant gap in service provided by the CLWs. CLWs have also underpinned other projects such as suicide prevention and men's support groups.

1.4 Plan and approach for the early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol.

Respiratory Disease and Cardiovascular Disease

The CTAC service supports annual review for all patients with cardio-respiratory long-term conditions. This includes protocol-based data collection including bloods, weight, blood pressure which are reported via the GP system for clinical review. There is currently no Respiratory

Physiotherapy service provision in NHS Forth Valley. Respiratory and Pulmonary Physiotherapy and Nursing are subject of a recommendations paper, which will be escalated via Clinical Governance and placed on the risk register.

By Q3 2023, this will be extended to include the alcohol brief intervention questionnaire.

Remote monitoring for Hypertension continues in a number of practices and will be promoted and increased once the national remote monitoring blood pressure pathway using the In-healthcare system is rolled out in Forth Valley. This is potentially in Q3 2023

Our aspirations to increase the range of CTAC activities locally, for example spirometry and ECG, are limited by resource availability.

The Scottish Burden of disease (SBOD) prevention framework is being developed. It is proposed to prioritise actions to minimise preventable heart disease and stroke by improving the detection, diagnosis, and management of risk factors, specifically by a community-based awareness, prevention and detection programme for high blood pressure and high cholesterol across Forth Valley, which is person-centred and co-designed. We will incorporate the learning from Keep well Forth Valley into our approach to implementing programmes of risk factor identification and management.

Diabetes Prevention

Action plans in place to deliver the national milestones against the Diabetes Prevention Framework (for children and adults). Plans and progress reports shared regularly with colleagues form the SG Population Health Directorate. Key improvement areas: child healthy weight & adult weight management pathways; antenatal and postnatal gestational diabetes pathways; people with pre-diabetes; type 2 diabetes remission pathway for people with newly diagnosed diabetes; people with established diabetes. We will continue to focus on equity and what matters most to individuals and communities. Services will prioritise user engagement, following the Scottish Approach to Service Design, and collaboration to deliver high quality care across systems to include Third Sector, Local Authority, H&SCPs and other NHSFV teams.

Diabetes Prevention for Children and young people: The “Why Weight Service” facilitates children, young people and their families to work towards a healthier weight. Initiatives offered address wellbeing, activity and nutrition and engaging families in practical work to help support behaviour change. Service collaborating with Public health Nutrition Team on initiatives.

The FV Child Healthy Weight team is fully staffed from Q2 and implementation underway around early intervention and prevention (e.g. collaborating in education settings and influencing the health and wellbeing curriculum) and delivering nutrition related Royal Environmental Health Institute for Scotland (REHIS) accredited qualifications to young people, increasing employability opportunities. Updated “Why Weight” website to be launched in Q2 and working towards AHP Aspire agenda on universal and targeted approaches.

Diabetes Prevention for Adults: The Healthier Future Team (Adult Weight Management (AWM); Early Intervention in type 2 diabetes; Public Health Nutrition) facilitate health change for adults. Person centred care enabled through promoting universal and targeted approaches to health improvement.

The pre-diabetes work stream is an early adopter of the Human Learning Systems approach and is working with a community at highest risk of multiple deprivation in collaboration with local partners to maximise capacity from within the community to better manage the wider determinants of health. Phase 2 of this initiative begins in Q2. We will collaborate with HIS to report on the outcomes by Q4.

1.5 Approach of primary care to frailty and managing those most at risk of admission, including plans for Care Homes to have a regular MDT with appropriate professionals.

A proposal is being drafted to expand on the Advanced Practice element of the Care Home Team with the aim to having a consistent resource across all Forth Valley care home settings. This would allow us to build on recommendations within the Healthcare Framework which would include regular MDT reviews and frailty assessments. Additional proposed benefits of this service are supporting Anticipatory Care Plans, care home education and ultimately, reducing avoidable admissions to hospital.

The Scottish Burden of disease (SBOD) prevention framework is being developed through engaging with Population health evidence for certain activities known to be preventative and economically efficient for example certain falls prevention activity.

We will continue to deliver health improvement programmes to residents of care homes.

1.6 Increase capacity for in-hours routine and urgent dental care for unregistered and deregistered dental patients. Include quarterly trajectories for at least 2023/24.

General Dental Service (GDS); Scottish Dental Access Initiative (SDAI); Two requests (December 2022 and March 2023) submitted to Scottish Government to add the areas of Callander and Stirlingshire to the Scottish Government's SDAI scheme. This scheme financially supports new General Dental Service dental practices to the area, which helps to attract new dentists/ dental practices to NHS Forth Valley or expand existing practices.

It is proposed to increase the number of Vocational Training (VT) practice places in NHS Forth Valley to attract new graduates to the area.

The Public Dental Service (PDS) is currently taking responsibility for unscheduled dental care, over and above their core service work. We will work with the general dental service to identify practices who could take on unscheduled patients on weekday mornings. This could impact positively on the usage of the unscheduled care clinics and allow PDS dentists to work on their registered and referred PDS patients.

The potential closure of Carronshore Outreach Clinic would allow dentists and dental nurses to be deployed across other areas of the service to address patient access issues.

1.7 In order to deliver more services within the community, transition delivery of appropriate hospital based eyecare into a primary care setting, starting with the phased introduction of a national Community Glaucoma Scheme Service with a forecast of activity to transition during 2023/24.

The national roll out of the Community Glaucoma Service is taking a phased approach to roll out. Within Forth Valley we have one NESGAT qualified optometrist who is ready to provide the service. Once given the go ahead by Scottish Government, hopefully later this year, we plan to start discharging the first 250 stable glaucoma patients from secondary care into this new scheme within primary care. We have an additional 3 optometrists who have been identified to start the NESGAT training this summer. Once qualified in 2024, they will also be able to provide the service and should allow a further cohort of around 750 stable glaucoma patients to be discharged in 2024/25. These numbers are reliant on the smooth rollout of the OpenEyes Ophthalmology Electronic Patient Record to both secondary and primary care.

1.8 Review provision of IPC support available to Primary Care, including general and dental practice and consider how these settings can be supported in the future e.g., the use of peripatetic IPC practitioners.

Dental Public Health will continue to support dental practices with Infection Prevention and Control (IPC) support. NHS Forth Valley will communicate with Health Protection Scotland for national guidance on IPC issues. The Board monitors IPC in primary care dental settings through rolling 3 yearly practice inspections which include items relating to IPC. The Consultant in Dental Public Health will liaise with the IPC team should their input be required and we feel this arrangement continues to work well.

Infection Prevention & Control Team (IPCT) provides IPC support to care homes across Forth Valley in close collaboration with the Health Protection Team. GP practices are not proactively supported by the IPCT, however ad-hoc enquiries from GPs are responded to and acted upon accordingly by the team. The National Infection Prevention & Control Manual provides nation-wide guidance to all stakeholders across Primary Care.

2. Urgent and Unscheduled Care

The 4-hr Emergency Access Standard (EAS) is a barometer for overall health and care performance and reflects the interrelated dependencies between the acute hospital Emergency Department services including the Minor Injury and acute assessment areas and e.g., ambulance service, primary care and community-based health and care services both in and out of hours. Ensuring all these services are working in harmony will affect the overall 4-hr EAS performance.

Presentations to the acute hospital - i.e., Emergency Department (ED) and/or acute assessment areas are changing. Staff report an increase in acuity associated with an ageing and 'deconditioned' population which is likely to be associated with the pandemic and therefore maybe transitional. NHS Forth Valley continues to report significant occupancy challenges on the acute site in excess of 95% daily with a corresponding bed wait challenge in ED. Despite these challenges we have seen a reduction in the use of contingency beds and ED long waits.

4-hr EAS variation continues to be a challenge with ED wait times and ED admitted attends increasing (e.g., site occupancy rates and bed waits adds to this deteriorating position) when compared to previous years. NHS Forth Valley remains committed to delivering sustainable improvement including our agreed high impact changes. For example:

- Investment in strong clinical leadership – new appoints e.g., Clinical Director and Clinical Lead and Associate Medical Director.
- Redesign of urgent care and strengthening our Flow Navigation Centre response including e.g., local communication campaigns, Prof to Prof decision making and flow redirection to our established RACU informed by pathway redesign (e.g., low risk chest pain) and our Minor Injury service bespoke model to provide more options for patients.
- Triage redesign and investment in Advanced and Emergency Practitioner roles to improve our overall Flow 1 performance.
- Redesigning our Out of Hours service and investing in new roles including with partners e.g., SAS to support people stay and keep well in their own homes/communities. A new Key Performance Indicator (KPI) Dashboard has been developed and the roll out following successful demonstration and agreement on metrics, began in the first week in May 2023. Introduction of the dashboard allows for speedy analysis of real time data to identify problem areas / issues.
- Managing our admissions and length of stay through investments in OPAT and virtual capacity (Hospital @ Home).
- Supporting Discharge without Delay to support improved midday discharge performance this has included a review of how we use the discharge lounge.

In addition to the above there has been a review of the overarching U&USC Programme and the newly appointed Programme Manager has taken up post from 9 May 2023. This brings both consistency and stability to the overall programme. A reworked programme delivery tool has been developed to host programme and project plans, action logs and risks and issues registers. A single tool is supporting our assurance over the

varied activities underway whilst simplifying and streamlining the overall approach. With effect from the first week in May 2023, the Programme Steering Group meetings have been increased to fortnightly from monthly to increase the programme assurance around governance to the Programme Board co-chaired by the Medical Director and Chief Officers.

Work is also underway to prepare for winter building on lessons learned from 2022/2023 including a review/refresh of our whole system escalation tool with pilots' scheduled during June to August.

2.1 Set out plan to progress from the De Minimis Flow Navigation Centre model to further optimise, including interface with NHS 24 and Out of Hours, Mental health Pathways, develop new pathways for FNC, further reduce admissions by increasing professional to professional advice and guidance via FNC including access to SAS (Call before you convey), further develop public messaging in hard to reach communities, further develop signposting alternative pathway, including paediatrics.

Whole System Actions

- Baseline map current referral pathways into and out of FNC / RACU to identify gaps and opportunities for improvement
- Develop FNC / RACU measurement plan
- Prof to prof clinical decision support and advice ToC
- RACU Medical – develop capacity escalation plan
- RACU Surgical – review of current service provision and development plan for next steps
- Implement syncope pathway
- Low-risk chest pain pathway optimisation
- Develop local comms to partner organisations re direct referral to FNC – Police, Nursing Homes, Pharmacies etc
- Quarterly objectives set for FNC RACU development
- Continued use and development of digital decision support tool
- Implementation of coaching roles within FNC for both call handlers and clinical nurse advisors to support learning and developing of staff and support governance

Public Health seeks to support the Forth Valley health and care system to develop a culture change in line with the Scottish Government's Preventative and Proactive Care (PPC) Programme aim: to support Scotland's citizens, communities and services to access and benefit from preventative and proactive ways to improve healthy life expectancy and reduce health inequalities. This mission has shared responsibility, with people and communities at the heart of self-prevention and self-care, alongside improved health and social care services that enable prevention, early and proactive care and good disease management as core elements of service models and delivery. We will support Health and Scotland Care Partnership and Local Authority colleagues in this regard.

Women and Children Directorate will review current unscheduled care to ensure all services support urgent care pathways for Women's Services, Paediatrics & Neonatal and CAMHS. This will include:

- Review of Access policy to support appropriate appointment of patients.
- Scheduled Care meetings to review current waiting times highlighting pressures within the system to support waiting times in all services.

2.2 Extend ability to schedule unscheduled care by booking patients into slots which reduce self-presentation and reduce overcrowding. Develop access to booked slots across wider urgent and emergency care system, such as primary, secondary, community and mental health services to include children and babies.

Whole System Actions

We are continuing to extend scheduling of appointments in the Urgent Care Centre, Emergency Department and Minor Injuries Unit in order to direct patients to the most appropriate service and improve flow. The Urgent Care Centre has recently obtained its own external entrance, improving access for patients. Work progresses to increase the number of same day medicine pathways, increasing direct access to planned urgent care. Key actions include:

- Deep dive into data to support service redesign
- Communication plan with resources to direct the public to the appropriate service
- Test pathways into front door areas to direct Test of Change priorities

Women and Children's Services Actions

Maintain services to support urgent care pathways –

- Development of Advanced nursing roles and Clinical nurse specialist roles to support nurse led clinics within the Gynaecology outpatient departments.
- Locum Consultant in post to facilitate moving Inpatient work to Outpatients, to support known challenges for current long waiters and pressured subspecialties within Gynaecology.
- Service Review of Unscheduled Care pathway to support right place right time. Current modelling framework for one stop clinic with test of change planned for August 2023
- Development of Advanced nursing roles to support nurse led clinics & Emergency Department pathway.
- Service Redesign by initiation of Nursing posts into Community Paediatrics to support nurse led clinics.

CAMHS Actions

- Development of Advanced nursing roles and Clinical nurse specialist roles to support nurse led clinics.
- Recruited to ACNS with further recruitment expected to in post July 2023
- Unable to recruit to consultant post in CAMHS therefore a service review is planned to maintain services.
- Appointed to special eating disorder nurse and a 12-month plan for equitable specialised care.
- Paediatric liaison mental health service proposal will be progressed Q1 2023-24.

2.3 Outline plans for an integrated approach to all urgent care services including Primary Care OOH and community services, to optimise assets.

Whole System Actions

The key milestones for 2023/24 are:

- Complete transfer of Primary Care OOH service to Falkirk HSCP
- OOH KPI dashboard used to inform decision making

Women and Children's Services actions

It is acknowledged that the primary care response is interdependent on unscheduled care presentations therefore collaborative work with our Primary Care colleagues is currently ongoing in relation to the Scottish Government's Women's Health plan, with a focus on sexual health, including contraception and termination of pregnancy, as well as menopause and menstrual health.

Supporting the new primary mental health posts with general practice which will reduce referrals and enable appropriate young people to be managed in the community.

2.4 Reducing admissions - plans to implement and further develop OPAT, respiratory and hospital at home pathways.

The Hospital at Home service has expanded, to offer 30 places and opportunities to extend this further will be considered, alongside other community based and outreach services.

OPAT

Increase access to OPAT with the following key actions:

- Q1 Pharmacist in post to optimise stewardship including oral regimens.

- Q2 VC workstream aligned with SG National Development Targets.
- Q2 Recruit nursing staff to manage current and future OPAT populations.
- Q2 Admin staff in appointed.
- Q2 Virtual ward for OPAT implemented.
- Q2 Office space sourced for team.

Respiratory Pathways

The Improvement plan for respiratory pathways includes the following key actions:

- Q2 Remote monitoring in place.
- Q2 Mapping of AHP input to pulmonary rehab services completed with associated improvement plan.
- Q3 SAS respiratory pathway in place.

Hospital at Home

The expansion plan for Hospital at Home includes the following key actions:

- Q1 Refine AHP referral criteria (increase capacity / improve patient experience).
- Q2 Broaden scope of service by aligning with HIS H@H expansion programme.
- Q2 Near Me ToC (reduce travel and increase capacity).
- Q2 Pharmacy recruitment (Band 8a (0.2wte) and Band 5 (0.8wte)).
- Q2 Plan in place for Point of Care ToC (diagnostic testing device to be determined).
- Q2 Map current H@H service provision.
- Q2 Plan in place to increase GP referrals.
- Q2 Plan for remote monitoring in place.

Women's Services

We will set out plans to implement a streamlined Post Menopausal Bleeding (PMB) referral process to facilitate a more appropriate referral pathway which will be dependent on clinical need as well as the development of a one stop diagnostic clinic for patients with Post Menopausal Bleeding (PMB) that require hysteroscopic investigation.

2.5 Reducing admissions - Plans to introduce new pathways including paediatrics and heart failure.

Heart Failure

- Q1 Appoint to Cardiac Physiologist post
- Q2 Virtual ward implemented
- Q2 Appointed 2 heart failure specialist nurses
- Q2 Appointed Lead Nurse for heart failure pathway
- Q3 Service operational

Women and Children's Services

We will review unscheduled care within maternity services with a focus on the Maternity Assessment Centre (MAC) to support a robust process to ensure patients presenting and accessing the service are receiving the appropriate care at the appropriate time. This will include a review of the telephone system as well as communications, so that patients and health professionals are aware of the appropriate referral pathways to this service.

Relaunch of Transitional Care Service

Reviewing job plans to include 'on call' service out of hours for CAMHs. This will increase service availability with the aim of reducing overnight stay within the acute setting, estimated start date is July 2023.

2.6 Reducing Length of Stay – Plan to increase assessment capacity to support early decision making and streaming short stay pathways – include forecast reduction in LOS through short stay patients being admitted to short stay wards and reduction in Boarding.

Acute Services

Test of Change with acute medicine call handling to screen all referrals (primary care, SAS etc) and signpost to most appropriate service with the aim of preventing hospital admissions and reducing patient LoS by utilising services such as RACU for rapid patient turnaround. Embedded into practice Q2.

Test of Change with ANPs to have rapid triage on arrival in CAU to optimise patient journeys and ensure correct diagnostic interventions rapidly. Embedded into practice Q2.

Continue to scale and develop the 2-tier triage model in ED, reducing variability in how triage is carried out. Embedded into practice Q3

Women and Children's Services

We have secured training for clinicians, nurses, and midwives for Long Acting Reversible Contraception (LARC) with the objective of preventing unwanted pregnancies. This will also support the reduction in termination of pregnancy waiting times.

Simulation training to be provided locally for Paediatrics & Neonatal to support the delivery of business as usual care and encourage staff development.

2.7 Optimise Flow to align discharge and admission patterns – deliver effective discharge planning 7 days per week, adopting Discharge Without Delay approach.

Whole System Actions

The key priorities and timelines to optimise flow adopting the Discharge Without Delay approach are summarised below:

- Reset Discharge Without Delay workstream
- Facilitate workshop for key stakeholders
- Weekly operational group established
- Ongoing data collection
- Working individual wards to identify key areas for improvement
- Test of Change providing admin support to wards
- Collation of baseline data to assess the support required to increase PDD and early discharge identification
- Appoint to SDM posts to support Flow 1
- Maximise pathways into RACU

Women and Children's Services

With regard to Active Clinical Referral Triage, we will work collaboratively with primary care colleagues to facilitate appropriate pathways ensuring patients are seen in the right place at the right time for Gynaecology, Paediatrics and CAMHS.

2.8 Best Start Maternity and Neonatal Plan – progress towards delivery as per plan submitted autumn 2022, outline approach, give summary of delivery and assurance structure and Board level oversight.

Summary of our approach:

- Local recommendations are to be implemented by mid-2024, in line with updated national and local recommendations.
- We will continue with the project management delivery tool to support the implementation of recommendations.
- We will review and implement access to perinatal mental health services.
- We will work with GP practices identify a link GP for vulnerable pregnant women.
- We will signpost healthcare professionals and women to third sector support organisations.
- We plan to extend the range of pain relief provided to women including TENS and Hypnobirth.

3. Mental Health

3.1 Plans to build service capacity to eliminate very long waits (>52 wks) for CAMHS and Psychological Therapies and actions to meet and maintain 18 week referral to treatment waiting times standard.

Child & Adolescent Mental Health Services (CAMHS)

Key actions to support on-going delivery of, and improvements in CAMHS:

- Continue with local Quality Improvement and Waiting Times monitoring Action Plan. NHS Forth Valley CAMHS have addressed long waits and there are currently no children waiting over 52 weeks (March 2023).
- The CAMHS Management Team continue to link with Scottish Government Mental Health Improvement Team, The Performance Team, the CAMHS National Advisor for support and advice. All have been supportive of the plans in place and it is noted by the CAMHS Scottish Government Advisor that positive progress has been made to address our long waits via efficient use of our available capacity.
- Additional capacity from planned overtime and from an independent provider (Healios), both offering treatment for children.
- Increase CAMHS capacity through recruitment of new staff in line with allocated funds.
- Continue review of skill mix to deliver Choice and Partnership Approach (CAPA) and meet waiting times standard.
- Secure NES funded training opportunities to enhance the skill set of the whole team.
- Create new posts (e.g., advanced clinical nurse specialists, psychological practitioners).

- Take part in national pilots around new types of workforce (enhanced psychological practitioners, newly qualified practitioners).
- Continued implementation and adoption of CAPA, including job plans and job plan reviews for all new/existing staff.
- Complete vetting procedures review and share outputs with stakeholders around vetting procedures in accordance with CAMHS Specification.
- Introduce consultation with referrers from early intervention team to manage demand and extend connections with Tier 2 wellbeing services.
- Continue quality improvement work with support from Ann York, creator of CAPA and CAMHS SG advisor.
- Review and establishment of all clinical CAPA Patient Treatment Pathways (Partnerships).
- Extend group programme and having annual planner for this type of partnership (treatment).
- Continue focus on retention, including health and wellbeing plans, regular access to peer discussion, clinical and operational supervision and support, team away days and adherence to wellbeing policies.
- The TRAKCare rebuild will commence in July and we are working towards a go live date early September 2023. This will improve data reporting, data assurance and provide an improved level of data for both Partnerships (treatment clinics) and for individual clinician activity performance monitoring, which will enhance trajectory planning. We have requested support for enhanced trajectory modelling from the Scottish Government MH Improvement Team in order to enable improved activity modelling (e.g., number of new treatments per month Vs no. new treatments per month/clock stoppers; modelling new to return ratios with multiple element treatment plans).

Psychological Therapies

Key actions to support on-going delivery of, and improvements in Psychological Therapies:

- Clinical activity will continue to be reviewed at service, team, and clinician level, with job plan reviews ongoing.
- Develop clinician level data has also supported management discussions with staff to highlight opportunities for improvement in throughput.
- Actively recruit to all vacancies and utilise agency staff where appropriate and available.
- Existing part-time staff to work additional hours on a temporary basis specifically to target waiting times.
- Liaise with HR to support the retention of staff relocating for personal reasons, on a remote working basis.
- Promote retention of staff through deployment of Retire and Return policy.
- Strong focus on staff wellbeing and CPD to mitigate the challenge of staff retention.
- Continue the development of new Group Therapy sessions, targeting people with the longest waits.

- Two QI projects are underway (Stroke and Secondary Care), aiming to ensure psychological contribution to care at an earlier stage in the pathway, improve multi-disciplinary working and increase appropriate referrals to psychology. Impact on waiting times will be monitored.
- Continue to engage with the SG PTs Enhanced Support Team.
- Continue to develop the methodology for the trajectory of >52 week waits and seek verification of the assumptions underpinning the model.
- Trajectories for all Psychological Therapies and subspecialties have been populated and will continue to be refreshed to support the monitoring of progress towards attainment of the RTT standard.
- Current trajectory modelling indicates that an additional 8-9 WTE clinical staff are required to support whole service delivery of the 18-week RTT standard. As reported previously additional clinical capacity is required to clear the queue rather than manager ongoing demand (assuming demand stability), it is estimated that the additional posts would be needed for 2 years. However, recruiting to fixed term posts is not viable in the current workforce climate.
- To date, ongoing vacancies within the existing staff complement have limited the utility of seeking additional resource. However recent successful recruitment has changed this position, and it is intended to revisit this locally.

3.2 Plans to build capacity to deliver improved services underpinned by CAHMS and neurodevelopmental specifications and standards for service delivery.

- Reviewing workforce development strategy in line with the CAMHS and Neuro Developmental Disorders (NDD) specifications.
- Coordination of workforce development by CAMHS Learning Coordinator in conjunction with NES and CAMHS Management Team.
- Securing NES funded training opportunities to enhance the skill set of the whole team.
- Creating new posts to meet to specifications (e.g., advanced clinical nurse specialists, psychological practitioners, eating disorder posts, neuropsychology posts, OT posts, Lead Clinician for NDD, advanced clinical nurse specialist in ADHD).
- Review of out of hours provision for unscheduled and urgent care.
- Agreeing the care pathways and transition procedures for young people up to age 25.
- Continued implementation and adoption of CAPA, with support from Ann York, creator of CAPA and CAMHS SG advisor.
- Complete vetting procedures review and share outputs with stakeholders around vetting procedures in accordance with CAMHS Specification.
- Review and establishment of all clinical CAPA Patient Treatment Pathways (Partnerships).
- Extending group programme and having annual planner for this type of partnership (treatment).
- Continued support to Primary Care Mental Health Nurses situated in GP practices to work with children and young people from age 12.

- Progress digital developments with stakeholders (children and families) via feedback forms about the service they receive, how we tailor service delivery and how we explain what to expect from CAMHS.
- Reviewing care related documentation to ensure accessibility for children and young people and their carers.
- Review provision for specific groups of young people with protected characteristics.
- Progress paediatric liaison mental health service.
- Improve awareness of transitions guidance and care planning recommendations across mental health services.

3.3 Timetable to achieve full compliance with CAMHS & Psychological Therapies National Database (CAPTND) dataset and/or plans to improve data quality etc to achieve compliance.

NHS Forth Valley is actively engaged in the national work to identify how and when the additional data items will be provided by all NHS Boards. NHS FV Head of Information, Director of Psychology and Clinical lead for Data for Psychology attend the national meetings. A local NHS FV group is meeting to plan ahead for implementation. Once the national group determines how this data will be collected and what the national timeline will be for achieving this, Forth Valley will be able to finalise an implementation plan and timeline. However, NHS FV cannot progress this or set any local timelines until the national group determines how the information will be collected and when. NHS FV is fully committed to CAPTND database development and already submits all of the data that it is currently feasible to submit and will implement the outcomes of the national work locally, once these are determined. Specific actions are summarised below.

CAMHS

NHS Forth Valley CAMHS are part of the CAMHS Psychological Therapies & Neurodevelopmental Data Development Clinical Reference Group. This group is responsible for:

- Reviewing existing assessment of data collection methods (CAPTND Collection Barriers), and existing gap analysis of collection against CAMHS PT and ND Service Specification.
- Understanding the limiting factors/barriers in data collection, i.e., practice or system issues.
- Identifying improvements that can be made to move to a more complete set of data returns, i.e., system upgrades, training needs.
- Reviewing the CAPTND data items and understanding which items are important to clinicians and which are essential for service improvement, and which could be removed.
- Consider whether outcome measures could be incorporated into data collection and make recommendations on potential measures.
- Make recommendations for the development of a longer-term strategy for move to standardised and structured coding of data in CAMHS and ND services and information which would support improved service planning and patient experience.

- Make recommendations of what data / information could be collected to support wider service improvement, planning and patient experience to support reporting on all aspects of the: implementation, outputs, and outcomes of the CAMHS and ND national service specifications. This should include as a minimum, but not be restricted to, reasons for referral, personalised and meaningful signposting for those that receive this, what pathways are in place and followed, treatments, patient outcomes including patient experience, and protected equalities.

In addition to being part of this national approach, NHS Forth Valley CAMHS are in the process of a Trak re-build which ensures our implementation of Trak not only better meets the clinical requirements of the CAMHS MDT, but also improves the granularity and accuracy of data we can get out of Trak. Our new Trak build will be complete and implemented this quarter.

The output from the CAMHS Psychological Therapies & Neurodevelopmental Data Development Clinical Reference Group will be later this year.

Psychological Therapies

NHS Forth Valley Psychological Services continue to work with the national Clinical Reference and Data Definitions (CAPTND) Group, developing systems for the recording and reporting of the CAPTND variables. Work is underway to record and report on clinical outcomes data. This should be reportable within 12 months, partially via Care Partner. 3 questions have been agreed as forming the mandatory core datasets that will be collected for all patients with Psychological Services. This will enrich the data that is currently recorded on waiting times and numbers of patients referred, seen, and starting treatment.

E-Health colleagues within NHS Forth Valley are also engaging with the national CAPTND group to enable this going forward, for example, getting Trak in a position where it can collect the relevant variables.

Over the last 12 months NHS Forth Valley has been working to improve the quality of the data that feeds into CAPTND. This work will continue to be built on as part of a data quality plan. Psychological Services are also engaging with enhanced support provided by the Scottish Government Psychology Advisor. Advice has been provided by the Scottish Government Analyst, and NHS Forth Valley recruited an Information Analyst specially to support the provision of Psychological Services data.

3.4 Plan to increase mental health services spend to 10% of NHS frontline spend by 2026 and increase spend on mental health of children and young people to 1% - include current percentage of total frontline spend and planned trajectory towards 10% and 1% targets.

The detailed Cost Book exercise will capture current spend against the baseline, including recently recruitment. Once the Cost Book is prepared in autumn 2023, calculations can be rebased. Whilst the Board is committed to identifying additional investment, this must be feasible and affordable within the current financial envelope and recurring savings plan.

Mental Health spend in 2021/2022 as a percentage of the total NHS expenditure was 8.09% with 8.10% in 2020/2021. The Scotland comparison in 2021/2022 was 8.78%.

4. Planned Care

4.1 Funding: How we will target the NRAC allocation of the £103 million?

Funding will continue to be invested locally in staffing and processes to achieve sustainability and balance capacity and demand across all of our services. This will include those services currently still struggling to meet demand due to workforce vacancies, those requiring support to achieve increased efficiency and productivity and will facilitate general modernisation across scheduled care to advance digitalisation, realistic medicine and provide best value.

The 'Hospital within a Hospital' model will be maintained and there is currently work underway to improve efficiency and productivity within theatres. INFIX is now up and running with an evaluation to take place in December 2023. Start and finish times, cancellations on the day, theatre allocation according to demand will all be investigated during this project. A move from general to local anaesthesia will support the move from main theatres to minor procedure rooms. This will take into account the opening of NTC and allocation of additional beds for NHSGGC patients. Planned care beds will remain ring-fenced and protected within the theatre model.

There is a delay in the opening of the NTC unit which will prevent access to these beds until autumn 2023. All SoPs and pathways have been agreed and trialled ready for the service go-live date. Arthroplasty activity from NTC will be pro-rata according to the start date.

4.2 Maximising Planned Care Capacity: How we will deliver planned care, core, and additional waiting list activity in 2023/24

Plans are in place to increase day surgery activity over the next 9 months. All cases that can be moved from main theatres will be carried out in a minor operations environment thus freeing up main theatre space for GA activity.

Non-recurring funding has been allocated to support training of 2 Surgical Care Practitioners. This will provide an additional 50 urology cases per month which can be carried out in the minor procedure facility.

Local

- We are working to ensure the consistent delivery of sustainable services which have potential to increase capacity through agile and flexible use of all available core resources.
- We will apply consistent and expanded adoption of CfSD priorities, rigorous application of Access policies, monitor and develop action plans to address same day cancellations and work to reduce DNAs.
- We are on track to achieve and exceed waiting times targets for long waiting Outpatient and TTG patients. We are predicting we will have no patients waiting >52 weeks for an outpatient appointment in any specialty and fewer than 200 patients waiting >52 weeks for inpatient or daycase intervention by 31st March 2023. The TTG achievement is well in advance of Scottish Government target timeframes.
- We will work to utilise all available funded theatre and outpatient sessions 50 weeks per year, have increased procedure room capacity and repatriated several services from other Health Boards to release capacity including cardiac pacing and complex devices from Lothian, breast screening from Lothian and GGC, plastic surgery from Lothian, GGC and Tayside and orthopaedics from GJNH.
- There remain 15-20 'fallow' theatre sessions each week in NHS Forth Valley which are not staffed but could be utilised rapidly if we had additional resource to recruit staff.
- We will look to optimise job planned DCC capacity and ensure that through e-rostering we ensure we are delivering all job planned sessions for both medical and non-medical staff.
- We will continue to develop advanced practitioners from a nursing, ODP, ESP, pharmacy, radiography, and PA background to work across scheduled care and will upskill CSW staff to take on work previously performed by registered staff.
- We have EQUIP pathways in place for minor ops, varicose veins and haemorrhoidectomy and are working with primary care colleagues to introduce an opt in pathway for inguinal hernias.
- We are working with colleagues from the Quality team to ensure that all national CfSD pathways have been implemented locally.

Regional Working

- NHS Forth Valley will continue to play an active part in the West of Scotland regional management and clinical groups.
- NHS Forth Valley clinicians will continue to provide support to several neighbouring Health Boards both within the West of Scotland and further afield across a number of specialties. It is anticipated this will continue to expand and currently includes services such as one stop assessment in Breast clinics, one stop skin cancer assessment and plastic surgery (including local grafts and flaps); Orthopaedic procedures such as carpal tunnel decompression and other hand surgery; Neurology, OMFS, Urology including procedures such as circumcisions and

vasectomies, Diabetes and Endocrinology and Cardiology. There are a number of other specialties such as Dermatology, Plastics and Gastroenterology which could potentially start to offer out additional capacity to neighbouring HB in the next few months.

- Plans have been developed to expand the volume and range of support to other Health Boards with high volume lower complexity surgery with further expansion of our surgical care practitioner roles if there is funding to support this initiative.
- We will continue to use capacity in GJNH for a small number of cataract patients which will continue to ensure shorter waiting times for this cohort of patients while we redesign local services.
- We will continue to work with colleagues in GJNH to train consultants to perform robotic surgery for colorectal cancer which will allow Forth Valley patients to have access to these procedures using the shared robot based in Hairmyres hospital in Lanarkshire.

Nationally

- NHS Forth Valley will continue to ensure active engagement from management and clinical colleagues in all CfSD Specialty Development Groups and will continue to work closely with the CfSD team to deliver on our priority heatmap areas of focus.
- Several NHS Forth Valley colleagues contributed to the recent CfSD national event for planned care by sharing their experiences of new ways of working. The 'Hospital within a Hospital' model which protects of theatre capacity for elective activity was showcased as a successful example of modernised working and creative thinking in flexible and agile delivery of care. This model has ensured the continued prioritisation of elective care within the organisation.
- Work will continue to ensure further ongoing progress to increase efficiency and productivity within theatres and Day Surgery maintaining close links with CfSD colleagues. We continue to work with our clinical teams to convert GA procedures to LA, increase the number of Surgical care practitioners and extend the use of minor ops rooms which in turn releases theatre sessions and staff allowing them to perform more complex GA cases.
- Neurology and Cardiology 'blue dot' case studies were also shared at the CfSD planned care event as evidence of best practice which highlighted the team's flexible approach to patient care, reduction in waiting times and need for face-to-face appointments.
- Work continues to expand the Urology Hub model of care which has now been fully implemented meaning the majority of procedures are performed out with main theatres.
- NHS Forth Valley will continue to engage in the national work in the ANIA pathway for Dermatology digital imaging which has had local investment to secure the progression of a digital system in 2023/24.
- NHS Forth Valley will open the National Treatment Centre-Forth Valley in June 2023 which will provide an Orthopaedic service to deliver 1500 extra hip and knee arthroplasties for the longest waiting patients across Scotland. NHS GGC will provide the first cohort of patients for this service. We hope to be able to increase the number and range of procedures offered by the NTC if funding supports an expansion of our surgical care practitioners and procedure room capacity.

Outpatients

- NHS Forth Valley has not paused or reduced service outpatient capacity or services at any time in 2022/23. Resources to maintain these services have been prioritised and will remain ring-fenced to ensure uninterrupted services and an expansion in core capacity for 2023/24.
- Work will continue to maximise outpatient capacity through the removal of the 'Bookwise' IT system and the introduction of a '6-4-2' room management approach which will ensure all resource is allocated appropriately according to need and will ensure those services with the longest waits will have access to the necessary facilities.
- Development of community facilities within Falkirk and Stirling Community Hospitals will provide more outpatient capacity which will support services being delivered closer to home for patients in those respective areas. This will also release space and will provide additional resource for those services which can only be delivered on the acute site.
- Investment by NHS Forth Valley to support sustainable services has ensured a significant reduction in WLI sessions and no requirement for private sector support. The aim is to negate the need for any external IS support and only seek help from other local Health Boards that can provide mutual aid if required. An example of this is the support received from clinicians in NHS Lothian to maintain Respiratory outpatient clinics and NHS Grampian to support ENT clinics while the management team redesign the services and have recruited to fill the current gaps in workforce.
- There has been a focussed recruitment drive to build a sustainable workforce within both ENT and OMFS in Forth Valley. This will need continued development through 2023 but will deliver a full established workforce by mid-2024.
- Negotiations are under way to support NHS Lanarkshire OMFS services through cross boundary working. This will require further work to establish the most appropriate model of service delivery for both Health Boards, but NHS Forth Valley has been providing a mid-week trauma service for NHS Lanarkshire patients as well as our own for the past 3 years.
- The embedding of a revised management structure for scheduled care services will ensure on-going robust scrutiny and management of waiting times. It will ensure data is used to drive improvement across all services. Strict governance processes and regular reporting of performance will focus service management resources on achieving national targets for the longest waiting outpatient services through active management of waiting lists via re-triage, Netcall, admin and clinical waiting list validation and expansion and optimisation of ACRT, PIR and PFB.
- Modernising outpatient services will continue to maximise resource by changing clinic templates post covid, strict allocation management and utilisation of outpatient facilities and through the progression of a new patient digital hub. This hub will support patients to easily access their outpatient information and allow re-scheduling of appointments as required. It is anticipated that this system will help to reduce DNAs and last-minute cancellations. It will provide modern access opportunities for services.

- Work will continue in the management of DNAs through robust application of the Access Policy. A team from NHS Forth Valley are participating in the national group to revise the national Access Policy and then implement the changes for NHS Forth Valley.

Treatment Time Guarantee (TTG)

- The only reduction in scheduled care theatre capacity occurred in January 2022 for 6 weeks. Flexible and agile use of theatre facilities has continued at all other times to ensure no patients were cancelled due to the unscheduled care pressures on the acute site.
- Work will continue in 2023/24 to enhance theatre efficiency and productivity through the implementation of 'Infix' a new IT theatre scheduling system. CfSD selected NHS Forth Valley to be an early adopter via ANIA for the implementation of a pilot of Infix which we hope will significantly increase theatre productivity. This work aligns with the national work currently taking place.
- The use of a '6-4-2' allocation system to backfill cancelled lists will allow us to work towards running all theatres 50 weeks a year and will also ensure theatre lists are maximised effectively.
- The delivery of the 'Hospital within a hospital' model will continue to ensure the protection of scheduled care service delivery. We are working to expand this model into recovery to allow us to increase the throughput of patients having surgery each day.
- Capital funding has been identified to expand the current minor ops facilities. This will increase the resource from 4 minor ops rooms to 6. This combined with further potential development of Surgical care practitioners will release theatre space for the most complex interventions which require general anaesthetic and can only be delivered by a consultant surgeon. Work will continue to increase the number of interventions that can be transferred from GA to LA over the next 12 months.
- An increased number of hip and knee 4 joint lists will be scheduled in 2023/24 along with the expansion of same day arthroplasty.
- Robust administrative and clinical validation of long waiting patients' pre-op will minimise cancellations and ensure only those patients appropriate for surgery will be allocated. Pre-op optimisation and prehab to reduce length of stay will be further developed in orthopaedics and the 'Best in Class' knee pathway will continue to support prehab or redirection.
- A flexible approach to cross speciality work for overlap conditions will continue e.g., plastics for carpal tunnel etc.

4.3 Protecting Diagnostic capacity locally, regionally, and nationally

Maximising local capacity

- Successful consultant recruitment in radiology of an additional 6 posts will bring the imaging team to their required establishment and will reduce the need for outsourcing.
- We will continue our investment in training and supporting a number of advanced practitioners in radiology reporting plain films and performing diagnostic ultrasound. We will also develop our band 4 workforce.

- This will provide resource to work on education and management of streamlined pathways through delivery of 'Realistic Medicine' and appropriate referral for imaging. The aim is to reduce unnecessary imaging and reduce variation in the ordering of tests through a streamlined pathway approach.
- Short term plans to increase capacity at evenings and weekends are currently seeking authorisation and would deliver 100 additional CT slots per week if funded. A business case for a 3rd CT scanner for medium term is currently in progress. This facility will provide enough resource (225 scans per week) to meet the growing demand within cancer services and sustain timely access for all other pathways. This opportunity will also provide additional CT capacity which is not required currently for Forth Valley demand but could be offered out to neighbouring Health Boards in the short term to help reduce the long wait backlog for imaging. It is clear the benefits a 3rd CT scanner will bring to FV patients by increasing daily OP appointments therefore delivering care in a time appropriate manner and within the Government 6 week waiting times target and reducing clinical risk. There is currently a room available for an additional scanner and this could be housed immediately.
- DEXA scanning capacity has increased for osteoporosis and CBCT upgrade will support delivery of OMFS services.
- Endoscopy pathways are being modernised and this work will be completed early in 2023/24. This will ensure all relevant national guidelines are applied and variation in service delivery is reduced. Double Q-fit testing will be implemented along with other recommendations for service improvement in Q1.
- Implementation of Digital pathology will ensure NHS Forth Valley aligns with other Health Boards and has potential to offer cross board reporting if required.

Maximising Regional Capacity

- Breast radiology support is currently being delivered on site in NHS D&G – One NHS Forth Valley radiologist and a consultant radiographer are working 3 days per week in Dumfries to deliver the one stop service, MDT and magseed insertion for patients locally. We are also providing radiology capacity for breast patients to NHS Lanarkshire (2000 patients/ year), NHS Fife (1000 patients/ year) and Tayside (1000- 2000 patients/ year). We have also been approached and agreed to support NHS GGC over the summer and to see if we can help NHS Borders.
- A 3rd CT scanner would support additional capacity to neighbouring Health Boards and ensure compliance for cancer pathways in NHS Forth Valley.
- MRI (NTC) capacity will be offered to neighbouring Health Boards to support on-going long waits nationally. Currently discussions are underway to offer capacity for urology cancer patients requiring MRI to NHS Fife.
- Currently delivering support into regional interventional radiology rota for west of Scotland.

Maximise Opportunities to Deliver Diagnostics

- Engage in service development groups for diagnostics and support neighbouring Health Boards where possible.
- Develop advanced practitioners across endoscopy and radiology – regular help to train practitioners from other Health Boards.
- Offering capacity to SNRRS

Endoscopy - High Impact Changes

- Apply Qfit pathway - 2 months.
- Working to adopt all national pathways for endoscopy over next 6-12 months.
- Expanding Cytosponge and trans-nasal - 6 months.

4.4 Productive Opportunities

- Hospital within a Hospital - Complete, further expansion into recovery being scoped.
- Extend scope of day surgery – SCP in place and exploring opportunities for funding for 2 further SCP trainees to expand use of minor ops and day surgery procedures to support external Health boards - 6 months.
- Explore BADS data and benchmark- introduce changes in key specialties 6 months.
- Same day arthroplasty – December 2023 to fully implement and sustain.
- NECU waiting list validation – complete. All patients waiting more than 26 weeks included. 8% of patients elected to be removed.
- High impact programmes – ACRT and PIR to expand to majority of specialties, 80% of initial targets achieved (some less suitable) 12 months - March 2024.
- Ophthalmology minimum standards – will not be achieved in 12 months further work required to achieve skillset. 8-10 cataracts per list within 12 months.
- High flow cataracts currently taking place, resource implications to be explored further. Set lists occur routinely.
- Data management system in place – to record ACRT and PIR outcomes accurately and give clinical teams real time access to the data they need to improve services.
- CfSD SDG reps on all group and workstreams being taken forward. Governance reporting to feed into management system.
- SLWG established to address theatre efficiency and productivity – start and finish times to be reported. Adopting Infix and Opera with routine use of data to drive improvement – 3 months.
- Atlas of variation map and discovery data to be systematically interrogated over next 12 months and action plan developed.
- Number and range of low value procedures to be investigated locally and action plan developed over next 12 months.
- NTC engagement on-going. Detailed plans in place and clinical pathway agreed for first cohort of arthroplasty patients from GGC.

- NECU engagement working well to optimise delivery to other HBs.
- Procedures of low clinical value data to be collated and shared across services and establish a baseline over 12 months measure going forward.
- Maximise digital capacity – dermatology in progress, pathology in progress, progression digital OP hub, monitoring of use and identify most appropriate pathway – all 12 months.
- Engaging in national Virtual pre-assessment group, keen to optimise virtual pre op as part of NTC – 12 months.

4.5 Waiting List Validation

Achieved – All OP and IPDC patients waiting more than 26 weeks have had net call and admin validation. Clinical validation is ongoing in several specialties.

4.6 Prevention

It is proposed to develop a Scottish Burden of Disease prevention framework for health and social care, led by Public Health.

Regarding Pharmaceutical Public health, this aligns with Atlas of Variation work and using data effectively for quality. We should consider where prescribing data can inform of variation in preventative practice such as in the prescribing antihypertensives and antilipids, managing polypharmacy effectively and addressing unmet needs such as contraception.

The Public Health department will support colleagues in health and social care with the waiting well initiative as developed by Preventative and Proactive Care programme at SG. The waiting period for a health and social care intervention should be an active phase of preventative and proactive activity, with the mission of ensuring that people's health and wellbeing does not deteriorate from preventative causes in the waiting period and indeed the aim is to stabilise, enhance or improve health and wellbeing for people by prehabilitation approaches.

5. Cancer Care

NHS Forth Valley will further develop its Annual Delivery Plan further once the national Cancer Strategy for Scotland is published and once any associated actions for 2023/24 and 2023/26 (Medium Term Plan) are developed and agreed locally.

Forth Valley has established a clinical governance structure to ensure all levels within the Health board are aware of their responsibility and progress against the Waiting times Standards and the Quality Performance Indicators. The Cancer Team manager and clinical lead regularly

present at the Health Board Performance and Resource committee to give an update on the Waiting Times, the challenges faced and what the possible solutions could be.

Forth Valley have a designated GP lead for Cancer who assist the Acute team on improving the pathways and supporting colleagues with process. The GP lead will be taking forward several projects this year which will not only assist the cancer waiting times but ensure patients are referred to the correct speciality. NHS Forth Valley will pilot GP direct access to CT for patients with weight loss which are suspected of having cancer in April 2023. The GP lead will also audit the appropriateness of USC referrals and feedback to both the Acute Services and Primary Care. NHS Forth Valley has also recruited a project manager to implement the Ref-Help programme which will be an aid for GPs when referring patients.

All cancer pathway information has been developed for Ref-Help phase 1 implementation.

Public Health will continue to deliver the cancer screening programmes and focus on uptake of screening programmes in SIMD 1 and 2. We aim to ensure that there is a holistic and person-centred approach to meeting the needs of those diagnosed with cancer, and address risk factors such as smoking and un-healthy weight as these impact on cancer outcomes.

5.1 Expansion of diagnostic capacity and workforce, including endoscopy and its new alternatives

The Forth Valley Cancer team will continue to participate in the weekly radiology and endoscopy meetings to discuss the waits for their step in the cancer pathways and work together to reduce them. Work continues to move forward a business case for a third CT scanner and a plan for short term additional capacity (see section 4.3) which will be vital in improving Forth Valley's performance against the waiting times standards as CT plays an important role in all pathways. The team have worked closely with the radiology department in developing bids to assist with the implementation of the NOLCP and to implement GP direct Access to CT for those patients with weight loss suspected of having lung cancer.

The Endoscopy team are 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. This will maximise current resource and ensure all endoscopy pathways are as efficient as possible. Bowel screening has been highlighted as a priority and all changes will be complete for this pathway by September 2023.

Endoscopy Colorectal and Bowel screening services are collaborating with NHS Tayside colleagues with a view to pilot their Pre-Assessment to embed in FV. It is anticipated that this will start October 23 which will ensure increasing waiting list will be supported with current resource.

GP direct access to CT started in May 2023 as a pilot. This will be evaluated after 6 months by a senior radiologist.

5.2 Continued roll out of RCDs locally and regionally.

Forth Valley will continue to be represented on National & Regional groups to ensure we are aware of future development within cancer as well as learning and sharing good practice with other Health Boards. The new management structure will ensure NHS Forth Valley is consistently represented at these meetings. One pathway where Boards are learning from each other is the Prostate cancer Pathway. Collaborative working with other Boards is essential for certain tumour specific pathways e.g., Head and Neck, which can be challenging to meet the Standards. NHS Forth Valley have recently appointed a new OMFS consultant with an interest in Head and Neck cancer who review the pathway to ensure collaborative working with NHS GGC colleagues.

NHS Forth Valley will continue to work in collaboration with the individual services to adapt the MDT system to meet the requirements of the service and GPs. NHS Forth Valley participated in the West of Scotland, MDT FIT programme last year which produced a list of actions for each cancer MDT. Forth Valley's MDT coordinators will assist in actioning the outcome of these meetings in 2023-24.

NHS Forth Valley will continue to work with external Health Boards and partners to ensure pathways are streamlined and efficient has possible. The service hopes to recruit a 1WTE speciality Doctor for oncology to assist the oncologists to increase their capacity to see new patients to discuss their treatment. NHS Forth Valley will conclude a review of the oncology unit and the delivery of SACT over the next twelve months. It will identify the resources required to meet demand over the next 5 years.

Currently FV has not been allocated funding to establish a Rapid Cancer Diagnostic service. The Cancer team are developing a paper to describe how this will look for FV. It will also require CT capacity.

5.3 Plans to achieve full adoption of Framework for Effective Cancer Management

NHS Forth Valley are currently revising the management structure in order to provide a more robust leadership and management of cancer services which will support the cancer waiting times performance. Embedding of the Framework for Effective Cancer Management is pivotal to improving the cancer waiting times performance. In 2023-24 Forth Valley will work towards implementing all 8 sections of the Framework, an action plan has been created and progress will be monitored at the weekly cancer leads meeting.

The new structure of the Ambulatory, Diagnostic and Theatres Services will ensure Cancer Services has a higher profile within the services responsible for delivering the Standards as they all have the same Head of Service. The cancer team works closely with the services and has regular meetings to discuss how the services can be improved to meet the Standards.

5.4 Outline plans to improve quality of cancer staging data.

Forth Valley will continue to work in collaboration with the specific tumour groups to review the pathways. Currently the Cancer team have fortnightly meetings with both the Colorectal & lung teams and have established respective action plans to address breaching issues. Both services are reviewing the role of the Clinical Nurse Specialist to support the team to increase their capacity for new patients. This change will require additional resource. QPI data is currently recorded at MDT meetings and if not available is followed up with specific clinicians to ensure it is recorded timeously and accurately.

Following establishment of the new management structure the NHS Forth Valley cancer tracking team will continue to deliver service to ensure dynamic tracking and escalation to support teams to meet the cancer performance standards.

NHS Forth Valley can confirm that it will engage and support with future data requests and advice to deliver the upcoming National Oncology Transformation Programme.

6. Health Inequalities

NHS Forth Valley will work collaboratively to embed prevention as a principal approach in the local population health system.

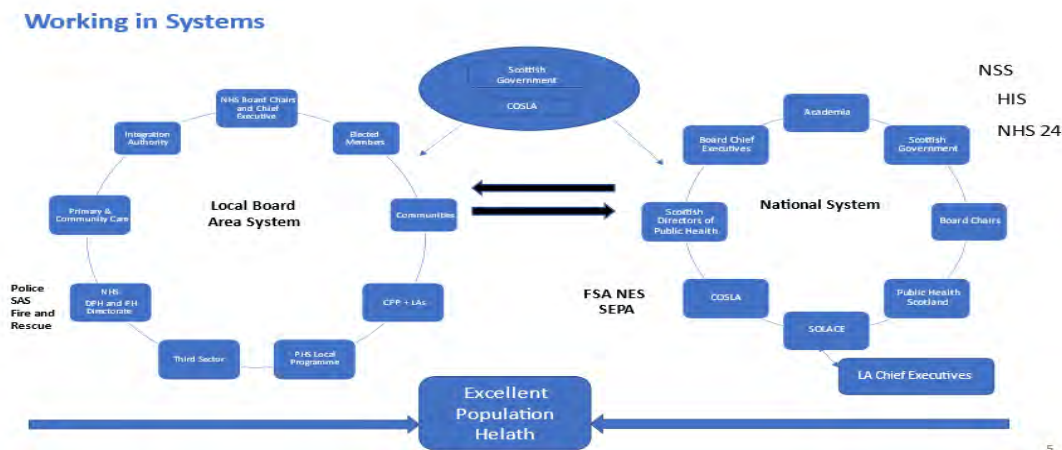
Enabling change – working in a world class population health system

The 2021 programme of the Scottish Government requested the development of a world class public health system in Scotland. The work, led by the Scottish Directors of Public health, identified several key components for working in a WCPHS which include: -

- Collaborative leadership from all those involved in population health.
- Proactively working in 'national' and 'local' population health systems as in Figure 1.
- Define Public health priorities.
- Be outcomes focussed.
- Develop local system support for CPPs

- Prevention and inequalities assessment of all services.
- Develop accountability and Intelligent performance management for population health at board and national level.

Figure 1



NHS Forth Valley will work collaboratively to embed a world class public health approach and prevention as a principal in the local population health system.

- We will develop data on inequalities that we routinely monitor in Forth Valley e.g., scotpho inequalities data.
- We will develop a clear understanding of current investment in prevention across the system, both nationally and locally and develop clarity of understanding of the aim of prevention spend. We will develop an aspiration about what the percentage of total spend should be to improve health and reduce health inequalities.
- We will Monitor and evaluate data and activity and embed core datasets for prevention activities and health inequalities whilst developing accountability and incentives within the system to focus on these outcomes and thereby the prevention activity that will improve them.
- It is proposed that prevention and inequalities should be a workstream of each of the NHS Forth Valley Programme Boards.
- We will also aim to make further progress with embedding population health and prevention outcomes and programmes/services in community planning themes across the 3 community planning partnerships.
- As part of the University College NHS partnership, we will be in a positive position to progress innovation and research programmes which focus on prevention in evaluation of prevention activity.

- The governance around prevention and inequalities activity should be developed.
- There should be an inequalities and prevention dimension to the risk register, and we will develop a clear understanding of the current investment in prevention across the system, both nationally and locally.

6.1 Local priorities for reducing health inequalities taking into account national strategies around Race, Women's Health Plan, and related actions in most recent Equality Mainstreaming Report

In developing the draft Health Improvement Strategy, a review of the population health needs was undertaken which provided the information to set the priorities as listed below. The 2 HSCPs have also undertaken needs assessments which align with the adult needs identified in the Health Improvement Strategy and have published the Clackmannanshire and Stirling Strategic Commissioning Plan 2023-2033 and the Falkirk Strategic Plan 2023-2026. The priorities for Health Improvement are as follows:

Every child has the best start in life.

- Provide preconception health advice for women and men
- Provide support to pregnant women and their partners who smoke, drink alcohol or take substances to stop or change behaviours from as early in the pregnancy as possible to reduce the impact on children
- Provide support to parents and families struggling financially with referrals from health visitors to income maximisation services
- Deliver a suite of health improvement programmes to improve infant health including maternal and infant nutrition programmes, immunisations
- Refer families who highlight challenges financially to health visitors at universal pathway visits
- Throughout the year deliver smoking cessation to women attending maternity clinics and their partners
- Tackling poverty – offering income maximisation, tackling child poverty, and delivering dignified access to food programmes
- Deliver child and adult healthy weight programmes in line with Scottish Government requirements.

NHS Forth Valley contribution to community wealth and health building as an Anchor Institution includes the following actions

- Forth Valley University College Health partnership youth academy programmes
- Sustainability plan delivery
- assessment of community use of land and assets
- Promotion of the NSS community wealth building portal
- Community wealth and health programmes in the Falkirk &
- Grangemouth Growth Deal Greener Grangemouth Programme and the Shaping Places for Wellbeing Alloa Programme

By the end of 23/24 as an Anchor Institution we will have:

- Developed and implemented the NHS Forth Valley employability plan prioritising the needs of young people
- Actioned key components of the NHS Forth Valley sustainability plan
- Developed and implemented governance arrangements for mutual/shared use of land and other assets
- Promoted the use of the National Services Scotland community benefits portal in partnership with the Forth Valley Third Sector Interface organisations
- Effectively delivered place based projects in local authority areas
- Strengthened the way we work collaboratively to be innovative in delivery of services focused on needs of communities and evidence base to improve healthy life expectancy

Providing good work and workplace wellbeing

- Offer work placement opportunities to those further from the labour market
- Deliver Project SEARCH at Forth Valley Royal Hospital in partnership with SERCO and Forth Valley College
- Provide the Working Health Service programme
- Deliver workplace mental health improvement support programmes

By end of 23/24 we will have:

- Completed first group of NHS child poverty demonstrator programme placements with local authority employment services
- Completed Project Search programme for young people with learning disabilities
- Delivered vocational rehabilitation for people with a health condition impacting work
- Delivered workplace mental health programmes to businesses and organisations across Forth Valley

We will take a Public Health approach to tackling the three significant harms intensified by the pandemic.

- Work to reduce suicides and drug related deaths.
- Develop a structured, outcome focused multi-agency and whole systems approach to planning
- Falkirk Suicide prevention subgroup - development and delivery of 1 Year Action Plan for Falkirk
- Provide self-harm training and training for trainers on a range of mental health and wellbeing topics
- Produce a mental health and wellbeing strategy.
- Reduce alcohol related harm through alcohol brief interventions in primary care
- Reduce alcohol related harm through alcohol brief interventions through delivering the social influence programme in secondary schools
- Promote on line training package

- Review what works

Delivery of Scottish Government Effective Prevention Bundle health improvement priorities for NHS Boards – Blood Borne Viruses & Sexual Health, oral health improvement.

- Develop a tobacco strategy and outcomes.
- Deliver the 5 national oral health improvement programmes (Shared across Public Health Service, Health Improvement and AHPs)
- Work with CARDS to carry out BBV testing, immunisation & sexual health advice & signposting to appropriate services, throughout year
- Evaluate 'Test of change' with Transform's mobile unit – if target group agree to testing and treatment, intention to expand this service FV wide, as this client group do not generally access medical services and would otherwise not be tested or treated.
- 12 month project with Pharma using a Cephied machine in the community to test for BBVs. Result given within 30 minutes & a pathway whereby the client can be tested, diagnosed and commence treatment within 48hrs
- Continue to build links with wider stakeholders/organisations across all oral health improvement (OHI) programmes
- Develop digital resources to support OHI programmes
- Strengthen relationships and joint working across OHI and wider health improvement work
- Review and report on work undertaken within OHI programmes to inform planning for 2024-25

6.2 Strengthen delivery of healthcare in Police custody and prison – ensure improvement in continuity of care when people are transferred into and from prison and associated challenges. Allow Primary Care staff to access prisoner healthcare records and delivery against MAT standards. State the Executive Lead for prisons healthcare and those in custody.

Public Health will continue to be active partners in all 3 Community Justice Partnerships, and work to improve the connection with NHS primary care and secondary care. Keep well Forth Valley will continue to work closely with criminal justice social work services, and their clients. Keep well will also develop closer working with substance use services and ensure that the MAT standards link to person-centred holistic assessment and help.

Healthcare in Police custody in Forth Valley is provided by NHS Lothian, as a regional agreement and the NHS Forth Valley Executive lead for prison health care is Dr Andrew Murray, Medical Director.

There are dental clinics in all three prisons in Forth Valley providing emergency dental care for any prisoner with urgent needs, and routine treatment for those on sentences of longer than one year. Dental nurses in the oral health improvement team provide a triage service to prioritise patients in prison requiring dental care.

Mouth Matters national oral health improvement programme will be delivered in all prisons as well as oral health peer support training for prisoners recommencing where the Scottish Prison Service can support this.

To date there has not been a requirement to provide formal reporting on MAT standards in Prison Healthcare. NHS Forth Valley is engaged with national colleagues regarding plans to implement MAT standards in prisons, and we are committed to agreeing local milestones and timelines once the requirements and reporting arrangements are set nationally.

In response to national policy initiatives and external reviews of care within the prison environment NHS Forth Valley prison healthcare is moving towards delivery of a more intensive and bespoke healthcare service model. This enhanced model of care necessitates a NHS workforce with the essential skills, experience, and resilience to deliver consistently. Additional investment in our workforce will enable a more holistic, recovery and outcome focussed, and individualised approach. This trauma informed and responsive workforce will recognise where people are affected by trauma and adversity, be able to respond in ways that prevent further harm and support recovery, and can address inequalities and improve life chances of those in our care.

Every member of NHSFV Prison Healthcare team has a role to play in understanding and responding to people affected by trauma. A tiered approach commencing with a trauma informed level and increasing to trauma informed specialists is required. Clinicians are supported and encouraged to develop and upskill personally and professionally by undertaking the various training opportunities offered to them.

Mental Health Team within all 3 sites are members of the Quality Network for Prison Mental Health Services. Locally there is a QNPMHS group which has responsibility for implementation of the standards. Our service is reviewed by peers from other custodial establishments throughout the UK and gives the opportunity for our MHT to visit and review other establishments. It provides an immense learning platform and opens up networking.

Funding has been secured for 2 improvement projects:

Development of a frailty screening and support programme with our partners in Strathcarron Hospice. The aim is to take an improvement approach, exploring what 'good' looks like at the outset of the project with the prison team and implement changes systematically. Data will be monitored to identify what works, what does not, and why. This will produce a scalable model which will

be transferable to other prisons, and it will add value to the collective 'frailty' learning of the funded projects. This project will involve several activities to help support frail individuals:

- Ø Introduce Frailty Identification Management: develop a toolkit including approaches such as frailty screening and management tools to support older, frail individuals in HMP Glenochil
- Ø Deliver Tailored Training and Education Packages: for various groups to upskill them to better support frail individuals in a trauma informed way:
 - Prison Healthcare Staff
 - Prison Officers
 - Peer Carers
 - Paid Carers
- Ø Develop Support Structure for Staff: including workshops to reflect on difficult cases, debrief after deaths in custody and develop a peer support model.
- Ø Trial Models of Working: facilitate communication across healthcare teams in a new context.
- Ø Establish Partnership with SPS and NHS Staff: to promote frailty and palliative care models within the prison context, increasing access to hospice services.
- Ø Share Best Practice: learn from existing programmes (HMP Littlehey) and share our challenges and successes. The Frailty Project is well underway.

Funding has also been secured to commence a bereavement project. This involves co-designing a bespoke bereavement training programme tailored to address the challenges inherent in the prison environment. A steering group for the bereavement project is underway and now at the planning of sessions to staff to help better support individuals experiencing bereavement and loss.

Actions

- Trauma informed specialists will support the development of the whole healthcare team. This will allow all healthcare staff, in the context of their own role, to have the skills and learning to respond in a unique and essential trauma informed way to those who are affected by trauma.
- Patients that have substance use issues will have access to recovery focussed groupwork and recovery community

- All patients with a MH diagnosis, who are identified as appropriate, will have an allocated named MH nurse who undertakes meaningful one to one work with patient with a trauma informed approach.
- All patients who are referred to Clinical Psychology/Speech & Language or Mental Health Occupational Therapy will commence treatment within National Referral to Treatment Time Standard.
- All female patients will be offered full Sexual Health and BBV screening within 7 days of admission and completed within 14 days of admission. Patients are given the opportunity to Opt Out of this screening after a consultation which provides them with all information to make a fully informed decisions.
- Appointments to be offered to all convicted patients prior to liberation to offer and supply contraception appropriate to needs

6.3 Plan to deliver National Mission on Drugs, specifically implementation of MAT standards, delivery of treatment target and increasing access to residential rehabilitation.

Learning from the delivery of the MAT Standards work will guide improvements (multidisciplinary co-located teams, human rights-based approach, prevention, and early support) in ADP planning. An ADP commissioning consortium has been established by the Falkirk Alcohol & Drug Partnership and the Clackmannanshire/Stirling Alcohol & Drug Partnership. The proposed model of care will be a tier model. Public Health will support this work.

6.4 Establish Women's Health Lead to drive change, share best practice and every actions in Women's Health Plan.

NHS Forth Valley's Women's Health Plan Lead is Gillian Morton, Director CPMO/ Women and Children's Directorate. Delivery priorities for the NHS Forth Valley Women's Health Plan this year include delivery of a sustainable post-natal contraception service, development of social media platforms to meet young people's contraceptive advice needs, delivering LARC training to junior doctors, nurses and midwives to widen availability of contraception post abortion, increasing availability of specialist menopause services, development of menstrual patient information for young women and cardiology and obstetrics pre-pregnancy advice for women with cardiac issues.

The Women's Health Plan, medium and long term, will focus on progressing collaborative working with primary care and community pharmacies to increase access to Women's Health Plan services.

It is expected that this will improve health at the time of conception, and thus improve outcomes of pregnancy. This will lead to fewer unplanned and unwanted pregnancies and will Improve the employability and general health in women of child-bearing age We have begun work on 'preconception care' which will be incorporated into the NHS Forth Valley Women's Health Strategy.

6.5 Set out approach to developing Anchors strategic plan by October 2023 – setting out governance and partnership arrangements to progress anchor activity, current and planned anchor activity, and baseline in relation to workforce, local procurement and use or disposal of land and assets for benefit of the community.

The well-established Anchor Springboard – a partnership approach to anchor institution delivery between NHS Forth Valley, Clackmannanshire/Stirling HSCP and Falkirk HSCP has set priority workstreams for 2023/24:

- Develop and implement NHS Forth Valley's employability plan, prioritising the needs of young people, informed by the Forth Valley NHS Youth Academy huddle and including the NHS child poverty demonstrator project with the three local employability partnerships.
- Effectively deliver a place-based project in each Local Authority area; progressing the Shaping Places for Wellbeing Alloa project with Public Health Scotland and the Improvement Service and a place based early years child poverty test of change family/community hub in a Grangemouth Early Years Nursery
- Develop and implement governance arrangements for mutual/shared use of land and other assets, learning from elsewhere and building on our existing land register and assets mapping.
- Strengthen the way we work together to innovative in delivery of services focussed on need of communities and evidence base, supported by the Forth Valley University College NHS Partnership, progressive local procurement to increase number of local contracts and social benefits clauses in procurement and adding value to transport and travel across Forth Valley.

A new NHS Forth Valley Anchor Board set up in December 2022 is accountable to NHS Forth Valley Board for development of the strategic NHS Forth Valley Anchor Partnership, identifying strategic outcomes and overseeing a strategic plan that builds on NHS Forth Valley's existing Anchor and Community Planning Partnership work.

6.6 Outline how NHS Forth Valley will ensure patients have access to all information on any relevant patient transport, including community transport, and travel reimbursement entitlement.

The unintended consequences of health and social care services can be to widen health inequalities. If health inequalities could be erased, then the moral situation in Scotland would improve and healthcare would have approximately a third less burden on our health services.

The barriers to accessing health care services that create inequalities include the extent to which the timing and flexibility of appointments align with people's lives, access to transport, mistrust of services and whether people realise that an ongoing health problem requires treatment. Without meaningful change to service provision, these longstanding inequalities will remain and leave a significant risk of harm to those with ill health who do not receive treatment.

We plan to develop a systematic method of assessing healthcare generated health inequalities. e.g. (1) DNA analysis and support for this at risk of inequalities as required (2) Monitoring uptake of services across different groups.

Data from the Vision roll out in primary care will inform our understanding on access and referral to healthcare services. (See section on IT)

A Test of change is planned to bring services closer to communities of greatest need and take the learning from this test of change to plan for future services. We will work with those experiencing barriers to design services accessible for everyone using the Scottish Approach to Service Design

We will develop a holistic person-centred approach to access, and a framework related to this: covering aspects in 3 domains:

- physical (e.g., transport, money),
- psychological (e.g., health beliefs, attitudes to help) and
- social (e.g., culture, first language)

This will include individual aspects and service aspect. Once scoped out a strategy can be developed which will show what is in place, and where the gaps are. (This will cover initiatives such as link workers, one stop shops, service directories etc. etc.)

We will engender understanding across partners and staff that the key issue to inequalities is inequity of access.

We will continue to improve access to screening programmes for those experiencing deprivation and/ or are within protected characteristics, including utilisation of the screening inequalities fund allocated to NHS Forth Valley for cancer screening programmes.

We support access to the Patients Family Fund, previously the Neonatal Expenses Fund, expanded out to Maternity and Paediatrics 2021. Women and Childrens areas have folders made up with claim forms and posters displayed in the areas for families to see.

7. Innovation Adoption

We will develop an innovation strategy which includes health improvement and health inequalities topics, linking to the Anchor Institute work and the University College NHS Board, such as SlimPod for healthy weight and mental wellbeing. Innovations in health improvement should improve the associated outcomes e.g., healthy weight and smoking cessation.

7.1 Approach and Plans to work with ANIA partners to adopt and scale all approved innovations coming through the pipeline. Include Board resource to support associated business change to realise the benefits which could include collaborative approaches.

We have a robust innovation governance process and Group in place. This includes E- Health , IG , Clinical Governance/Risk, Med Physics, relevant clinical leads and managers and chaired by our Medical Director. A similar Digital Proposal Evaluation process and structure is in place to review internally generated demand for new solutions and procurement and implementation of already tested and validated solutions. Reviews of proposals include consideration of risks and benefits, organisational/ national priorities and resources and potential return on investment. Outputs from both are integrated and reported to the Digital and eHealth Programme Board.

We currently have an ANIA hold on the E- Health Delivery Plan, to support us to be able to prioritise resource required to adopt and scale. NHS FV has a dedicated Innovation Team with expertise in project and change management to adopt and scale ANIA innovations . However, the Innovation Team has identified that having a dedicated project manager to support the ANIA pipeline is required. The Digital & eHealth Delivery Plan /ICT Team includes a digital project support resource to scope and plan. However, each ANIA solution to be adopted will require an assessment of digital/technical and other resource requirements depending on our existing systems/technologies and specialist capacity.

Reprioritisation of the Digital and eHealth delivery plan and business and clinical change management capacity is planned where possible and, when needed, business cases taken through existing governance structures.

The range of risks and benefits associated with adoption of each ANIA solution will be assessed through our existing governance processes. Anticipated risks include timescales for adoption not being met; benefits not being fully realised due to insufficient clinician, management and specialist engagement and capacity; financial risk due to contractual requirements for existing systems and changes in ANIA timelines. Measurement and benefits realisation plans will be used to support delivery of best value. We have a high awareness of the ANIA pipeline and are currently involved in testing and adoption of two solutions. We have close working with CfSD and engage relevant Directorates with the ANIA process and solutions

Our approach to fast tracking adoption of proven innovations in 2023/24 includes:

- Delivered as a local Test Bed and worked in partnership with CfSD, ANIA Team and CSO on three ANIA pipeline innovations (see below);
- Continued leadership and management of two national innovation consortia and hosting of SBRI/catalyst challenges;
- Achieved whole system visibility and understanding of performance challenges and priorities through Directorate performance meetings and H&SCP transformation boards;
- Continuous review of timelines for innovations being progressed through the ANIA pipeline, so as to be aware of potential need for adoption;
- Digital and eHealth Delivery Plan 23/24 incorporating programme outcomes and milestones, based on existing ehealth, innovation, IG, medical physics, and change management resource approved;

- Ongoing joint review of eHealth and digital project requests;
- Innovation Governance Group and process embedded into both the corporate and clinical governance structures and aligned to the Digital and eHealth Delivery Plan.;
- Forth Valley Quality Portfolio includes R&D, Innovation, Clinical Governance and Quality Improvement, allowing interdependencies to be identified and awareness of potential demand for change management.

We are early adopters of and contributors to the ANIA pipeline and process:

- Completed Eye Health home vision testing solutions readiness assessment;
- Leading the Eye Health Consortium – glaucoma challenge launched and working with industry and academia to define the next eye movement recording challenge;
- Leading the Dermatology AI Consortium and partnering CfSD in the first Innovation Design Authority approved value case for the national Digital Dermatology Pathway;
- Test Bed for Digital Heart Failure Pathway – in progress
- Test Bed for Theatres Optimisation Tool – in progress
- Test Bed for diagnosis of stable chest pain (Heartflow)- in progress

Public Health have proposed using prevention as a criterion in business cases and innovation applications. Even if it is difficult to cost the effect, the presence of a preventative element should be noted. This will support NHS Forth Valley to embed prevention as a principle and also support estimating spend on prevention going forwards.

7.2 Work in collaboration with range of national organisation to combine right skills and capabilities across Scotland to reduce barriers to national innovation adoption.

We will continue to lead and manage two national innovation consortia i.e., Dermatology AI Consortium and Eye Health Consortium and the delivery of associated innovation programmes with agreed milestones for 2023/24. The consortia have members from academia, health and social care, industry partners, Scottish Government, NSS Innovation Procurement, HIS- SHTG, CfSD, ANIA. These collaborations have identified NHS gaps in AI and technical architecture expertise. We contributed change package/blueprint material for digital dermatology and eye health national innovation projects.

We will continue to meet monthly with CSO - SHIP to share progress, learning and challenges including accessing AI and technical architecture expertise. NHS Forth Valley also contributes to the national Digital and eHealth, Information Governance, Procurement and Innovation Regulation lead groups and our Deputy Medical Director is Clinical Lead for CfSD.

We will continue delivery of Triple Helix Research and Innovation Collaboration as part of our Forth Valley University College NHS Partnership with our staff and primary and community colleagues, academia, industry partners, third sector and patients, service users and citizens.

We will continue to contribute as members of the WoS Innovation Hub, WoS Innovation Governance Group, WoS Innovation Leads.

8. Workforce

The ADP narrative document has combined both ADP 23/24 workforce requests from Scottish Government:

1. E-rostering
2. Integrated workforce plan

8.1 Implement workforce strategy and identify resources locally to support business change and roll out of e-rostering / safer staffing, including optimal integration between substantive and flexible staffing resource.

Following a Local and national programme NHS Forth Valley in partnership with the national eRostering team and Allocate Software solutions became the first implementer of the new eRostering system for NHS Scotland. It is based on an interactive suite of products that produce a roster based on WTE, budget and staffing. Utilised within NHS Forth Valley are Health Roster, LOOP, Bank Staff. Safe Care, Roster Perform and Activity Manager will be utilised soon.

- Health Roster - Support creation of safe, efficient, and fair rosters. Health Roster is integrated with staff bank thus allowing a simpler approach.
- Safe Care - This calculates the required staffing from patient numbers a minimum of 3 times daily. It allows a site wide overview of required versus actual staffing highlighting any hotspots.
- Loop - This is an app that is downloaded onto mobile phone or tablet. It allows staff to have access to their rota, make requests for days off and annual leave. It also has a communication channel that will allow staff to communicate with their manager.
- Roster Perform - This gives managers a view of the workforce across the entire organisation. It will generate workforce related reports. Also has the ability to set up automated reports.
- Activity Manager - Allows planning, management, and integration with the activity of medics and entire multi-disciplinary teams as it puts the patient at the heart of the workforce planning process.

All of the above products are currently utilised or about to be implemented.

The eRoster project plan is firmly in place. Currently the team has completed through A&B wards, theatre, Mental Health Forth Valley Royal Hospital, Cardiology Medics after successful implementation of the early project areas.

As of March 31st, all the acute adult inpatient wards were implemented, alongside Cardiology, Theatres and Day Surgery Unit. The Intensive Care Unit is in the early stages of the roster build. The eRoster Programme will require additional funding to deliver the programme and a business case is nearing completion. The eRoster team will continue to work through the project plan with regards to implementation. The acute mental health areas will be completed within Forth Valley Royal Hospital and from there the focus will be Women and Childrens Wards. This will be followed by a move into Community Hospitals for nursing. Alongside this the team will continue working to implement medical staff and AHP's.

Allocate SafeCare software facilitates real time staff deployment and provides live visibility of staff levels, matched with patient demand, thus highlighting areas which are short on workload-based care hours. We have undergone a pilot of SafeCare using all the specialist multipliers across the adult inpatient wards and Cardiology Ward. There was a slight delay due to an issue with multipliers which has now been resolved.

ADP – C Three Year Workforce Plans: Developing an Integrated Process

- The NHS Forth Valley Workforce Plan 2022 – 2025 was approved by NHS Forth Valley on 29th November 2022.
- Directorate Action Plans have been developed and are reviewed quarterly to reflect any anticipated changes to the workforce.
- The Action Plans are presented quarterly to the Staff Governance Committee highlighting key developments.
- NHS Forth Valley meets regularly with both Clackmannanshire & Stirling HCP and Falkirk HCP to monitor and review their Workforce Plans.

Workforce Plans are on the Strategic Risk Register:

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 competences, within an affordable budget, resulting in significant pressures on staff health and well-being, sub-optimal service delivery to the public and increasing pressure on our financial sustainability.

A deep dive of this risk was undertaken in March and was to the Staff Governance Committee. This will be repeated for the September 2023 meeting.

The Falkirk HSCP Integrated Workforce Plan 2022-2025 was approved and published in October 2022.

The Integrated WFP Action Plan identified 54 actions aligned to the Five Pillars of the Workforce Journey – a Workforce Plan Implementation Action Group (WFPIG) was formed early 2023 with representation from across the Partnership with responsibility for monitoring progress. The WFPIG's strategic objective is to ensure that the WFP aligns with IJB Strategic Plan and Priorities. This group meets on a quarterly basis to review actions and will provide the SLT with an update on progress every six months.

The WFPIG will also be responsible for ensuring that the Integrated WFP is reviewed and updated on an annual basis in line with Scottish Govt guidance.

What are the main/new and emerging challenges to their workforce and objectives of the three year workforce plans?

A Workforce Plan Action Plan has been developed and is updated and presented quarterly to the Staff Governance Committee – see appendix 2. The Action Plan includes definitive and quantifiable actions to address identified staffing gaps, with development of key performance indicators, predicated on the Five Pillars of the strategy – this will 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.

Key priorities include:

- Refresh Our people Strategy.
- Launch and implements Workforce Wellbeing Plan and Wellbeing website.
- Participate in Regional Workforce Activity to delivery sustainable workforce solutions.
- Implement eRostering National Programme.
- Ethical International Recruitment.
- Actively implement Retire and Return Policy.
- Increasing employability through Anchor Institution Work - includes the Youth Academy and University College Health Partnership workstreams.
- Develop a nursing Framework for Occupational Health.
- Deliver Excellence in Care Transformational Plan for AHPs.
- Reduce the requirement for Agency Workforce.
- Exploration of Regional Workforce Solutions, such as the Medical Associate Professional Roles.
- The Safe Staffing Act and our commitment to fulfil our statutory requirements in this regard

In addition, a number of Workforce Priorities have been identified in our Staff Support and Wellbeing Priorities – see action plan at Appendix 1.

Recruitment & Retention is a critical component of the Integrated WFP with a range of strategies developed to improve current vacancy numbers as well as seeking to improve retention through lowering attrition particularly over a number of key roles across the partnership and an aging demographic within our workforce will further impact upon these posts with others potentially being placed at risk over the next 3 years.

Services across the Partnership are also undergoing significant change as a result of restructure and redesign which creates additional challenges as well as opportunities. There is also some uncertainty over the potential formation of a new National Care Service.

Key priorities either implemented already or in the pipeline are:

- Major re-brand and launch of a new recruitment campaign - 'A Career that Cares' to promote roles and opportunities across the Partnership with initial focus on frontline Social Care positions.
- Falkirk Council has submitted an application to participate in the Adult Social Care International Recruitment Programme (awaiting application outcome 9th June 2023)
- Participation in Forth Valley Youth Academy and Sub-Groups focussing on Level 4/5 Curriculum to support Pathways into Social Care across the Falkirk Area.
- Exploring opportunities to work closely with NHS Forth Valley colleagues to create/manage Social Care staff banks to reduce reliance on Agency and related costs.
- Introduction of new roles across Social Work Services to address recruitment & retention challenges of Social Worker and Occupational Therapy Staff

Forth Valley has a comprehensive Mental Health Workforce Action Plan, with quarterly reporting on progress to the Staff Governance Committee. There is a section on Mental Health workforce challenges within the Forth Valley Annual Workforce Plan.

9. Digital

9.1 Optimise M365

Building on the previous work of the cross public Data Sharing Partnership which has been in existence for some years, a new project on cross organisation collaboration was established in November 2022 together with Falkirk Council. Initial testing and phase one are in progress, due

for completion by the end of Q2, 2023-24. The next step will be for Stirling and Clackmannan Councils to engage with the national team to allow expansion across Forth Valley. Phase two, will involve further collaboration across tenancies and agencies.

A roadmap and associated plan are in the process of being drafted to allow NHS Forth Valley to fully utilise the M365 product and maximise the benefits. This will primarily consist of efficiency, increased collaboration, improved record keeping and security of information. Once Forth Valley has finalised its delivery plan, the focus will be to deliver these benefits.

Tools in current use are Excel, Word, PowerPoint, Outlook, OneNote. Teams is widely used across the organisation and forms the basis of the main business tool deployed. Viva Engage is being used for specific sites which are governed by Communications.

Engagement with Microsoft around Viva Engage was started at the beginning of Q1 (23/24) and this will assist NHS Forth Valley in forming an implementation plan and rollout for Viva Engage.

The full core Office 365 product (including Word, Excel & PowerPoint), and the key supporting technology elements (office apps, SharePoint & OneDrive) are interdependent, therefore require to be rolled out in a single deployment. The planning process is due to be complete by the end of Q2.

There are significant issues that need to be resolved both nationally and locally, to enable this deployment, with reference to Tenancy Storage, Records Management, Training & Support. These will be managed and monitored (and escalated where appropriate) through the normal Programme Management arrangements.

The table below shows which M365 licence types have been allocated across NHS Forth Valley staff. The allocation is aimed at keeping the NHS Board to the recommended 80%: 20% split.

A weekly and monthly review of licences is conducted to enable the management of licences utilising the national dashboard and local information from Active Directory. Our Joiners-Movers-Leavers process is now built into Service Now (Service desk system) to manage the licences from start to finish.

Licence Type	Allocated Licences	User Type	Included in Licence
E5s	2119	Knowledge workers	E5 licence with 100Gb mailbox, unlimited OneDrive storage, Office client install.

F3s & AFE	61	Frontline worker	F3 licence with 2Gb mailbox, 1Tb OneDrive storage and Office client install.
F3	8233	Frontline worker	Standard 2Gb mailbox & 2Gb OneDrive storage; Office Online

The work to plan and prioritise the implementation of the Security and Compliance policies is due to start in April 2023. The full rollout of these policies requires the implementation of the desktop product, SharePoint online & OneDrive. The current version of Office 2007 out of support and is incompatible with the tagging of information (required for DP standards).

Providing milestones for the deployment of document management classification scheme working practices compliant with GDPR guidance will be fully embedded and operational; regular highlight reports will be passed to the eHealth and Digital Board, with escalation when required. There is also feedback to the M365 Project Board and nationally.

As stated above the rollout of policies requires the rollout of the full core Office 365 product, as the key elements (office apps, SharePoint & OneDrive) are interdependent.

In order to develop and improve digital skills of the workforce, to realise the full operational benefits of M365, we plan to begin regular communications to all staff to inform them of the changes coming and help guide them through the process. There will be ongoing training, guides, and facilitation from the eHealth department to keep staff updated of any changes and assist with change management. This will assist staff to use the M365 suite of products both current and future ones. We will ensure that all operational benefits are recorded to assess benefits realisation.

9.2 National digital programmes

Summary position statements on each of the national programmes are as below:

CHI: CHI National Integration Platform testing – NHS Forth Valley have been fully engaged in this programme and met all the requirement and key milestones that have been asked of NHS Boards. Whilst there has been slippage in the national programme, Forth Valley will work to contain and manage this against other local priorities. The target will be dependent on the revised national timescales and Forth Valley will aim to deliver in accordance with these in Q2 2023-24.

Child Health: Participating in product testing and implementation, planned for 2024-25 – in line with National Programme timescales.

GP IT: An options paper has been completed and a preferred option chosen, forming part of the Early Adopter Cohort, was approved by the ELT. This was approved by the Executive Leadership Team. The next step is to engage with the National Team to progress with the preferred option. Completion of catalogue, data migration and deployment documents are being worked on currently, with the National Team. A formal migration target has yet to be agreed with the national team and it is hoped that this can start in Q3 2023/24.

eRostering: NHS Forth valley has engaged fully with this project as one of the early adopter NHS Boards. The project is largely complete with some requirements for continuing eHealth training.

LIMS: The business case was approved November in 2022. Implementation is currently in the planning phase and is expected to commence during 2023/24.

HEPMA: Implemented in 2018, now in BAU. Regular upgrades ongoing as BAU.

M365: See section 9.1.

Endoscopy reporting system: In project initiation phase. NHS Forth Valley are reviewing the roll out of the national product pilots which are expected to be live in Q2 2023. NHS Forth Valley expected implementation is by Q4 2023/24. Detail is expected om Quarter 1 regarding costs and timelines.

Diagnostics (PACs) - Participating in product testing and implementation, planned for 2024-25, in line with National Programme timescales.

Near Me: Currently in use with over 5000 hours of video consultations per month.

Connect Me: This is currently at the scoping and establishing stakeholders' stage.

Scottish Vaccination Immunisation Programme (SVIP): There was an initiative examining the business case for a West of Scotland Unified Care Record however this project has now been put on hold. Further clarity is being sought.

Heartflow: Trialling the use of Heartflow technology for patients with evidence of coronary disease on CT imaging. Sending images safely to the Heartflow company with appropriate speed of return of the report. Document the outcomes for patients in terms of the need for further investigations including stress echo and invasive angiography as well as admissions and clinical events. Now live.

Opera heart failure: A digital Heart Failure application to support standardised and more efficient clinical care of people referred from the community in NHS Forth Valley for investigation of suspected new Heart Failure. Now live.

Dermatology: Project aims to provide the diagnosis of skin cancer within 48 hours. This project was started in 2022-23. Assessment of readiness to trial using existing systems and contribution to development of proposed consortium solution ("as is" and "to be" technical architecture). Evaluation of Medical Image Management software solutions. Project is progressing into 2023-24, with the ambition of this being delivered by the end of the year.

Open eyes and Ophthalmology shared care: To establish an EPR for ophthalmology and to establish a shared care programme for patients with stable Glaucoma, macula, and uveitis conditions. Now closed and in evaluation.

Eye health: Trial remote vision apps (IBIS and OPTONET). Review requirements for apps selected for trial.

9.3 Digital Maturity

We will complete the Organisational Digital Maturity Exercise, which was to be issued in April 2023, as fully as possible and in collaboration with our respective Integrated Authorities. We have a dedicated member of staff leading on this task and has been supported by the Executive Leadership Team.

9.4 Leadership in digital

NHS Forth Valley has Executive support and commitment to how we are optimising use of digital & data technologies in the delivery of health services. Furthermore, we have ongoing commitment to developing and maintaining digital skills across the whole workforce. We demonstrate this via our refreshed digital health and care strategy 2023-26 which will gain NHS Board approval during 2023 and governance via our eHealth programme board reporting to our Performance and Resources committee as well as our Executive Leadership Team.

NHS Forth Valley has a track record of developing and supporting Digital Leaders with recent participants in National Schemes supported by our eHealth Clinical Lead for NMAHPs. This Lead has national recognition by gaining a Digital Health Leadership Postgraduate Diploma and a Digital Health Leadership Master of Science Degree with Distinction from Imperial College, London and regularly contributes to the national agenda on Digital Health and Care.

From 2023/24 a Senior Digital and eHealth Manager is currently part of the National Digital Health and Care Transformational Leaders Programme, which is funded by Scottish Government for 2 years, studying Data Science for health and Social Care (PG Diploma in Professional Development). This is sponsored and mentored by the Director of Facilities and Infrastructure / eHealth Lead and has Executive support. Learning will be shared through various forums, reports, and committees.

Integration of acute and health and social care and Local Authority data to enable population health data to be considered alongside acute service data. As health inequalities is being considered as a corporate risk, greater understanding is required on access and service usage. Develop dataset to assess healthcare generated health inequalities. E.g., Use vision in primary care to increase understanding of access to healthcare and health inequalities. We will continue to work through CPPs to deliver on digital inclusion for all (R100), which is key to access.

9.5 Scottish Health Competent Authority /Network & Information Systems Regulations (NIS) Regulation Audits

During 2022/23 NHS Forth Valley developed and approved our local Cyber Resilience Framework called 'Shaping the Future: a supporting Cyber Resilience Sub-Strategy for NHS Forth Valley 2022-25'. This follows the national guidance as well as linkages to CCoE and set out how the Board will comply with NIS regulations and the national audit programme.

As evidenced at prior NIS audits 2020-2022, the Health Board will aim to continue to improve compliance year on year with the Cyber Resilience Framework through the audit process. The Health Board has adopted the new evidence template and has implemented this as part of internal progress monitoring. Significant recurring investment has been made in the cyber team during 2022/23 underlying the NHS Board's commitment to this important area.

The NHS Board has been engaged with the CCoE since its inception and has close working relationships with members of the centre which help support incident response, monitoring, and reporting.

NHS Forth Valley founded the national NIS Leads Team which is focused on cross-board collaboration inclusive of the CCoE and Competent Authority to encourage and support continuous improvement of NIS compliance.

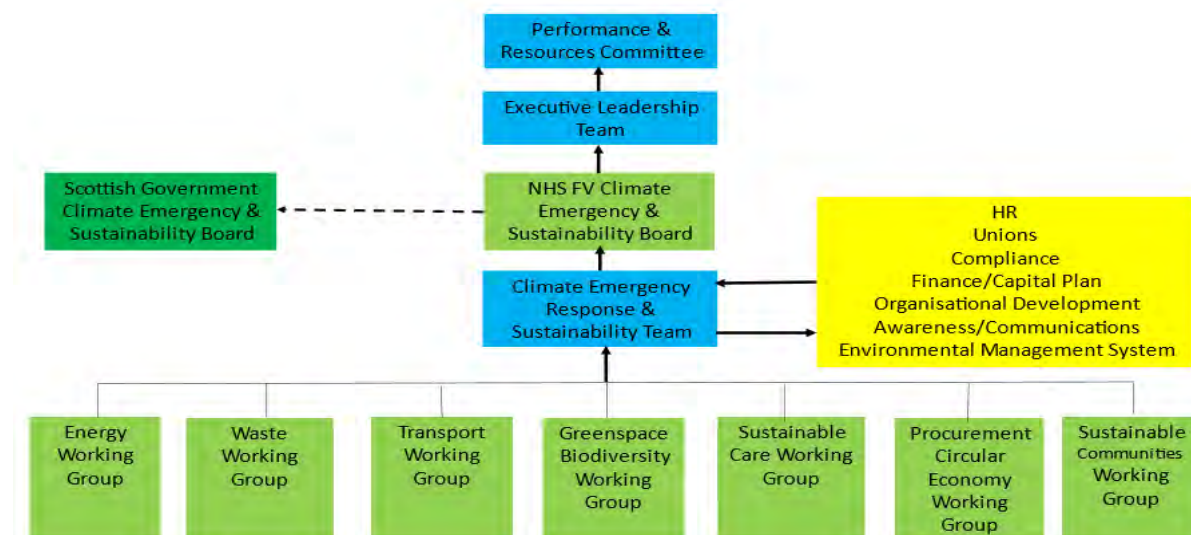
10. Climate Emergency and Environment

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

A Climate Emergency Response & Sustainability Team has also been established. This group informed the NHS Forth Valley Climate Emergency & Sustainability Strategy and is responsible for delivery of outcomes within the Action Plan.

The organogram at figure 2 summarises the internal governance and operational structure that has been established by NHS Forth Valley to respond to the climate emergency.

Figure 2



The extensive work carried out by the Working Groups is shown below.

10.1 Decarbonise fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest).

Implementation of the NHS Forth Valley Electric Vehicle (EV) Strategy is ongoing. The fleet operations emissions targets in the EV Strategy are also reflected in the NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan. Figure 3 details the NHS Forth Valley Transport (Fleet Operations) Working Group targets and metrics.

NHS Forth Valley has no HGVs in the fleet.

Figure 3

Fleet Operations - Electric Vehicles (EVs)									
Vehicle Class	EV's (2021/22)	Fossil 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 covered (miles) to fuel used (litres) to reflect the transition to EVs:

Figure 4

Fleet Operations - Fuel Usage							
	2021/22 Fuel Usage (litres)	2021/22 emissions (tCO ₂ e)	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%

The Board will continue implementation of the Electric Vehicle/Charging Infrastructure Strategy with aim of achieving the SG's 2025 fleet decarbonisation target. The Board's progress to date towards achieving the 2025 target is set out in the EVs table above (2022/23 figures).

It should be noted that delivering the targets above may be affected by supply chain issues that are out with the control of NHS Forth Valley. The SG and Transport Scotland are aware of the vehicle supply challenges that are being faced.

10.2 Plan achieve waste targets set out in DL (2021) 38.

The Board's waste emissions targets are included in the NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan. Figure 5 highlights the NHS Forth Valley Waste Management Working Group targets and metrics.

Figure 5

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 (tCO ₂ e)	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%

Reporting on these 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.

NHS Forth Valley aims to achieve the above targets through implementation of a range of projects and initiatives. This will include:

- Appointment of a Waste Compliance and Support Officer (in 2023) to provide dedicated support to the NHS Board's Waste Manager.
- Review and improve current waste management practices.

- Work with FM and Waste Contractors to establish a consistent approach to waste disposal/management across all sites, with a view to reducing waste arisings and increasing recycling.
- Revisit clinical waste guidance to reduce the level of non-clinical waste disposed in orange waste bags.
- Develop and embed mandatory waste training modules to embed source segregation of waste.

10.3 Plan to reduce medical gas emissions (N2O, Entonox and volatile gases) through implementation of national guidance.

The medical gas emissions targets are included in the NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan. The NHS Forth Valley Sustainable Care Working Group targets and metrics are detailed in figure 6.

Figure 6

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%						

Good progress has been made in reducing the volatile gas emissions to a minimum, with desflurane removed from stock lists and usage eliminated for the past 18 months. The Board's focus has now shifted to nitrous oxide emissions reduction, with the piped manifold due to be decommissioned early in 2023. Efforts will continue to achieve the targets that have been set.

10.4 Actions to adopt the learning from the National Green Theatre Programme

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.

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 NHS Board's NGTP targets are included in the NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan.

The Sustainable Care Working Group will continue to implement initiatives and changes, including tackling multiple individual areas. In particular, the aim is to achieve six out of the seven 'Bundle A' targets set by the NGTP.

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

10.5 Approach to developing a building energy transition implementation programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.

A significant capital investment has been made in the Primary Care Estate, to upgrade lighting in most NHS Forth Valley sites to LED. Grant funding has also been secured to improve the energy performance of Forth Valley Royal Hospital, which will include on-site generation. Green Public Sector Estate Decarbonisation funding has been secured to adopt a 'fabric first' and on-site generation approach to decarbonisation of the Primary Care Estate.

Details of the Board's energy transition programme and targets are included in the NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan. The NHS Forth Valley Energy & FM Working Group targets and metrics are highlighted in figure 7.

Figure 7

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 Forth Valley in 2021/22 = 64,410 kWh. The target increase in renewable energy generated by NHS Forth Valley by 2025/26 equals a 10% increase from 2021/22 baseline.

It should be noted that reporting on these targets is directly aligned with the Public Bodies Climate Change Duties Reporting processes and timescales and annual performance is reported in November for the previous financial year.

The Board aims to achieve the above targets by implementing a range of projects and initiatives. This will include:

- Appointing an Energy Manager (in May 2023) to provide a dedicated focus on energy efficiency.
- Improved communications to engage staff in energy efficiency e.g., Targeted 'Switch-off' campaigns.
- Investment to improve the energy performance of the Primary Care Estate, including fabric first measures, improved controls, and on-site renewable energy generation.
- Investment to improve the energy performance of the PPP/PFI Estate, including lighting upgrades to LED and on-site renewable energy generation.
- Taking forward, where appropriate, the recommendations in the Net-zero Routemap commissioned by NHS Assure
- Embedding a 'net-zero' mindset into the Board's capital planning, procurement, operational and clinical decision-making processes.

10.6 Approach to implementing the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities, to improve patient outcomes and reduce emissions from inhaler propellant.

The process to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities is already underway. This project is led by the Greener GP Practices Group which forms part of the NHS Board's Sustainable Care Working Group. The Pharmacy Team are also involved.

It is estimated that emissions from inhalers in NHS Forth Valley in 2021/22 were 4385 tonnes of CO₂e (Metered Dose Inhaler (MDI) Propellant Primary Care + MDI Propellant Secondary Care). Details of the Board's plans to reduce emissions from inhaler propellant are included in the NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan. The NHS Forth Valley Sustainable Care Working Group has the following targets and metrics:

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

The Greener GP Practices Group has been tasked with identifying options to enhance the likelihood of default DPI prescription. The Primary Care Prescribing Team published the new respiratory formulary in November 2022, which now has options for dry powder inhalers for all treatment steps and encourages use of salamol instead of ventolin when appropriate (reduced CO₂e per inhaler). An online meeting was hosted by the GP Greener Practice Group to discuss asthma care and the climate emergency – around 80 attendees, representing 35 GP practices from Forth Valley participated.

Work is ongoing to understand how best to use the new Forth Valley formulary associated with respiratory inhalers to reduce environmental impacts and improve care, as well as highlighting correct disposal of inhalers. Awareness raising and education will underpin implementation, with guidance and support from Scottish Government. Proposed changes will be communicated to all local GP practices and the resultant proportional changes in prescribing measured and monitored to improve reporting.

10.7 Plans to implement an approved Environmental Management System.

To date, key staff have participated in the NHS Assure-led Environmental Management System (EMS) workshops and focus groups, and initial roll-out activity is underway within the Estates Department.

Implementing an approved EMS across all Board activities will be challenging and resource intensive. In March 2023 the Board's Executive Leadership Team (ELT) approved recurring funding to create a new post that will include implementation of an approved EMS within the remit.

Public Health plan to take a holistic approach, linking with a programme of sustainable communities, working in partnership with all CPPs and aligning environmental sustainability to health improvement topics for example tobacco use and its carbon footprint; and active global citizenship. Sustainable communities work should have a positive impact on health behaviours such as active travel, healthy eating, tobacco, and alcohol use and improve mental wellbeing due to use of greenspace and reduced ecological anxiety.

11. Finance and Sustainability

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

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

The scale of the financial challenge is unprecedented and given the current financial environment and operating context, our initial assessment of the position suggests that it is unlikely that financial balance will be delivered during the 3-year timeframe of the plan from 2023 – 2026.

Key messages:

- Underlying deficit is increasing year on year - leading to significant challenge over next three-year planning horizon and on longer-term sustainability.
- The estimated 2023/24 position is a gap of £40m against our £630m baseline budget, before applying savings and cost improvement schemes. Savings identified to date total £25m, leaving a £15m gap as a projected deficit.
- Sustainability and value plans focusing on medicines, workforce, digital and procurement have been developed, with supporting infrastructure, however these measures are not sufficient to meet the projected gap.
- Key cost drivers include supplementary staff requirements (contingency beds and staff absence cover), inflation costs on goods and services (specific issues on fixed PFI base and energy inflation), and the introduction of new treatments and medicines.
- Additional funding supporting the covid-legacy cost and service impact is not expected to be available from 2023/24.
- Delivery of long-term financial sustainability will require national policy decisions to balance costs with funding, and a focus on population health improvement.
- The Capital budget position is equally challenged over the next 3 years and will require careful management to ensure all infrastructure, digital and medical equipment priorities can be met within available funding (including statutory health and safety and other compliance requirements).

Financial Planning Assumptions

The 2023/24 position is predicated on a number of financial planning assumptions as summarised below:

- **Baseline Revenue Resource Limit (RRL)** – the plan reflects a 2% base RRL uplift (£12.4m) with additional sums relating to NRAC parity (0.6m) and the recurring impact of the 22/23 pay award (£20.3m) taking our base RRL to £631.1m for 2023/24.
- **Anticipated allocations** – the plan also includes £108.6m of anticipated allocations over and above the base RRL which is broadly in line with amounts received in 2022/23. Early confirmation of these allocations for 2023/24 would be helpful to enable more effective workforce planning and recruitment which will drive better value and improved outcomes.
- **Pay awards** – It is assumed that any pay increase beyond 2% will be funded in full by the Scottish Government.
- **Medicines** – growth in the cost of drugs prescribed by Primary Care Clinicians and dispensed via the Community Pharmacy network is estimated at 5.5%. The position for hospital drugs is estimated at 10%. Further horizon scanning work is underway to refine these estimates for the final financial plan submission.
- **PFI/PPP unitary charge** – all 3 PFI/PPP contracts in Forth Valley are linked to the Retail Price Index (RPI) as measured on the last day of February. Our current estimate of the likely RPI at this date is 12% which equates to a £5.2m increase in unitary charge payments during 2023/24 (the comparable average RPI rate pre Brexit and pre Covid was c3.4% equivalent to £1.5m).
- **Energy** – energy costs are expected to increase by 30% primarily in relation to electricity.

Financial Gap before savings 2023/24

Based on the financial planning assumptions referred to above, together with the impact of recurring pressures and unachieved recurring savings carried forward from 2022/23, a funding shortfall of approx. £40m has been identified for 2023-24 with similar levels estimated in 2024/25 and 2025/26

Whilst every effort will be made to deliver efficiency savings to offset this shortfall, full delivery of planned recurring cost improvements in the current environment is high risk.

Sustainability and Value

A local Sustainability and Value Programme Board has been established to drive improvements in financial and service sustainability by providing co-ordination and oversight of cost and value improvement plans, aligned to the national Sustainability and Value workstreams and priorities.

As part of this work a number of cost improvement plans and efficiency initiatives are being developed to mitigate the funding shortfall referred to above. At this stage, total planned savings for 2023/24 are estimated at £25.0m, leaving a residual funding gap of £15m still to be addressed.

Key themes emerging from the cost improvement plans to date relate to targeted reductions in nurse bank and agency spend aligned to ongoing reduction in contingency beds and planned improvements in staff absence rates, prescribing savings across both primary and secondary care services, and a focus on digital opportunities.

Addressing the longer-term financial sustainability risk will require whole system redesign and reform with a clear strategic direction for the future delivery of safe and effective health and care services within available resources. Financial sustainability will be a key theme embedded within the refresh of our healthcare strategy and will underpin our associated future workforce and digital health strategies.

Capital

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

Note that the refresh of our property and assessment management strategy is currently on hold pending further information from the Scottish Government regarding the new whole system planning approach to capital investment. Similarly, the planned redevelopment and modernisation of our Primary Care estate and reprovisioning of Falkirk Community Hospital are both currently being rephased in light of national capital funding constraints.

Strategic risk

As a result of the scale of the potential funding gap and ongoing uncertainty linked to the current economic climate and post Covid operating environment, financial sustainability continues to be reported as *very high risk* in our strategic risk register, with a focus on delivering mitigations through savings, value improvement and cost avoidance.

12. Value Based Healthcare

Our two sessional Realistic Medicine Clinical Leads supported by the Realistic Medicine Steering Group and Programme Manager are working with services and teams to progress delivery of 2023/24 Action Plan. Andrew Murray, Medical Director is the NHS Forth Valley Executive Sponsor

for this work. The Realistic Medicine Clinical Leads and Programme Manager attend our Realistic Medicine Steering Group, chaired by the Medical Director and including a non-executive Board member and Director of Finance. The Steering Group reports via Clinical Leads and Programme Manager to the FV Quality Programme Board and onward to Executive Leadership Team, presenting Flash Reports enabling monitoring of delivery. The Realistic Medicine Team will continue to explore measurement of impact; collaboRATE will be tested in paediatrics, a human learning systems approach in Type 2 diabetes early intervention in the community is being tested and repeat of staff survey to measure change from baseline. The Value Based Healthcare and Realistic Medicine Action plan includes the following key actions:

- Working with Health and Social Care Partnership colleagues to identify where there are opportunities to integrate the principles of Realistic Medicine with Strategic Plans; we are testing a recently appointed part time Realistic Healthcare role to support this work.
- Deliver a Forth Valley Realistic Medicine Symposium.
- Review of Quality Portfolio (planning, control and assurance and improvement) to support Realistic Medicine and integrate this in programmes and projects.
- Continue to deliver a programme of training on Realistic Medicine including incorporating learning about Realistic Medicine in our foundation Quality Improvement training, Teams Based Improvement Approach, Public Health, and Acute Medicine.
- Increasing uptake of the Shared Decision-Making TURAS Module.
- Working with the Person-Centred Team to include questions about involvement in shared decision-making in care assurance audit and patients' experience surveys.
- CollaboRATE pilot with the use of a QR code in Paediatric ward and in Women and Children's Outpatient Department.
- Deliver community event to increase awareness and use of BRAN questions.
- Testing adoption of the Right Decision Service as a platform for clinical guidelines in the Emergency Department.
- Reduction in unnecessary wound swabs (primary care).
- Reduction in unnecessary radiology/orthopaedic tests.
- Incorporate cost and value in our Teams Based Improvement Approach.
- Continue Sustainable Care Group as part of Sustainability and Climate Change programme of work.
- Review alignment of Realistic Medicine principles and VBH&C with our cost-improvement programme.
- The use of BRAN questions, with the focus on empowering people to engage with healthcare professionals. This includes communication via newspaper, patient facing screens in hospital, local health champions and carers centre, a community event and outpatient appointment texts with link to BRAN questions.

13. Integration

Falkirk Health & Social Care Partnership's Strategic Plan, *Creating a Healthier Falkirk*, sets out a vision and priorities for the three-year period between 2023 – 2026. The plan reflects the needs and aspirations of Falkirk's communities, produced following a major engagement programme which gathered feedback from the public, our staff, and external partners. It is thanks to this collaborative approach that our efforts will create a healthier Falkirk, enabling local people to live full and positive lives within supportive and inclusive communities.

Accompanying the [full strategic plan](#), the Partnership has published a [‘plan on a page’ summary](#) and an [easy-read version](#) making the vision accessible to a wide range of audiences.

The Strategic Plan has been informed by extensive engagement with local communities and partners including NHS Forth Valley and Falkirk Council. It is also underpinned by the Joint Strategic Needs Assessment ([Falkirk HSCP – Publications](#)).

Clackmannanshire & Stirling Health & Social Care Partnership's Strategic Plan 2023 – 2033 sets out how services will be delivered across Clackmannanshire and Stirling over the next ten years [Approved-Strategic-Commissioning-Plan-2023-2033.pdf \(clacksandstirlinghscp.org\)](#).

The Plan was developed following extensive engagement and co-production across Clackmannanshire and Stirling with the public, people who have lived/living experience, unpaid carers, Third sector, councils, health board, other partners and a range of stakeholders over the last 12 months in addition to data from the Strategic Needs Assessment and Burden of Disease by NHS Forth Valley.

The plan will focus on the following five strategic themes:

- Prevention, Early Intervention & Harm Reduction
- Independent Living Through Choice and Control
- Achieving Care Closer to Home
- Supporting People and Empowering Communities
- Reducing Loneliness and Isolation

14. Improvement Programmes

Forth Valley Quality provides support for co-ordination and delivery of a portfolio of quality and safety continuous improvement programmes and transformation projects, aligned with organisational priorities, agreed through Directorate and H&SCP meetings and in response to requests from the Executive Leadership Team. Delivery of the portfolio is monitored and supported by the Forth Valley Quality Programme Board, chaired by the Medical Director.

The Portfolio going into 2023/24 includes:

Implementation of the 5 priorities of the Quality Strategy	Better value from increased involvement of patients, service users and carers in quality improvement. Improved efficiency, productivity, governance through working as a system. Using data effectively for improvement and assurance. Improved safety, cost, staff and patient experience, efficiency, and productivity from use of consistent quality improvement approaches – team and pathways. Improved staff experience and patient care through improving relationship and culture.
CfSD Demand Signalling Improvement Plans, where corporate support is prioritised	Reduction in unwarranted, waiting times and improved patient experience for cancer pathways: colorectal, dermatology, lung
Safe Delivery of Care Improvement Plan	Reduced harm, better outcomes, improved patient, and staff experience
Patient Safety Programme	Reduction in falls and falls with harm, VTE, pressure ulcers, increased compliance with deteriorating patient measures including cardiac arrests
Mental Health Referral Pathways	Improved flow, patient, user, and carer experience
Medically Assisted Treatment Standards	Same day access, choice of treatment, evidence-based harm reduction, increased retention, trauma informed care
Psychological Therapies	Reduction in waiting times
Access QI Gynaecology	Improved waiting times for PMB
Primary-Secondary Care Interface commissioned projects and programme of prioritised pathways improvement	Improved safety of transfer of care Improved quality and completion of IDLs

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The U&UC Improvement Team provide support for implementation of the national Urgent and Unscheduled Care Programme, prioritising Discharge Without Delay, Redesign of Urgent Care and Virtual Capacity. The Whole System Urgent and Unscheduled Care Programme Board oversees, monitors, and supports progress in delivery. Benefits in access, care at home, length of stay, harm, experience.

A local Sustainability and Value Programme Board has been established to drive improvements in financial and service sustainability by providing co-ordination and oversight of cost and value improvement plans, aligned to the national Sustainability and Value workstreams and priorities. The Corporate Portfolio Management Office provides support for a range of cost improvement programmes.

Key themes emerging from the cost improvement plans to date relate to environmental sustainability, targeted reductions in nurse bank and agency spend aligned to ongoing reduction in contingency beds and planned improvements in staff absence rates, prescribing savings across both primary and secondary care services, and a focus on digital opportunities.

Forth Valley Quality, CPMO and the Planning Team contribute corporate support to delivery of some IJB/H&SCP Transforming Care Board priorities. Currently, the Planning Team is supporting Re-imagining Care at Home – a programme of five projects as part of health and social care transformation.

Appendix 1: Workforce Priorities - Staff Support and Wellbeing Priorities

Priority	We will...	To achieve this, we aim to...	Progress	RAG
Staff are well-informed	We will commit to effective and transparent lines of communication, ensuring that all staff are kept up to date with the latest organisational developments and feel aligned with the organisational vision and goals.	<p>Work closely with our Communications Team Colleagues to ensure any updates are available through a variety of media that all staff can access.</p> <p>Deliver robust inductions for new staff members joining the organisation.</p> <p>Encourage fit-for-purpose TURAS appraisals for all staff members, with regular opportunities for staff to both give and receive feedback, including effective use of iMatter.</p> <p>Develop a 'Meaningful Conversations' toolkit to enhance the quality of conversations we have within the organisation.</p> <p>Look at how organisational data is collected, utilised, and communicated to staff to help inform change.</p>	<ul style="list-style-type: none"> Our Communications colleagues are supporting us to ensure timely and frequent updates are released to staff via Intranet, Yammer, and all-user emails. We also continue to work on listening and adapting to staff feedback in relation to communication methods. Recent example was staff suggesting that they would prefer posters and information via their line managers in addition to online platforms, we are working with Estates and Serco colleagues to utilise posters and are increasing our communication networks amongst the SSWPG to action this. Working closely with Learning and OD colleagues to ensure Wellbeing (including basic needs at work and signposting to support available) is a prominent feature within the induction process. Wellbeing section now included within the Manager's Awareness sessions that OD are facilitating. Continue to work directly with any staff member contacting the SSWPG for assistance with local induction processes also. Continuing to increase education around wellbeing and the link between improved wellbeing and tools such as TURAS appraisals, feedback and 1:1s. This features within the current Manager's Toolkit and will be expanded upon in forthcoming planned updates to the toolkit. Meaningful conversations toolkit also in development phase and will include links to the Leading to Change session and information on this topic. Also looking to include sessions on civility within the annual programme of wellbeing events. Work ongoing in relation to data collection and subsequent communications to staff. Current staff 	In Progress

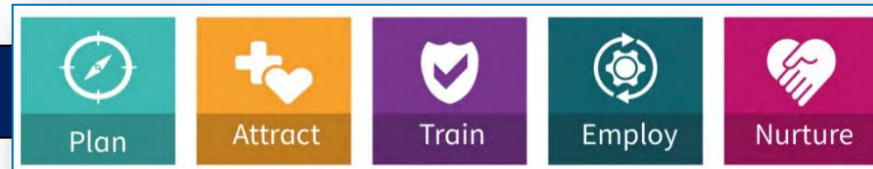
			<p>surveys have just ended, and feedback will be collated, action plans and next steps generated as a result and then we will ensure this is effectively and transparently shared with our staff. This includes next steps in relation to Staff Networks, HCSW/CSW staff and also the provision of free period products for staff.</p> <p>Additional work and actions will continue to be generated to support.</p>	
Priority	We will...	To achieve this, we aim to...	Progress	RAG
<p>Staff are appropriately trained and developed</p>	<p>We will commit to identifying any gaps in skills and knowledge and ensure that appropriate training is made available to support staff roles. We will ensure adequate development opportunities for all staff, with support for progression available as desired.</p>	<p>Provide a varied and extensive training menu open to all staff.</p> <p>Promote protected learning and development time for all staff groups, ranging from the two-day training passport to allow staff to complete essential training for their role, to more specialised training programmes for clinical staff i.e., doctors in training.</p> <p>Continue to develop coaching opportunities and talent management training.</p> <p>Work with staff to create and support their own Personal Development Plans via the TURAS appraisal platform and continued 1:1 meetings with their line managers.</p>	<ul style="list-style-type: none"> • Learning and OD colleagues continue to increase the vast amount of training available to staff and work around highlighting this is ongoing. We are also looking to increase the training options available to staff in relation to wellbeing-specific topics and this is under development and will form part on the annual programme of events. Staff involved with supporting the creation of new staff networks are also looking to undergo training to ensure up-to-date and knowledge and fit-for-purpose processes that best support the different needs of such groups. • We are actively trying to promote the two-day training passport and ensure staff have access to protected time for training and development. Currently, we are looking to liaise with health and safety colleagues to identify themes between IR1s related to training and how we within the SSWPG can help to address such issues. • Learning and OD colleagues continue to increase their offering of coaching and we also signpost to the National Coaching for Wellbeing option that is open to all staff and is now also allowing those who have previously accessed to return again if required. • Linking with extensive work ongoing amongst HR colleagues to promote and increase TURAS and PDP 	<p>In Progress</p>

			<p>compliance. More information and training in relation to how line managers can ensure 1:1s include a focus on wellbeing is underway.</p> <p>Further initiatives and work will continue to be generated to support this priority and the associated workstreams throughout the year.</p>	
Priority	We will...	To achieve this, we aim to...	Progress	RAG
Staff are involved in decisions	We will commit to an organisational culture that values the input of all staff members, empowering them to share ideas and learning and influence the direction of NHS Forth Valley as we move into a period of Reflection, Recovery and Remobilisation following the COVID19 pandemic.	<p>Promote and encourage Employee Voice - providing a safe space for staff to share their thoughts and inform organisational decisions.</p> <p>Ensure transparency in the communication of all decision-making processes, adopting a 'You Said, We Did' approach, but also being open about any ideas that we weren't able to try and the reasoning behind this.</p> <p>Creation of short-life working groups as appropriate to support organisational change.</p> <p>Re-visit our values and ensure they are fit-for-purpose.</p>	<ul style="list-style-type: none"> Employee voice is being encouraged and promoted via the various staff surveys we have released as the SSWPG. These have provided staff an opportunity to anonymously provide feedback and thoughts to help inform next steps in relation to topics such as free period products and the creation of our new Minority Ethnic Network. We also hope that the creation of Staff Networks will provide a psychologically safe space for staff to meet with peers and raise any concerns or ideas. With any recent communications following a SSWPG event, such as the January Taster Week, we ensured that staff feedback was included and that our learning and next steps were identified. This is an area we continue to work on and are covering within some of the next SSWPG meetings to ensure we delve further into delivering upon this objective. Short-life working groups have been created to support various workstreams and continue to meet as and when required. With updates being provided to the SSWPG to ensure governance and oversight. We are also looking to conduct some focus groups with staff to further explore particular areas and ensure we are best meeting the needs of our workforce. 	In Progress

			<ul style="list-style-type: none"> Values work will form part of the Culture and Leadership Programme and associated work will be supported by the SSWPG as required. <p>Again, further initiatives and work will continue to be generated to support this priority and the associated workstreams throughout the year.</p>	
Priority	We will...	To achieve this, we aim to...	Progress	RAG
<p>Staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued</p>	<p>We will commit to cultivating an organisational culture that values diversity and promotes inclusion at all levels. We will ensure our workplace policies are fit-for-purpose and are applied fairly and consistently across all areas.</p>	<p>Establish an annual programme of events that celebrates diversity within the NHS Forth Valley community.</p> <p>Continue with Once for Scotland training and education sessions via HR Connect, ensuring support for fair implementation.</p> <p>Work closely with our Speak Up Ambassadors and Advocates, acting upon all interactions with these in a transparent and timely manner.</p> <p>Continue with Sturrock Report Review Group meetings, aimed at implementing the learning from this report within NHS Forth Valley.</p> <p>Train our managers to account for differences in personal circumstances, whilst maintaining fair policy application within their teams.</p>	<ul style="list-style-type: none"> In the process of creating an annual programme of wellbeing events, ensuring we are being responsive to staff feedback and suggestions received thus far. We will include a variety of sessions and events and look to ensure that we are promoting inclusion and diversity at the heart of this programme. Initial comms and information regarding the programme to be released in April. HR colleagues continue to work hard to ensure Once for Scotland policies are adopted across the board when published and that appropriate training and resources are made available. Work ongoing to link with our Speak Up Ambassadors and Advocates and an update will be brought to the next Staff Governance meeting. The Sturrock group is due to meet again this coming week and resulting actions will be prioritised and supported as required by the SSWPG. As aforementioned, Learning and OD colleagues are facilitating Manager Awareness sessions that will provide further guidance, training, and support for managers to ensure that they are following policies in a person-centred approach that considers wellbeing needs. Work ongoing in relation to diversity and the aim is that the creation of new Staff Networks will help to inform 	In Progress

		Work towards creating a more diverse board membership that reflects the diversity of our population with representation for all.	<p>this work greatly. Updates to follow at next Staff Governance meeting.</p> <p>Again, further initiatives and work will continue to be generated to support this priority and the associated workstreams throughout the year.</p>	
Priority	We will...	To achieve this, we aim to...	Progress	RAG
<p>Staff are provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community</p>	<p>We will commit to organisational policies that ensure a robust method of risk assessment for working environments. We will ensure that staff are provided with the resources required to support and promote their health and wellbeing. We will utilise Quality Improvement (QI) methodologies to enhance and develop our organisation.</p>	<p>Support our colleagues (Occupational Health, Health Promotion, Health Promotion and Health and Safety to name but a few) to continue to deliver specialised guidance and input for all staff.</p> <p>Enlist the help of our Corporate Portfolio Management Office (CPMO) in how we can best deliver the aims of this Strategy.</p> <p>Review our current policies and procedures to improve the health and safety culture of our organisation.</p>	<ul style="list-style-type: none"> • Work ongoing to liaise with colleagues to offer support of SSWPG as required. • CPMO project managing Culture and Leadership Programme and author working closely to improve own development and take learning back to our Workforce Wellbeing Plan and associated actions/workstreams. • Work ongoing in this area and update will follow. <p>Again, further initiatives and work will continue to be generated to support this priority and the associated workstreams throughout the year and beyond.</p>	In Progress

The Five Pillars of Workforce



Plan

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales	Progress
P1	NHS Forth Valley Workforce Plan 2022 - 2025	Agree Workforce Plan 2022 – 2025 in partnership	Plan will be implemented in line with National guidance and aligned to finance and service planning	Director of HR	Approval by the NHS Board and published on NHS Forth Valley Website by October 22	Complete Approved by NHS Board and published on FV NHS Website
P2	NHS Forth Valley Workforce Strategy: Our People Strategy 2022 – 2025	Refresh Our People Strategy 2022 – 2025	NHS Forth Valley Workforce Strategy will be refreshed, aligned to the National Workforce Strategy with quarterly monitoring through Staff Governance Committee	Director of HR	To go to Staff Governance Committee in September 23 and will go to the NHS Board in November 2023	In progress Work has commenced this strategy also needs to align with the planned refreshed Healthcare Strategy for Forth Valley
P3	NHS Forth Valley Workforce Wellbeing Strategy: Our Workforce Wellbeing Plan 2022 - 2025	Launch and implement Our Workforce Wellbeing Plan and Wellbeing Website	Our Workforce Wellbeing Plan 2022 – 2025 in place with a corresponding Staff Support and Wellbeing Website; management toolkit. Monitoring of impact will be reported to Staff Governance quarterly	Director of HR	Agreed at NHS Board in August 2022 for launch by the end of August 2022 throughout NHS Forth Valley	Complete Our Wellbeing Plan and Wellbeing Website are in place with quarterly reporting to SGC on progress
P4	Directorate / HSCP Staff Governance Self-Assessment and Action plans	Complete Directorate / HSCP Staff Governance Action Plans and report progress to SGC quarterly	Staff Governance Self-Assessment completed and all Directorates / HSCPs will report progress against their action plans to ensure delivery against the 5 strands of the Staff Governance Standard	All Directors / Chief Officers	Reporting against Action Plans commences in September 2022 and quarterly thereafter	Complete All Directorates have action plans in place. Now being refined to include SMART objectives to aid monitoring of achievements

The Five Pillars of Workforce



Plan



Attract



Train



Employ

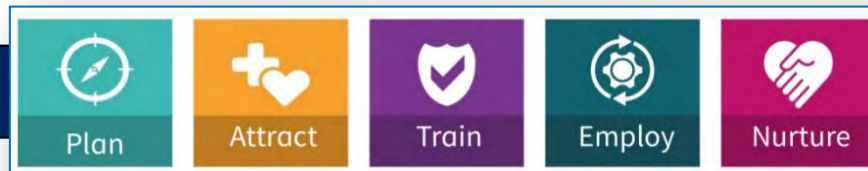


Nurture

Plan

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales	Progress
P5	National / Regional Workforce Planning	Participate in Regional Workforce planning activity	Regional workforce planning will deliver sustainable workforce solutions. Examples: NTC; WoS Medical Workforce Group; East Region Payroll Consortium; East Region Health Protection	Directors	NTC: workforce in place by December 2022 (END) East Payroll Consortium East Region Health Protection leadership model in place	
P6	e-Rostering	Implement eRostering National Programme and all related modules within the next 24 months	Health Roster; Medic Roster; Safe Care module will be in place for all NHS Forth Valley staff. This will result in improved management of the workforce and safe, open and transparent rostering practices	Director of HR	eRostering Programme Board meeting monthly to monitor achievement against the Plan with assistance from CPMO Reporting through Staff Governance Committee	In progress eRostering programme impacted due to Covid Progress reported through SGC in March 23 Business case to secure additional workforce funding nearing completion
P7	Equality, Diversity and Inclusion	Board Lead responsibility will move to Director of HR	All Equality, Diversity and Inclusion activity will be managed through Director of HR	Director of HR	Transfer of staff and responsibility will take place on 31 st August 2022	Complete All staff transferred to HR Directorate in August 2022
P8	Winter Planning	Build sustainable workforce solutions	Sustainable solutions will be determined to ensure that workforce is available to provide safe, effective care	All Directors / Chief Officers	Autumn 2022	Complete Winter plan in place in line with National guidance. On going update and review into 2023

The Five Pillars of Workforce



Attract

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales	Progress
A1	Ethical International Recruitment	Cohort 1 & 2 will be employed within NHS Forth Valley Recruitment of further 20 posts Exploring medical staff recruitment for hard to fill posts	13 New Staff Nurses will be appointed across Acute Services within NHS Forth Valley Further 20 posts including Midwives; AHP's and nurses will be recruited in 2022 – 2023 Pipeline of staff found to deliver services in hard to fill areas	Head of HR Resourcing Lead Nurses Deputy Director of Finance	Cohort 1 and 2 will be appointed by the end of August 2022 Next Cohort will be recruited in 2022 – 2023 and appointed by end of March 2023 Additional medical staff to fill vacancies will be sought and appointed if available	Complete Cohort 1 and 2 in post a further 10 staff will commence on 30 March 23 with additional 10 staff. Recruited 3 Rotational Physiotherapists. And 2 Midwives from overseas. Interviews are due to take place on 23rd March 2023. Currently exploring recruitment to medical hard to fill posts and clinical psychologists
A2	Equality, Diversity & Inclusion	Improve equality, diversity and inclusion in our workforce planning; and recruitment activities	By being proactive in our recruitment practices we will ensure different lived experiences and perspectives are gained and leadership positions will attract staff who reflect the communities we serve	Director of HR Resources Equality Diversity and Inclusion Lead	31 st March 2023	Complete Currently recruiting Equality and Diversity Manager. Rachel Tardito successful and commences on 1 st June 2023
A3	Establish an NHS Forth Valley Minority Ethnic Network	Establish a minority Ethnic network	Staff with protected characteristics will have a voice and be heard, supported, valued and engaged in the development of policies; initiatives that recognise our diverse population and their needs	Director of HR Employee Director EFM / SG leads	Autumn 2022	Complete Ethnic Minority engagement event completed and 1 st meeting of the Network took place on 17 March 2023
A4	Retention of staff	Actively implement Retire and Return Policy and Flying finish programme	Staff will choose to retire and return to work with NHS Forth Valley ensuring service continuity and retention of skills and experience	Director of HR Employee Director	August 2022 onwards	Complete Retire and Return policy in place in NHS Forth Valley from August 22

The Five Pillars of Workforce



Plan



Attract



Train



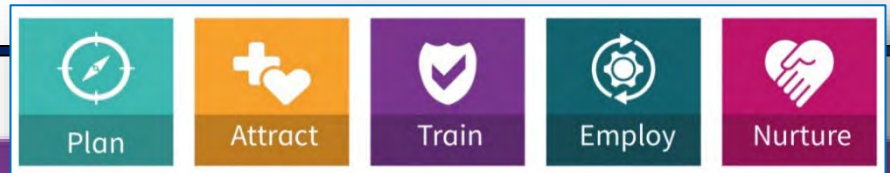
Employ



Nurture

Attract

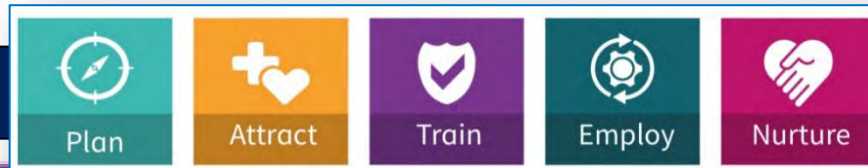
No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales	Progress
A5	NHS Academy Work for Youths	Establish a 'Huddle' within NHS Forth Valley linking with Boards	Encourage school pupils to see Health as a future career choice.	NHS Academy Director	September 2022 onwards	Complete
A6	Enhanced employability 'no-one left behind' – helping to address inequalities	As the largest employer in Forth Valley, seek funding for a small team of staff to manage placements for potential employees linking with local authority teams	By establishing an Employability hub we will help to address inequalities in our communities and be able to provide placements for single mothers, unpaid carers; people with disabilities or long-term health conditions; black and minority ethnic households	Director of HR Head of OD and Learning	2023	In progress Funding secured and Employability Manager post currently being recruited to – anticipate will be in post by June 2023
A7	Youth Employability enhanced	Expand places available for Project Search	Project Search 5 th Cohort commences in August 2022. Additional placement opportunities will be established that will enable young people to gain employment in NHS Forth Valley / SERCO or be equipped to gain employment elsewhere	Director of HR Key partners in SERCO Forth Valley College and Local Authorities	August 2022 ongoing	Complete 5 th Cohort in place due for completion End June 23. Colleagues from Falkirk Council currently looking for employment / further Training of this cohort through Job Search Work Placements now with SERCO in portering, domestics, mail room and catering
A8	Youth Employability enhanced	Expand places available for Modern Apprenticeships	Modern apprentices will train and gain employment in NHS Forth Valley focus on expansion to include Pharmacy Technician; AHP support worker; Healthcare support workers	Director of HR	2022 - 2023	In progress 8 Modern Apprentices, completing their SVQ qualification with Forth Valley College 4 Administrative & Clerical trainees, 1 multi-skilled Engineering post and 3 in IT. These will be completed during the next 12 months.



Train

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales	Progress
T1	Appropriately Trained	Roll out Essential Training 2-day passport for all staff and monitor activity through achievement against Directorate / HSCP Staff Governance action plans	All staff will have been provided set aside time that will be planned to undertake their mandatory training. Improved safety and compliance levels 70% achievement is the aim for this year with the aim of all staff undertaking this training on the TURAS platform	All Directors/Chief Officers	70% of all staff will have undertaken their Essential training by the end of March 2023	<u>In progress</u> All Directors / Chief Officers are actively encouraging staff to undertake their 2 days essential passport Monthly monitoring of progress is taking place at Workforce Performance meetings
T2	Personal Development Reviews and Plans	Relaunch PDR and PDP Training for staff and managers	The direct link with improved patient outcomes and appraisal is well known. All staff will have at least 2 quality development conversations with their line manager each year	All Directors/Chief Officers	70% of all staff will have a PDR and PDP recorded on Turas learn by end of March 2023 100% of all ESM staff will have their PDRs and Plans on the Turas learn platform	<u>In progress</u> PDR and PDP achievement across NHS Forth Valley is varied currently sitting at 21% completion with 19.5% in progress <u>Complete</u> All ESM staff complete on TURAS
T3	Occupational Health Nursing	Explore with HRDs, CNOD and Heads of Occupational Health the development of a nursing framework for Occupational Health	Working with key partners including the NMC, provide an Occupational Health Framework that will provide a sustainable workforce in Occupational Health for the future	Director of HR Occupational Health Lead	Autumn 2022	<u>In progress</u> Work ongoing. Head of Occupational Health working with University of West of Scotland to input into the Occ Health programme National work ongoing

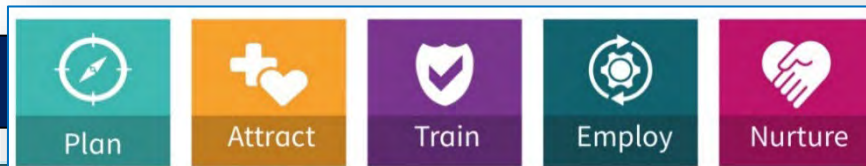
The Five Pillars of Workforce



Train

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales	Progress
T4	Grow our own	Establish more local programmes to grow our own workforce	Development of new roles; promote career development opportunities and upskill the workforce using T&Cs Examples Physicians Assistants; Health Care Scientists; ANP and ENPs	Specialist Leads	2022 - 2023	In progress Using T&C's through Annex 21 to promote career development
T5	Attract OOH staff	Attract appropriately trained workforce for OOH services	Provision of a sustainable workforce in OOH services including advanced practitioners; Paramedics & GPs	Head of Service OOH lead HR	2022 - 2023	In progress Recruitment drive successful in appointing GPs to the Staff Bank OOH focus on sustainable solutions as part of current review work
T6	AHP 3-year Transformational Plan	Deliver Excellence in Care Transformational Plan for AHPs in NHS Forth Valley	A culture shift in AHP practice will be achieved with a focus on prevention, rehabilitation, collaboration and multi-professional working with the local communities and people of Forth Valley	Director of Nursing Director of AHPs	2022 - 2025	In progress Director of Nursing and Director of AHPs leading on this work
T7	Talent management and Succession planning Strategy	Relaunch the Talent management and succession planning Strategy	Talent management assessment will be undertaken across NHS Forth Valley	Director of HR Head of OD & Learning	By the end of 2022	In Progress Relaunch will take place in 2023. Date to be agreed
T8	Work with Educational establishments to develop programmes University and College collaboration	Develop a University College Health Partnership with Forth Valley College and University of Stirling.	To enhance Workforce Development and Career Pathways	Director of HR Director of Nursing	2022 - 2025	Complete University College Health Partnership established

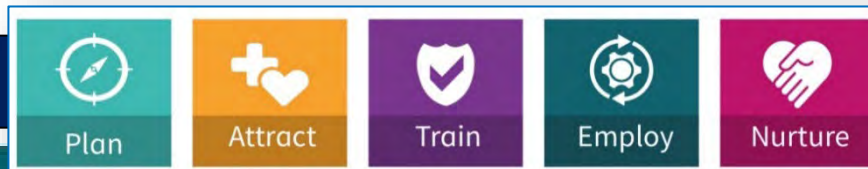
The Five Pillars of Workforce



Employ

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales	Progress
E1	Creating a sustainable workforce: Appoint Newly Qualified Nurses	Appoint Newly Qualified Nurses to all Band 5 Nursing vacancies, taking account of turnover; temporary Bank and Agency workforce spend and attrition rates	137 nurses interviewed and have been offered posts within NHS Forth Valley 106 in Acute Services 28 in Mental Health 3 in Learning disabilities	Head of HR Resourcing Deputy Director of Finance Associate Director of Nursing	Appointment to these posts will take place from 24 th August 2022 onwards	<u>Complete</u> 127 Newly qualified nurses employed. 118 still in post Focussing on attracting staff during training and offering
E2	Creating a sustainable workforce: Band 2 to 3 review of HCSW	Partnership working group in collaboration with Senior Charge Nurses reviewing 801 HCSW across NHS FV Monitoring of progress through APF and SGC	HCSW across NHS Forth Valley will have contemporaneous job descriptions that reflect service requirements. Anticipating that the majority of staff will move to Band 3	Associate Director of HR Head of Payroll Partnership SLWG	Matching exercise, appointment to new job descriptions and payroll calculations/ backpay will be concluded by December 2022	<u>Nearing completion</u>
E3	Creating a sustainable workforce: Expansion of the Hospital @ Home service	Employ Band 5 nurses and Band 3 HCSW to provide care within the Hospital @ Home service	By increasing the Hospital @ Home service this will provide bridging solutions where patients still need hospital care which can be provided by health staff in their homes.	Director of HR Head of HR Resourcing Lead Nurses	Recruitment mid-August with a view to appointing within 8 weeks – October 2022	<u>Complete</u>
E4	Significantly reduce the requirement for Agency workforce	Approval process re-established regarding Agency use	With the introduction of permanent workforce, Agency use will be the exception especially within nursing	Directors of Nursing, Finance and HR	Autumn 2022	<u>In progress</u> Director of Nursing leading on this work with HR and finance colleagues. END and Head of Resourcing on National Group

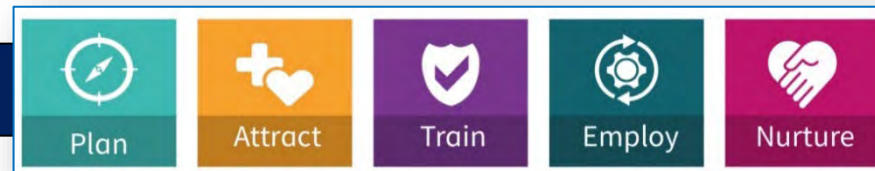
The Five Pillars of Workforce



Employ

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales	Progress
E5	Reduce Bank activity by converting bank spend to ensure delivery of sustainable solutions	Convert temporary workforce spend to permanent workforce	Bank activity will be significantly reduced and permanent, sustainable workforce will be in place	Directors of Nursing, Finance and HR	Autumn 2022	<u>Complete</u> Directors working with finance colleagues have converted bank spend and appointed staff. Difficulty with having to cover so many contingency areas so not seeing the true benefit yet
E6	Increase bank posts in hard to fill areas: midwifery; Paediatric and Neonatal Nursing; AHPs	Recruitment drive to attract Midwives, paediatric and neonatal nurses and AHPs to Bank posts	Temporary workforce will be available in Hard to Fill areas	Director of HR Head of HR Resourcing	Autumn 2022	<u>Complete</u> Particularly successful with Neonatal / Paediatric Nursery Nurses
E7	National Treatment Centre workforce in place	Complete recruitment of workforce in time for the opening of the National Treatment Centre in NHS Forth Valley	National Treatment Centre will be opened with a full complement of staff to deliver services as planned.	Director of CPMO Director of HR Head of HR Resourcing	Winter 2022	<u>In progress</u>

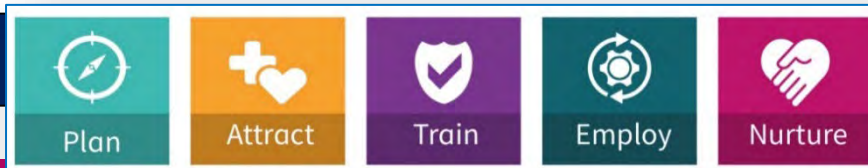
The Five Pillars of Workforce



Nurture

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales	Progress
N1	Culture	Adopt 4 stage approach to support culture change programme	Inclusive culture where staff have a feeling of belonging	CEO/HRD	2022 -2025	<u>In progress</u> CC&LP launched 3 April 2023. Programme Director recruited Culture Change team in place and training completed.
N2	Enhance Employee Voice: Speak Up Service; Whistleblowing Service and Confidential Contact	Further develop and communicate services for these services	Staff will be aware of all opportunities to speak up across NHS Forth Valley. Quarterly reporting of key themes linked to the red flag process will enhance organisational learning.	CEO Director of HR Speak Up Ambassadors	September 2022	<u>Complete</u> Speak up service in place reporting activity thematically quarterly to SGC. Whistleblowing service in place currently expanding Confidential contacts
N3	Workforce Wellbeing Plan implementation	Implement the 5 commitments/priorities outlined within the Wellbeing Plan	Peer support programme Measure impact of wellbeing programmes	Director of HR Employee Director	3-year plan with quarterly updates to Staff Governance Committee	<u>In progress</u> Progress reported quarterly to SGC Peer support programme presented at March 2023 by Head of OHS
N4	Staff Awards & Long Service Awards	Working with APF and ACF plan and deliver the Staff Awards and Long Service Award activities	Staff recognition events will be delivered to recognise long service and to celebrate achievements with our staff	Director of HR Employee Director Chair of ACF	By December 2022	<u>In progress</u> Long service award ceremonies May 2023. Staff Awards ACF and APF working with HOD and Head of Comms Sept 23
N5	Sturrock Partnership Working group ED Review learning and impact assessment	Restart Sturrock Partnership Working group to take forward agreed action plan	Agreed action plan will be progressed and actions reported quarterly through the Staff Governance Committee	Director of HR Employee Director	September 2022 and 2 monthly meetings arranged thereafter	<u>In progress</u> meeting on 15 th March and dates in diary

The Five Pillars of Workforce



Nurture

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales	Progress
N6	Regional approach to delivery of Values Based recruitment for ESM cohort	Explore with West of Scotland HRD's a regional approach to the delivery of values-based recruitment for ESM	This approach will ensure compassionate leadership and the diversity and inclusivity of the most senior roles	WoS HRD's	By March 2023	<u>In Progress</u> Head of Resourcing on WoS group
N7	Implement safe working environments	To implement safe working environments	Safe working practices Safe staffing levels workloads	Director of Nursing Director of Facilities & Infrastructure Director of HR	2022 - 2025	<u>In progress</u> Safe Staffing programme meeting with HB – programme being established led by Director of Nursing and Supported by HRD
N8	Red and Green Flags	Design proforma to triangulate red and green flag information in the organisation	Red flags will be acknowledged, managed and investigated wherever identified from – examples Staff side meetings Patient safety visits Workforce Dashboard	Director of HR	September 2022	<u>In progress</u>
N9	Exit interviews	Determine the reporting tool to highlight key themes quarterly as part of the red / green flag process	All staff leaving the organisation will be encouraged to participate in the exit interview programme. This will include staff moving to other departments to capture learning.	Director of HR Associate Director of HR	September 2022	<u>Complete</u> Process in place with reporting tool Annual report with key themes at March SGC
N10	Mediation	Train 2nd cohort of mediators and establish red and green flag quarterly reporting process	Mediation service has been launched in NHS Forth Valley 2 nd cohort of mediators will commence training and key themes will be identified and reported quarterly part of the Red and Green flag proforma	Director of HR Associate Director of HR Head of OD and Learning	2022 - 2023	<u>In progress</u> Concentrating efforts on maintaining the skills of the existing cohort of Mediators and will reflect on when to train 2 nd cohort

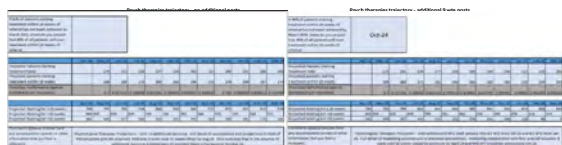


Annual Delivery Plan Template

Template: DRAFT ADP 2 v3
updated

26 July 2023

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Section A: General Information										Section B: Detailed Information										Section C: Additional Information									
Project Name	Project ID	Project Manager	Project Status	Project Start Date	Project End Date	Project Budget	Project Location	Project Description	Project Objectives	Project Manager	Project ID	Project Manager	Project Status	Project Start Date	Project End Date	Project Budget	Project Location	Project Description	Project Objectives	Project Manager	Project ID	Project Manager	Project Status	Project Start Date	Project End Date	Project Budget	Project Location	Project Description	Project Objectives
Project A	001	John Doe	Active	2023-01-01	2023-12-31	\$1,000,000	New York	Project A Description	Project A Objectives	John Doe	002	John Doe	Active	2023-01-01	2023-12-31	\$1,000,000	New York	Project A Description	Project A Objectives	John Doe	003	John Doe	Active	2023-01-01	2023-12-31	\$1,000,000	New York	Project A Description	Project A Objectives
Project B	002	Jane Smith	Completed	2022-01-01	2022-12-31	\$500,000	Los Angeles	Project B Description	Project B Objectives	Jane Smith	004	Jane Smith	Completed	2022-01-01	2022-12-31	\$500,000	Los Angeles	Project B Description	Project B Objectives	Jane Smith	005	Jane Smith	Completed	2022-01-01	2022-12-31	\$500,000	Los Angeles	Project B Description	Project B Objectives
Project C	003	Mike Johnson	On Hold	2023-03-01	2023-06-30	\$200,000	Chicago	Project C Description	Project C Objectives	Mike Johnson	006	Mike Johnson	On Hold	2023-03-01	2023-06-30	\$200,000	Chicago	Project C Description	Project C Objectives	Mike Johnson	007	Mike Johnson	On Hold	2023-03-01	2023-06-30	\$200,000	Chicago	Project C Description	Project C Objectives
Project D	004	Sarah Brown	Active	2023-04-01	2023-09-30	\$750,000	San Francisco	Project D Description	Project D Objectives	Sarah Brown	008	Sarah Brown	Active	2023-04-01	2023-09-30	\$750,000	San Francisco	Project D Description	Project D Objectives	Sarah Brown	009	Sarah Brown	Active	2023-04-01	2023-09-30	\$750,000	San Francisco	Project D Description	Project D Objectives
Project E	005	David Wilson	Completed	2022-03-01	2022-08-31	\$300,000	Seattle	Project E Description	Project E Objectives	David Wilson	010	David Wilson	Completed	2022-03-01	2022-08-31	\$300,000	Seattle	Project E Description	Project E Objectives	David Wilson	011	David Wilson	Completed	2022-03-01	2022-08-31	\$300,000	Seattle	Project E Description	Project E Objectives
Project F	006	Emily Davis	On Hold	2023-05-01	2023-08-31	\$150,000	Portland	Project F Description	Project F Objectives	Emily Davis	012	Emily Davis	On Hold	2023-05-01	2023-08-31	\$150,000	Portland	Project F Description	Project F Objectives	Emily Davis	013	Emily Davis	On Hold	2023-05-01	2023-08-31	\$150,000	Portland	Project F Description	Project F Objectives
Project G	007	Chris Miller	Active	2023-06-01	2023-11-30	\$600,000	Denver	Project G Description	Project G Objectives	Chris Miller	014	Chris Miller	Active	2023-06-01	2023-11-30	\$600,000	Denver	Project G Description	Project G Objectives	Chris Miller	015	Chris Miller	Active	2023-06-01	2023-11-30	\$600,000	Denver	Project G Description	Project G Objectives
Project H	008	Alexander Lee	Completed	2022-04-01	2022-09-30	\$400,000	Phoenix	Project H Description	Project H Objectives	Alexander Lee	016	Alexander Lee	Completed	2022-04-01	2022-09-30	\$400,000	Phoenix	Project H Description	Project H Objectives	Alexander Lee	017	Alexander Lee	Completed	2022-04-01	2022-09-30	\$400,000	Phoenix	Project H Description	Project H Objectives
Project I	009	Mia Garcia	On Hold	2023-07-01	2023-10-31	\$250,000	San Diego	Project I Description	Project I Objectives	Mia Garcia	018	Mia Garcia	On Hold	2023-07-01	2023-10-31	\$250,000	San Diego	Project I Description	Project I Objectives	Mia Garcia	019	Mia Garcia	On Hold	2023-07-01	2023-10-31	\$250,000	San Diego	Project I Description	Project I Objectives
Project J	010	Noah White	Active	2023-08-01	2023-12-31	\$800,000	San Jose	Project J Description	Project J Objectives	Noah White	020	Noah White	Active	2023-08-01	2023-12-31	\$800,000	San Jose	Project J Description	Project J Objectives	Noah White	021	Noah White	Active	2023-08-01	2023-12-31	\$800,000	San Jose	Project J Description	Project J Objectives
Project K	011	Olivia Black	Completed	2022-05-01	2022-10-31	\$350,000	San Antonio	Project K Description	Project K Objectives	Olivia Black	022	Olivia Black	Completed	2022-05-01	2022-10-31	\$350,000	San Antonio	Project K Description	Project K Objectives	Olivia Black	023	Olivia Black	Completed	2022-05-01	2022-10-31	\$350,000	San Antonio	Project K Description	Project K Objectives
Project L	012	Liam Green	On Hold	2023-09-01	2023-11-30	\$180,000	San Marcos	Project L Description	Project L Objectives	Liam Green	024	Liam Green	On Hold	2023-09-01	2023-11-30	\$180,000	San Marcos	Project L Description	Project L Objectives	Liam Green	025	Liam Green	On Hold	2023-09-01	2023-11-30	\$180,000	San Marcos	Project L Description	Project L Objectives
Project M	013	Ava Brown	Active	2023-10-01	2024-01-31	\$900,000	San Luis Obispo	Project M Description	Project M Objectives	Ava Brown	026	Ava Brown	Active	2023-10-01	2024-01-31	\$900,000	San Luis Obispo	Project M Description	Project M Objectives	Ava Brown	027	Ava Brown	Active	2023-10-01	2024-01-31	\$900,000	San Luis Obispo	Project M Description	Project M Objectives
Project N	014	Ethan White	Completed	2022-06-01	2022-11-30	\$450,000	San Bernardino	Project N Description	Project N Objectives	Ethan White	028	Ethan White	Completed	2022-06-01	2022-11-30	\$450,000	San Bernardino	Project N Description	Project N Objectives	Ethan White	029	Ethan White	Completed	2022-06-01	2022-11-30	\$450,000	San Bernardino	Project N Description	Project N Objectives
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Project R	018	Benjamin White	On Hold	2024-01-01	2024-04-30	\$190,000	San Gabriel	Project R Description	Project R Objectives	Benjamin White	036	Benjamin White	On Hold	2024-01-01	2024-04-30	\$190,000	San Gabriel	Project R Description	Project R Objectives	Benjamin White	037	Benjamin White	On Hold	2024-01-01	2024-04-30	\$190,000	San Gabriel	Project R Description	Project R Objectives
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Project Y	025	Victoria Brown	Active	2024-06-01	2024-09-30	\$820,000	San Juan	Project Y Description	Project Y Objectives	Victoria Brown	050	Victoria Brown	Active	2024-06-01	2024-09-30	\$820,000	San Juan	Project Y Description	Project Y Objectives	Victoria Brown	051	Victoria Brown	Active	2024-06-01	2024-09-30	\$820,000	San Juan	Project Y Description	Project Y Objectives
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Project AA	027	Chloe Black	On Hold	2024-07-01	2024-10-31	\$240,000	San Juan	Project AA Description	Project AA Objectives	Chloe Black	054	Chloe Black	On Hold	2024-07-01	2024-10-31	\$240,000	San Juan	Project AA Description	Project AA Objectives	Chloe Black	055	Chloe Black	On Hold	2024-07-01	2024-10-31	\$240,000	San Juan	Project AA Description	Project AA Objectives
Project AB	028	Robert Green	Active	2024-08-01	2024-11-30	\$790,000	San Juan	Project AB Description	Project AB Objectives	Robert Green	056	Robert Green	Active	2024-08-01	2024-11-30	\$790,000	San Juan	Project AB Description	Project AB Objectives	Robert Green	057	Robert Green	Active	2024-08-01	2024-11-30	\$790,000	San Juan	Project AB Description	Project AB Objectives
Project AC	029	Madison Brown	Completed	2022-11-01	2023-04-30	\$520,000	San Juan	Project AC Description	Project AC Objectives	Madison Brown	058	Madison Brown	Completed	2022-11-01	2023-04-30	\$520,000	San Juan	Project AC Description	Project AC Objectives	Madison Brown	059	Madison Brown	Completed	2022-11-01	2023-04-30	\$520,000	San Juan	Project AC Description	Project AC Objectives
Project AD	030	William White	On Hold	2024-09-01	2025-02-28	\$260,000	San Juan	Project AD Description	Project AD Objectives	William White	060	William White	On Hold	2024-09-01	2025-02-28	\$260,000	San Juan	Project AD Description	Project AD Objectives	William White	061	William White	On Hold	2024-09-01	2025-02-28	\$260,000	San Juan	Project AD Description	Project AD Objectives
Project AE	031	Oliver Black	Active	2024-10-01	2025-03-31	\$840,000	San Juan	Project AE Description	Project AE Objectives	Oliver Black	062	Oliver Black	Active	2024-10-01	2025-03-31	\$840,000	San Juan	Project AE Description	Project AE Objectives	Oliver Black	063	Oliver Black	Active	2024-10-01	2025-03-31	\$840,000	San Juan	Project AE Description	Project AE Objectives
Project AF	032	Sophia Green	Completed	2023-01-01	2023-05-31	\$440,000	San Juan	Project AF Description	Project AF Objectives	Sophia Green	064	Sophia Green	Completed	2023-01-01	2023-05-31	\$440,000	San Juan	Project AF Description	Project AF Objectives	Sophia Green	065	Sophia Green	Completed	2023-01-01	2023-05-31	\$440,000	San Juan	Project AF Description	Project AF Objectives
Project AG	033	Daniel Brown	On Hold	2024-11-01	2025-04-30	\$270,000	San Juan	Project AG Description	Project AG Objectives	Daniel Brown	066	Daniel Brown	On Hold	2024-11-01	2025-04-30	\$270,000	San Juan	Project AG Description	Project AG Objectives	Daniel Brown	067	Daniel Brown	On Hold	2024-11-01	2025-04-30	\$270,000	San Juan	Project AG Description	Project AG Objectives
Project AH	034	Aria White	Active	2025-01-01	2025-06-30	\$860,000	San Juan	Project AH Description	Project AH Objectives	Aria White	068	Aria White	Active	2025-01-01	2025-06-30	\$860,000	San Juan	Project AH Description	Project AH Objectives	Aria White	069	Aria White	Active	2025-01-01	2025-06-30	\$860,000	San Juan	Project AH Description	Project AH Objectives
Project AI	035	Matthew Black	Completed	2023-02-01	2023-06-30	\$460,000	San Juan	Project AI Description	Project AI Objectives	Matthew Black	070	Matthew Black	Completed	2023-02-01	2023-06-30	\$460,000	San Juan	Project AI Description	Project AI Objectives	Matthew Black	071	Matthew Black	Completed	2023-02-01	2023-06-30	\$460,000	San Juan	Project AI Description	Project AI Objectives
Project AJ	036	Emily Green	On Hold	2025-02-01	2025-07-31	\$280,000	San Juan	Project AJ Description	Project AJ Objectives	Emily Green	072	Emily Green	On Hold	2025-02-01	2025-07-31	\$280,000	San Juan	Project AJ Description	Project AJ Objectives	Emily Green	073	Emily Green	On Hold	2025-02-01	2025-07-31	\$280,000	San Juan	Project AJ Description	Project AJ Objectives
Project AK	037	Christopher Brown	Active	2025-03-01	2025-08-31	\$880,000	San Juan	Project AK Description	Project AK Objectives	Christopher Brown	074	Christopher Brown	Active	2025-03-01	2025-08-31	\$880,000	San Juan	Project AK Description	Project AK Objectives	Christopher Brown	075	Christopher Brown	Active	2025-03-01	2025-08-31	\$880,000	San Juan	Project AK Description	Project AK Objectives
Project AL	038	Isabella White	Completed	2023-03-01	2023-07-31	\$500,000	San Juan	Project AL Description	Project AL Objectives	Isabella White	076	Isabella White	Completed	2023-03-01	2023-07-31	\$500,000	San Juan	Project AL Description	Project AL Objectives	Isabella White	077	Isabella White	Completed	2023-03-01	2023-07-31	\$500,000	San Juan	Project AL Description	Project AL Objectives
Project AM	039	Benjamin Black	On Hold	2025-04-01	2025-09-30	\$290,000	San Juan	Project AM Description	Project AM Objectives	Benjamin Black	078	Benjamin Black	On Hold	2025-04-01	2025-09-30	\$290,000	San Juan	Project AM Description	Project AM Objectives	Benjamin Black	079	Benjamin Black	On Hold	2025-04-01	2025-09-30	\$290,000	San Juan	Project AM Description	Project AM Objectives
Project AN	040	Charlotte Green	Active	2025-05-01	2025-10-31	\$900,000	San Juan	Project AN Description	Project AN Objectives	Charlotte Green	080	Charlotte Green	Active	2025-05-01	2025-10-31	\$900,000	San Juan	Project AN Description	Project AN Objectives	Charlotte Green	081	Charlotte Green	Active	2025-05-01	2025-10-31	\$900,000	San Juan	Project AN Description	Project AN Objectives
Project AO	041	William Brown	Completed	2023-04-01	2023-08-31	\$540,000	San Juan	Project AO Description	Project AO Objectives	William Brown	082	William Brown	Completed	2023-04-01	2023-08-31	\$540,000	San Juan	Project AO Description	Project AO Objectives	William Brown	08								

Section 1: General Information										Section 2: Detailed Information										Section 3: Additional Information										
Item ID	Item Name	Item Description	Item Category	Item Status	Item Location	Item Date	Item Time	Item User	Item Role	Item Type	Item Sub-Type	Item Code	Item Value	Item Unit	Item Weight	Item Length	Item Width	Item Height	Item Volume	Item Area	Item Weight	Item Length	Item Width	Item Height	Item Volume	Item Area	Item Weight	Item Length	Item Width	Item Height
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3	Item 3	Item 3 Description	Item 3 Category	Item 3 Status	Item 3 Location	Item 3 Date	Item 3 Time	Item 3 User	Item 3 Role	Item 3 Type	Item 3 Sub-Type	Item 3 Code	Item 3 Value	Item 3 Unit	Item 3 Weight	Item 3 Length	Item 3 Width	Item 3 Height	Item 3 Volume	Item 3 Area	Item 3 Weight	Item 3 Length	Item 3 Width	Item 3 Height	Item 3 Volume	Item 3 Area	Item 3 Weight	Item 3 Length	Item 3 Width	Item 3 Height
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6	Item 6	Item 6 Description	Item 6 Category	Item 6 Status	Item 6 Location	Item 6 Date	Item 6 Time	Item 6 User	Item 6 Role	Item 6 Type	Item 6 Sub-Type	Item 6 Code	Item 6 Value	Item 6 Unit	Item 6 Weight	Item 6 Length	Item 6 Width	Item 6 Height	Item 6 Volume	Item 6 Area	Item 6 Weight	Item 6 Length	Item 6 Width	Item 6 Height	Item 6 Volume	Item 6 Area	Item 6 Weight	Item 6 Length	Item 6 Width	Item 6 Height
7	Item 7	Item 7 Description	Item 7 Category	Item 7 Status	Item 7 Location	Item 7 Date	Item 7 Time	Item 7 User	Item 7 Role	Item 7 Type	Item 7 Sub-Type	Item 7 Code	Item 7 Value	Item 7 Unit	Item 7 Weight	Item 7 Length	Item 7 Width	Item 7 Height	Item 7 Volume	Item 7 Area	Item 7 Weight	Item 7 Length	Item 7 Width	Item 7 Height	Item 7 Volume	Item 7 Area	Item 7 Weight	Item 7 Length	Item 7 Width	Item 7 Height
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10	Item 10	Item 10 Description	Item 10 Category	Item 10 Status	Item 10 Location	Item 10 Date	Item 10 Time	Item 10 User	Item 10 Role	Item 10 Type	Item 10 Sub-Type	Item 10 Code	Item 10 Value	Item 10 Unit	Item 10 Weight	Item 10 Length	Item 10 Width	Item 10 Height	Item 10 Volume	Item 10 Area	Item 10 Weight	Item 10 Length	Item 10 Width	Item 10 Height	Item 10 Volume	Item 10 Area	Item 10 Weight	Item 10 Length	Item 10 Width	Item 10 Height

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FORTH VALLEY NHS BOARD
TUESDAY 26 SEPTEMBER 2023

6.2 Communications Framework 2023 – 2028 For Approval

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Author: Mrs Elsbeth Campbell, Head of Communications

Executive Summary

The NHS Forth Valley Communications Framework sets out the key communication aims, principles and priorities for 2023 - 2028. It builds on the previous Communications Strategy for 2018 – 2021, reflecting the changes and improvements which have taken place during this period and provides a framework for next five years.

Recommendation

The Forth Valley NHS Board is asked to: -

- **note** the overview of progress made over the last five years.
- **approve** the Framework and outline approach for the next five years (2023 – 2028)

Assurance

Not applicable

Key Issues to be Considered

NHS services in Scotland have always been subject to change and this is set to continue over the next three years with work to implement NHS Forth Valley's refreshed Healthcare Strategy, develop new local and regional services and implement key national healthcare priorities.

The impact of the Covid-19 pandemic on local health and care services, a rising elderly population with growing numbers of people experiencing dementia and an increase in the number of people living with long-term health conditions such as diabetes, asthma and heart disease will also require new and innovative ways of working to keep pace with rising demand.

In addition, developments within the media and wider society such as the increasing expansion of online media and a 24/7 culture require changes in the way health services are designed and delivered services as well as how we communicate with patients, staff and partners.

These changes will require a joined up approach to communications with greater partnership working at a local, regional and national level, more creative, innovative and cost-effective use of resources, innovative approaches and greater use of technology.

The NHS Forth Valley Communications Framework sets out the key communication aims, principles and priorities for 2023 - 2028. It builds on the many changes and improvements which have taken place over the last five years and provides a framework for next five years.

Implications

Financial Implications

The Communications Framework for 2023 – 2028 highlights the importance of cost-effective communications which build on the organisation's existing tools as well as working collaboratively to make use of the skills and resources available in partner agencies – locally, regionally and nationally.

It is recognised that innovative approaches and greater use of digital technology has the potential to reduce organisational costs. Wherever possible, communications will be supported by existing in-house tools and resources with detailed proposals developed for any additional external support, resources or advertising required for specific projects or campaigns.

Workforce Implications

NHS Forth Valley's Communications Department has a central role to play in delivering the plans and priorities outlined in this Framework working closely with other departments and services across the organisation including Human Resources, Organisational Development, Public Health and Planning. However, communication is everyone's responsibility which means all staff have a role to play in communicating effectively with patients and their families, members of the public, community groups and partner organisations. Managers also have a specific responsibility for ensuring that their staff have access to information and are kept updated on key changes, developments and issues which affect them.

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

Accurate, timely and relevant communications, tailored to the needs of specific audiences, can help reduce the level of potential risk associated with specific service plans, changes and developments.

Relevance to Strategic Priorities

The Communications Framework supports NHS Forth Valley's key strategic plans and 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

The Communications Framework reflects best practice and feedback from a number of surveys, reviews and audits carried out across the organisation. Communication plans for specific projects and initiatives are developed in partnership with relevant staff and other key stakeholders, as appropriate.

Additional Information

There is no additional relevant information in respect of this paper.

Appendices

- Appendix 1: Communications Framework 2023 - 2028

COMMUNICATIONS FRAMEWORK 2023 - 2028



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1. INTRODUCTION

NHS services in Scotland have always been subject to change and this is set to continue over the next three years with work to implement NHS Forth Valley's refreshed Healthcare Strategy (2023- 2028), develop new local and regional services and implement key national healthcare priorities.

The impact of the Covid-19 pandemic on local health and care services, a rising elderly population with growing numbers of people experiencing dementia and an increase in the number of people living with long-term health conditions such as diabetes, asthma and heart disease will also require new and innovative ways of working to keep pace with rising demand.

In addition, developments within the media and wider society such as the increasing expansion of online media and a 24/7 culture require changes in the way health services are designed and delivered services as well as how we communicate with patients, staff and partners.

These changes will require a joined up approach to communications with greater partnership working at a local, regional and national level, more creative and cost-effective use of resources, innovative approaches and greater use of technology.

The NHS Forth Valley Communications Framework sets out the key communication aims, principles and priorities for 2023 - 2028. It builds on the previous Communications Strategy for 2018 - 2021, reflecting the many changes and improvements which have taken place during this period and provides a framework for next five years.

This Framework should be read in conjunction with the following policies and information which are available on the NHS Forth Valley intranet.

[NHS Forth Valley Media and Communications Policy](#)

[NHS Forth Valley Social Media Policy](#)

[NHS Forth Valley Web, Intranet and non-Clinical Apps Content and Development Policy](#)

[NHS Forth Valley Communications Department - overview and contact details](#)

2. AIMS AND OBJECTIVES

NHS Forth Valley aims to improve the health and healthcare of our population by providing health services that are efficient, effective, equitable, patient-centred, safe and timely. The Communications Strategy seeks to support this by:-

- Effectively communicate with patients and other key stakeholders using a range of different tools – working collaboratively with partners to maximise coverage and reach
- Ensuring staff across the organisation are well informed on developments, changes and decisions which affect them and have access to expert communications support and advice
- Promoting key health service developments and changes and improvements across Forth Valley
- Encouraging engagement with local services and screening programmes by providing patients and the general public with simple, accessible health information and advice
- Ensuring the achievements of staff, volunteers and fundraisers are recognised, internally and externally
- Protecting and enhancing the reputation of NHS Forth Valley as an excellent employer and service provider
- Ensuring the communication tools evolve to reflect best practice, address feedback and meet the future needs of the organisation
- Effectively managing the communications response for key incidents, issues and outbreaks, working closely with relevant partners, where appropriate. These include local and national NHS Boards, local councils, the Scottish Government, Police Scotland as well as voluntary organisations, charities and community-based organisations across Forth Valley and beyond.

3. KEY PRINCIPLES

The Board has a good track record in communicating with the public, patients and staff, ensuring that key stakeholders are involved in the ongoing development of services across NHS Forth Valley. This Communications Framework, which builds on this work, is underpinned by the following key principles:-

- Open, honest, timely and accurate communications
- Respect for patient and staff confidentiality
- Clear and accessible information which avoids the use of jargon
- Commitment to ensuring, wherever possible, staff and other key stakeholders are informed about key NHS Forth Valley initiatives or announcements before information is shared externally
- Consistent and co-ordinated communications on joint issues, services and initiatives
- Two way communications with managers taking responsibility for ensuring staff are regularly updated on relevant information
- Willingness to listen and learn from feedback and reflect good practice internally and externally
- Adherence to NHS corporate identity guidelines

4. ROLES AND RESPONSIBILITIES

NHS Forth Valley's Communications Department has a central role to play in achieving the objectives of this strategy however every member of staff has a role to play in communicating effectively with patients and their families, members of the public, community groups and partner organisations. Key responsibilities are outlined below:-

All Staff

- Ensure patients, public and staff receive accurate and up-to-date information which is easy to understand and free from jargon
- Take personal responsibility for being well informed by seeking information on relevant issues and making use of the range of communication tools available
- Share relevant information from briefings, meetings and other forums with colleagues, patients and relatives, where appropriate
- Share details of local service developments, changes, patient stories, awards, achievements and successes so that these can be promoted internally and externally, as appropriate
- Contact the Communications Department for advice and support, whenever required
- Notify the Communications Department of relevant communications issues raised by patients, visitors or general public and refer any media enquiries to the Department if they are contacted direct by a journalist
- Alert their line manager and the Communications Department of any potential issues or concerns which may generate media interest

Service, Clinical and Professional Leads

- Alert the Communications Department to service developments, changes and potential good news stories as well as highlighting any potential risks and reputational issues
- Ensure effective systems are in place for two-way staff communications and that information provided by the Communications Department is cascaded effectively
- Ensure the service has a nominated lead (s) who maintains information on the staff intranet and regularly reviews information published on the NHS Forth Valley website, patient leaflets and other printed materials to ensure these are accurate, up-to-date and meet the needs of patients and their families
- Ensure regular and timely communication with patients, carers and staff within their departments/services
- Hold regular staff meetings to share relevant information and capture feedback, ideas and suggestions for future stories or features
- Capture and respond to feedback from patients and visitors

5. POLICY CONTEXT

National

The next few years will see changes to the way health services are designed in response to a number of key national strategies and plans. These include: -

[Scottish Government's 14 Health and Social Care Priorities](#) (*Equality, opportunity, community: New leadership - A fresh start – April 2023*)

[NHS Recovery Plan](#)

[Mental Health Strategy 2017 – 2027](#)

[National Cancer Strategy 2023 - 2033](#)

[National Drugs Mission Plan-2022-2026](#)

[National Care Service](#)

[NHS Scotland climate emergency and sustainability strategy: 2022-2026](#)

Local

Work is underway to review and refresh NHS Forth Valley's healthcare strategy [Shaping the Future](#) which will set out our vision for the future along with key plans and priorities for the next five years. This will be supported by a workforce strategy and the Strategic Plans developed by the two local Health and Social Care Partnerships which set out the key priorities to meet the needs of local communities over the next three years and describe how these will be achieved.

6. KEY AUDIENCES

Our potential audiences are broad and vary depending on the nature of individual health issues and priorities.

These audiences include:

Internal

- NHS Forth Valley staff
- Staff working in our two local Health and Social Care Partnerships
- Board members
- Independent contractors and their staff (GP Practices, pharmacies, opticians and dentists)
- Serco colleagues working at Forth Valley Royal Hospital

External

- Local patients and their families
- General public living and working in Forth Valley
- Local councils – Clackmannanshire, Stirling and Falkirk, including elected representatives
- Local community groups and organisations
- Voluntary and charitable organisations and fundraisers (e.g. RVS, Maggie's Forth Valley, RSVP, Friends of Forth Valley Royal Hospital, So Precious)

- Public involvement and service user groups (e.g. CAMHS)
- Patient and public representatives
- Scottish Government
- Police, fire and prison services
- Media – local, national and specialist health media
- National NHS Boards operating within our area - NHS 24, Scottish Ambulance Service, PHS, NSS, NES
- Neighbouring NHS Boards – regional partners in the West and East of Scotland
- Further and Higher education institutions in the Forth Valley area – Forth Valley University College NHS Partnership
- Local businesses

7. OVERVIEW OF PROGRESS

Significant progress has been made in developing and improving internal and external communications across the organisation since the last Communication Strategy for 2018 - 2021. These have included ongoing development and growth of social media channels, the wider use of digital communications and significant improvements to the layout, design and functionality of the NHS Forth Valley website and intranet.

Comprehensive communication plans were implemented to support key service developments including the creation of a new Alongside Midwifery Unit in the Women and Children's Unit at Forth Valley Royal Hospital, the opening the new Doune Health Centre, Stirling Health and Care Village and The Meadows (Sexual Assault Response Coordination Service). The Communications Department also managed communications for a wide range of official visits, events and high-profile media issues. These included annual reviews, staff awards and ministerial visits to local medical centres and acute services to highlight the wider range of healthcare staff working within primary care and the advanced practice roles within nursing and AHP services.

Staff featured in a number TV programmes and news reports including a live broadcast of BBC Radio Scotland's Good Morning Scotland programme, which was recorded in the staff marquee outside the entrance to Forth Valley Royal Hospital. This was just one of a number of media features arranged to highlight the work of local staff during the Covid-19 pandemic, including those working within local vaccination and testing centres, ITU and Covid-19 wards. Collectively, this coverage enhanced the reputation of the organisation and increased the profile of NHS Forth Valley's staff and services, locally and nationally.

A refreshed Media and Communications Framework and Protocol was developed for the two local Health and Social Care Partnerships and a new communication plan was developed to support the launch of the new Forth Valley University College NHS Partnership in October 2022.

A number of new communication tools were introduced during the period, some specifically in response to the Covid-19 pandemic. This included a new monthly e-bulletin and digital staff newsletter to help keep the public, partners and staff informed and updated on the latest news and service developments. Regular online briefing sessions for local reporters were arranged with NHS Forth Valley's Director of Public Health and Medical Director to provide information, advice and reassurance during the pandemic and respond to any questions or concerns raised by local residents. New lift wraps were installed on the doors of the main public lifts at Forth Valley Royal Hospital to promote a range of services including the Pharmacy First scheme, Minor Injuries Unit and Right Care Right Place campaign. These were supported by the application of new graphics in the seating area and large posters displayed on a temporary dividing wall installed in the main atrium.

In addition, we worked with a range of partner organisations to produce videos to showcase the work of local staff and boost recruitment in a range of areas. These included videos highlighting student nursing placements, different pathways into nursing, advanced practice roles across urology, breast

and radiography services, opportunities in prison healthcare, stroke services and psychological therapies. Short videos were also produced to highlight the latest research and advances in skin cancer diagnosis and as well as eye testing and assessments.

Many digital changes and improvements were taken forward during the period including the development of a new [HR Connect](https://staffnet.fv.scot.nhs.uk/guidelines/) hub, [Learning Zone](#), [Clinical Guidelines](#) and [Policies and Procedures](#) <https://staffnet.fv.scot.nhs.uk/guidelines/> section on the Staff Intranet which make it easier for staff to find information and resources. The homepage of the Staff Intranet was also redesigned to create a simpler, less cluttered layout and menus which make it easy to find and access the most frequently used sections and pages. New and refreshed sections were also created for the NHS Forth Valley website. These included sections on [maternity](#), [diabetes](#) and [podiatry](#) advice and support, [working in NHS Forth Valley](#) and career opportunities in [prison healthcare](#) as well as refreshed layouts for both HSCP websites. New websites were developed for NHS Forth Valley's [Medical Education Service](#) and the [Forth Valley University College NHS Partnership](#).

8. COMMUNICATIONS PRIORITIES

Communication priorities are aligned to support the organisation's key strategic and operational plans and priorities – including those set out below. Individual projects and initiatives will also be supported by more detailed communication action plans and additional plans will be developed to support any new and emerging priorities over the next five years.

NHS Forth Valley's Healthcare Strategy (2023 – 2028)

NHS Forth Valley's new Healthcare Strategy will build on the previous strategy '[Shaping the Future 2016 – 2021](#)' and set out the Board's plans and priorities for the next five years, taking account of national priorities and targets as well as the Strategic Plans developed by our two local Health and Care Partnerships.

Responding to Stage 4 Escalation

NHS Forth Valley was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework on 23rd November 2022. An Assurance Board, set up by the Scottish Government, is supporting the organisation to deliver improvements in governance, leadership and culture and well as performance in a number of service areas. Ensuring that staff, patients, partners and local communities are kept updated on progress is a key priority as we take forward the changes and improvements required in response to escalation.

Service Developments

Future priorities include the completion of the National Treatment Centre – Forth Valley. The two additional operating theatres and second MRI scanner are already in place and the final element, a new inpatient ward which is being developed in the grounds of Forth Valley Royal Hospital is due to open during 2023. Work is underway to develop an Outline Business Case (OBC) for the development of primary care premises in the Stirling locality. These focus on the need for improved GP and primary care premises for Plean, Cowie and Orchard House which have been identified as the key priority areas, along with other a range of service improvements across the wider Stirling locality area. Business cases for the development of primary care premises in the other locality areas along with ongoing work to develop a new masterplan for the Falkirk Community Hospital site will now be incorporated into a new whole system development plan in response to changes to national planning arrangements for healthcare projects recently introduced by the Scottish Government. This plan will be informed by the NHS Board's refreshed Healthcare Strategy and the Strategic Plans of the two Integration Joint Boards. The Communications Department will continue to provide communications support and advice for the development of new and existing healthcare facilities, particularly in relation to public involvement and engagement.

National and Regional Campaigns and Programmes

NHS Forth Valley's Communications Department is involved in both the NHS Scotland Strategic Communications Group, which meets monthly and the West of Scotland Communications Group. Communications staff continue to participate in and support relevant multi-agency training exercises and contribute to the work of the Regional Resilience Partnership (RRP) Communications Group for the East and West of Scotland and the West of Scotland Innovation

Staff will continue to work with national and regional communications colleagues to make best use of communications resources, share good practice, develop joint communication plans and coordinate a wide range of joint initiatives and health campaigns.

This joint working has proved beneficial for a number of key issues, including Covid-19 and flu vaccination, mental health and changes to arrangements for accessing urgent care. It has also ensured a joined up and co-ordinated approach to the promotion of a number of health campaigns such as detect cancer early, smoking cessation and organ donation.

NHS Forth Valley's Communication team will continue to work closely with Scottish Government and Public Health Scotland colleagues to ensure a joined up and consistent approach to future health campaigns and programmes. Work will also be developed to respond to the recommendations of any national reports, plans and priorities.

Staff Recruitment and Retention

Efforts will continue to positively promote NHS Forth Valley as an excellent place to work and live. This includes work to develop and improve the content of the job pages on the NHS Forth Valley website, promote job vacancies, especially in areas where it is harder to recruit staff like prison healthcare and showcase local career opportunities. Work will also be undertaken to highlight advanced practice roles across a range of services, showcase the work of local staff, promote the organisation's commitment to training and development and support plans to increase international recruitment.

In addition, work will be undertaken, in partnership with HR and OD colleagues, to promote the roll out of a new culture change and compassionate leadership programme, the ongoing development of the Staff Support and Wellbeing programme and support the recruitment of staff locally and internationally.

Celebrating Success

Recognising the commitment and achievements of staff across the organisation, including Serco colleagues, which may often go unnoticed or unrewarded is extremely important as highlighting these achievements, not only raises the profile of the organisation, but also helps boost the morale of local staff as they feel valued and appreciated. This includes work to highlight individual awards and achievements, internally and externally. Positive feedback from local patients and families is also shared on social media and via weekly 'Feedback Friday' posts.

Work will be undertaken in partnership with HR and OD colleagues to promote the revamped NHS Forth Valley Staff Awards, which were paused for several years during the Covid-19 pandemic. The Communications Department will also continue to work with staff across the organisation to showcase their work and achievements via local media, social media, internal communications as well as providing advice and support to staff submitting nominations for key awards.

Community Engagement and Public & Public Involvement

NHS Forth Valley and the two local Health and Social Care Partnerships follow national [Planning with People guidance](#) and best practice to effectively engage and consult with public, communities, patients, staff and wider stakeholders in a meaningful way, proportionate to the scale of any planned changes.

The Scottish Community Development Centre has also developed [seven national community engagement standards](#) - inclusion, support, planning, working together, methods, communication and impact. NHS Forth Valley's Community Engagement Coordinator works closely with local health and social care staff, community groups, voluntary and partner organisations across Forth Valley to raise awareness of service developments, changes and improvements, capture feedback and involve local people in a wide range of healthcare projects and initiatives.

Different methods of engagement are used including the recruitment of individuals who are given training and support to help represent their wider communities, questionnaires and focus groups. Local meetings, events and forums are used to capture feedback on specific issues or services and regular engagement in local voluntary sector, carers and older people's forums also helps support effective and meaningful community engagement. In addition, social media, online discussion groups/e-panels, websites, newsletters and other publications (in print and digital formats) are used to support public engagement.

There will continue to be close liaison with colleagues from Health Improvement Scotland's Community Engagement Team to ensure effective engagement in the development of new healthcare facilities as well as any major proposed changes to existing services. This includes inviting representatives from the Team to participate in meetings with local staff, members of the public, local community groups and voluntary organisations.

The Communications Team works closely with NHS Forth Valley's Person Centred Manager, who is responsible for patient engagement and involvement across NHS Forth Valley, and the Patient Relations Team, which is responsible for investigating and responding to complaints from local patients and their families. While the vast majority of patients are very satisfied with the care they receive, it is important to acknowledge when things do go wrong and to take steps to help prevent similar problems from happening in the future.

Although NHS Forth Valley has a good track record of involving and engaging staff, patients and the wider public on the way services are designed and delivered, there is a need to ensure that this work continues to help maintain confidence and trust.

Fundraising and Volunteering

Volunteers support local patients and families in a wide range of wards and departments across NHS Forth Valley. These include the Oncology Unit, the Children's Ward, the Mental Health Unit and the Emergency Department. Many are individuals while others volunteer for organisations such as the Royal Voluntary Service which run cafes in a number of local hospitals.

In addition, there are hundreds of fundraisers who collectively raise thousands of pounds every year to improve healthcare facilities and services. These include individual patients and families as well as local fundraising organisations such as So Precious and the Friends of Forth Valley Royal Hospital.

The Communications Department will continue to work closely with local staff to ensure that the work of our local fundraisers and volunteers is recognised by highlighting their contribution internally and externally.

Communication Tools and Resources

Existing internal and external communications tools will develop and evolve to ensure they meet the changing needs of the organisation. The Communications Department will also continue to explore

creative and cost-effective methods of reaching target audiences, working closely with local and national partners to share best practice and maximise the use of the resources available. This will include specific plans to:

- Expand our audience on existing social media platforms such as Facebook, Twitter and Instagram by continuing to share informative and engaging content with our followers.
- Use more efficient and cost-effective methods of communicating with patients and the general public including online information and advice which provides an alternative to attending classes/outpatient clinics or help people prepare for being admitted and discharged from local hospitals. A number of health information videos and webpages on specific health conditions (e.g., diabetes) have already been produced and others will be developed, as required, to meet growing demand from local patients and their families.
- Continue to grow an online database of individuals, community and voluntary organisations who we can communicate with direct to share local news and service developments (including regular e-bulletins) and obtain feedback on a range of issues.
- Develop new online resources, including online forms and questionnaires, to make it quicker and easier for services to capture and analysis information and for staff and patients to provide information and share feedback.
- Create new forums to facilitate networking with other NHS Boards and partner organisations, share best practice and address common issues or challenges. This includes digital and website forums to support the ongoing development of the website and intranet.
- Trial the use of new platforms such as Yammer to support staff engagement and information sharing by creating new online communities for specific programmes, initiatives and projects.
- Develop and redesign the Staff Intranet to tie in with the planned roll out of SharePoint across NHS Scotland.

Partnerships

Partner organisations, community groups and local businesses have an important role to play in sharing information and gathering feedback. Efforts will therefore continue to develop and build our relationships with key local partners to raise awareness of health service developments and provide important health information and advice. This includes work with colleagues from HSCPs, local councils, police and fire services on a number of joint issues including child and adult protection, poverty reduction, suicide prevention and harm caused by smoking, alcohol consumption and drugs.

An initial communication action plan has been developed for the Forth Valley University College NHS Partnership, a partnership between NHS Forth Valley, the University of Stirling and Forth Valley College which was launched in October 2022. This ambitious Partnership builds on a long-standing relationship between the three institutions and works across four priority areas: learning, careers, research and innovation. Regular communications meetings with Serco and ForthHealth colleagues at Forth Valley Royal Hospital also take place to identify potential promotional opportunities, plan for any high-profile visits and events, highlight local training programmes for young people and promote staff awards and achievements.

Work will be undertaken with local and national leads to promote NHS Forth Valley's role as an Anchor institution. Anchors are large not-for-profit organisations which are committed to using their role as a major employer, buyer of goods and services and owner of land and buildings. An NHS Forth Valley Anchor Board was established in December 2022 to drive forward action to address a number of local priorities. These include increasing local employment opportunities, tackling child poverty and

inequalities, supporting the development of a strong local economy and improving health and wellbeing across Forth Valley.

Reputation Management

The Communications Department will continue to develop and implement plans to raise the profile of the organisation, enhance and protect its reputation, promote key service developments, celebrate successes and highlight achievements. This includes developments linked to service innovation, research and improving the health and wellbeing of local people.

Emphasis will be placed on effectively targeting and tailoring stories in line with the needs and priorities of local and national media, developing feature ideas and working with colleagues across the organisation to identify potential stories, case studies and initiatives which are likely to be of interest to the media. In addition, work will continue to protect the reputation of NHS Forth Valley by effectively managing the communications response to any major incidents, outbreaks, sensitive, high profile or contentious issues.

9. COMMUNICATION TOOLS

NHS Forth Valley's Communications Department uses a wide range of communications tools and resources available to support effective internal and external communications. In recent years we have taken forward several key developments in both internal and external websites to meet the changing needs of the organisation. We are committed to continuing the pace of development to improve upon the following areas:

External Tools

(i) The NHS Forth Valley website

Website

The [NHS Forth Valley website](#) is one of the most popular tools used by patients and the general public to access information and advice on a wide range of local health services and facilities. People can also [cancel or request to change their appointment online](#) and provide feedback or suggestion via an [online feedback form](#).

A number of developments and improvements have been taken forward to improve the design, content and functionality of both internal and external websites. These include new sections on [diabetes](#) and [podiatry](#) advice and support, [working in NHS Forth Valley](#) and career opportunities in [prison healthcare](#) as well as refreshed layouts for both HSCP websites and an [events calendar](#).

Partner Websites – As well as managing the main NHS Forth Valley website www.nhsforthvalley.com, the Communications Department is also responsible for managing a number of other websites. These include:

- [NHS Forth Valley's Medical Education Service](#)
- [Scottish Centre for Simulation Centre and Clinical Human Factors](#)
- [Forth Valley University College NHS Partnership](#)
- [Clackmannanshire and Stirling Health and Social Care Partnership](#)
- [Falkirk Health and Social Care Partnership](#)
- [Central Sexual Health](#)

- [NHS Forth Valley Travel Vaccination Service](#)
- [Community Pharmacy Forth Valley](#)
- [NHS Forth Valley Staff News](#)

These websites will continue to be maintained and developed to meet the needs of the wider organisation and partners while managing any new developments as required.

(ii) Social Media Channels

Social media enables the organisation to quickly share information and updates with a wide range of followers and continues to be an important communication tool. It is particularly useful to promote local healthcare services to help people access the right care in the right place. It is also a useful way of sharing information and advice on fast changing situations and developing incidents or changes. In addition, it provides a platform to raise awareness of local events and encourage feedback from service users, staff and local organisations

NHS Forth Valley has a Twitter account (@NHSForthValley), a Facebook page (www.facebook.com/nhsforthvalley), an Instagram <https://www.instagram.com/nhsforthvalley/> a YouTube channel <https://www.youtube.com/nhsforthvalley> which are monitored and updated by the Communications Department. The sites are used to provide our followers with updates on the latest news, events, service developments and changes, as well as highlighting health campaigns and initiatives.

(iii) e-bulletins and publications

Regular e-bulletins are produced by the Communications Department to update patients, the general public and local organisations on key developments, news and achievements across NHS Forth Valley. The distribution list is also reviewed and updated regularly to share news and updates with as many individuals, organisations and community groups as possible. Individuals can sign up to be added to the distribution list by entering their email address on the homepage of the NHS Forth Valley website.

The Department also produces a range of publications including Annual Report summaries, patient information, leaflets, posters and flyers. It also designs a number of infographics, illustrations and visuals for use on social media, the website, intranet, printed and online publications.

(iv) Media Relations

NHS Forth Valley's Communications Department receives a wide range of enquiries from national and local media including newspapers, magazines, television, radio and press agencies. The Department also proactively works with the media to raise awareness of key service changes, developments and improvements across the organisation as well as highlighting the work and achievements of staff. A forward planning system is in place to ensure all media opportunities across the organisation are captured and managed to maximise coverage and avoid potential duplication.

The Communications Department also provides a 24-hour, seven day-a-week service on behalf of the organisation, ensuring prompt, accurate briefings and statements are issued in response to all media enquiries and major incidents. In addition, the Department also provides advice on working with the media and arranges media training for clinical and service leads who may be required to speak to the media on a regular basis. Further information is provided in NHS Forth Valley's Media and Communications Policy which is available to read on the [Policies and Procedures section](#) of the Staff Intranet.

(v) Health Campaigns

The Communications Department works with a number of services to develop and promote a wide range of health information campaigns. These include Public Health and Health Promotion campaigns to raise awareness of specific health issues e.g. vaccination programmes, Hepatitis C screening, stop smoking services and sexual health testing as well as campaigns which are designed to encourage healthier lifestyles and behaviours. The Department also works closely with the Scottish Government and Public Health Scotland communication leads to promote key national health campaigns and initiatives including early detection of cancer and organ donation.

(vi) Consultations

Formal consultation is a statutory process for communicating proposed service changes to the people affected by the change. The Communications Department co-ordinates public information and publicity for all consultations on proposed major service changes and also provides communications advice and support in relation to local service changes and developments. Details of current consultations are posted on the [public consultation section](#) of the NHS Forth Valley website.

(vii) Public Affairs

The Communications Department works closely with the communication leads from the Scottish Government's Health and Social Care Directorate to ensure a joined up and consistent approach to communications on key national and local issues. It also assists in responding to enquiries and requests for information from Scottish Government Ministers and elected representatives and ensures that local MSPs are kept informed of key developments. In addition, the Communication Department plays a key role in the planning, organisation and promotion of Ministerial visits, MSP briefing sessions and official events.

(viii) Feedback Mechanisms

Feedback from patients and members of the public is gathered in a number of ways. This includes social media and an [online form](#) on the NHS Forth Valley website. Key contacts for a range of services, including Patient Relations and Information Governance Department (which manages [Freedom of Information requests](#)) can be found in the [Contact Us](#) section of the website. In addition, the Patient Relations team gathers feedback from patients and service users in a variety of ways including regular surveys and focus groups. Staff also respond directly to feedback received via the [Care Opinion website](#).

Internal Tools

NHS Forth Valley employs more than 6,000 members of staff and, together with their families, they make up an important part of the local Forth Valley population. Many of our staff are therefore both service users and employees with significant power to influence public and patients' perception of the service and the organisation. As a result, staff can play an important role in communicating effectively, acting as ambassadors for the organisation and managing the reputation of NHS Forth Valley.

In addition, there are more than 600 independent contractors working within Forth Valley including GPs, dentists, pharmacists and opticians who interact with thousands of local people every day and are therefore ideally placed to help share important health information and advice.

(i) Staff Intranet – *StaffNet*

StaffNet enables staff to access a wide range of service information, news, resources and systems from a single online hub. It is updated daily with the latest news and has links to Staff Briefs, Staff News,

Training and Events, Staff Support and Vacancies as well as quick links to a range of corporate and clinical systems. Staff can also access and share information on a Social Zone which features non-work-related activities including fundraising and sponsorship events and items wanted or for sale.

The intranet has undergone a number of redesigns and refreshes and is reviewed and updated on an ongoing basis to improve the layout, design, content and accessibility of information for staff across the organisation as well as primary care colleagues. In addition to the main hub site, there are a number of micro-sites which have been developed, including HR Connect, Learning Zone, Clinical & Corporate Policies, which bring core content together in the one place, making it easier and quicker for staff to access the information they require.

(ii) Staff Newsletter - [Staff News](#)

The Communications Department produces regular issues of (*Staff News*) which is distributed by email to all staff across the organisation to update them on key service developments and changes as well as highlighting the work and achievements of staff across the organisation.

All of the articles in each issue are also available to read online on the [Staff Newsletter](#) website and individual articles are also promoted on the home page of the Staff Intranet.

(iii) Staff Brief

Staff Brief is regularly distributed to staff across the organisation to keep staff updated on relevant local and national NHS news, events, training opportunities and service changes. The *Staff Brief* is sent electronically to all users across NHS Forth Valley and posted on the Staff Intranet. Managers are also asked to share information with staff who do not have regular access to the intranet.

(iv) Chief Executive's Updates

NHS Forth Valley's Chief Executive issues regular briefing updates to staff to provide information and updates on a number of key issues and service developments and highlight local awards and achievements. These are posted on the homepage of the Staff Intranet and links are also included in the Staff Brief.

(v) Board Meeting Updates

Briefing updates are issued after every Board meeting to update staff on the discussions and key decisions taken as well as summaries some of the key reports. Links to all papers discussed are also available on the [Board Matters section](#) of the website.

(vi) Partnership Forum

The Area Partnership Forum provides a valuable forum for joint working on a wide range of issues affecting staff, including the development and approval of key policies. Staff representatives also play an important role in informing, engaging and communicating with staff across the organisation on a wide range of workforce and service issues.

(vii) Staff Meetings

Every member of the organisation has a responsibility for communication and Line Managers have a specific responsibility for ensuring that their staff have access to information and feel enabled to seek information and express their views. All staff should have regular opportunities to meet face-to-face with their managers and regular meetings are also held to agree and review the development and performance of staff as part of the NHS Scotland Knowledge and Skills Framework (KSF). Each

department and service are required to meet the requirements of the NHS staff governance standards which aim to ensure staff are informed of the key issues which affect them.

(viii) Staff Feedback

Staff can contact the Communications Department direct via the communications email fvcomms@nhs.scot or by phoning 01786 457243. Many staff also use social media and provide feedback and comments direct via the organisation's Facebook page and Twitter feed. Feedback from staff is also obtained via national and local staff surveys, focus groups, briefing sessions, meetings and engagement engagements coordinated by HR and Organisational Development leads.

10. MONITORING AND EVALUATION

A number of tools, methods and feedback mechanisms will be used to assess the effectiveness of the Communications Framework in line with the overall aims and key priorities. These include:

- Media monitoring and evaluation
- Feedback from internal and external audits
- Feedback from external reviews and assessments including Investors in People (IIP) and Healthcare Environment Inspections, Mental Welfare Commission, HM Inspectorate of Prisons for Scotland
- Feedback from key meetings – regular discussions on communications take place at key meetings and quarterly updates are discussed at the NHS Forth Valley Board
- Evaluation of specific health initiatives and campaigns
- Feedback from staff, patients and the general public
 - Comments and feedback received from patients and the public via email, social media, local and national media, the online feedback on the NHS Forth Valley website and Care Opinion
 - Patient complaints and cases investigated by the Scottish Public Service Ombudsman (SPSO)
 - The results of the national and local staff surveys including iMatter
 - Feedback and enquiries from Staff Brief, Staff News and Chief Executive's Brief
 - Focus group feedback and responses to questionnaires on specific issues

6.3 Whistleblowing Standards and Activity Report For Approval

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

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

Executive Summary

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

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

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

This paper is presented to the NHS Forth Valley Board to provide an update on the implementation on Whistleblowing activity in NHS Forth Valley during Quarter 4 (Q4) (January-March 2023)

In addition, as part of the standards there is a requirement to submit an annual report to the Independent National Whistleblowing Officer (INWO). The draft annual report for 2022/23 has been prepared and is presented to the NHS Board for approval prior to submission to the INWO.


Recommendation

The NHS Board is asked to: -

- **note** Whistleblowing performance in NHS Forth Valley in Quarter 4 of 2022/23
- **approve** Whistleblowing Annual Report 2022/23

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 assurance level is proposed on the basis that NHS Forth Valley has appropriate procedures in place for raising a concern under the national Whistleblowing Standards.

Key Issues to be Considered

1. Purpose of the Paper

1.1 This paper is presented to the NHS Board to provide an update on the Whistleblowing Performance in NHS Forth Valley during Quarter 4 (Q4) 2022/23.

2. Position

2.1 NHS Forth Valley's approach to the implementation of the standards was key to ensuring that staff feel safe, supported, and have confidence in the fairness of the processes should they feel the need to raise concerns. NHS Forth Valley's local guide which sets out the procedures for raising a concern under the national Whistleblowing Standards is available to NHS staff.

2.2 NHS Forth Valley are expanding the number of Confidential Contacts and Lead Investigators across the organisation. Further training in addition to the Turas training modules will be provided using the new resources that were made available by the INWO to support staff training and development.

2.3 A Whistleblowing Network has also been established to support Confidential Contacts and Lead Investigators to learn from anonymised whistleblowing concerns and to further refine and develop the processes as a result.

3. Whistleblowing Performance

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

3.2 Work is currently underway to capture and report performance against the KPI's using the performance management system Pentana.

Whistleblowing Key Performance Indicators RAG status

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

Table 1 – Key Performance Indicators

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

Key Performance Indicator One: Learning from Whistleblowing Concerns

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

Whistleblowing numbers remain relatively low but continue to increase. It is worthwhile noting that the main themes in quarter 4 include Culture and Leadership.

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

Independent National Whistleblowing Officer (INWO)

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

The INWO has received a total of 5 cases relating to NHS Forth Valley Whistleblowing concerns. NHS Forth Valley have provided additional information which will inform the INWO's decision on whether a full investigation is undertaken in relation to these cases.

Table 2 Provides detail of the outcomes as at quarter 4 2023 from the investigations:

2022/23 INWO Outcomes	Total Number
Fully Upheld	1
Partly Upheld	1
Not Upheld	0
No Investigation Conducted	0
Withdrawn	0

Key Performance Indicator Two: Whistleblowing Procedure Experience

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

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

Key Performance Indicator Three: Self Awareness and Training

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

Graph 1 overall percentage of compliance of staff who have completed the training to date and demonstrates an increase month on month.

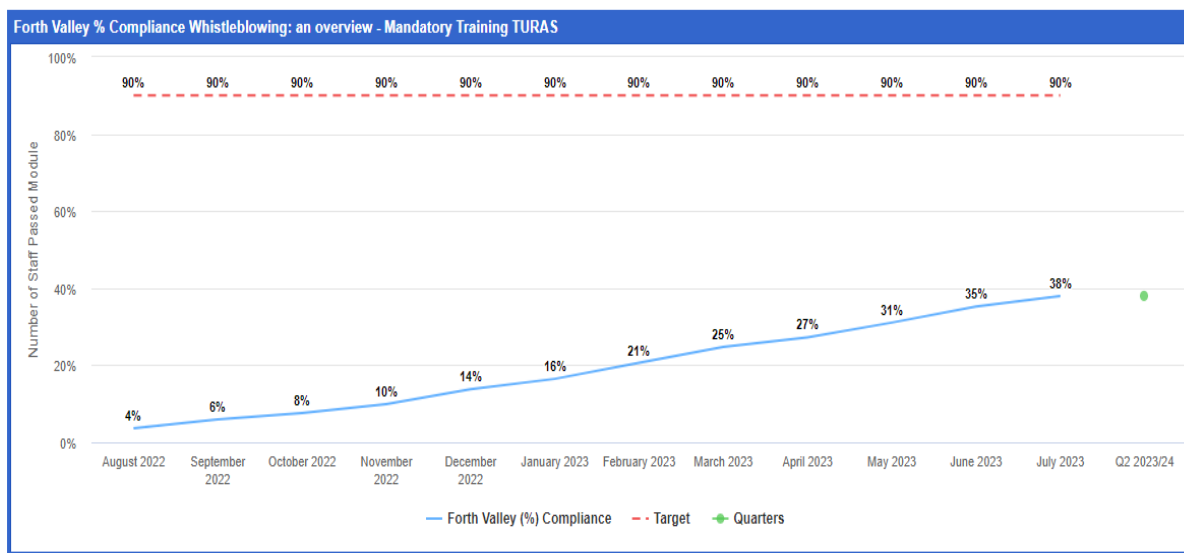


Table 3 - provides an overview of numbers of staff who have completed the training to date:

Whistleblowing Training	Numbers
All Staff "an overview"	2449

It has been recognised that there is a need to give further attention to the line/senior manager training to ensure staff are undertaking the training most appropriate to their role and there continues to be a focussed approach in this area. A trajectory has been set of 70% of all line/senior manager training is aimed to be completed by March 2024.,

Key Performance Indicator Four: Total number of Concerns Received

During Q4 there were 2 cases considered under Stage 2 of the Whistleblowing procedure 0 under Stage 1.

NHS Forth Valley have investigated a total of 16 concerns. This includes 6 under Stage 1 and 10 under Stage 2 of the Whistleblowing Procedure.

Graph 2 – Overall number of concerns received to date:



Table 4 – A breakdown of areas and number of concerns received and investigated at each stage of the procedure during Q4:

	Stage 1	Closed	Stage 2	Closed
Mental Health/Learning Disabilities/Prisons	0	0	1	1
Women & Children	0	0	1	1

Table 5 – Total number of concerns for each area:

	Stage 1	Closed	Stage 2	Closed
Acute	2	2	1	1
Corporate	0	0	2	2
Community	0	0	1	1
Mental Health/Learning Disabilities/Prisons	3	3	1	1
Women & Children	0	0	3	3
HSCP	0	0	0	0
Estates & Facilities	1	1	1	1
Medical	0	0	1	1

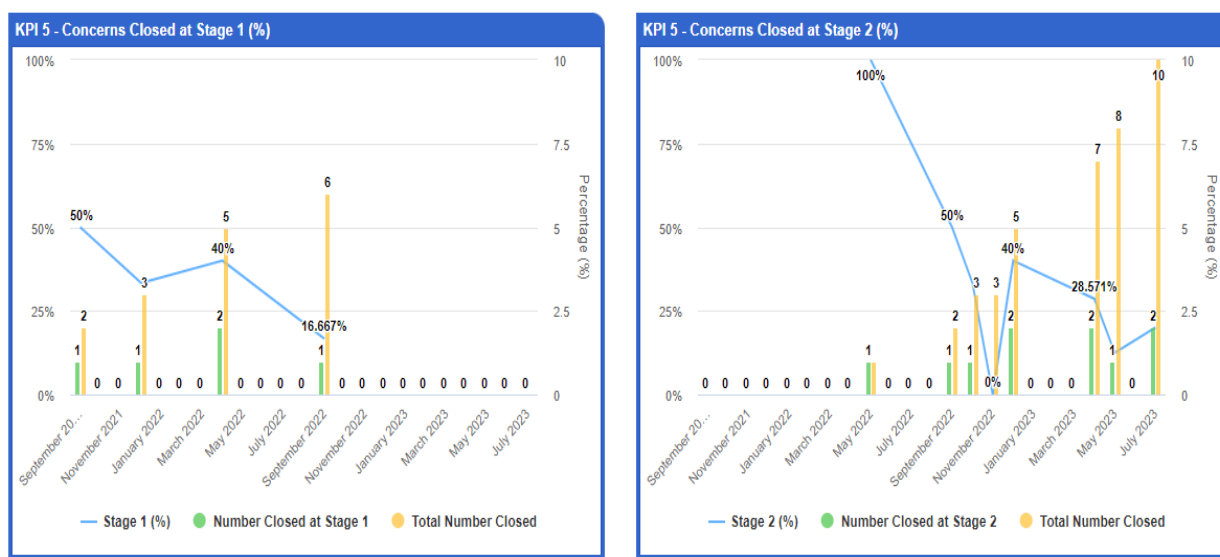
Key Performance Indicator Five: Concerns Closed at Each Stage

During this reporting period Q4 there were 2 concerns closed under Stage 2 of the Whistleblowing Procedure. There were no Stage 1 concerns to note.

Table 6 - Total number of concerns closed during each quarter of 2022-23

	Q1	Q2	Q3	Q4	Total
Total Number of concerns closed	3	3	5	2	13
Stage 1 (5 days)	1	1	0	1	3
Stage 2 (20 days)	1	2	5	2	10

Graph 3 Total number of Concerns closed at Stage 1 and Stage 2 of the Whistleblowing Procedure as a percentage of all concerns closed:



Key Performance Indicator Six: Concerns Upheld and Not Upheld

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

Table 7 Breakdown of the formal outcome of the total number of concerns closed at Stage 2 of the Whistleblowing Procedure during Q4. There were no Stage 1 concerns to note during this reporting period.

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

Graph 4 Concerns upheld, partially upheld and not upheld at each stage of the Whistleblowing Procedure as a percentage (%) of all concerns closed at each stage

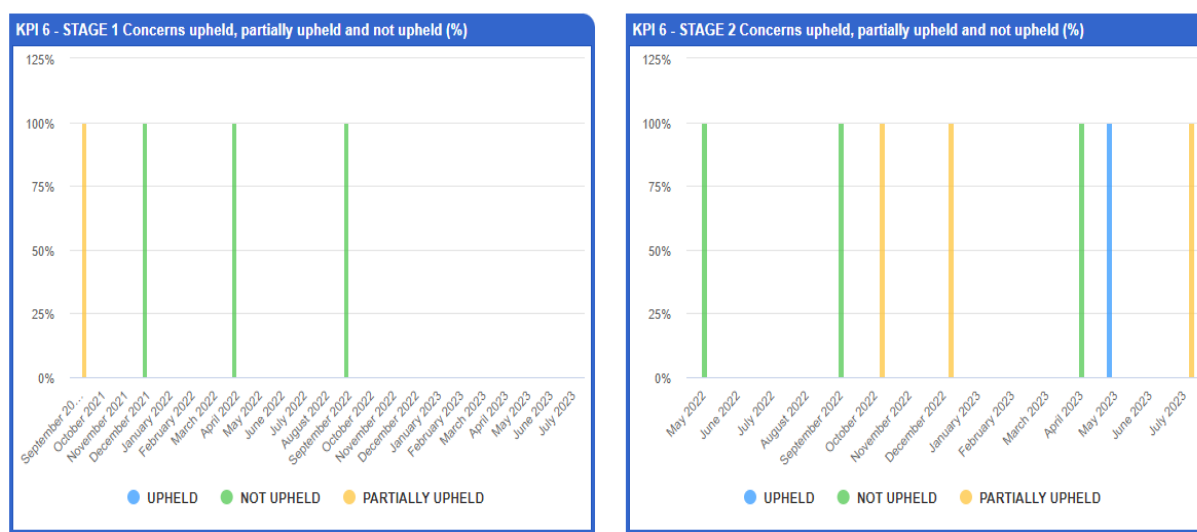


Table 8 Total breakdown of the formal out of the total number of concerns closed at Stage 1 and Stage 2 of the Whistleblowing Procedure

	Stage 1	Stage 2
Upheld Concerns	0	1
Not Upheld Concerns	4	4
Partially Upheld Concerns	2	5

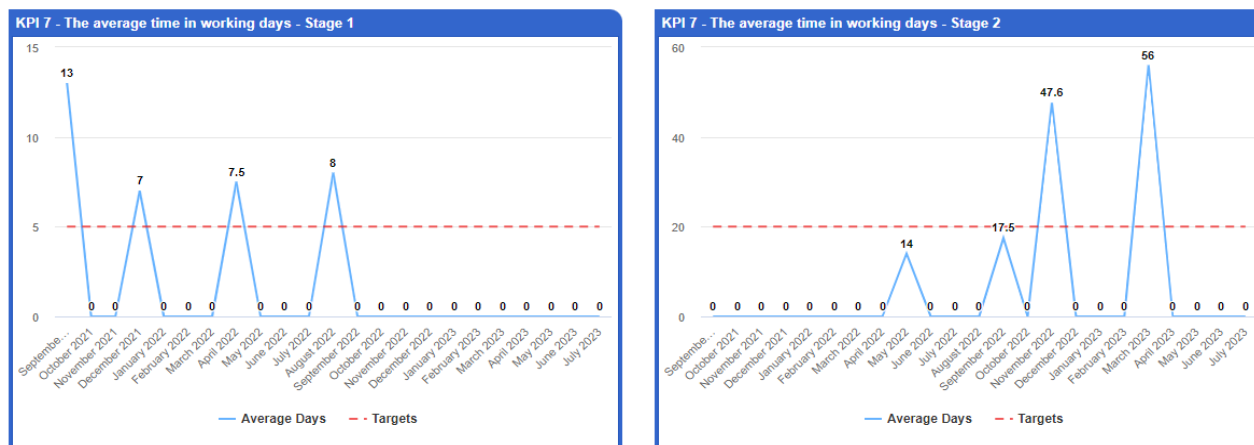
Key Performance Indicator Seven: Average Times

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

Table 9 – Breakdown of average times in working days during Q4:

	Closed Concerns
Stage 1	Not applicable during Q4
Stage 2	56 working days

Graph 5 – Total average times in working days for a full response to concerns at each stage of the Whistleblowing Procedure



It is recognised that the timeframes for completion is an issue and the Executive Lead for Whistleblowing is considering how to mitigate this risk, the increase in numbers of lead Investigators should improve this, however this will continue to be monitored.

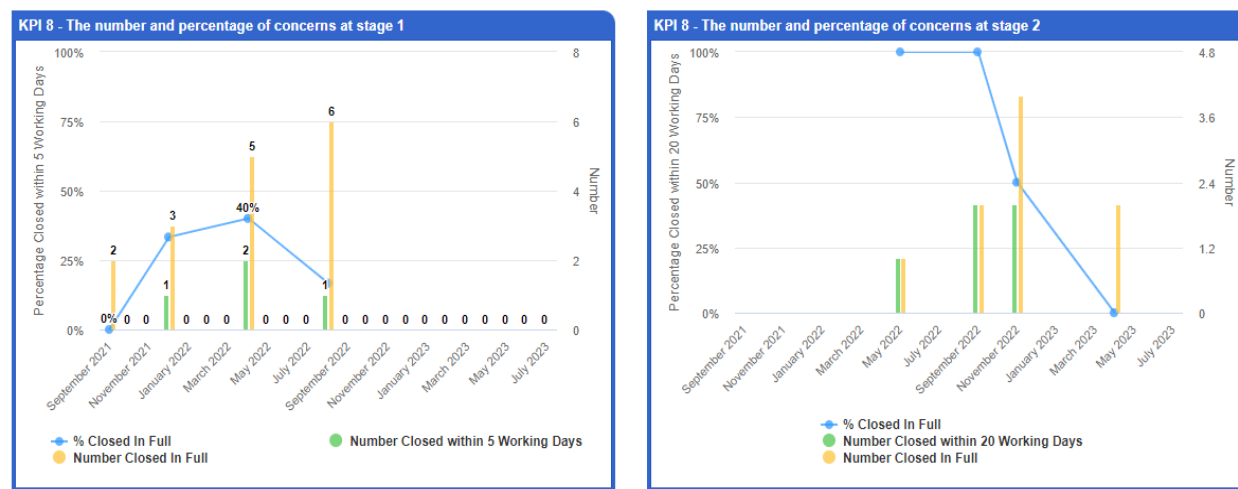
Key Performance Indicator Eight: Closed in Full within the Timescales

During Q4 there were 2 concerns investigated and closed under Stage 2 of the Whistleblowing procedure. The timescales for completion were not met due to the nature and complexity of the concerns. As referenced earlier in the report the Executive Lead is considering how to mitigate the risk in this regard.

Table 10 Total number of concerns closed within timescale for each Stage of the procedure:

	Closed within timescale
Stage 1 (5 working days)	4
Stage 2 (20 working days)	3

Graph 6 Total number of concerns closed in full within the timescale:



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

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

There is a particular focus on improvement around governance of extensions to investigations and we are working to capture the data through our existing processes.

4. Conclusion

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

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

4.3 NHS Forth Valley continue to refine the Whistleblowing processes based on feedback from reporters.

Implications

Financial Implications

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

Workforce Implications

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

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

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

Infrastructure Implications including Digital

None

Sustainability Implications

None

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021)

38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development. (please tick relevant box)

- ☐ Yes
☒ N/A

Quality / Patient Care Implications

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

Information Governance Implications

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

Risk Assessment / Management

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

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

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

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

Relevance to Strategic Priorities

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

Equality Declaration

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

Further to an evaluation it is noted that:

- Screening completed - no discrimination noted.

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

Communication, involvement, engagement and consultation

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

- Staff Governance Committee

Additional Information

None

Appendices

- Appendix 1 – NHS Forth Valley Whistleblowing Annual Report 2022/23

NHS Forth Valley Whistleblowing Annual Report 2022/23

**INDEPENDENT
NATIONAL
WHISTLEBLOWING
OFFICER**



Executive Summary

The National Whistleblowing Standards and Once for Scotland Whistleblowing Policy were introduced on 1 April 2021.

Whistleblowing is viewed by NHS Forth Valley as an important source of information that may highlight serious risks to the effectiveness and efficiency of the organisation, with individuals often being best placed to identify deficiencies and problems at the earliest opportunity.

NHS Forth Valley continues to promote a culture of speaking up and this remains a key priority. We aim to ensure that staff feel safe, supported, and have confidence in the fairness of the process whilst raising their concerns under the whistleblowing procedure.

In February 2020 following a national recruitment process Gordon Johnston, Non-Executive was appointed to the NHS Forth Valley Board as the Whistleblowing Champion in NHS Forth Valley. The role of the Whistleblowing Champion is to further promote a culture of openness and transparency in NHS Scotland, and to seek and provide assurance that their respective Health Boards are complying with the Whistleblowing Standards.

The Executive Lead for Whistleblowing, Professor Frances Dodd, Executive Nurse Director has the responsibility for ensuring the standards are fully implemented across the Board. This includes strengthening NHS Forth Valley's Whistleblowing arrangements and reporting in line with national requirements by March 2023.

Introduction

Whistleblowing is defined in the Public Services Reform (the Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 as: *"when a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the Scottish Public Services Ombudsman Act 2020) raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing"*

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

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

It is a requirement of the Standards to report Whistleblowing Performance to the NHS Board on a quarterly and annual basis. The NHS Board has been receiving quarterly updates since March 2021.

At a glance



NHS Forth Valley
received
13 concerns
during 2022-23



Whistleblowing
Network
established



INWO are
reviewing
4 cases



Creating the space
to share and learn
from concerns



Total of 2419 staff
completed online
TURAS modules

Whistleblowing Procedure

The national whistleblowing standards set out a two-stage procedure for raising concerns. The two-stage procedure aims to provide a quick, simple and streamlined process for making sure concerns are dealt with early and locally by capable, well-trained staff. It also includes actions to make sure people who raise a concern receive any support they may need, so that the process allows people to share information safely.

What happens in each stage of the procedure:

Stage 1 – Local Resolution
Stage 1 of the process involves little, or no investigation and a response will usually be a straightforward solution to the problem. It is defined as a matter that can usually be closed using local resolution within a period of 5 working days.
Stage 2 – Investigation
These concerns are usually about serious risks or complex issues that need investigation.
Independent External Review
If the Whistleblower is not satisfied with the response, they have received to Stage 2, they can take their concern to the INWO for Independent External Review. Concerns that have completed the process will either have been thoroughly investigated or will have been refused by the organisation at initial assessment; these must be signposted to the INWO

NHS Forth Valley's local guide includes details of NHS Forth Valley's two stage procedure for raising and investigating concerns. Standard Operating Procedures (SOP's) are also available for all staff, which gives a step-by-step guide on how to use the two stage procedures.

NHS Forth Valley strive to ensure that staff feel safe, supported, and have confidence in the fairness of the process whilst raising their concerns under the whistleblowing procedure.

Confidential Contacts

The Confidential Contacts provide an impartial source of information for workers considering using the Standards. They also fulfil a wider role in promoting good practice in raising and responding to concerns through business as usual. This has included engaging across multi-professional groups at induction and with teams who request additional information or support. They have provided more general feedback on opportunities to develop and improve how concerns are received through business as usual, to support earlier and more local resolution of concerns where possible.

The confidential contacts provide ongoing support to reporters during and after investigations and are available more widely for workers involved in whistleblowing investigations.

NHS Forth Valley are expanding the number of Confidential Contacts and Lead Investigators across the organisation. Further training in addition to the Turas training

modules is planned and will be provided using the new resources that were made available by the INWO to support staff training and development.

In addition, as part of the process, a Whistleblowing Network has been established to support Confidential Contacts and Lead Investigators to learn from whistleblowing concerns and to further develop the processes as a result.

Whistleblowing Performance

Whistleblowing Activity is presented to the NHS Board to reflect the Scottish Government's mandate to capture performance of the Board against the 9 Key Performance Indicators as outlined in the Whistleblowing Procedure and below:

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

Performance across the key indicators is presented to the Board on a quarterly basis as per the requirement of the standards.

The information provided below provides an overview of the annual performance for this reporting period (2022-23) across NHS Forth Valley against each of the Key Performance Indicators.

Key Performance Indicator One: Learning from Whistleblowing Concerns

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

Whistleblowing numbers remain relatively low in NHS Forth Valley but as they continue to increase NHS Forth Valley are working to develop an impact evaluation and learning system with feedback and improvements captured and shared, as its core to build the confidence of the staff in these new standards over time.

Independent National Whistleblowing Officer (INWO)

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

For this reporting period the INWO are reviewing a total of 4 cases relating to concerns that have been investigated under Stage 2 of NHS Forth Valley's procedure. NHS Forth Valley have provided additional information which will inform the INWO's decision on whether a full investigation is undertaken in relation to these cases.

NHS Forth Valley's recognises that numbers remain relatively low and are early in our delivery of the Standards. We value any feedback from the INWO and reporters to improve the process and experience for future cases.

Key Performance Indicator Two: Whistleblowing Procedure Experience

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

Currently any individual wishing to have concerns considered under the Whistleblowing procedure is supported and followed up by the confidential contacts. Feedback is sought from reporters on the use of the process which will allow us to further develop our local processes.

The confidential contacts have taken on board feedback from initial cases to improve the communication with reporters during investigations. This includes the offer of regular contact with the confidential contacts throughout and after the handling of the case.

Also, as mentioned earlier in the report, the Executive Lead for Whistleblowing has established a Whistleblowing Network to create the space for shared learning in relation to further refining the process.

Key Performance Indicator Three: Self Awareness and Training

There is a requirement to report on levels of staff perceptions and awareness of training. As part of the Whistleblowing Standards there is necessity for staff to complete the training developed by the INWO.

Whistleblowing training was made mandatory across NHS Forth Valley in August 2022 and reports are now accessible from TURAS which further supports the developments of training arrangements.

Graph 1 overall percentage of compliance of staff who have completed the training to date and demonstrates an increase month on month.

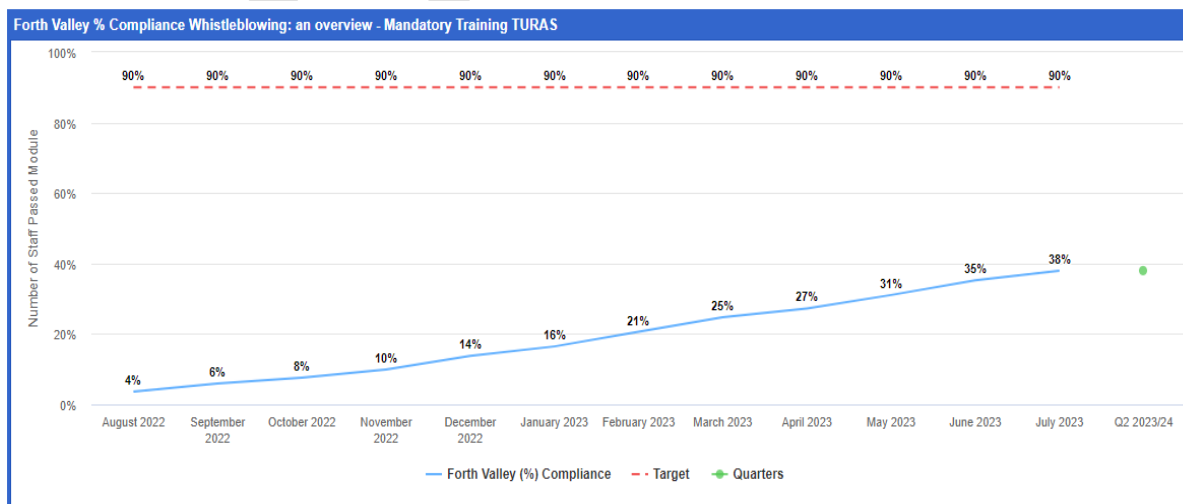


Table 1 total number of staff who have completed the training 2022-23

Whistleblowing Training	Numbers
All Staff "an overview"	2419

It has been recognised that there is a need to give further attention to the line/senior manager training to ensure staff are undertaking the training most appropriate to their role and there continues to be a focussed approach in this area.

During Speak Up Week NHS Forth Valley Confidential Contacts delivered a programme of activities across Acute and Community settings. The programme included promoting Whistleblowing and the training requirements through departmental outreach, drop-in sessions, and in areas of high footfall as well as staff news and intranet promotion.

Key Performance Indicator Four: Total number of Concerns Received

To date NHS Forth Valley has received an overall total of 16 cases. For this reporting period April 2022-23 there were 3 cases managed under Stage 1 of the Whistleblowing Procedure and 10 cases under Stage 2 of the procedure. It is worthwhile noting that one of the concerns reviewed at Stage 1 was escalated to Stage 2.

Graph 2 total number of concerns received for this reporting period:

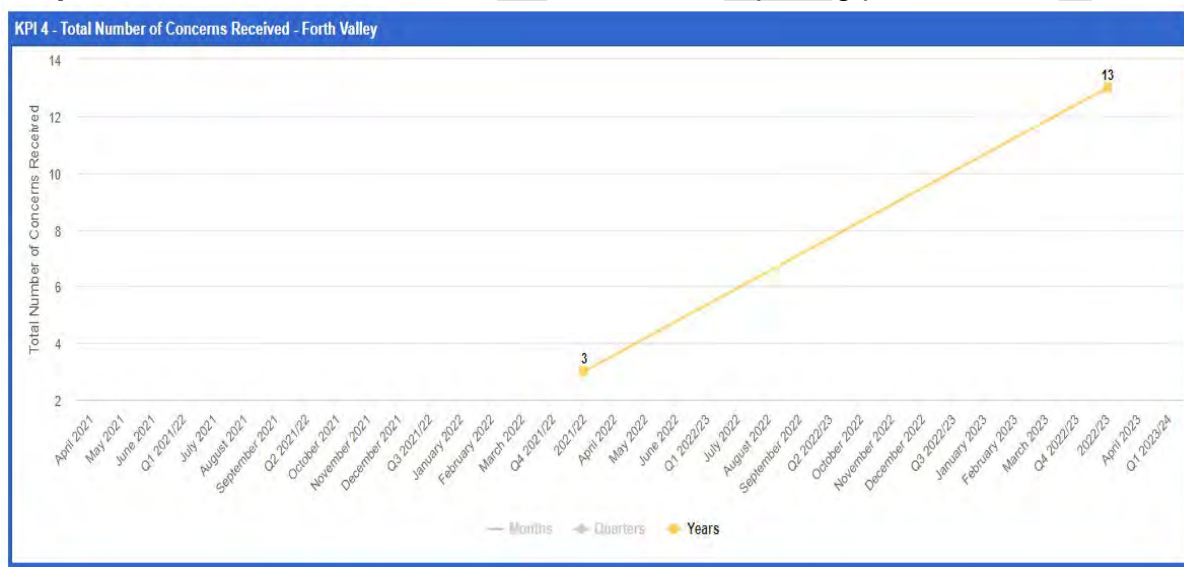


Table 2 Total Whistleblowing Concerns received 2022-23

	Q1	Q2	Q3	Q4	Total
Total Number of concerns received	2	3	5	2	13
Stage 1 (5 days)	2	1	0	0	3
Stage 2 (20 days)	1	2	5	2	10

Table 3 – A breakdown of areas and number of concerns received and investigated at each stage of the procedure during 2022-23:

	Stage 1	Closed	Stage 2	Closed
Acute	1	1	1	1
Corporate	0	0	2	2
Community	0	0	1	1
MH/LD/Prisons	3	3	1	1
Women & Children	0	0	3	3
HSCP	0	0	0	0
Estates & Facilities	1	1	1	1
Medical	0	0	1	1

Table 4 – Total number of concerns for each area:

	Stage 1	Closed	Stage 2	Closed
Acute	2	2	1	1
Corporate	0	0	2	2
Community	0	0	1	1
MH/LD/Prisons	3	3	1	1
Women & Children	0	0	3	3
HSCP	0	0	0	0
Estates & Facilities	1	1	1	1
Medical	0	0	1	1

Key Performance Indicator Five: Concerns Closed at Each Stage

NHS Forth Valley have considered, investigated, and closed 6 cases under Stage 1 of the Whistleblowing procedure and 10 cases under Stage 2.

The graphs below provide the total number of concerns closed at each stage of the procedure as a percentage % of all concerns closed.

Graph 3 Total number of concerns closed:

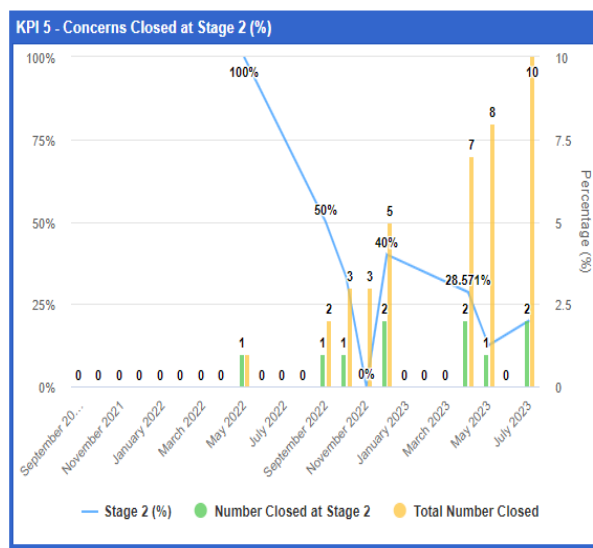
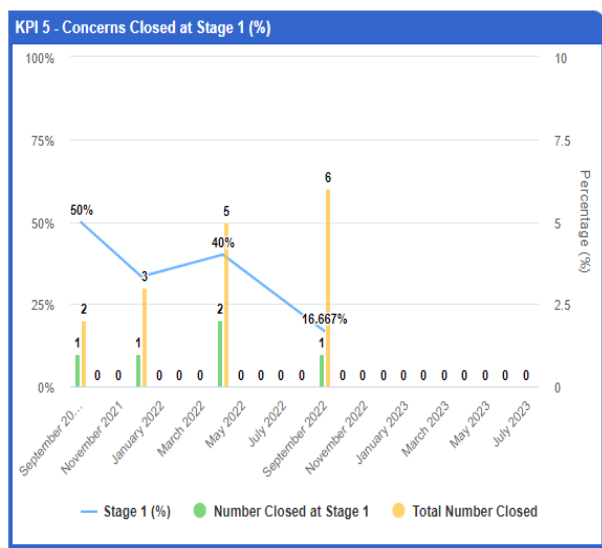


Table 4 Total number of concerns closed 2022-23

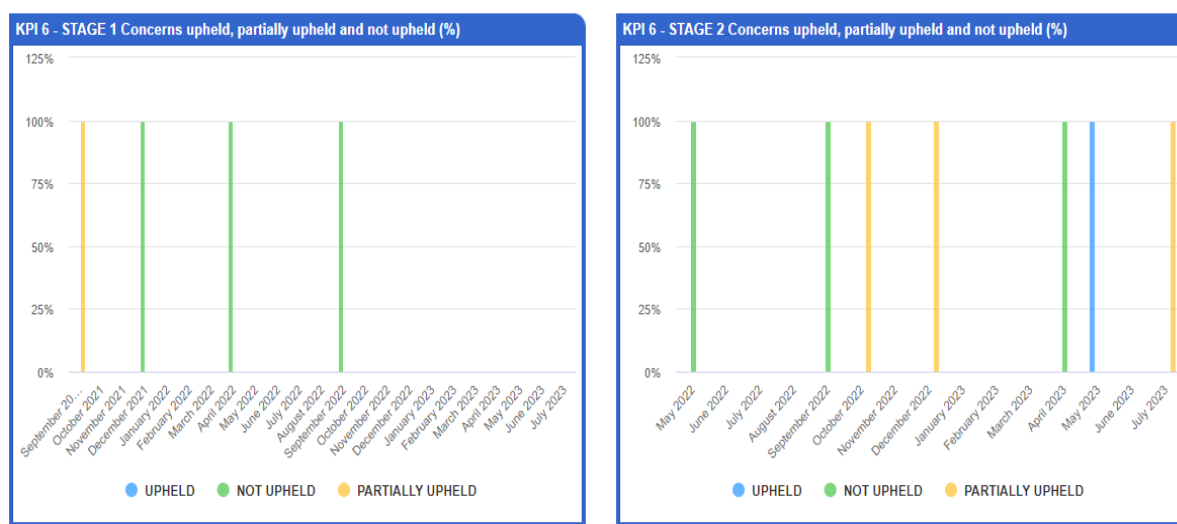
	Q1	Q2	Q3	Q4	Total
Total Number of concerns closed	3	3	5	2	13
Stage 1 (5 days)	1	1	0	1	3
Stage 2 (20 days)	1	2	5	2	10

Key Performance Indicator Six: Concerns Upheld and Not Upheld

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

The graphs below provide a percentage of concerns upheld, partially upheld, and not upheld at each stage of the procedure as a percentage % of all concerns closed in full at each stage:

Graph 4 Percentage of outcome of concerns closed in full



The tables below provide the concerns upheld, partially upheld, and not upheld during this reporting period.

Table 4 – Total number of Stage 1 Concerns Upheld of not Upheld – 2022-23

	Q1	Q2	Q3	Q4	Total
Upheld	0	0	0	0	0
Partially Upheld	0	0	0	0	0
Not Upheld	1	1	0	0	2

Table 5 – Total number of Stage 2 Concerns Upheld of not Upheld – 2022-23

	Q1	Q2	Q3	Q4	Total
Upheld	0	0	0	0	0
Partially Upheld	0	1	3	1	5
Not Upheld	1	1	1	1	4

Key Performance Indicator Seven: Average Times

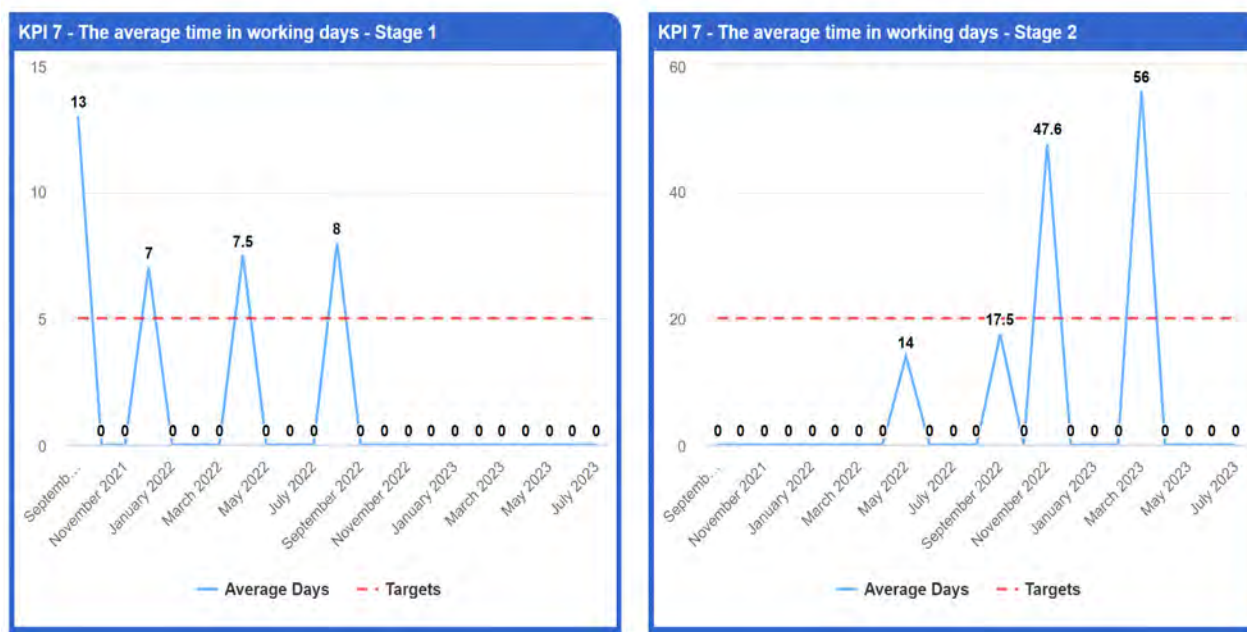
A reporting requirement of the Whistleblowing Procedure is to report on the average times in working days to close concerns at each stage.

During 2022-23 The Stage 1 concerns were responded to on average within 7 working days. Due to the complexity of Stage 2 concerns, it has taken on average 33 days to conclude investigations and for the outcome of the investigation to be communicated to the Whistleblower.

It has been recognised by reporters through feedback that it is important that a thorough investigation of complex issues takes time, and they place high value on the quality of an investigation. NHS Forth Valley are however working to eliminate avoidable delays and ensure continued support for reporters during and after investigations.

A detailed breakdown of average times in working days of concerns closed at each stage of the procedure is provided in the graphs below.

Graph 5 Breakdown of average times in working days:



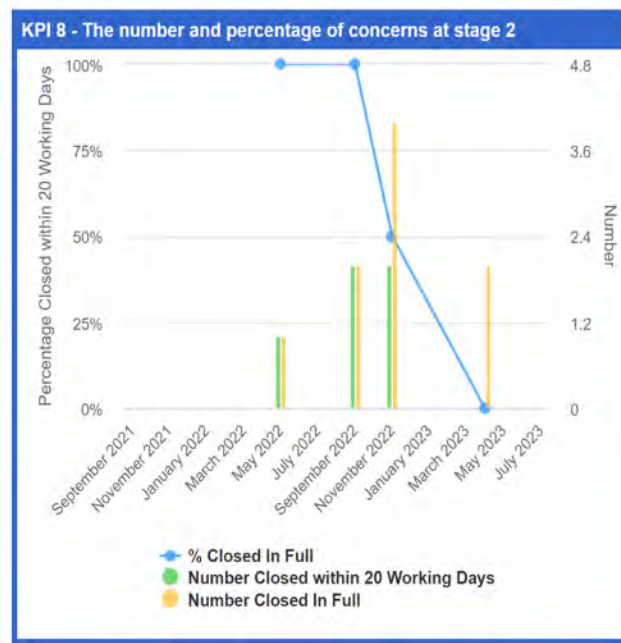
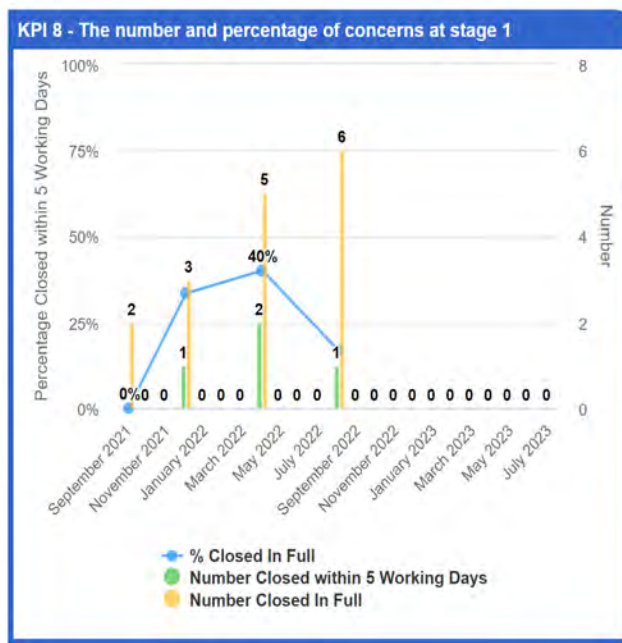
Key Performance Indicator Eight: Closed in Full within the Timescales

The INWO's expectation is that Stage 1 concerns are responded to within 5 working days and 20 working days for Stage 2 to allow a full investigation.

Overall, of the 6 concerns received at Stage 1, 4 were closed within timescale and of the 10 concerns at Stage 2, 4 were responded to within the 20-working days target.

The graphs below provide the number and percentage of concerns closed for Stage 1 and Stage 2 of the procedure.

Graph 6 – Number and percentage of concerns closed at each stage:



The tables below highlight the number of concerns closed within the timescale for this reporting period.

Table 6 – Stage 1 closed in full within timescale 2022-23

	Q1	Q2	Q3	Q4	Total
Number of Concerns Received	2	1	0	0	3
Number of Concerns Closed (5 days)	1	1	0	0	2

Table 7 – Stage 2 closed within timescale 2022-23

	Q1	Q2	Q3	Q4	Total
Number of Concerns Received	1	2	5	2	10
Number of Concerns Closed (20 days)	1	2	1	0	4

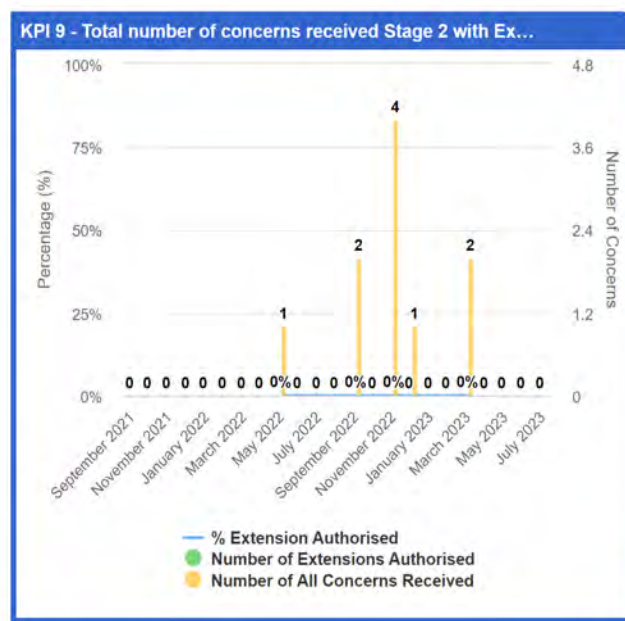
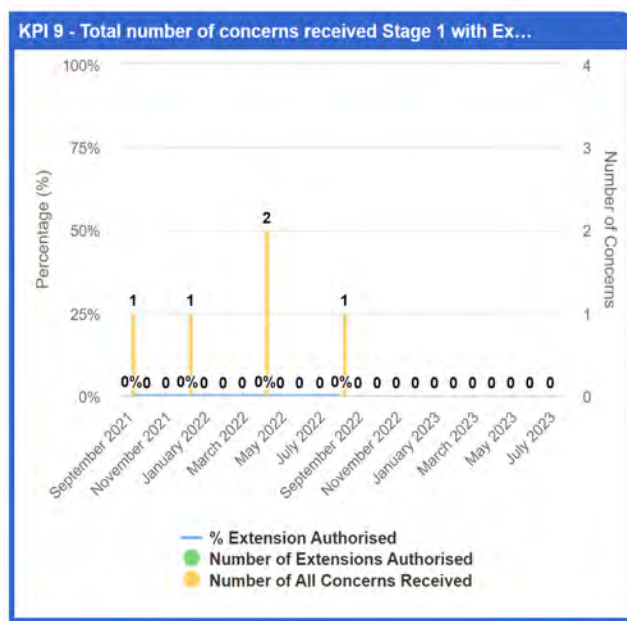
Key Performance Indicator Nine: Number of Cases where an Extension is Authorised

NHS Forth Valley are aware that it is important that concerns are responded to timeously however not all investigations will be able to meet the timeframe due to the complexity of the concern and requirement for additional support. The Whistleblowing Procedure does allow an extension where it is necessary to complete the investigation.

NHS Forth Valley are particularly focussing on improvement around governance of extensions to investigations. We are working to capture the data through our existing processes.

The graph below demonstrates how we will report on this area in the future.

Graph 7 Demonstration of cases where an extension is authorised:



Reporting and Governance Arrangements

As per the requirements of the Standards the NHS Board via the Staff Governance Committee receives quarterly progress and impact updates for assurance. The reports are prepared by the Executive Lead for Whistleblowing and have been presented to the NHS Board since March 2021.

NHS Forth Valley are using a Performance Management system (Pentana) which supports the organisation in using appropriate and accurate data to inform and support performance management and improvement. Work continues to further develop this mechanism of reporting to capture and report performance against the KPI's.

Future Focus 2023-24

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

NHS Forth Valley have a continued focus to improving and strengthening Whistleblowing Arrangements and this remains a key priority. We will continue to focus on building into our approach an evaluation and learning system with feedback to ensure improvements are made and shared across the organisation as this is core to building the confidence of staff in using these standards overtime.

FORTH VALLEY NHS BOARD

TUESDAY 26 SEPTEMBER 2023

6.4 Draft Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2022/23 For Approval

Executive Sponsor: Professor Frances Dodd, Executive Nurse Director

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

Executive Summary

Under the Revised Patient Rights (Scotland) Act 2019, NHS Boards are required to produce an Annual Report detailing feedback, comments, concerns and complaints which have been used to make improvements to the service we deliver, ensuring that it is not only safe and effective but also person centred.

The report is set out in 4 sections, these highlight the evidence to support the report's specifications. The report also demonstrates the implementation of the Complaints Handling Procedure, and highlights NHS Forth Valley's commitment to listening to the individuals we care for and demonstrates how we use complaints and feedback to make improvements to service. It also demonstrates the commitment from staff to locally resolve complaints.

In addition, the report portrays NHS Forth Valley's ambition of ensuring patients are at the heart of everything we do, and reflects and shares examples of Person Centred initiatives and experiences during 2022/23.


Recommendation

The NHS Board is asked to:

- **approve** the Draft Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2022/23.

Assurance

Proposed level of Assurance:

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 proposed on the basis that processes are in place to monitor and manage complaints and feedback across the organisation ensuring learning. In addition, we are achieving the Key Performance Indicators as set by the Scottish Government.

Key Issues to be Considered

The Board is assured that the Draft Annual Report; Feedback, Comments, Concerns, Compliments and Complaints 2022/23 fulfils the Scottish Government's requirements and acknowledges NHS Forth Valley's commitment to listening and learning from the people we care for.

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 purpose of the Annual Report provides assurance that we are achieving the key performance indicators as set out by the Scottish Government, it evidences learning and improvements. The report also reflects the voice of our patients and demonstrates the power and impact of their views and opinions on the services we deliver.

Information Governance Implications

N/A

Risk Assessment / Management

N/A

Relevance to Strategic Priorities

The Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2022/23 directly relates to the Board Strategic priorities.

Equality Declaration

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

Further to an evaluation it is noted that: *(please tick relevant box)*

x Paper is not relevant to Equality and Diversity

☐ Screening completed - no discrimination noted

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

Communication, involvement, engagement and consultation

This paper was shared with members of the Patient Public Panel and staff across NHS Forth Valley, for comment. It has also been presented to Senior Leaders and the Board

Clinical Governance Group and Working Group and a wide selection of staff across NHS Forth Valley.

Additional Information

N/A

Appendices

- Appendix 1 - Draft Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2022/23.



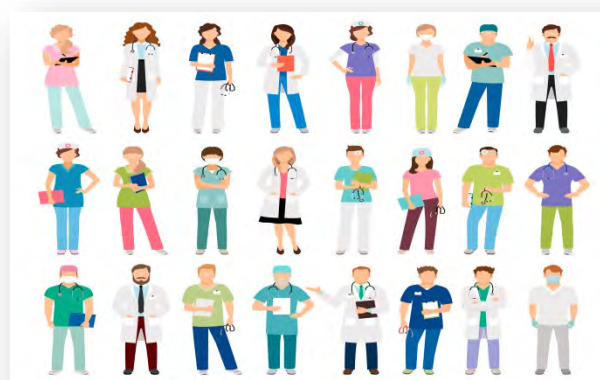
Draft Annual Report 2022/2023

**Feedback, Comments, Concerns,
Compliments & Complaints**



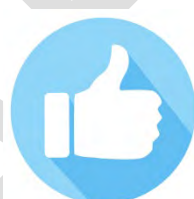
NHS Forth Valley Complaints & Feedback Annual Report

At a glance 2022/2023



2035 COMPLAINTS

We received 2035 complaints during 2022/2023, 758 of these were related to prison healthcare



626 COMPLIMENTS

We received a total of 626 compliments during 2022/2023.

49 Cases went to the SPSO, 16 had investigations carried out:

- 31 no investigation conducted
- 0 were fully upheld
- 0 Partially upheld
- 2 not upheld



- 737 stories were shared on Care Opinion about NHS Forth Valley
- 80% of the stories were positive
- Stories have been read 97,524 times, averaging 267 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.



During 2022/23 we received 254 compliments via the feedback form on NHS Forth Valley website.

Executive Summary

The Patient Rights (Scotland) Act 2019 gives everyone the right to receive health care that considers their needs, their health and wellbeing and encourages patients to be a part of the decisions about their health and wellbeing. It enables patients to have the right to provide feedback, make comments and raise a concern or complaint about their healthcare experience.

The Complaints Handling Procedure enables NHS Forth Valley to really listen to the individuals accessing our services and provides a real opportunity to drive improvements, ensuring that we deliver safe and effective person-centred care. Through feedback we are able to celebrate success highlighting good practice which takes place across NHS Forth Valley, whilst demonstrating to staff the lasting impact they have on people's lives.

NHS Forth Valley is committed to listening and learning from feedback and complaints, and this is evidenced through our governance and assurance arrangements which reports through to Board level and is led by our Executive Nurse Director, Frances Dodd.

Health Boards are required by the Scottish Government to produce an Annual Report demonstrating their performance against 9 Key Performance Indicators, which is a fundamental element of the Complaints Handling Procedure. As part of the report we are requested to provide evidence of how feedback and patient experience can lead to improvements in how we deliver healthcare, and in turn, evidence our true commitment to listening and learning to the people who receive care in NHS Forth Valley.

Overview

This report identifies the importance of listening to feedback, comments, concerns and complaints raised by patients and their families, and gives assurance and evidence that we are listening and learning from complaints and feedback. It also evidences that our staff have the tools and ability to respond and resolve issues at the point of care, both in a timely and person centred manner.

Reflecting on the past year there have been a number of challenges within the Patient Relations and Person Centred Team, including staff shortages and changes within the team, which has led to difficulties in responding to complaints in a timely manner. It has also been exceptionally challenging for our Clinical Services who face ongoing challenges from COVID-19 with continued demand on the NHS, resulting in delays in responding to complaints within the national timeframes.

We have also seen an increase in the number of complaints received during 2022/2023 bringing with it an increase in the complexity of the complaints.

NHS Forth Valley continues to be committed to delivering a person centred service by staff who care, are compassionate and provide a listening service for people when they need it most,

Key elements from our overview of feedback, comments, concerns and complaints for 2022/23 are captured within this report to demonstrate the ways in which we have utilised various methods of gathering and capturing feedback. We have continuously listened and learned from complaints as well as making sure that people know how to raise concerns and what they will expect when they do so.

The information we have shared in our report reflects our key message which demonstrates our ambition and desire to be approachable, clear and transparent ensuring that people are well connected and communicated to, and as an organisation we welcome, listen and learn from feedback. Our key messages are captured and highlighted in the summary of our report detailed below:

- Provided case studies that highlight service improvements made in response to complaints.
- Shared Care Opinion stories and the improvements made in response to receiving feedback.
- Shared feedback from our social media and website.

As mentioned above as a result of the easing of Covid-19 restrictions we have noted a 25.9% increase in the number of complaints received during 2022/2023.

The table below details the number of complaints received during 2022/2023 and a comparison for the previous year. Within the Complaints Handling Procedure complaints are either managed through the local resolution process, Stage 1 with a response provided within 5 working days or through the Stage 2 process with an investigation undertaken and a response provided within 20 working days.

		2021/2022	2022/23
NHS Forth Valley	Stage 1	390	401
	Stage 2	694	876
Prison	Stage 1	491	705
	Stage 2	43	53
Total		1618	2035

Complaint themes

Analysis of complaint themes allows for a more cohesive and responsive learning opportunity across the organisation. Detailed below are the 3 top themes from our learning portfolio.

- Staff Attitude and Behaviour
- Clinical Treatment/Problems with Medication/Prescribing
- Communication – Not Given Full Information

NHS Forth Valley acknowledges that the themes identified above are consistent not only locally but nationally. Below are examples of work identified from last year that will be taken forward during 2023/24.

- With a focus on improvement and learning from feedback we will continue to tailor our staff training programme utilising feedback from patients and their families into stories that bring to life people's experience in our care and we will deliver these sessions directly to our staff with the aim of improving attitude and behaviour.
- Provide Communication and First Impressions training to departments and teams requiring additional support.
- Delivery of one-to-one Communication & First Impressions training sessions for staff when issues are identified relating to attitude, behaviour and communication. This proves an effective way of supporting our staff to reflect on their behaviour and engagement with people in their care.

DRAFT

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Introduction

NHS Forth Valley remains committed to welcoming feedback, complaints and concerns. It is our aim to ensure every patient receives the best care, that is safe, effective and individualised to the patients need, enabling us to deliver truly person-centred care. To meet these standards it is vital that we listen to the people that matter, our patients, families, carers and staff.

The Feedback, Comments, Concerns, Compliments and Complaints Annual Report details how we manage and respond to concerns and complaints raised by those accessing our services and provides examples of how we use this information to inform and improve the services we deliver.

It continues to be challenging times for all NHS Boards, with increasing demand on NHS Services, as a result staff are regularly reviewing, re-prioritising care and services to ensure we are providing safe, effective and person centred care for all those accessing health services.

NHS Forth Valley serves a population of over 306,000 and employs approximately 6,900 staff, in a diverse geographical area. From the period of April 2022 to March 2023, there were approximately 959,000 patient contacts in hospital settings including outpatients, GP Out of Hours and District Nursing.

The report has been set out in 4 sections, throughout each of the sections we provide evidence of the improvements made.

- **Section 1: Key Performance Indicators**

The Key Performance Indicators being reported for both NHS Forth Valley and the Independent Contractors (Family Health Services) includes:

- Indicator 1: Learning from Complaints
- Indicator 2: Complaints Process Experience
- Indicator 3: Staff Awareness and Training
- Indicator 4: Total number of complaints
- Indicator 5: Complaints closed at each stage
- Indicator 6: Complaints: upheld, partially upheld and not upheld
- Indicator 7: Average times
- Indicator 8: Complaints closed in full within the timescales
- Indicator 9: Number of cases where an extension is authorised

- **Section 2: Independent Contractors Key Performance Indicators**

- **Section 3: Feedback, comments, concerns, & compliments:** outlines the methods available across the Board to encourage and welcome feedback and gives examples of changes made as a result of feedback.

- **Section 4: Next Steps**

1. Key Performance Indicators

In line with NHS Scotland's Complaints Handling Procedure (CHP), this section contains a detailed analysis of NHS Forth Valley's performance against the 9 Key Performance Indicators.

For ease of reference, this section has been divided into each of the Key Performance Indicators relating to NHS Forth Valley's performance. NHS Forth Valley received a total of 2,035 complaints for the period 1 April 2022 to 31 March 2023 (this includes complaints that were withdrawn, transferred elsewhere and consent not received).

As a result of the Covid-19 pandemic restrictions easing, we have noted a 25.9% increase in the number of complaints received during 2022/2023.

- Total number of complaints managed within 0 – 5 days during 2022/2023, Stage 1 (local resolution) 1,106, indicating an increase of 225 Stage 1 complaints compared to 881 managed during 2021/2022.
- Total number of complaints managed within 0 - 20 days during 2022/23, Stage 2 (full investigation) 929, indicating an increase of 192 Stage 2 complaints compared to 737 managed during 2021/22.

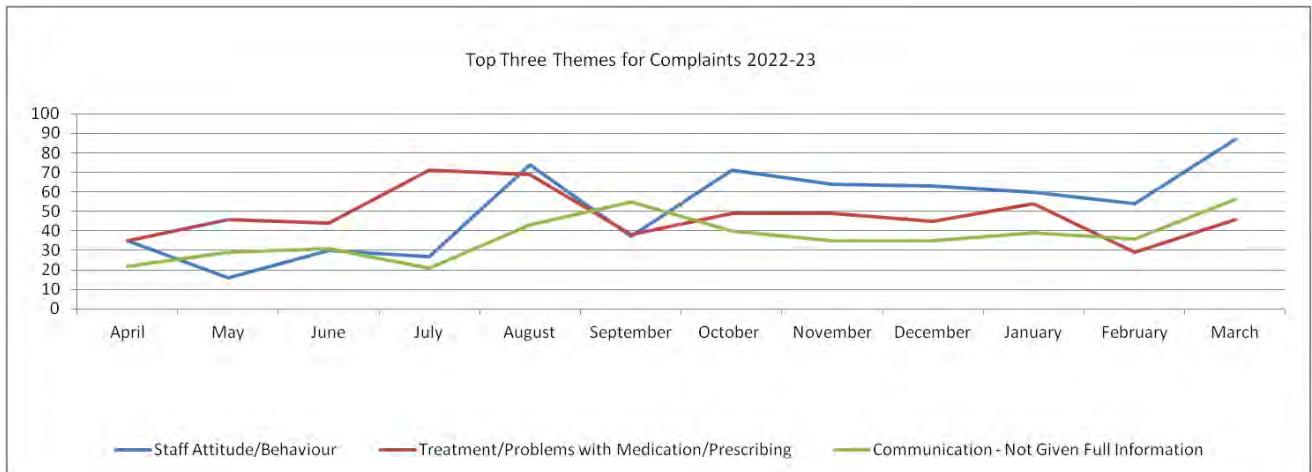
The table below gives a breakdown of the number of complaints received during 2022/2023 and the numbers managed under Stage 1 and Stage 2, and a comparison for the previous year.

		Year 2021/2022	Year 2022/2023
NHS Forth Valley	Stage 1	390	401
	Stage 2	694	876
Prison	Stage 1	491	705
	Stage 2	43	53

1.1 Indicator One: Learning from Complaints

Themes from complaints

The following chart shows the top three themes for complaints by month for 2022 – 2023.



Analysis of complaint themes has allowed for a more cohesive and responsive learning opportunity across the organisation detailed below are the 3 top themes from our learning portfolio.

- Staff Attitude and Behaviour
- Clinical Treatment/Problems with Medication/Prescribing
- Communication – Not Given Full Information

Staff Attitude and Behaviour

Detailed complaints analysis affords us the opportunity to identify key areas of improvement. Our staff are important to us, as they are the greatest and biggest asset to NHS Forth Valley. It is important that we take the time to understand the areas we can improve upon in relation to staff attitude and behaviour. We continue to work closely with our staff in dealing with issues on an individual basis at the time of the complaint.

Our Positive First Impressions and Communication training re-enforces our commitment to providing a welcoming, safe, clean, well-organised and maintained environment, providing the highest standard of person-centred care. The core element of this training is to emphasise the importance of a positive first impression, by demonstrating and sharing the unacceptable behaviours described in complaints and feedback.

Clinical Care and Treatment/Problems with Medication/Prescribing

When care and treatment delivered to our patients has not met the high quality and standard we expect, it is important that we listen and capture key learning and make changes as and where appropriate, and share the learning, with a view to reducing the likelihood of it happening again.

Key learning from complaints is also identified through internal and external review processes. This provides independent perspectives to the complaint that has been raised, and provides recommendations that influences learning and change.

Communication – Not Given Full Information

NHS Forth Valley continues to explore ways and opportunities to improve communication across the organisation. The importance of keeping in touch with patients and their families is re-enforced through day-to-day contacts and staff are asked to reflect on any learning from complaints. The organisation shares patient stories with staff to support and enhance learning and development by raising awareness on the importance of good communication links with patients and families.

Complaints Training for Staff

During 2022/2023, the Lead for Patient Relations has delivered training to a wide variety of teams across NHS Forth Valley, as well as providing training to Student Nurses at the University of Stirling. The training sessions include information on the Power of Apology, Local Resolution, the Complaints Handling Procedure, the role of the Patient Relations Team and managing difficult behaviours.

Themes from complaints by department

Our services undertake regular reviews of complaints within their areas, as part of governance reporting arrangements. Improvements are identified and plans are implemented ensuring that actions are delivered and monitored. Outcomes from these improvement plans are used as a learning tool. This allows staff to enhance their practice through supervision and provides a supportive and reflective culture ensuring consistency in service.

Service Improvements made in response to complaints

NHS Forth Valley recognises the importance of giving assurance to our patients, families and carers that their feedback, comments, concerns and learning from complaints have led to improvements in the services.

Patient Relations & Complaints Handling Procedure

NHS Forth Valley continues to have patients and carers at the heart of our complaints process and keep them involved, supported, connected and communicated throughout the process.

The Patient Relations Team continues to make improvements as to how complaints are handled, ensuring a person-centred approach for our patients, families and carers. The Patient Relations Officers (PRO) co-ordinating the investigation makes contact with the individual making the complaint to introduce themselves, make an immediate apology for their experience, and agree the areas to be investigated. They advise of the procedure,

timescales and agree the best way to keep in touch throughout the process. If appropriate, a meeting with staff is offered at this time.

To continue to improve the way in which we engage with patients and their families, NHS Forth Valley remains committed to ensuring that meetings are an integral part of our Complaints Handling Procedure. The focus of these meetings is to allow the individuals the opportunity to share their journey and experiences with staff from the service, ensuring that they feel their concerns have been listened to. This allows the service to discuss the concerns raised and for staff to have the opportunity to provide a response. Following best practice, learning and improvements are identified and acknowledged. An improvement plan will be developed and shared with the person raising the complaint ensuring transparency and commitment to the learning identified.

It has been recognised by staff across NHS Forth Valley the benefit of meeting with the individual/family making a complaint, in some cases the complaint can be resolved at the meeting, making it a very positive experience for both the individual raising the complaint and for the staff.

NHS Forth Valley has made a number of changes and improvements as a result of the complaints received. Our services undertake regular reviews of complaints to target themes and identify areas for improvement. These are discussed at Clinical Governance Meetings and shared with staff to use as a learning opportunity to enhance and improve practice and service delivery.

Detailed below are 6 case studies that show service improvements in response to complaints and a summary of the response/action taken.

Service Improvements

Case Study 1 - Sexual Health– Improvements made to patient pathway

Background

A number of complaints had been received regarding the ability to make an appointment for routine contraception care within Sexual Health Services.

What we did in response:

To improve access there is now a dedicated e-mail box for patients to contact the service which is reviewed daily and actioned. In addition, an automatic message alerts patients when the department is experiencing a high volume of calls. The Sexual Health website has also been updated to reflect the changes made providing this information.

Case Study 2 - Maternity Ante-natal Screening Letters

Background

Feedback had been received from a number of patients, advising that a follow up phone call would be beneficial to discuss the results within the screening letter when received.

What we did in response:

Following receipt of the letter by patients, ante-natal staff follow up with a phone call to all patients who are in the higher risk category for abnormalities providing them with an opportunity for further discussion. Additional support is also offered at this time.

Case Study 3 - Orthopaedics**Background**

A number of complaints were received relating clinical care within orthopaedics.

What we did in response:

A Consultant has taken a lead role as part of their Supporting Professional Activities (SPA) allocation to review complaints with clinical components, examine the themes, explore individual cases and share learning across the Orthopaedic Teams.

Case Study 4 - Rheumatology/Day Medicine**Background:**

A complaint had been received from a patient relating to Rheumatology and Day Medicine. The main complaint issue was in relation to communication, which coincided with a theme reported through NHS Forth Valley's Incident reporting system, (IR1) relating to protocols for blood analysis.

What we did in response:

The Rheumatology Team were invited to attend the Day Medicine Clinical Governance meeting, providing an opportunity to review patient pathways and protocols, and also discuss communication. The Team agreed that this was an effective and productive meeting. Actions were taken and it was agreed to carry out an in-depth review of protocols.

Case Study 5 – Ward 2, Bo'ness Hospital**Background:**

A complaint had been received from the family of a patient discharged from Ward 2, Bo'ness Hospital, to an interim care home placement, without notification being provided to them beforehand. The main complaint issue was in relation to poor communication of the planned discharge and confirmation of the discharge date by Ward 2 and Social Work Department colleagues.

What we did in response:

The Nursing Team and Clinical Nurse Manager raised a Communications Improvement Action Plan, ensuring staff awareness was raised regarding the responsibility to contact the allocated or duty Social Worker to obtain confirmation that the proposed discharge may proceed prior to making arrangements to support discharge.

The Nursing Team now include the use of the patient's "Family Dialogue" section to record that the required discussion with the family has taken place regarding the discharge process. The Senior Charge Nurse and Senior Staff Nurse monitor's process compliance for all planned discharges from the ward.

Case Study 6 – Ward B11

Background:

A complaint had been received regarding the lack of visibility of the Senior Charge Nurse and Senior Team within the Ward. The family advised that they could not identify who was responsible for the care/management of the ward.

What we did in response:

The Senior Charge Nurse raised the visibility of herself and senior staff by creating posters on the entrance to the ward, on the main office door and placing photos on the Care Assurance Board within the ward. The Senior Charge Nurse/Senior Team have created an open-door environment within the ward encouraging patients, relatives and visitors to pop in and chat.



1.2 Indicator Two: Complaint Process Experience Feedback

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.

1.3 Indicator Three: Staff Awareness and Training

This indicator relates to staff awareness and training in regard to the Complaints Handling Procedure. It highlights the importance of ensuring staff awareness and training is made available to all staff of NHS Forth Valley in relation to the CHP. Training modules developed by NHS Education for Scotland (NES) are available through Learn pro:

1. NES: The Value of Feedback
2. Encouraging Feedback and using it
3. NHS Complaints and Feedback Handling Process
4. The Value of Apology
5. Difficult Behaviour

During 2022/2023, we have continued to deliver training and raise awareness on the Complaints Handling Procedure and Positive First Impressions and Communication Training on both a 1:1 basis and staff groups.

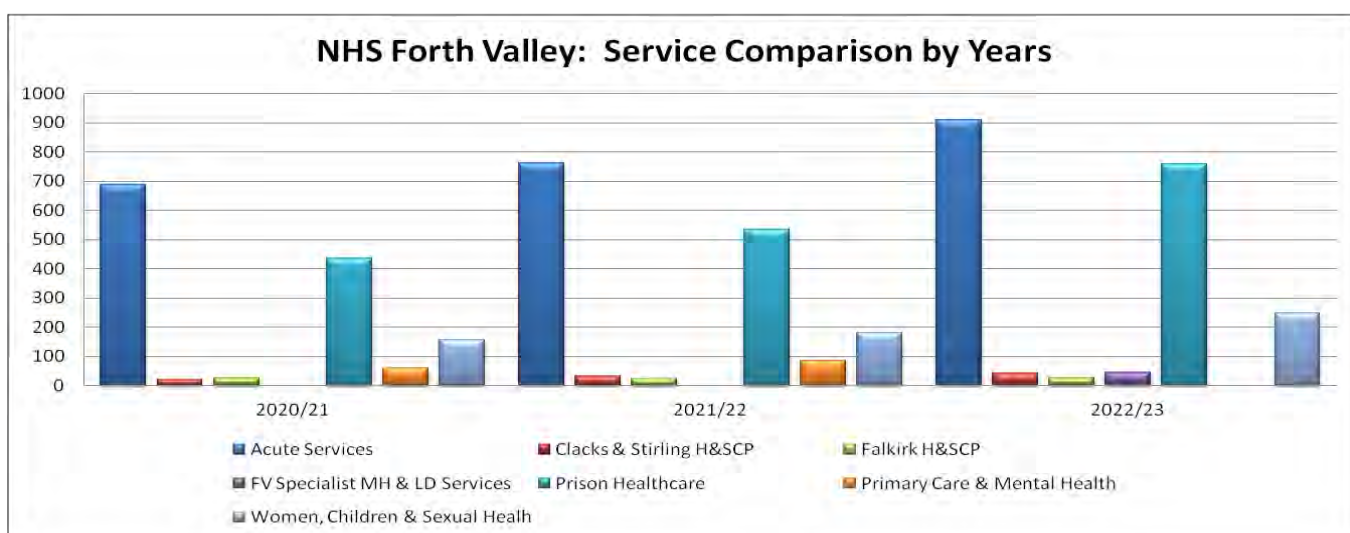
Feedback, comments, concerns, compliments and complaints are a core element of our Person-Centred Strategy. This Strategy comes to life through our 8 essential elements:

- Fundamental care
- Bereavement
- End of life Care
- Spiritual Care
- Equality and Diversity
- Communication and First Impressions
- Patient and Public Involvement and Feedback
- Volunteering

It is important to note that our staff who deliver the elements of the Strategy are leaders in delivering awareness and training to their Teams around feedback, comments, concerns, compliments and complaints. Additionally, this group of staff are in the best position to be responsive, reactive and aware of how to deliver our Complaints Handling Procedure with an importance of listening, learning and local resolution.

1.4 Indicator Four: The total number of complaints received

The following chart shows the number of complaints received by NHS Forth Valley for the past 3 years. The chart below is reflective of the overall increase in complaints being experienced by Health Boards across NHS Scotland.



A core measure within the indicator is to provide a consistent benchmark against the number of acute hospital services patient activity. NHS Forth Valley's acute patient activity represents 0.21% per episode of patient care against the number of complaints received during 2022/2023. In comparison the number of complaints received represents 29.6% against the number of staff employed by NHS Forth Valley.

NHS Forth Valley is responsible for 3 prison establishments, HMP Glenochil, HMP Stirling (formerly HMP Cornton Vale) and HMPYOI Polmont. The overall capacity and diversity of these prisons equates to a complex mix of prisoners, this is due to an ageing population and associated health problems. NHS Forth Valley's prison population accounts for 14.1% of the total Scottish Prison population. Within NHS Forth Valley, 59.9% of the prison population has raised complaints during 2022/23.

A dedicated Patient Relations Team supports the 3 prisons with a focus on local resolution. Members of the Patient Relations Team work in partnership with the Prison Management Team bringing a collaborative approach to dealing with the complaints with a focus on resolving the complaints at a local level. This approach provides support to the team within the prison and also encourages a learning culture.

1.5 Indicator Five: Complaints closed at each stage

The table below details the number of complaints closed at each stage and a comparison against the total number of complaints received.

Complaints type	Number of complaints closed at each stage	Number of complaints closed at each stage as a % of all complaints
Stage 1	1,085	55.3%
Stage 2	842	43%
Stage 2 after escalation	33	1.7%

1.6 Indicator Six: Complaints upheld, partially 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 2022/23 is 1,085; the table below provides a breakdown of the formal outcome.

Stage 1	No Complaints closed	% of complaints closed at stage 1
Upheld complaints	90	8.3%
Not upheld complaints	936	86.3%
Partially upheld complaints	59	5.4%

The total number of complaints closed at Stage 2 for 2022/23 is 842; the table below provides a breakdown of the formal outcome. It is noted that there are 11 active complaints under investigation at the time of compiling the report from 2022/23.

Stage 2	No Complaints closed	% of complaints closed at stage 2
Upheld complaints	66	7.8%
Not upheld complaints	611	72.6%
Partially upheld complaints	154	18.3%

The total number of escalated complaints closed at Stage 2 for 2022/2023 is 33 and the table below provides a breakdown of the formal outcome.

Escalated complaints to stage 2	No Complaints closed	% of complaints closed at stage 2
Upheld complaints	1	3%
Not upheld complaints	29	87.9%
Partially upheld complaints	3	9.1%

Scottish Public Services Ombudsman Outcomes

NHS Forth Valley works closely with the SPSO and the following table demonstrates that the SPSO has received a total of 49 cases, during their initial investigations the SPSO has made a decision not to investigate 31 cases.

April 2022 – 31 March 2023		No of Complaints at Ombudsman
(a)	Notification received that an investigation is being conducted	18
(b)	Notification received that an investigation is not being conducted	31
(c)	Decision letters received	2

Of the 49 cases, 2 Decision Letters were received from the SPSO, it is noted that no cases were fully upheld.

2021/2022 – SPSO Outcomes		Total No of SPSO Outcomes
(a)	Fully upheld	0
(b)	Partially upheld	0
(c)	Not upheld	2
(d)	Withdrawn	0

The Ombudsman issues a decision letter if:

- The organisation accepted there were failings, have 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 decisions on it do not raise public interest considerations

1.7 Indicator Seven: Average times

The indicator represents the average time in working days to close complaints at Stage 1 and Stage 2 for 2022/2023. See below a breakdown of complaints managed and resolved at each stage of the Complaints Handling Procedure.

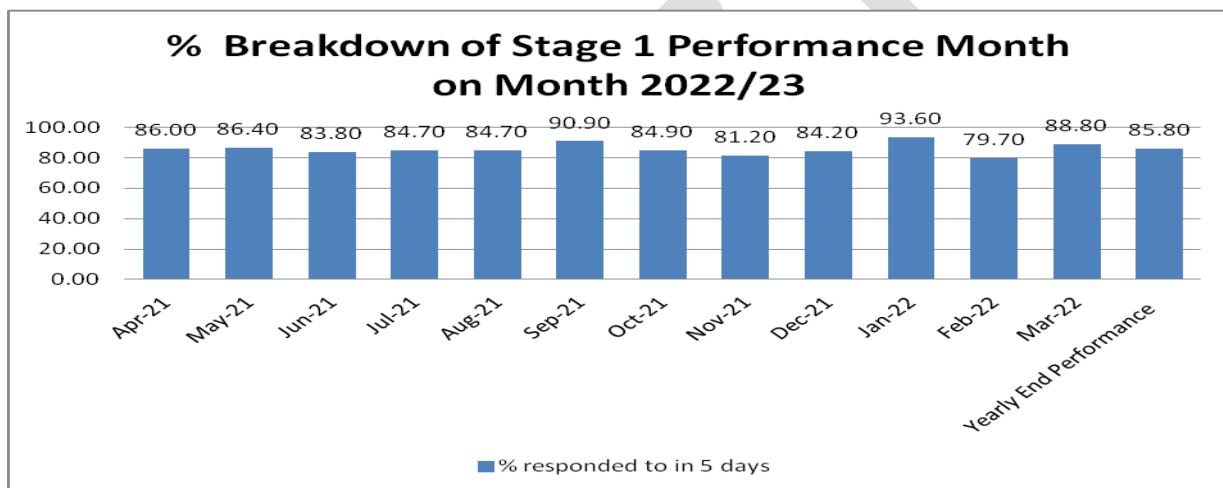
Complaints Stage	Average Number of days to respond to complaints
Stage 1	3.7 days
Stage 2	38.4 days
After escalation	18.5 days

1.8 Indicator Eight: Complaints closed in full within the timescales

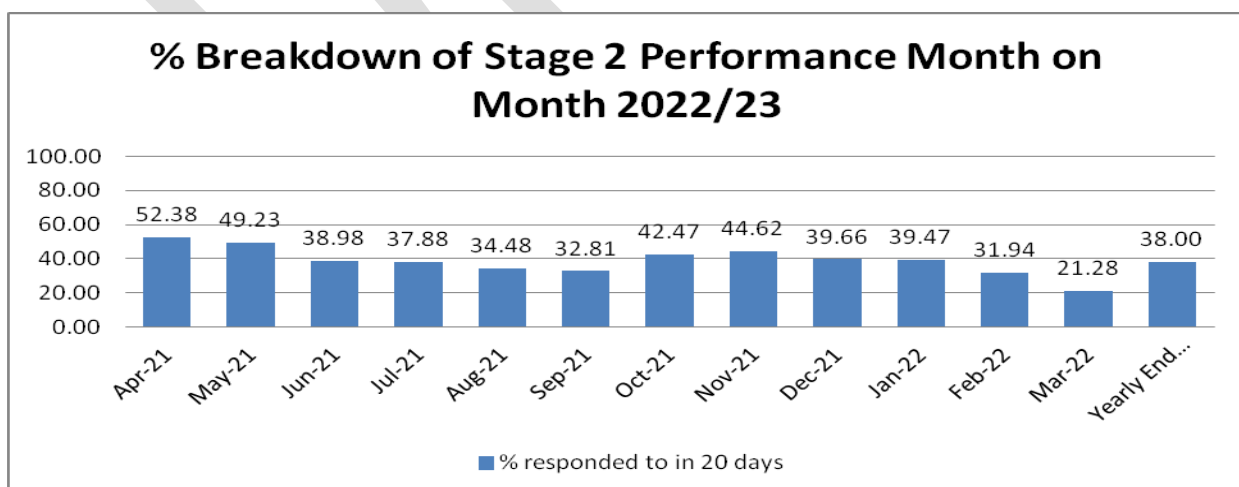
NHS Forth Valley achieved an overall performance figure of 74.8%, in responding to complaints within 20 working days. A total number of 1,960 have been investigated and responded to during 2022/2023.

Through ongoing awareness raising and the Patient Relation Officers supporting staff to manage complaints under the Stage 1 process (0 to 5 days) local resolution, NHS Forth Valley continues to see a rise in the number of complaints being managed under Stage 1 resulting in the overall rise in the number of complaints being recorded.

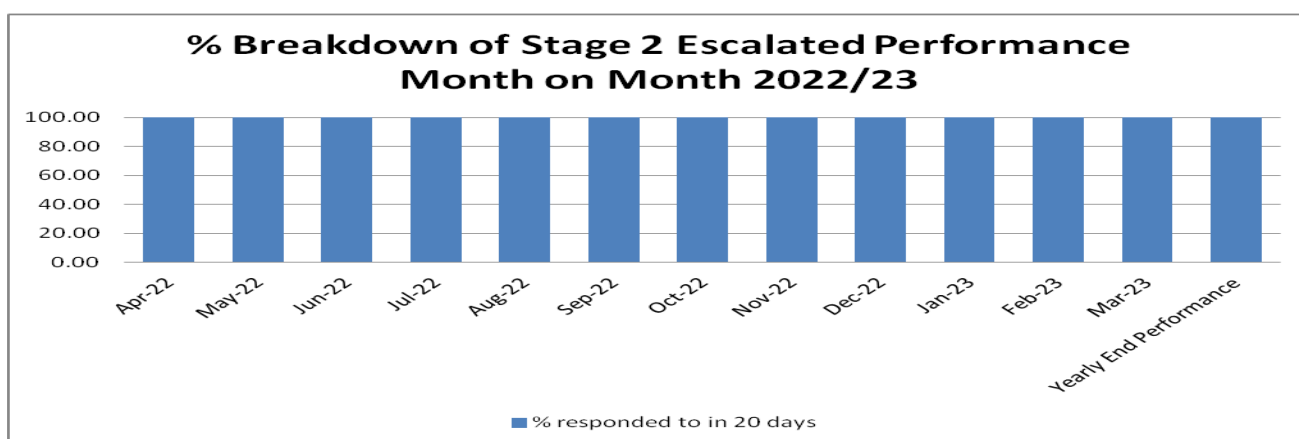
The table below provides a breakdown of the complaints investigated and responded; this has been broken down into Stage 1.



The table below provides a breakdown of the complaints investigated and responded; this has been broken down into Stage 2.



The table below details the number of complaints escalated from a Stage 1 complaint to a Stage 2 complaint and closed within 20 working days.



The Patient Relations Team continues to have daily huddles to discuss all active complaints, SPSO requests/recommendations, meetings planned with patients, families, and carers. The purpose of the huddle is to identify any areas that may be of concern and escalate the concerns within the services to put in place the processes to resolve the issues or delays.

A process is in place for services to meet weekly with the Patient Relations Lead providing an opportunity to discuss areas of concern, identify barriers and prioritise where there may be delays. This gives the Team and the Leads from the services an opportunity to put in place any actions to resolve issues.

Additionally, the Patient Relations Team welcomes contact from all Operational Managers, this provides an opportunity to discuss their complaint portfolios. This is a proactive and recommended process which improves performance, communication, and outcomes for complaints handling.

Detailed reports are provided to the clinical services which are then shared through their local governance structures.

1.9 Indicator Nine: Number of cases where an extension is authorised

NHS Forth Valley aims to respond to all complaints within the required timescales, however, when we are unable to meet a timescale, it is important that we follow our escalation process for authorisation within the services. Additionally, it is vitally important that we communicate with the individuals raising the complaint of the delay and apologise that this has happened. The table below details the number of complaints closed at Stage 1 and Stage 2 where an extension has been granted:

Complaint Stage	Total number of complaints at each stage	Number of authorised extensions	% of authorised extensions
Stage 1	1085	157	14.5%

Stage 2	875	532	60.5%
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2. Independent Contractors

The requirement to record and report on complaints applies equally to all primary care service providers. NHS Forth Valley has ensured that arrangements are in place for all contractors to comply with this requirement enabling them to provide information on their performance. It is important to note the clear differentiation between the Board and its contractors, this section of the report provides an opportunity to share the key performance indicators 5 and 6 which are the 2 key elements relevant to independent contractors. Independent contractors include General Practitioners, Dental Practices, Ophthalmic Practices and Community Pharmacies.

General Practitioners

In Forth Valley there are 63 GP Practices, 62 are independently managed practices, and 1 is directly managed by NHS Forth Valley. The figures presented reflect the 62 independently managed practices. The total number of complaints received for 2022/2023 is 176 with a 20-day response rate of 96%.

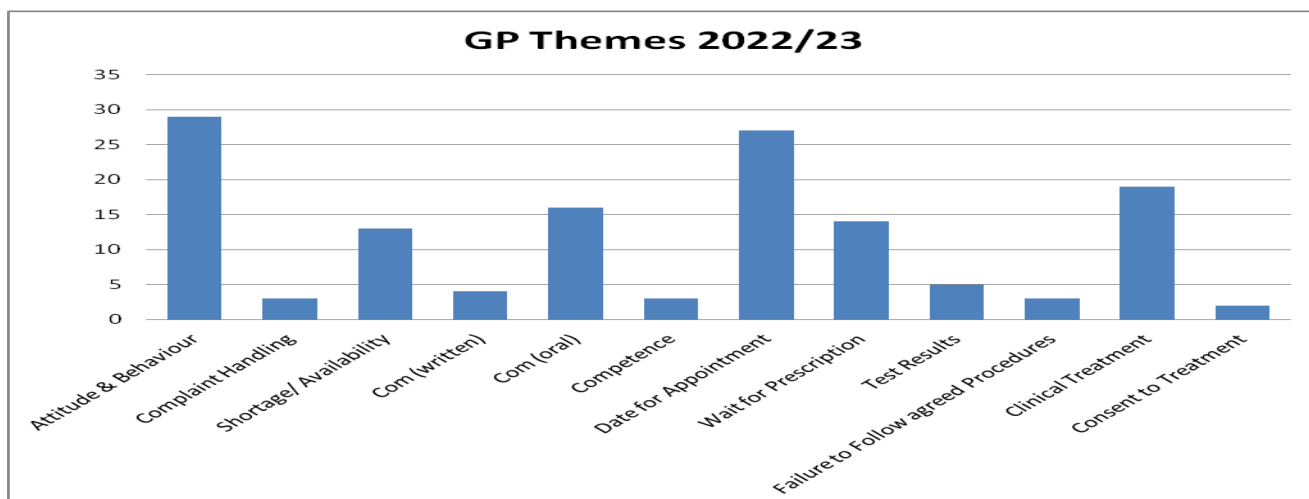
For reporting purposes, it is important to note that Independent Contractors information allows us to report on Key Performance Indicator 5 and 6 only:

Indicator 5 It has been reported by the practices that 102 stage 1 complaints and 74 stage 2 complaints have been received.

Indicator 6: The practices have reported on the undernoted outcomes in respect of complaints received:

- **Upheld – 29**
- **Not upheld – 98**
- **Partially upheld – 20**

It is noted that only 41 General Practitioners responded and provided information for purposes of reporting from the 62 practices across Forth Valley. The graph below highlights the complaint themes from GP Practice complaints.



Dental Practices

In Forth Valley there are 45 dental practices, the total number of complaints received for 2022/2023 is 2 with a 20-day response rate of 100%

Indicator 5: It has been reported by the Practices have received one stage 1 complaint and one stage 2 complaint.

Indicator 6: The Practices have reported on the undernoted outcomes in respect of complaints received:

- Upheld – 1
- Not upheld – 0
- Partially upheld – 1

It is noted that only 14 Dental Practices responded and provided information for purposes of reporting from the 45 Dental Practices across Forth Valley. The complaint themes raised within the 2 dental complaints received are noted below:

- Communication (Oral)
- Staff Attitude and Behaviour

Community Pharmacies

In Forth Valley there are 75 Community Pharmacies, the total number of complaints received for 2022/2023 is 341 with a 20-day response rate of 98.5%.

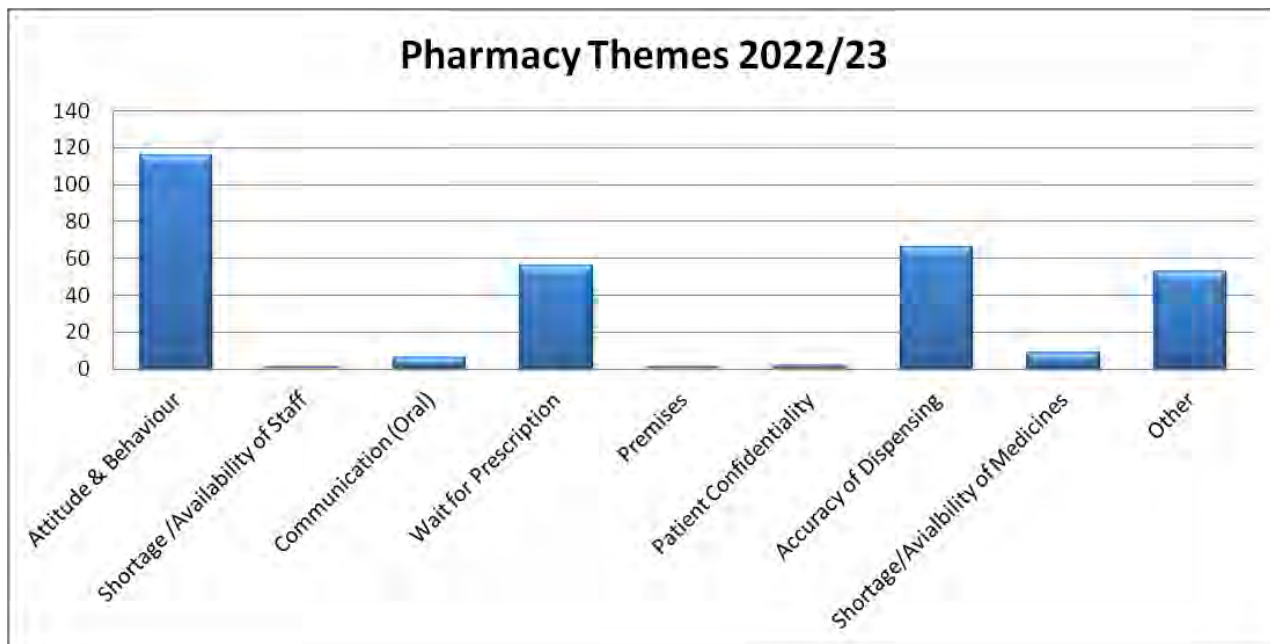
Indicator 5: It has been reported by the Practices that 66 stage 1 complaints and 277 stage 2 complaints have been received.

Indicator 6: The Practices have reported on the undernoted outcomes in respect of complaints received:

- Upheld – 246
- Not upheld – 1

- Partially upheld – 0

It is noted that only 29 Community Pharmacies responded and provided information for purposes of reporting from the 76 Community Pharmacies across Forth Valley. The graph below highlights the complaint themes from Pharmacy Practice complaints.



Ophthalmic Practices

In Forth Valley there are 55 Ophthalmic Practices, it is reported that no complaints were received by the 8 practices that responded and provided information for purposes of reporting from the 55 Ophthalmic Practices across Forth Valley.

3. Feedback, Comments, Concerns & Compliments

This section of the report provides evidence as requested by the Scottish Government demonstrating the ways in which NHS Forth Valley captures, engages, and communicates our ambition to listen and learn from feedback, comments, concerns, and compliments.

NHS Forth Valley has a well-established and reliable toolkit to gather feedback, comments, concerns, and compliments. There are many examples of how we access and respond to feedback from patients, families, and carers.

The purpose of this section is to demonstrate the methods we use to encourage feedback, promote learning, influence change, and share good practice across NHS Forth Valley and further details of the undernoted methods is provided:

- In-patient Experience Surveys
- Emergency Department Surveys
- Patient Public Involvement
- Volunteering
- Patient Stories
- Care Opinion
- Compliments
- Web based Safeguard System
- Social Media

3.1 In-Patient Experience Surveys

NHS Forth Valley utilises a patient experience questionnaire to identify areas for improvement in care and treatment for our patients. The questionnaires are used in all acute in-patient, Community Hospitals, and in-patient mental health areas. Each ward asks 5 patients per week who are being discharged from hospital for feedback about their care experience. This enables us to gather real time feedback at the point of care which in turn provides valuable data for us to analysis, interpret and respond.

The data gathered is analysed by the Senior Charge Nurse to identify areas of good practice and improvement required. This data is displayed within clinical areas where patients and visitors can observe and see what improvements have been identified within the ward.

The data gathered is part of an Assuring Better Care Programme in which the information captured within the patient experience survey informs a balance scorecard for the Senior Charge Nurse. The Head of Nursing works with the Senior Charge Nurse to analyse the information captured including patient experience, and this gives them an opportunity them

to identify local issues and themes enabling improvement plans to be put in place, if required.

During 2022/2023, the Person-Centred Team has had a dedicated member of staff supporting patients to complete the patient experience surveys, which has led to an increase in the number of surveys being completed, with a total 1,566 in-patient experience surveys completed.

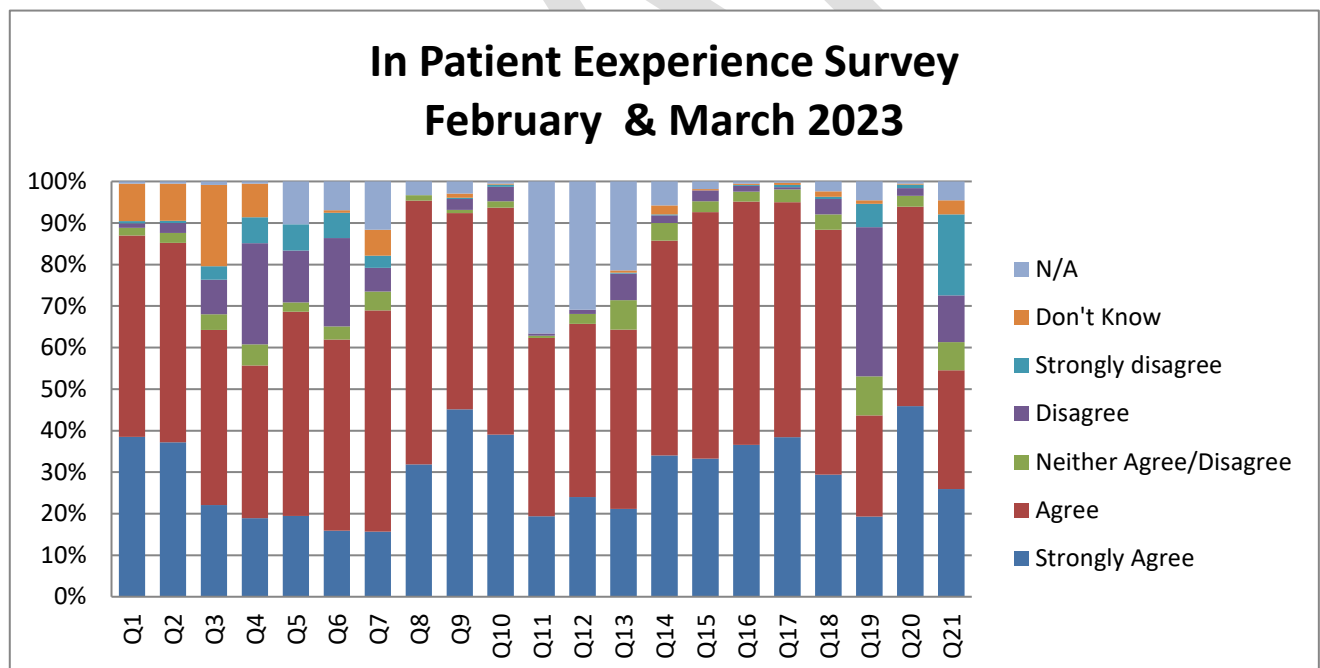
The top 3 themes of good practice for April 2022 to March 2023 included:

- Healthcare staff did not talk in front of patients as though they were not there.
- Overall patients were happy with the care and support they received while in hospital.
- Patients responded that the room/area they were in was clean.

The top 3 areas for improvement during April 2022 to March 2023 include:

- Patients were bothered by noise at night from other patients.
- Patients were not asked “what matters to me?” by staff.
- Patients were not kept informed how long they would be in hospital for.

The graph below is an example of how we share the data through our Clinical Governance structures. Details of the questions used can be seen below.



Example of In-Patient Experience Survey

Questions

		Strongly Agree	Agree	Neither Agree nor	Disagree	Strongly Disagree	Don't know	Not applicable
The Ward								
1	I was welcomed to the ward							
2	Staff introduced themselves							
3	I knew which staff nurse was in charge of my care							
4	Staff asked what matters to me when I came onto the ward							
5	I was not troubled or disturbed by noise at night from other patients							
6	I was not trouble or disturbed by noise at night from staff							
7	Before moving to another ward healthcare staff explained what would happen and where I was going							
8	The main ward/room I stayed in was clean							
9	The toilet/bathroom was clean							
Care & Treatment								
10	I had enough privacy when being examined/treated							
11	I was given enough help with eating & drinking when I needed it							
12	I was given enough help with washing and dressing when I needed it							
13	I was able to access adequate pain relief when I needed it?							
14	I felt that people that mattered to me were involved in decisions about my care and treatment as much as I wanted them to be.							
15	I felt healthcare staff listened to me if I had any questions or concerns							
Staff/Communication								
16	Staff discussed my condition/treatment in a way that I could understand							
17	Healthcare staff answered any questions I had relating to my care/condition in a way that I could understand							
18	Healthcare staff did not talk in front of me as though I was not there							
19	Healthcare staff kept me informed of how long I was likely to stay in hospital							
Patient Experience								
20	Overall I was happy with my care in hospital							
21	Healthcare staff informed me how I could leave feedback or raise a concern about my healthcare experience							
22	What could have made your experience better while in hospital?							
23	Was there anything particularly good about your experience while you were in hospital?							
24	Is there anything else you would like to tell us about your experience in hospital?							

3.2 Emergency Department Patient Experience

Emergency Department Patient Experience Questionnaire

Date..... Time.....

Self referral NHS referral (E.g. NHS 24) GP Referral Other

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I was welcomed					
Staff introduced themselves					
I was kept informed how long I would wait to be seen by a nurse/doctor					
Once seen by nurse/doctor, I was kept informed about what was happening					
I knew who was in charge of my care					
I felt staff listened to me if I had concerns or questions					
The nurse/doctor discussed my condition/treatment in a way that I could understand					
I had enough privacy when I was being examined					
I was able to access adequate pain relief when I needed it.					
I felt safe during my time in ED					
Overall I was happy with my experience in ED					
What could have made your experience better while in ED?					
Was there anything particularly good about your experience in ED?					
Is there anything else you would like to tell us about your experience in ED?					

During 2022/2023, our Emergency Department experienced extreme pressures, and our patients/relatives accessing the service were having to wait longer than we would have liked.

To help us learn and support our patients, we introduced a patient experience survey within the department. Feedback from the survey is shared with the Clinical Nurse Manager and the Senior Charge Nurses to help implement any changes required.

As part of a wider report the findings from the survey are also shared through our various Governance structures.

Changes Made

Following feedback from the surveys a number of changes have been introduced to the department and these are detailed below:

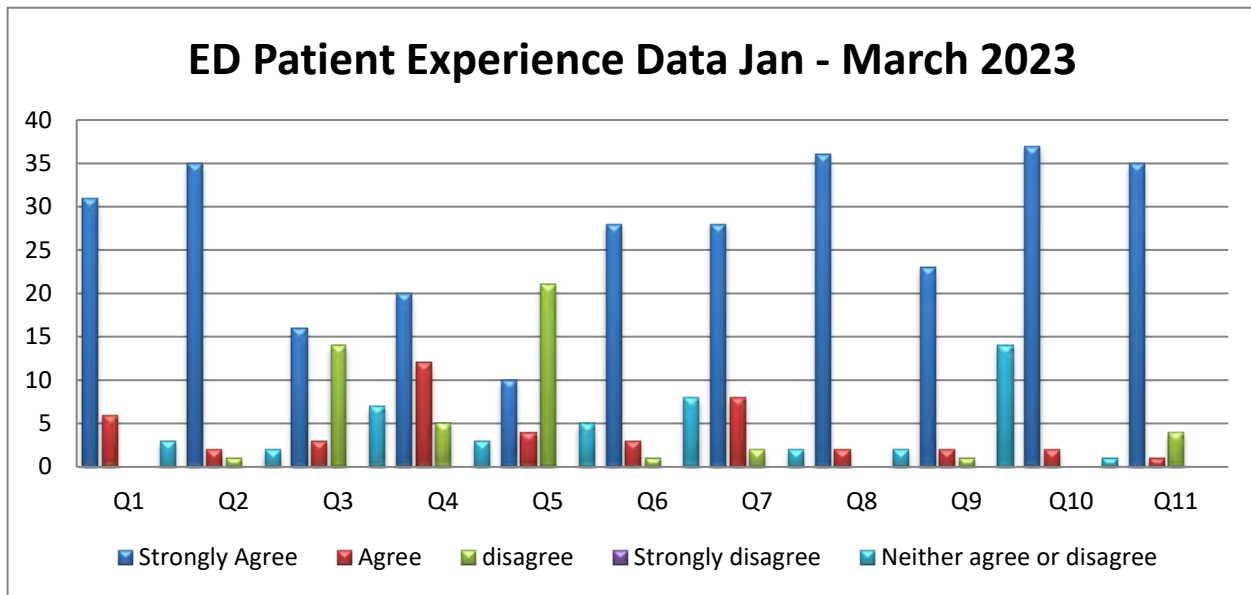
- Improved seating

- Information panel in waiting area informing patients of wait times.
- Improvements made to the family rooms within the Emergency Department

This is just a small example of some of the changes that have been implemented using feedback, a larger project is underway within the Emergency Department to improve the patient's journey.

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The graph below gives details of the data gathered between January and March 2023, a total of 40 completed surveys were received during this period.



The wordle below details what patients felt was good when they attended the emergency department during the months of January to March 2023



Below are some of the comments from patients that could have made their patient experience better.

- Reduce waiting times
- Better communication
- More doctors available
- Suitable chair-bed

3.3 Patient & Public Involvement

Patient Public Panel

NHS Forth Valley continues to be invested and engaged in patient and public involvement and are very proud of the partnership working we have established since 2004. The Patient Public Panel (PPP) continues to be an integral part of the core business of NHS Forth Valley and examples of their work to date are many and varied. Their support around governance, improvements, change, and development are a valued and imperative part of providing views from the wider public.

It is important to note that the PPP are a dedicated and committed group representing patients and the public on a volunteer basis which brings a perspective from their experiences and communities.

We have re-introduced face to face meetings, following feedback from our panel members, and we continue to use a blended approach to the meetings and give the panel members a bit more flexibility when attending meetings.

PPP Leaflet Task Group

There are many successful accomplishments of the PPP including the Leaflet Task Group. When patient leaflets are being designed it is important that the language used is clear and easily understood with limited technical terms. The group reviews leaflets and provides vital feedback, ensuring the documents/patient information is presented in a way that is clear and easily understood.

The PPP members also participate in a wide range of local and national forums putting forward the perspective of patients, carers, and the public.

Service Support

Our PPP members offer a wide and varied service, and an example of just one of these areas is to provide value and perspective to established meeting groups within services throughout the organisation. It is vital that a public perspective is represented at core business groups for example, Board Clinical Governance and Clinical Governance Working Group. The PPP are involved in many work streams where patient participation is essential. NHS Forth Valley are committed to engaging patient and public involvement representatives when new and vital services are being redesigned and developed, it is crucial to ensure that services reflect the need of the patient and hear the voice of its service users.

3.4 Volunteering

rs, all volunteer activity was stood down, with a view
e-mobilising volunteering when we returned to Person C
ve slowly returned to business as usual, we have been
ring across our community and acute sites, with the retu
of key areas including ICU, Oncology Unit, Radio Royal
ENT clinics in Falkirk Community Hospital and Stirling C
r of new volunteering opportunities are in the process o
the areas of volunteering across NHS Forth Valley. M
assessment Areas, a volunteering role has been develop
providing support to patients, relatives and carers primar
areas. This support varies according to patient/visitor ne
ue to carry out a local risk assessment, with a real em
rs safe and well, and ensuring they have all had the app
and Diversity, Infection Control, Information Governance

Patient Stories

providing support to patients, relatives and carers primarily in the following areas. This support varies according to patient/visitor needs. We continue to carry out a local risk assessment, with a real emphasis on keeping everyone safe and well, and ensuring they have all had the appropriate information. **and Diversity, Infection Control, Information Governance**

Patient Stories

Patient Stories

3.5 Patient Stories

capture an individual's experience. Families and staff to share their stories. Transcribing stories, digital recording. Story is told by an individual from NHS Forth Valley with an opportunity to understand it has had on their life.

Stories are used across NHS Forth Valley as good practice. The use of patient stories is a powerful tool to give insight into patient experiences. Stories are also presented at NHS Forth Valley.

es are used across NHS Forth Valley, for staff training, g good practice. The use of patient stories along with o s a powerful tool to give insight into the care we deliver. stories are also presented at NHS Forth Valley Board me

tories are also presented at NHS Forth Valley Board meetings.

3.6 Care Opinion

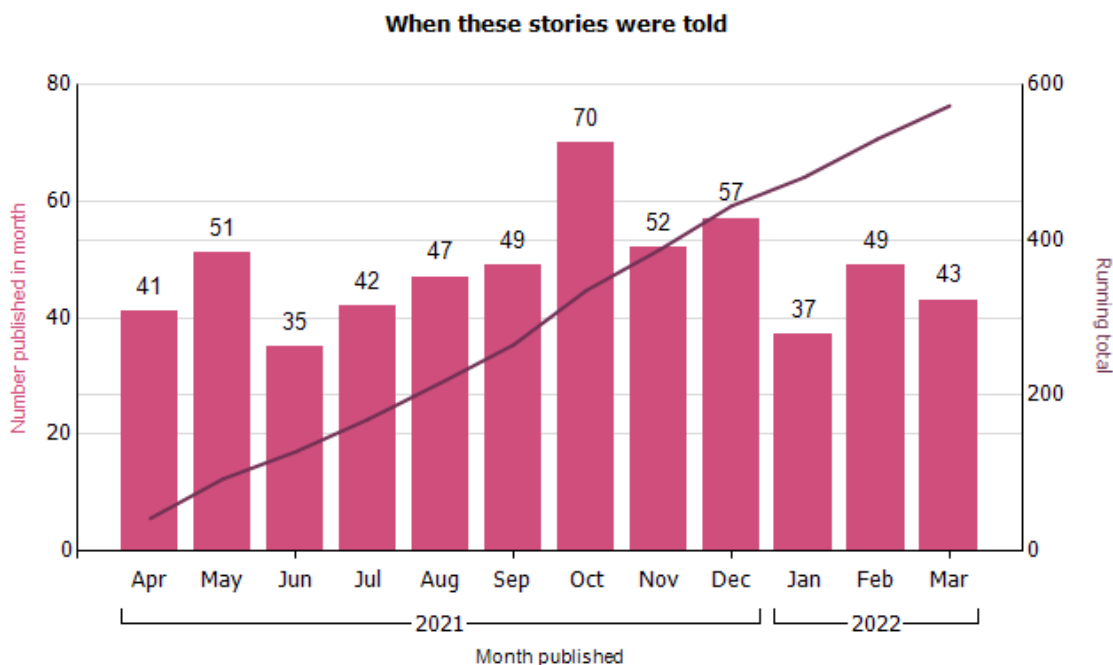
Care Opinion is a not-for-profit platform that offers patients, families, carers, service users an opportunity to provide feedback about their own or their loved ones healthcare experience, whilst maintaining their anonymity



Through the use of Care Opinion, NHS Forth Valley has been able to demonstrate it is a powerful and effective tool for those accessing health services to share their care journey/experience. We can demonstrate how we have made improvements from feedback, celebrate good practice, and also shows the staff of NHS Forth Valley the impact they have on patients and their families.

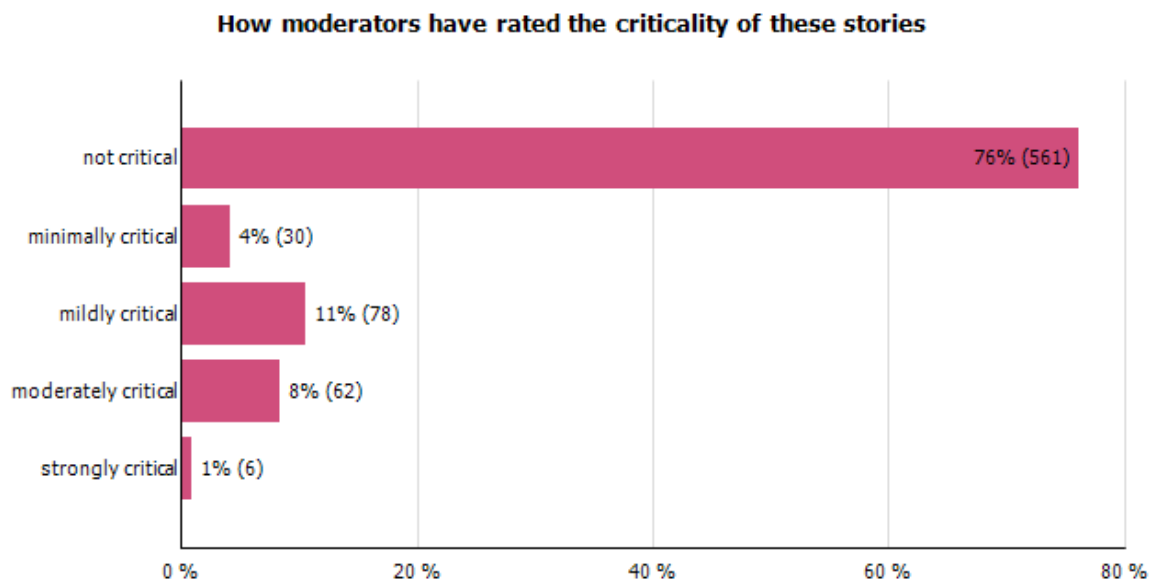
During 2022/2023, NHS Forth Valley has received 737 stories, an average of 461 stories per month. This is an increase of 29% in comparison to 2021/2022. We continue to increase the number of staff responding to stories and expanding the number of services promoting the use of Care Opinion.

The diagram below details when the stories were posted and how many stories were posted each month during April 2022 to March 2023.



737 stories were posted and viewed 97,524 times

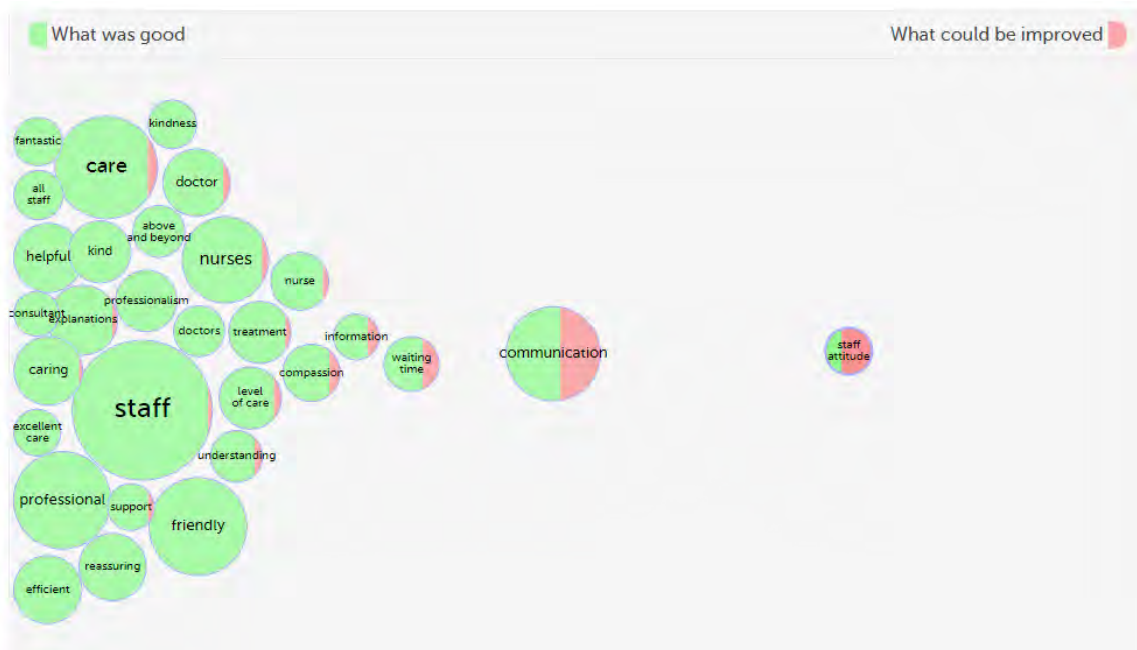
The chart below details how moderators at Care Opinion critically scored the stories, 80% of our stories posted are non-critical/minimally critical in nature.



The wordle below details – What was good about the health care experience



Care Opinion offers the opportunity to present feedback in a number of different formats. The diagram below shows “what was good” in **green**, and “what could be improved” in **pink**. As highlighted in the diagram the feedback received has largely been positive.



Top 3 themes of good practice highlighted in stories during 2022/2023

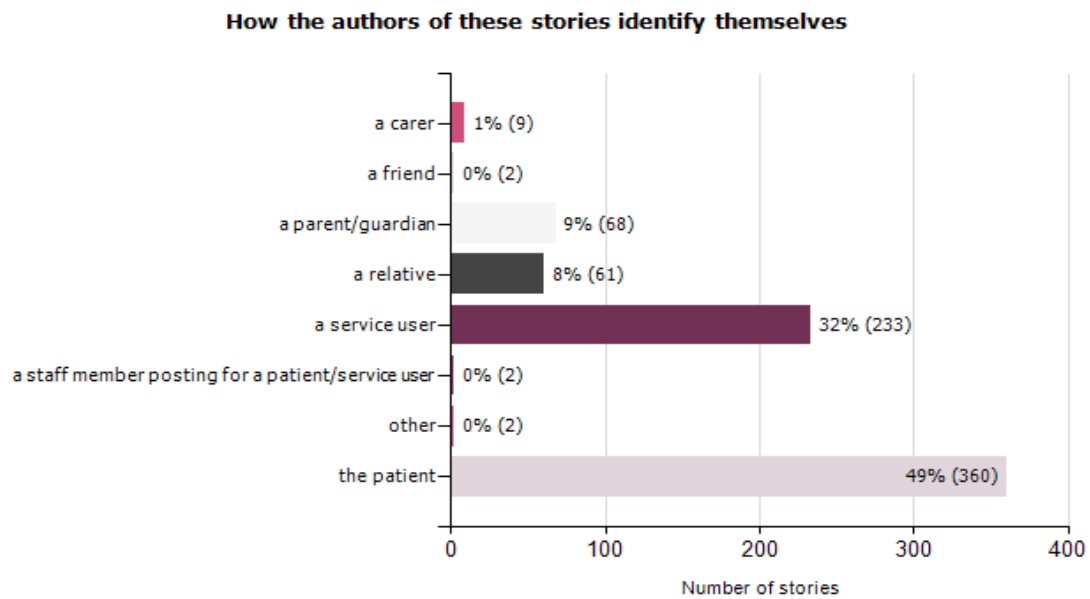
- Staff
- Care
- Friendly

Top 3 themes for improvement highlighted in stories during 2022/2023

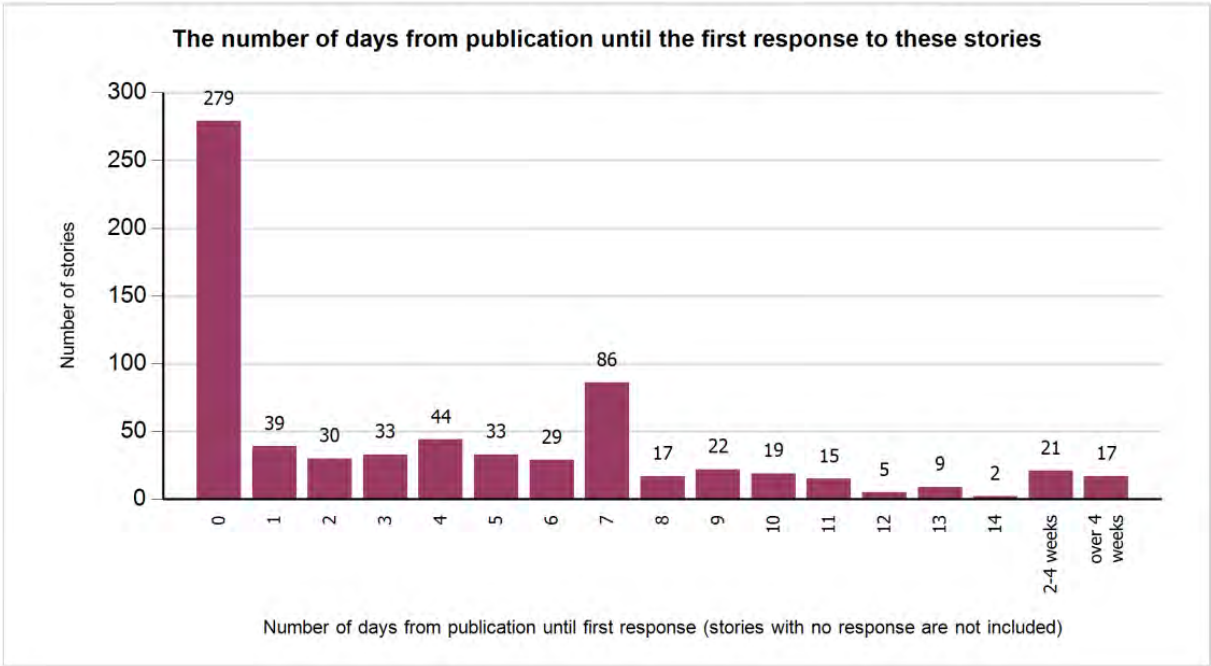
- Communication
- Staff attitude and Behaviour
- Waiting Time

The Person-Centred Team, continue to deliver Communications and First Impressions training across NHS Forth Valley, during 2022/2023 we have been able to deliver the training face to face and have increased the number of training sessions available to staff, with a particular focus on delivery training to areas of higher complaints.

The graph below details how the authors have identified themselves, 81% of stories were posted by patients/service users.



The graph below show the number of days take to respond to stories from the date of publication. 78% of stories are responded to within 7 days of receiving the stories.



DRAFT

Top 3 most viewed stories for 2022/2023

Horrendous experience

Posted By *****



Story viewed 638 times

My partner was suffering from an episode of psychosis, we went to A&E and waited for 9 hours to be seen after telling them he was having delusions and hearing voices.

After our 9-hour waiting and finally seeing a psychiatrist and mental health nurse my partner was totally dismissed and sent home with a leaflet and told to walk the dog. From here things only got worse, the voices and delusions got worse and more frequent, we had to phone an ambulance two days later, who turned up with police.

No one was allowed to travel with him in the ambulance and we were told not to follow on for a few hours at least. My mother-in-law by chance went to hand her phone number in to a&e and found my partner wandering the waiting area alone after being taken there by the ambulance service.

His mum found him in a panic accusing another patient of stealing money from him, while no hospital staff done anything to help or diffuse the situation, after another lengthy wait, 5 hours this time, he was eventually admitted to Ward 3 for a few days.

Ward 3 lost all of his belongings including razor blades and a charger wire (bear in mind this is mental health we are talking about) after 1 day in Ward 3 we came to visit him and things had gone for bad to worse, he was completely delirious, profusely sweating, heart rate up, face was bright red and was visibly extremely distressed.

After being moved wards twice that night he was finally intubated and moved to ICU where the staff could not possibly have done more for him and for us. After a few days he had shown a vast improvement (still no actual help for his mental health) the psychiatrist wanted to have him discharged from here, he asked to stay and told them he wasn't ready to come home, so he was moved back to Ward 3.

The next day when we visited, he was manic again, sweating, agitated, not sleeping Ward 3 had made huge mistakes with his medication and he was being given a dangerous cocktail of medications, his face was drawn and his eyes were dark and sunken. They still had made no effort to find his belongings and he was discharged the next day with 4 diazepam and a naloxone.

He was made feel like a burden the entire time, spoken down to, and then thrown out the door 2 days after coming off a ventilator. I'm disgusted with Forth Valley Royal Hospital (FVRH) and the staff in A&E, the ambulance service and the mental health service.

My partner was treated like dirt from start to finish and left feeling worse than when he went in, after losing 2 family members due to failures of the mental health service in the last 18 years, I feel things have never changed, in fact I feel they have gotten worse. I

have absolutely no faith in this hospital and would never be able to in good conscience leave a loved there ever again.

Response Feedback

A response was posted inviting the author of the story to make contact to give us an opportunity to investigate their feedback, unfortunately they did not make contact with the team. The story was shared among the wider team giving opportunity to discuss the feedback and look at what could be done differently.

Having foot dressing changed following surgery

Posted By Lulu1955



I was discharged from hospital following foot surgery having bled heavily and requiring to stay an extra 2 nights until the bleeding stopped. The dressing was not due to be changed until I saw the Consultant 2 weeks later, however, the heavy bleeding caused the bandage dressing to become more like a plaster cast and was very uncomfortable and I was worried about the risk of infection.

I contacted the hospital and was seen within 3 hours of my phone call. The staff in the Fracture Clinic at Forth Valley Royal Hospital were a godsend and carried out the difficult task of removing a solid dressing stuck to my foot.

I would like to pay particular thanks to Nurses Maggie and Claire and Doctor Greg for their kindness and professional manner in which they carried out their difficult task. I have nothing but praise for the staff at Forth Valley Royal Hospital both during and after my recent stay.

Responses



Response from Kevin McCloskey, Senior Charge Nurse, Orthopaedics & Trauma, NHS Forth Valley 4 months ago



Dear Lulu1955,



I am sorry to hear that you've had post operative complications with bleeding, but hope you are now recovering well.

Thank you very much for taking the time to leave your very kind feedback which I will gladly pass on to the staff involved. Your comments are reassuring that we are delivering care at not only a high standard but also in a person centred manner.

Kind regards

Kevin McCloskey

Senior Charge Nurse

Trauma and Orthopaedics

FVRH

Lulu1955 thinks this response is helpful

Was this response helpful? [Yes](#) | [No](#)

I feel my pain was overlooked

Posted By bowdens02



Story viewed 590 times

I was induced at 37 weeks pregnant on the Antenatal Ward at Forth Valley Royal Hospital. Upon arrival I was placed on the monitor for an hour and observations were completed. After the monitor and an internal examination, it was discovered I was having contractions and was 1 cm dilated. I was then induced using the pessary.

I was originally in a single room where my husband was able to stay. Later on, I was moved to another single room again where my husband could stay. During this time my contractions became more frequent at 2 minutes apart. I was given paracetamol and codeine for management. My contractions continued to become more intense and frequent.

I was then moved to another room, this time it was a shared room which meant my husband had to go home at 1 am. I stated at the time about how frequent my contractions were and my reluctance for my husband to go home. During this time I had asked on numerous occasions if I could have any further pain relief, to be told I could get more codeine later on.

Once my husband left, my waters broke. I buzzed and was questioned on whether it was my waters as there was "normally more fluid" despite the pessary also coming out, no assessment was done. Throughout this time any interaction I had was with the 1st year midwife student who understandably had to go and speak to a midwife, however no midwife ever assessed me.

After this my contractions were continuous with no relief in between. I was standing at the window as I was sweating and vomiting. Despite this I was never assessed. I kept buzzing and eventually the midwife came to see me and suggested going to the treatment room to be assessed, where I could get gas and air.

Upon examination it was discovered I was 9 cm dilated and was rushed through to the Labour Ward. They also had to phone my husband back in, he arrived for the birth with 30 minutes to spare. My daughter was born an hour and a half later. I was unable to have any further pain relief as it was too late, so all I was only able to manage my pain was gas and air.

My complaint is not regarding the staff who met me when I came in, or the midwives who delivered my daughter, they were all fantastic, including the student midwife. My complaint, however, is regarding the lack of communication with a midwife during the night and the fact that I had not been assessed in 12 hours despite my waters breaking and increased contractions.

I was undergoing growth scans throughout my pregnancy as there is a family history of pre-eclampsia from my mum. However, in my time on the Antenatal Ward I only had my blood pressure checked once (when I arrived).

I feel my pain was overlooked and therefore had a traumatic experience and suffering which was avoidable, and it was also assumed that because I was induced it could take longer however my concerns were completely disregarded.

Response Feedback

Responses



Response from Alison McBride, Department Manager/Senior Midwife,
Women & Children, NHS Forth Valley 10 months ago



Dear bowdens02



Thank you for taking the time to feedback on your stay within Forth Valley Royal Maternity Unit. I am sorry to read that not all aspects of your stay were positive, and I want to apologise that you felt the communication and recognition of your pain was poor during your stay.

It is positive to read that you felt well supported on admission and during the birth of your daughter and I hope that you are settling into life as a family well.

I would like to discuss this with you further if you feel able as this will allow me to try and fully understand where we can improve our care in the future.

My contact details are below, and I would ask that you leave a message with your name and contact number if I am not at my desk when you call or include them in an email.

Take care and best wishes for the future.

Alison McBride

Department Manager/Head of Midwifery

alison.mcbride@nhs.scot

01324 567480

Was this response helpful? **Yes** | **No**

The story was shared at the Department's Senior Staff and Team meetings to ensure learning was shared regarding the points within the author's story and highlighted across the Directorate.

3.7 Compliments

Clinical areas and departments receive compliments in a number of ways, this includes thank you cards, letters, emails and telephone calls. The feedback is displayed within their areas, and discussed at their morning huddles. This has a very positive impact on the staff, and gives them a real understanding of the impact they have on patients and their families. The compliments are captured and recorded on our risk management system (Safeguard) within the Customer Services module. We have also on a number of occasions developed some of the compliments into patient stories, which are shared across NHS Forth Valley.



Below is a small example of the compliments we have received during 2022/2023

Compliment 1

"I have just had cataract surgery at Falkirk Community Hospital by Dr Cadwick and his team. From the minute you enter the day ward from the receptionist to the very friendly nurses you feel quite relaxed. That is down to the excellent staff they are a huge credit to the NHS in Scotland. My operation took about 40 minutes as I do not have a voice box a lovely nurse held my hand throughout the whole procedure. What an example of professionalism and friendliness towards myself and other patients. Tea, coffee and water were offered on a regular basis once again thank you so much."

Compliment 2

"I just wanted to thank your fantastic staff in the RACU unit following my referral there yesterday and return visit today for a CT Scan. All of them were so friendly, efficient, caring, and supportive. I cannot thank them enough for their diligence in ensuring I had the right diagnosis and treatment without delay. I'd particularly like to thank Debbie and Maggie and also Pauline (front desk). Nothing was too much trouble for any of them. In this day and age of constantly hearing negatives about the NHS in the press, it is so important to recognise such high standards of care; please can you make sure the FVR Management Team get this feedback. We have spoken to them all personally, but they deserve to have recognition internally as well. With grateful thanks to all."

Compliment 3

"My wife has been on ward A31 for the best part of a week now. I have visited every day and I really want to pass on my admiration and respect for all the staff. Despite being incredibly busy, they all make time for a personal touch, and I can honestly say that my wife's progress had benefited from a calm and warm approach from all around her.

I'd like to mention two nurses particularly. Lucy, who was on duty until yesterday, has gone out of her way to make sure that we understand all that is happening and that my wife is well looked after. Claire, today, impressed me with a level of professional skill and a caring

attitude that couldn't be beaten. Today I watched Claire first bring real calm to a difficult inter-personal situation with a skillful touch I can only envy. Then she turned straight away to my wife to talk about today's scan and re-assure us as if it was the most important thing.

The whole ward had been like that. For which, I am certain the ward leadership must take credit.

FVRH is very fortunate to have such able, willing, and compassionate staff. Please convey my gratitude and respect to the ward."

Compliment 4

"My wife has been treated at Oncology for the last 4-5 months and is about halfway through. We have been into Oncology countless times, and every single time the staff have been just brilliant. The whole department has a warmth and friendliness to it that just leaves you feeling so strongly supported. Nothing is too much trouble and the whole approach has made my wife and myself feel very secure.

A special mention for the staff who greet you on arrival – the ever-cheerful Diane, Denise, Erin and Tracy – apologies to the others whose names I've forgotten – that look after you just wonderfully. They leave me in awe.

Behind the scenes there are so many others and they are a great team that provide so much help and support as patients go through tough journeys. I am sure that a lot of thought and energy go into making and supporting such a strong ethos and the Oncology leadership are doing a very good job."

Patient Letters

Dear Sir or madam I want to say thankyou to all the staff that cared for me while I was in hospital

I was taken by 2 ambulance drivers on Sunday 17th April at approx 2 am in the morning. These two ambulance people were so helpful and took me to the emergency dept

This dept did everything to help

I had an x-ray and the doctor said he was keeping me in. He sent me upstairs to the acute division.

I was in A&E room

This was a very busy area but from the dinner / tea ladies who made sure I had a feed and drinks to the nursing staff who were so caring in assisting you yet so professional in what they did, I felt comfortable and that helped with my problems.

I also want a big thank you to the two doctors, consultant

Dr Scungul and Mr Patterson as I didn't have to worry as they let me know what was being done for me.

I just would like to say all my treatment was very very good

Please excuse my writing. I am 83 yrs of age and shaky. But felt I had to say what a great caring staff that I met

Many Many thanks to all

Mrs Logan Peattie

Re Patient Compliment

I was recently in your A and E Department at the Forth Valley Royal Hospital before being transferred to a surgical ward and just wanted to write and say thank you for the excellent care and treatment I received whilst in your care.

In the A and E Department I was in a lot of pain and very anxious and this was coupled with being away from home (I was on holiday for a night with my daughter and young grandchildren in Stirling) and was not familiar with the hospital at all. I felt so blessed to be under the care of Dr Laura (A and E Consultant). Words cannot express my appreciation; you are a truly remarkable doctor and very professional. Please also pass on my thanks to the nursing staff, the porters and to the housekeeping team who kindly fed my grandchildren, keeping them happy! Thank you all once again,

Warm regards



3.8 Web Based Safeguard System

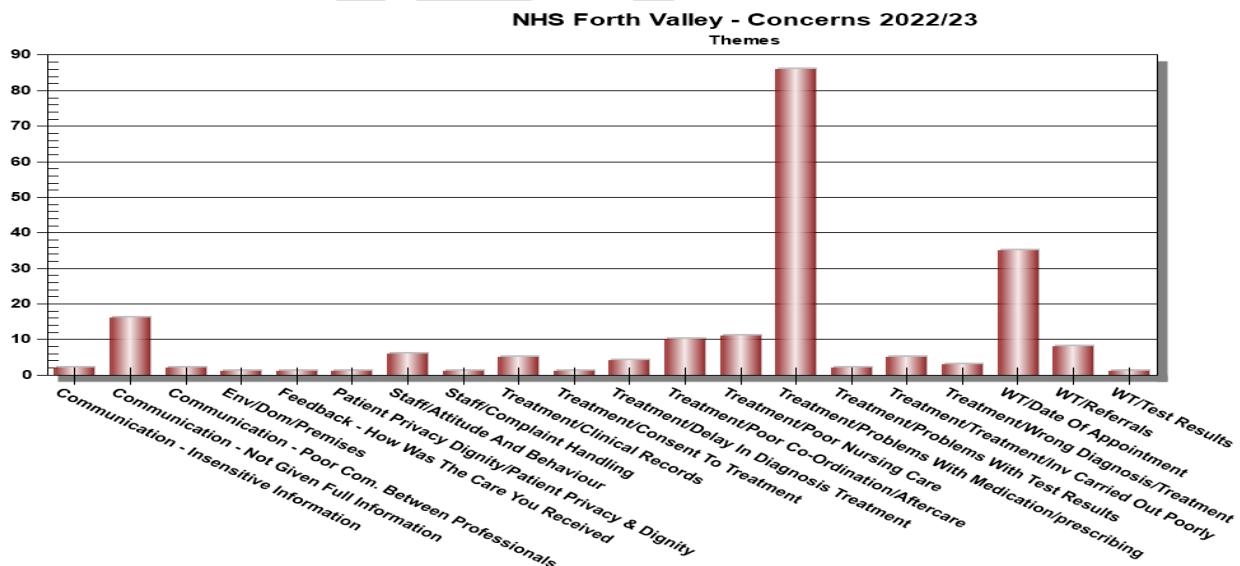
We have continued to make progress this year in capturing and recording Feedback, Comments, Concerns, Compliments and Complaints to produce robust reports to influence service changes and improvements. Whilst this is managed centrally, wards and departments including the Prison Healthcare Service can input data locally. In addition, the data from the system is fed into the Nursing dashboard, this informs the wards/departments of their activity around feedback encouraging and promoting ownership within the clinical teams. Feedback cards are widely available for patients, families, and carers to complete.

Concerns

NHS Forth Valley continues to capture concerns and to date 181 concerns have been received for 2022/23. NHS Forth Valley has a real ambition to actively listen to patients and their families experience whilst in our care and will continue to work tirelessly to embed the Complaints Handling Procedure with a real emphasis on continuous improvement in a real time manner whilst capturing concerns and complaints raised through the stage 1 process.

A breakdown of the top 3 themes from concerns are:

- Clinical Treatment/ Problems with Medication/Prescribing
- Waiting Time/Date of Appointment
- Communication – Not Given Full Information



3.9 Social Media

Social Media & Website Feedback

NHS Forth Valley encourages patients, families, carers, and staff to provide feedback through our website and social media channels.



To highlight some of the feedback and comments we receive, our Communications Department shares feedback on our social media channels every Friday *#FeedbackFriday*. This initiative helps recognise the work of local staff and services. Additionally, it provides a platform to strike up a conversation and generates increased feedback, with patients often sharing their thanks and experiences of the services being highlighted. Staff often 'tag' their colleagues in the posts making them feel valued and appreciated. It also helps enhance the reputation of local staff, services and the wider organisation – patients often mention that it's nice to see positive comments about the NHS instead of negative comments.

We also have a short online feedback form on our website www.nhsforthvalley.com/feedback which encourages people to share their healthcare experiences. This is shared with staff to inform and recognise good practice and boost staff morale. In 2022/23 we received 253 compliments via the feedback form on the website.

See below some examples of the feedback we have received via our website.

When being admitted whilst in labour, many of the nurses and midwives who handled my care could not have been any more impeccable if they tried. Whilst waiting for an exam and bed, I remember Katherine looking after me. She was so genuine and down to earth and couldn't be any more accommodating, she kept me calm and her humour really helped me through. I also remember Heather, Mandy, and Lorraine who all deserve a medal for putting up with me when I didn't think I could go on. I felt as though I was in incredibly safe hands and appreciate all that they each did for me I couldn't have done it without them, they were absolutely amazing.

I attended Falkirk Community Hospital for my flu and COVID Vaccines. From booking in to the actual vaccinations the care and attention was second to none. The whole process went smoothly and very well organised. Well done to NHS Forth Valley staff at Falkirk Community Hospital for their excellent care and organisational skills.

One week ago today, I had a stroke. I was on my own and very frightened. Thankfully, my saviours came in many guises, from the exemplary ambulance crew, who assured me that I was in their care and tried to alleviate my fears to the excellent team in the Emergency Room, who, alongside Dr. Byrne attended to me with care, compassion and respect and saw me on the road to recovery. To every member of the Stroke Team Staff in Ward 21 and all who help in stroke situations. From the tea/dinner ladies and cleaning ladies and all others who cared for me until I was discharged, I cannot thank you enough. In my darkest hour, you gave me your all. THANK YOU!

I just wanted to say a big thank you to Claire and Hazel in ICU, FVRH. Our mother was sadly in ICU and I cannot appreciate the nurses within this unit more than I do right now. Their kindness towards my family and my mother in what was to be a very sudden passing, couldn't be appreciated more. I hope they know that they helped guide us through a horrible unexpected part of life in such a nice and professional way, thank you.

3.10 Person Centred Emergency Department Visits

As a test of change the Person-Centred Team introduced daily visits to the Emergency Department, the aim of this was to speak with patients and provide (non-clinical) support to patients and their families that had been waiting for long periods of time.

Since the introduction of the Emergency Department visits in October 2022 the Person-Centred Team has spoken with over 800 patients and their loved ones.

When a concern is raised by a patient or a loved one, it is highlighted to the nurse in charge and is dealt with. Feedback from the visits is shared with the Team on a weekly basis.

The table below gives a small example of some the support given to patients and their loved ones. Patients and their relatives are very grateful for the support from the Team and feel that the service provided is invaluable.

Support Provided

Supported patients and chatted to patients who were waiting on beds and medication to go home. Provided tea and toast to patient, chatted about her experience in department, feeling much better and grateful to staff for all the help and support they have received during their time in ED.

Department busy, all okay, spent time and chatted with patient who had been in a Road Traffic Accident, all okay staff kind and helpful, really supportive.

Spent time with a family and chatted about experience, felt staff could be a bit more communicative about what was happening, chairs in waiting room unacceptable and not acceptable for long waits. Apologised for experience and asked staff to update family.

Patient was unsure of their medication and was getting upset, asked a member of the nursing team to support the patient.

Chatted with family who were very thankful for daughter to be in hospital as all staff very supportive and happy to get to root cause of difficulties. Daughter has been getting no answers through GP very critical of GP system.

Supported lady to contact her family at home. We called and lady grateful for help, provided her with an extra pillow for comfort.

Provided patient water and clarified information regarding his pain relief. Spoke with a family who could not thank staff enough, very grateful for help and support.

4 Next Steps

NHS Forth Valley continues to develop and enhance our current processes and systems to provide constructive and informative feedback to our staff to support learning and continued improvement. It is important that we continue to listen and learn from our complaints and feedback, detailed below are our areas for improvement going forward into 2022/2023:

- Focus on expanding the use of Care Opinion across NHS Forth Valley
- Develop our Patient Stories and utilise them as methods of promoting good practice and as a training tool for staff
- Develop and expand the methods used for capturing feedback and showcasing the feedback gathered.
- Continue to have a focus, as an organisation on the ways we capture and evidence the learning from feedback.
- We remain committed to the “What Matters to You” programme making sure we take time to understand what really matters to our patients, using this feedback to inform the care, comfort and communication when we are invited to be part of a patient’s experience.
- Work with teams to capture key opportunities to consider and reflect the ways in which they receive complaints and deliver responses that highlight learning to keep our patient’s safe and reflect the positive learning culture that NHS Forth Valley aspires to.
- Improve and develop the support provided to Directorates in the management of complaints.
- Provide a robust training programme across NHS Forth Valley to understand the management of complaints.
- Person Centred Team will be leading a project to gather feedback from patients/relatives accessing the complaints service.

It is important as we conclude this report to take an opportunity for NHS Forth Valley to convey thanks to the contributors of the report, equally as important to say thank you to the staff of NHS Forth Valley who take pride in working alongside patients, families and carers and are always locally and nationally at the very front of delivering person-centred care.



FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2023

6.5 Assurance Committee Membership Update For Approval

Sponsor: Ms Janie McCusker, Chair

Author: Ms Kerry Mackenzie, Head of Policy and Performance

Executive Summary

This paper sets out proposed changes to the NHS Board Assurance Committee Structure for 2023/2024.

Recommendation

The Forth Valley NHS Board is asked to:

- **approve** the revised Assurance Committee membership and structure for 2023/2024

Key Issues to be considered

In accordance with Standing Orders, and as a result of changes and new appointments in the NHS Board membership, a review of the NHS Forth Valley Committee Structure has been undertaken. In making these changes, the NHS Board Chair has taken into consideration the non-executive's commitments to NHS Forth Valley. A review of the structure has also considered Integration Joint Board Health Board representatives however note that this will be further considered following a review of the Integration Schemes.

This paper details the Assurance Committee Chairs and Vice Chairs, noting the positions remain unchanged.

The detail of the revised Assurance Committee Structures is attached at Appendix 1.

Assurance

Not applicable

Implications

Financial Implications

There are no financial implications arising from this proposed change in membership.

Workforce Implications

There are no workforce implications arising from this proposed change of membership.

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

Not Applicable to this document.

Relevance to Strategic Priorities

The proposal supports the NHS Board's corporate objectives, notably:

- Plan for the future.
- Protect and improve the Health and Wellbeing of the people of Forth Valley whilst reducing health inequalities.
- Support broader social and economic development.
- Improve our focus on safety, quality, and sustainability.
- Value and develop our people.
- Demonstrate best value using our resources.
- Promote and build integrated services locally and regionally.
- Build systems and processes to direct, control and improve our authorising and operating environments.
- Demonstrate behaviours that nurture, and support transformational change across our health and care system.

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

Discussions with Non-Executive Members have informed the proposal within this paper.

Additional Information

There is no additional relevant information in respect of this paper.

Appendices

- Appendix 1: Assurance Committee Membership September 2023

Appendix 1

COMMITTEE MEMBERSHIP SEPTEMBER 2023

<div>CLINICAL GOVERNANCE COMMITTEE</div> <div>MEMBERS</div> <div>Chair: Michelle McClung Kirstin Cassels Robert Clark Wendy Hamilton Gordon Johnston (V) Janie McCusker John Stuart</div> <div>2 members of Public Involvement Network</div> <div>Q – 3 Non-Executive Directors</div> <div>ATTENDING Lynda Bennie (S) Amanda Croft Frances Dodd Graham Foster Andrew Murray (EL) Kevin Reith</div>	<div>ENDOWMENTS COMMITTEE</div> <div>MEMBERS</div> <div>Chair: Fiona Collie Robert Clark Amanda Croft Gerry McGarvey John Stuart (V) Scott Urquhart (EL)</div> <div>Q – 3 Non-Executive Directors</div> <div>ATTENDING Jonathan Procter (S)</div> <div>Membership is open to all appointed Board members acting as Trustees.</div>	<div>AUDIT & RISK COMMITTEE</div> <div>MEMBERS</div> <div>Chair: Fiona Collie Robert Clark Gerry McGarvey John Stuart (V)</div> <div>Q – 2 Non-Executive Directors</div> <div>ATTENDING Amanda Croft Scott Urquhart (EL)</div>	<div>PERFORMANCE & RESOURCES COMMITTEE</div> <div>MEMBERS</div> <div>Chair: Martin Fairbairn Kirstin Cassels Robert Clark (V) Fiona Collie Wendy Hamilton Janie McCusker</div> <div>Q – 3 Non-Executive Directors</div> <div>ATTENDING Amanda Croft Frances Dodd Kerry Mackenzie (S) Andrew Murray Jonathan Procter Kevin Reith Scott Urquhart (EL)</div>	<div>STAFF GOVERNANCE COMMITTEE</div> <div>MEMBERS</div> <div>Chair: Allan Rennie Robert Clark Gordon Johnston Stephen McAllister (V) Janie McCusker Gerry McGarvey</div> <div>4 Lay members</div> <div>Q – 4 Members</div> <div>ATTENDING Amanda Croft Frances Dodd Kevin Reith (EL) Scott Urquhart</div>	<div>FALKIRK INTEGRATION JOINT BOARD</div> <div>MEMBERS</div> <div>Voting Gordon Johnston Stephen McAllister (V) Michele McClung</div> <div>Non-Voting Amanda Croft Andrew Murray Frances Dodd</div> <div>Audit Committee Gordon Johnston (C)</div> <div>Clinical & Care Governance Committee Stephen McAllister (V)</div>		<div>CLACKS/STIRLING INTEGRATION JOINT BOARD</div> <div>MEMBERS</div> <div>Voting Amanda Croft Martin Fairbairn Gordon Johnston Stephen McAllister Allan Rennie (C) John Stuart</div> <div>Non-Voting Andrew Murray</div> <div>Audit Committee Martin Fairbairn (V)</div> <div>Finance & Performance Committee Gordon Johnston (V)</div>
<div>ETHICAL ISSUES SUB COMMITTEE</div> <div>MEMBERS</div> <div>Chair: Michele McClung Gordon Johnston Andrew Murray (EL) Spiritual Care</div> <div>Q – 2 Members</div>	<div>ORGAN DONATION COMMITTEE</div> <div>MEMBERS</div> <div>Chair: Allan Rennie Andrew Murray (EL)</div>	<div>PHARMACY PRACTICES COMMITTEE</div> <div>MEMBERS</div> <div>Chair: John Stuart (See ToR)</div>		<div>REMUNERATION COMMITTEE</div> <div>MEMBERS</div> <div>Chair: Allan Rennie Robert Clark Fiona Collie Martin Fairbairn Michelle McClung Janie McCusker (V)</div> <div>Q – 3 Non-Executive Directors</div> <div>ATTENDING Kevin Reith (EL)</div>	<div>FALKIRK COMMUNITY PLANNING PARTNERSHIP</div> <div>MEMBER Janie McCusker</div>	<div>CLACKMANNANSHIRE COMMUNITY PLANNING PARTNERSHIP</div> <div>MEMBER To be confirmed</div> <div>STIRLING COMMUNITY PLANNING PARTNERSHIP</div> <div>MEMBER To be confirmed</div>	

E/L= Executive Lead
Q = Quorum

S – Support to Executive Lead
V = Vice-Chair

FORTH VALLEY NHS BOARD
TUESDAY 26 SEPTEMBER 2023

6.6 Assurance Committee Meeting Dates 2023/2024 For Approval

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Authors: Miss Sinead Hamill, Board Secretary; Ms Kerry Mackenzie, Head of Policy and Performance

Executive Summary

This paper sets out proposed Assurance Committee dates for 2023/2024.

Recommendation

The Forth Valley NHS Board is asked to:

- **approve** the proposed Assurance Committee dates for 2023/2024.
- **note** Remuneration Committee dates align with national requirements are still to be confirmed.
- **note** consideration to be given to increasing the frequency of the Staff Governance Committee meetings from quarterly to 6 meetings a year.

Key Issues to be considered

The NHS Board is primarily responsible and accountable for setting strategic direction, holding executives to account for delivery, managing risk, engaging with stakeholders, and influencing organisational culture.

To support the work of the NHS Boards a framework of appropriate standing committees should be put in place to support the delivery of good governance supporting the NHS Board to operate within the Clinical Governance, Financial Governance and Staff Governance Framework.

Standing committees are established on a permanent basis and are responsible for the scrutiny of functions, services and matters delegated to them by the NHS Board, making decisions, recommendations, and escalating issues to the Board, as appropriate.

The Board's framework of standing committees includes Audit and Risk Committee, Clinical Governance Committee, Remuneration Committee, Performance and Resources Committee and Staff Governance Committee. In addition, to provide the necessary governance around the regulatory framework for the award of licences for new pharmaceutical premises, a Pharmacy Practices Committee is in place.

The proposed Assurance Committee dates for 2023/2024 are attached at Appendix 1. Note the Pharmacy Practices Committee meets as required.

Assurance

Not applicable

Implications

Financial Implications

There are no financial implications arising from this paper.

Workforce Implications

There are no workforce implications arising from this paper.

Infrastructure Implications including Digital

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

Sustainability Implications

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

Sustainability Declaration

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

☐ Yes

☒ N/A

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

Quality / Patient Care Implications

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

Information Governance Implications

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

Risk Assessment / Management

Not Applicable to this document.

Relevance to Strategic Priorities

The proposal supports the NHS Board's corporate objectives, notably:

- Plan for the future.
- Protect and improve the Health and Wellbeing of the people of Forth Valley whilst reducing health inequalities.
- Support broader social and economic development.
- Improve our focus on safety, quality, and sustainability.
- Value and develop our people.
- Demonstrate best value using our resources.
- Promote and build integrated services locally and regionally.
- Build systems and processes to direct, control and improve our authorising and operating environments.
- Demonstrate behaviours that nurture, and support transformational change across our health and care system.

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

Discussions with Non-Executive Members have informed the proposal within this paper.

Additional Information

There is no additional relevant information in respect of this paper.

Appendices

- Appendix 1: Assurance Committee dates 2023/2024

NHS Forth Valley - Schedule of Meetings 2024/2025

Forth Valley NHS Board

1. Tuesday 28 May 2024
2. Friday 14 June 2024 - TBC (Special Board)
3. Tuesday 30 July 2024
4. Tuesday 24 September 2024
5. Tuesday 26 November 2024
6. Tuesday 28 January 2025
7. Tuesday 25 March 2025

Forth Valley NHS Board Seminars

1. Tuesday 9 April 2024
2. Tuesday 11 June 2024
3. Tuesday 6 August 2024
4. Tuesday 8 October 2024
5. Tuesday 3 December 2024
6. Tuesday 11 February 2025

Assurance Committees

Audit and Risk Committee

1. Friday 7 June 2024
2. Friday 25 October 2024
3. Friday 24 January 2025
4. Friday 21 March 2025

Clinical Governance Committee

1. Tuesday 14 May 2024
2. Tuesday 9 July 2024
3. Tuesday 10 September 2024
4. Tuesday 12 November 2024
5. Tuesday 7 January 2025
6. Tuesday 11 March 2025

Endowment Committee

1. Friday 7 June 2024
2. Friday 25 October 2024
3. Friday 24 January 2025
4. Friday 21 March 2025

Performance & Resources Committee

1. Tuesday 30 April 2024
2. Tuesday 25 June 2024
3. Tuesday 27 August 2024
4. Tuesday 29 October 2024
5. Tuesday 17 December 2024
6. Tuesday 25 February 2025

Remuneration Committee

To be agreed

Staff Governance Committee

1. Friday 14 June 2024
2. Friday 13 September 2024
3. Friday 13 December 2024
4. Friday 14 March 2025

7.1 Assurance on Patient Safety For Assurance

Executive Sponsor: Mr Andrew Murray, Medical Director

Executive Summary

On the 26th of August 2023 the Micheal Matheson, Cabinet Secretary for NHS Recovery, Health and Social Care wrote to NHS Board Chairs and Chief Executives requesting a number of assurances in light of the Lucy Letby case. See appendix 1.

These assurances are:

- Evidence that NHS Forth Valley systems for the early identification, reporting and robust timely investigation of patient safety concerns are effective.
- Multiple sources of information including data on patient outcomes to support that assurance.
- Examples of concerns that have been raised through whistleblowing procedures or escalation from the point of care to senior leaders.
- Review of clinical and staff governance committees, to gauge their level of effectiveness.
- Confirmation that executive and clinical leaders are engaged with Healthcare Improvement Scotland's "Learning from adverse events through reporting and review framework" update.
- How NHS Forth Valley has used iMatter questions relating to raising concerns.


Recommendation

The Forth Valley NHS Board is asked to:

- **note** the letter sent from Michael Matheson MSP.
- **note** the response and the assurances provided to Michael Matheson MSP detailed in appendix 2.

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 proposed on the basis that the response to the letter received from Michael Matheson MSP provides detail of the systems and processes within NHS Forth Valley that support raising concerns, particularly staff raising patient safety concerns, with detailed recent illustrative examples of how those systems work and their effectiveness.

Key Issues to be Considered

The detailed response in respect of the assurances requested is noted at Appendix 2.

Implications

Financial Implications

There are no immediate financial implications arising from this paper.

Workforce Implications

There are no immediate workforce implications arising from this paper.

Infrastructure Implications including Digital

There are no immediate infrastructure implications arising from this paper.

Sustainability Implications

There are no immediate sustainability implications arising from 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

This letter provides an overview of specific expectations to provide assurance of patient safety and systems in place to respond to patient safety concerns being raised by staff.

Information Governance Implications

There are no immediate information governance implications arising from this paper.

Risk Assessment / Management

Risks, including those which have patient safety implications, are assessed using the NHS Forth Valley Risk Assessment matrix. This has categories considering Patient Harm (including circumstances which could trigger organisational duty of candour), Patient Experience, Service/Business Interruption which considers disruption/loss of service that could impact quality of care, and a Workforce category which considers staff wellbeing, skills mix and competency levels.

Relevance to Strategic Priorities

Relevant to the Quality Strategy and Clinical Governance Strategic Implementation Plan.

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

Response drafted by Mr Andrew Murray, Medical Director; Prof Frances Dodd, Executive Nurse Director and Mr Kevin Reith, Interim Human Resources Director.

Appendices

- Appendix 1: Letter from Michael Matheson MSP
- Appendix 2: Response to letter from Michael Matheson MSP

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NHS Board Chairs
NHS Board Chief Executives

26th of August 2023

PATIENT SAFETY IN THE WAKE OF THE LUCY LETBY VERDICT

Dear Colleagues,

I raised the awful case of Lucy Letby at my meeting with NHS Board Chairs on 21 August. My thoughts are with the parents and families of her victims.

In light of this horrific case, I believe there is a need to reassure ourselves that the existing processes and systems for the early identification, reporting and robust timely investigation of patient safety concerns within NHS Scotland are fully effective. I am therefore asking that you provide that reassurance in several ways, considering multiple sources of information, including data on patient outcomes, alongside concerns that may already have been raised through your whistleblowing procedures or escalation from the point of care to senior leaders.

Well-integrated corporate and clinical governance is a fundamental element of a well-functioning healthcare system. Much work has been done on good governance within NHS Scotland and I believe there is a merited level of confidence in its quality: but, in the interests of guarding against complacency and identifying any further improvements - no matter how small - I would like you to review your clinical and staff governance committees, to gauge their level of effectiveness.

Healthcare Improvement Scotland is updating the *Learning from adverse events through reporting and review* framework. It is essential that executive and clinical leaders are engaged with this work and, as part of your review, I would appreciate your confirmation that this is the case.

All Boards will now have sight of the results of the iMatter questions relating to raising concerns, both at Board and Directorate level. I expect these results to be used to identify areas for improvement within your Boards, and to aid meaningful discussions with staff and managers. We need to be certain that staff benefit from psychologically safe environments, where they feel empowered to raise issues and concerns that they see in the workplace, driving better and safer outcomes for patients and for staff.

We should all be proud of the good work that has taken place over the last few years on improving workplace culture and increased protection for whistleblowers, in light of the valuable improvements they can enable. The Scottish Government takes speaking up and whistleblowing in our NHS very seriously and has, over several years, put in place a number of policies to support, promote and

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www.gov.scot

encourage staff to use whistleblowing arrangements to raise concerns, including about patient safety, so that Boards can address these at the earliest possible stage.

The Scottish Government will publish the Improving Wellbeing and Workplace Cultures Framework and Action plan in late 2023, which builds on the actions set out in the 2022 National Workforce Strategy. I welcome the joint working with Boards to develop a clear framework of values, behaviours and competencies for our most senior leaders, to ensure that those who lead our organisations demonstrate and support the creation of positive working cultures. As Board Chairs, you are responsible for holding the Board Chief Executives to account for the culture of your organisations. I would be grateful for your assurance, supported by evidence, that you are discharging this responsibility.

I suggest that you reply to me with your initial responses before our next Chairs' meeting on XX , when we will discuss your findings and consider whether any further work is needed.

For the future, it is possible that the forthcoming inquiry may reveal lessons or make recommendations that are relevant to our work here in Scotland. The Scottish Government is engaging with the Department of Health and Social Care to understand the scope of the inquiry in response to the Letby verdict. My officials will monitor the inquiry carefully, and liaise with you throughout.

Of course, the Letby case is a dreadful aberration, and I ask that you, alongside your executive teams, consider what support you can offer staff, particularly in those areas that may feel most vulnerable following the outcome of the trial. I have asked my officials to follow up on this staff engagement through the usual channels.

We should never be complacent. We all have a responsibility to make sure we can give assurance to patients, families, staff and the people of Scotland that we treat matters of patient care with the utmost gravity. I look forward to working with you to make sure we have full confidence in giving that assurance.



MICHAEL MATHESON

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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Response to letter from Michael Matheson dated 26 August 2023

Introduction

On the 26th of August 2023 the Cabinet Secretary wrote to NHS Board Chairs with a request that various assurances be sought in light of the Lucy Letby case. The letter is appended.

These assurances are:

- Evidence that NHS Forth Valley systems for the early identification, reporting and robust timely investigation of patient safety concerns are effective.
- Multiple sources of information including data on patient outcomes to support that assurance.
- Examples of concerns that have been raised through whistleblowing procedures or escalation from the point of care to senior leaders.
- Review of clinical and staff governance committees, to gauge their level of effectiveness.
- Confirmation that executive and clinical leaders are engaged with Healthcare Improvement Scotland's "Learning from adverse events through reporting and review framework" update.
- How NHS Forth Valley has used iMatter questions relating to raising concerns.

Systems and Processes Descriptions

Below are descriptions of the systems and processes that enable early identification, reporting and robust timely investigation of patient safety concerns, with example of actions taken after individual concerns were raised, where appropriate for that system.

Safeguard Incident Reporting (IR1)

Incident reporting is a cornerstone of safety. All patient safety IR1s categorised orange or red are reviewed through the Sharing Intelligence process by the Head of Clinical Governance, the Executive Nurse Director, and the Medical Director. This is a weekly process ensuring regular, complete visibility of moderate or serious reported concerns to the Executive leads. This process also allows rapid commissioning of Significant Adverse Event Reviews

Example of Concerns Raised And Action

The SAER report (appended) presented to every Clinical Governance Committee meeting contains granular detail of the incidents raised that translated into SAERs, with details of the SAER as well. For incidents that don't proceed to SAER the recording from the Sharing Intelligence meeting documents the outcome of every incident report discussed and is available for review.

Whistleblowing Process

NHS Forth Valley have significantly strengthened their Whistleblowing arrangements in the last year with the development of a whistleblowing network. This has strengthened the number of confidential contacts from 2 to 12 and has identified lead investigators for the process. Based on feedback from reporters and working with the INWO NHS Forth Valley have also refined processes to strengthen the communication with the reporter, clarity around the scope of the investigation, and strengthening of the agreement of confidentiality

with all witnesses. The Network is made up of the Executive Lead for Whistleblowing, the Whistleblowing administrator, the Non-executive Whistleblowing champion, the confidential contacts and the lead investigators. This network is aimed to enhance learning from experience, provide support to contacts and investigators, as well as to strengthen the consistency of approach across the whole system. The governance arrangements for Whistleblowing are that it is formally reported quarterly through the clinical governance committee to the board and is noted at the staff governance committee. Quarterly reports are also submitted to the INWO in respect of all Forth Valley whistleblowing activity.

Example of Concerns Raised And Action

NHS Forth Valley have taken the opportunity to develop and learn from the experiences shared by reporters of whistleblowing incidents. This has included the commissioning of a full-service review, supported cultural improvement plans for teams to develop team dynamics and support a psychologically safe environment, the development of enhanced systems of work to ensure staff have oversight and contribution to the working of the ward environment, some changes to leadership location to support visibility for staff, development of escalation methods to support staff confidence in leadership actions and the commissioning of a culture review within a wider team, to support an environment where staff feel listened to and where their contribution is welcomed and encouraged.

Speak Up

The Speak Up service was launched in December 2021 as a confidential, impartial service delivered by trained advocates and ambassadors with a Speak Up Toolkit developed after consultation within the organisation. It provides a listening ear and signposting to support staff with concerns. It operates alongside the Whistleblowing Standards, where the Speak Up Ambassadors serve as confidential contacts.

Signposting policies and one off support have had a positive impact and we aim to review the work of the Speak Up initiative to consider how it can complement Whistleblowing activity. As part of this work we will look to learn from experience to date which has involved considering how isolated specific service or people related issues are addressed most effectively to avoid them becoming a more complex concern.

iMatter Raising Concern Questions

The iMatter results for this year have been reviewed as part of our follow up work with the Board level responses on the new Raising Concern questions being presented to our Staff Governance Committee. We are pleased with the positive response showing an average of 79 for “I can safely raise concerns about issues in my workplace” and 73 for “I am confident that my concerns will be followed up and responded to”.

We have not identified significant variation between the Board and Directorate scores however we are encouraging discussions across the organisation to ensure that raising concern themes are appropriately reflected in discussions to agree improvement actions. We are keen to reflect on this first year of focus on raising concerns in iMatter and to engage in the national reflections to inform future cycles. We will also be connecting this work with the outputs of our extensive organisation wide engagement to inform the discovery phase of our Compassionate Leadership and Culture programme. During August we have been completing a synthesis exercise which will inform the design and delivery phases of the programme.

Patient Safety Conversation Visits

In 2022, NHS Forth Valley Board endorsed the implementation of a programme of post-pandemic Patient Safety Conversation Visits. Most Board members have had the opportunity to participate in these visits which are across the estate of NHS Forth Valley. These have allowed Board members to see and speak to patients and also spend time with staff to hear their experiences. These visits are formally recorded, and summaries are shared with the teams afterwards, including actions that have been agreed. Follow up visits are also undertaken as standard. The Board and Clinical Governance Committees have overseen the programme and recently received a first year evaluation, with agreement to continue and expand.

Example of Concerns Raised And Action

Staff have shared that the visits have 'given them the permission' to raise issues around supporting patient safety and staff wellbeing. An example is in the last six months was a ward where the need to ringfence the treatment room for daily patient interventions, despite bed pressures, was raised by the clinical team as a patient safety concern and subsequently actioned by the Executive Team working with the Duty Management Team.

Medical Trainees, Induction & Medical Education Supervision

The Medical Director welcomes the new trainees joining NHS Forth Valley and as part of that induction presentation describes clearly how to raise concerns and the many routes available (presentation available if required).

Examples of Concerns Raised and Actions

In May 2020, concerns were raised by trainees directly emailing the Medical Director regarding consultant continuity and possible patient safety compromise. This resulted in the commissioning of an organisational SAER 00054, the findings of which were accepted later in 2022, following a detailed investigation.

In early 2022, concerns were raised to the Director of Medical Education regarding safety and culture within a specific team. This triggered a trainee survey to assess the extent of the behavioural issues. Actions from that were to ensure re-deployment of trainees into other teams for their wellbeing and to broach the concerns raised with the key individuals.

At the end of 2022 concerns were raised regarding emerging safety issues in a specific ward, to the DME who escalated those to the Medical Director. The MD convened a series of SLWG meetings resulting in trainee feedback in July 2023 demonstrating the environment and situation had significantly improved.

Redacted evidence of these incidents is available if required.

NMAHP Professional Leadership Review

A full review of NMAHP professional leadership has been undertaken to establish robust professional leadership accountability and responsibility across Forth Valley, including raising and dealing with concerns from staff. This has set out long term models of professional leadership with transition arrangements to support the model developing. The review focussed on the high-level professional leadership roles and indicated a need for wider review across the team based professional leadership structures. The review strengthens the governance responsibilities of NMAHP professional leaders and how this

complements the general management structures to ensure robust clinical and professional service delivery within a strengthened clinical and workforce governance framework.

NMAHP Strategic Enhancement Plan

The NMAHP leaders across Forth Valley have come together to develop the attached Strategic Enhancement Plan (STEP) to create collective direction in relation to the NMAHP contribution to corporate objectives, as well as a commitment to strengthening the cultural aspects of staff wellbeing and psychological safety across the NMAHP professional community. This approach is coupled with individual objective setting to support dissemination of the actions across the whole organisation. This work is founded on a key principle of building a culture of psychological safety by exhibiting authentic compassionate leadership which will enable raising concerns.

External Partners - Deanery Quality Visits

These visits to assess the quality of under- and post-graduate medical teaching and training can be either scheduled or triggered. During these visits senior medical and trainee staff are interviewed, and their feedback used to inform improvement plans. These may relate to patient safety. The latest visit (2023) highlighted a specific patient safety concern. This resulted in immediate actions to mitigate and inclusion in a medium term improvement plan. The Clinical Governance Committee has received two formal updates on the progress against the improvements, clearly indicating the transparency of how individuals raising patient concerns translate into organisational and Board awareness and meaningful actions to resolve them.

External Partners – HIS and Safe Delivery of Care

In December 2022, following two Healthcare Improvement Scotland inspections, the Executive Director of Nursing identified a need to enhance current governance structures to ensure effective leadership was in place to address the concerns identified, looking specifically at the “Safe Delivery of Care”. An Oversight Group was established to ensure there was a whole system improvement and learning.

The Oversight Group is accountable to the Clinical Governance Committee and is supported by a Working Group and Short Life Working Groups (SLWGs). These Groups incorporate leaders and multi-professional practitioners from across the organisation and are taking forward actions to address HIS specific requirements, as well as understanding impact of these actions. The SLWG’s report progress to the Oversight Group via the main working group and the use of SLWGs has increased the cultural reach of the Oversight Group.

This structured governance approach ensured there is clear accountability and strong leadership to drive cultural changes forward. The detailed governance arrangements for the Safe Delivery of Care project plan is in the appendix.

Significant pieces of work overseen through the Oversight Group have been the development and refinement of risk assessments to support staff being sent to work outwith their base wards, thereby connecting individual’s concerns to a transparent organisational process where those concerns are heard and worked through, and, similarly, risk assessment for patients in contingency areas which asks staff to quantify the safety issues for individual patients with those findings escalated daily to the Hospital Safety Huddle, which has the Acute Directorate’s senior management present.

Assurance Committees

In 2021, following a commissioned external review of the Emergency Department, an action plan was generated which included a root and branch review of the Clinical Governance Committee and supporting processes. This resulted in several actions including a development session for the Committee to better understand its roles and responsibilities. The full action plan was completed with oversight by Internal Audit. The final report was submitted to NHS Forth Valley Clinical Governance Committee in September 2023. The Chair and the Board should therefore have a high degree of confidence that the CGC is functioning effectively.

To supplement the formal assessments, in early 2023 the Executive Nurse and Medical Directors and the Head of Clinical Governance undertook a series of deep dives into all Directorate Clinical Governance processes to receive assurance of their effectiveness and identify where improvement was required.

Work is ongoing with the Staff Governance Committee to ensure that it is receiving the appropriate level of assurance for all relevant activity against the Staff Governance Standard strands. The outcome of the annual audit report with recommendations for enhancement of the work of the Committee has been fully accepted and the actions in response will form the basis of improvement work for the remainder of this performance year. The appointment of an Interim Director of Human Resources will ensure continuity of delivery and work is ongoing to ensure that the actions are progressed and that the Staff Governance Committee members are fully engaged in enhancing the work of the committee and to ensure effective delivery against key strategic workforce risks.

In addition, a formal governance review has been undertaken by Prof John Brown, as part of escalation, and is expected imminently which may have further recommendations.

Patient Outcomes

The Clinical Governance Safety & Assurance report is attached below. This report provides complete transparency on patient outcomes, risks, and issues. Particularly :

- HSMR is historically <1.00. When this has risen above 1.00 clear action has been taken to understand this change.
- The programmes around specific areas of harm (falls, pressure ulcers, deteriorating patient etc) are highlighted in this report at every CGC meeting and where improvement is needed is clearly identified.
- All Directorates are required to confirm their governance processes are working as intended in this report which also allows for escalation of issues to the Clinical Governance Committee.

Confirmation that executive and clinical leaders are engaged with Healthcare Improvement Scotland's "Learning from adverse events through reporting and review framework"

The Head of Clinical Governance and Lead SAER Manager both participate in the ongoing HIS "Learning From Adverse Events" and active members of the network, ensuring NHS Forth Valley is fully aligned with the national direction and this is evidenced in the latest draft of NHS Forth Valley SAER Policy. The Medical & Nurse Director regularly receive email updates from the network and in addition, the NHS Forth Valley annual Safety Culture Event, chaired by the Medical Director, is actively supported by HIS colleagues with a presentation this year by HIS on learning systems (July 2023).

Conclusion

This paper explains the systems and processes within NHS Forth Valley that support raising concerns, particularly staff raising patient safety concerns, with detailed recent illustrative examples of how those systems work and their effectiveness. We believe the paper provides a reasonable level of assurance that NHS Forth Valley has effective systems in place.

Andrew Murray
Medical Director

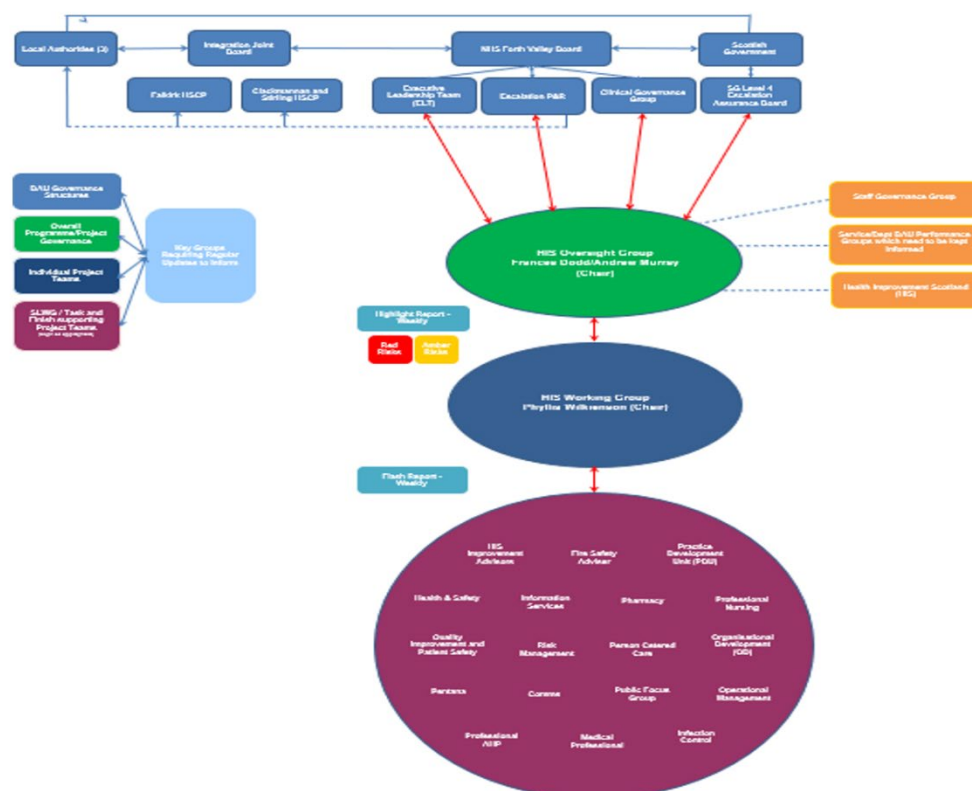
Frances Dodd
Executive Nurse Director

Kevin Reith
Interim Director of Human Resources

Appendices:

- NMAHP Governance Structure
- NMAHP STEP Diagram
- SAER Report
- Safety & Assurance Report
- PSCV Annual Report
- Letter Cabinet Secretary

NMAHP Governance Structure



				
NHS Forth Valley NMAHP Enhancement	20230905 CGC Item 11.1 Significant Adver:	20230905 CGC Item 8.1 Safety and Assura	Agenda Item 11.1 Patient Safety Convers	20230905 CGC Item 7.4 Letter from Micha

FORTH VALLEY NHS BOARD
TUESDAY 26 SEPTEMBER 2023

7.3 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

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 adequate processes are in place to monitor, manage, investigate, and ensure learning from issues in relation to infection prevention and control.

Key Issues to be Considered:

- Total SABs remain within control limits. There were no hospital acquired SAB in August.
- Total DABs remain within control limits. There was one hospital acquired DAB in August.
- Total CDIs remain within control limits. There were no hospital acquired CDIs in August.
- Total ECBs remain within control limits this month. There were four hospital acquired ECBs in August.
- There have been no deaths with MRSA or *C.difficile* recorded on the death certificate.
- There were no surgical site infections in August.
- There were four COVID-19 outbreaks reported in August.

Implications

Financial Implications

None

Workforce Implications

None

Infrastructure Implications including Digital

None

Sustainability Implications

None

Sustainability Declaration

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

☐ Yes
☒ N/A

Quality / Patient Care Implications

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

Information Governance Implications

None

Risk Assessment / Management

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

Relevance to Strategic Priorities

AOP Standards in respect of SABs, ECBs, DABs & CDIs.

The AOP target has now been extended to March 2024.

- *Staph aureus* bacteraemias (SABs)
There was 2 SABs this month.
- *Clostridioides difficile* infection (CDIs)
There were 2 CDIs this month.
- *Escherichia coli* bacteraemias (ECBs)
There were 14 ECBs this month.
- Device associated bacteraemias
There were 3 DABs this month.

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

Infection Prevention & Control Team

Additional Information

Nil

Appendices

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

Healthcare Associated Infection Reporting Template (HAIRT)

August 2023

NHS Forth Valley



**Infection Prevention
& Control Team**

HAI Summary

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

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

SUMMARY FOR THIS MONTH

- COVID-19 inpatient numbers have increased this month, predominantly due to the new variant XBB1.16 circulating NHSFV
- There were four reported outbreaks of COVID-19 this month.
- On 27th June 2023, Bellsdyke Hospital had an unannounced HIS inspection. The draft report has been received and the expected date for publication is the 21 September 2023.
- There were no SSIs reported this month.

Performance at a glance

	Total No of Cases	Month RAG status
<i>Staphylococcus aureus</i> bacteraemia (SABs)	2	
<i>Clostridioides difficile</i> infection (CDIs)	2	
<i>Escherichia coli</i> Bacteraemia (ECB)	14	
Device associated bacteraemia (DABs)	3	
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 two healthcare acquired SAB this month.
- Total SAB case numbers remained within control limits this month.

Device associated bacteraemia

- There was one 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 four hospital acquired ECBs this month.
- There were nine 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 two healthcare acquired CDIs this month.
- Total CDI case numbers remained within control limits this month.

Surgical site infection surveillance

- There were no surgical site infection reported this month.

Key HAI related activities

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

Glossary of abbreviations

Following feedback from stakeholders below is a list of abbreviations used within this report:

HAI - Healthcare Acquired Infection
SAB – *Staphylococcus aureus* bacteraemia
DAB – Device Associated Bacteraemia
CDI – *Clostridioides* Infection
AOP – Annual Operational Plan
NES – National Education for Scotland
IPCT – Infection Prevention & Control Team
HEI – Healthcare Environment Inspectorate
SSI – Surgical Site Infection
SICPs – Standard Infection Control Precautions
PVC - Peripheral Vascular Catheter

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

Definition of a bacteraemia

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

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

Cause definitions for *Staph aureus* and device associated bacteraemia

Hospital acquired

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

Healthcare acquired

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

Nursing home acquired

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

HAI Surveillance

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

Staph aureus bacteraemias (SABs)

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

NHS Forth Valley's approach to SAB prevention and reduction

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

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

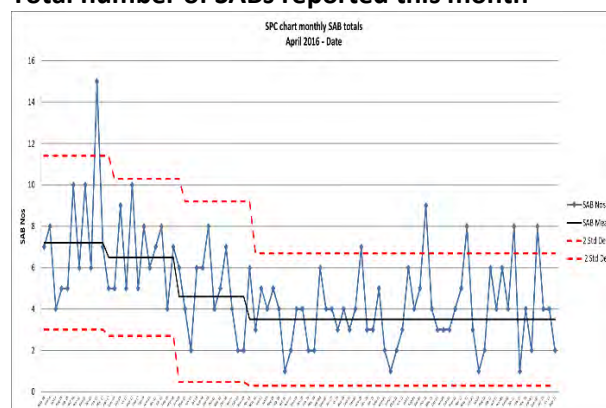
August 2023

Monthly Total	2
Hospital	0
Healthcare	2
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.

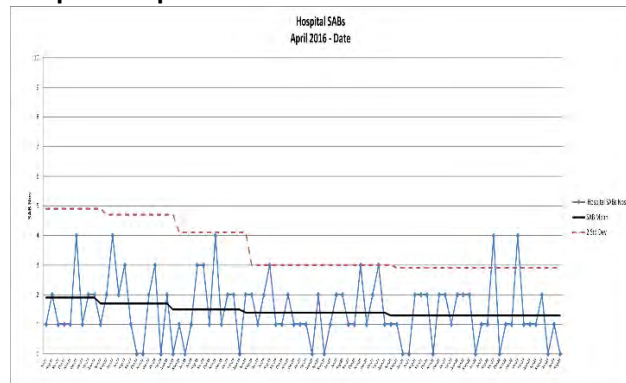
Staph aureus bacteraemia total – April 23 to date - 20

Total number of SABs reported this month



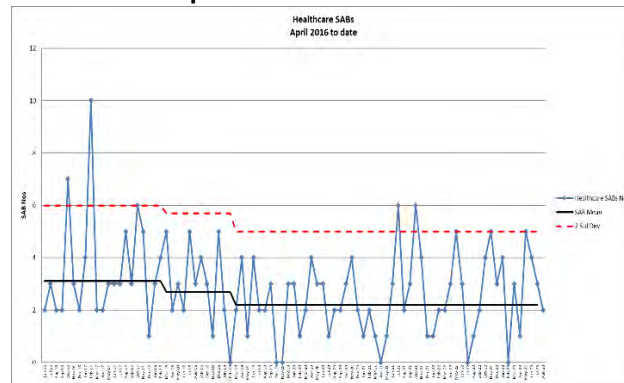
Comments: Case numbers remain within control limits this month. No concerns to raise.

Hospital Acquired SABs



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

Healthcare Acquired SABs



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

Source	No. of Infections
Healthcare	2
Fistula	1
Permacath	1
Grand Total	2

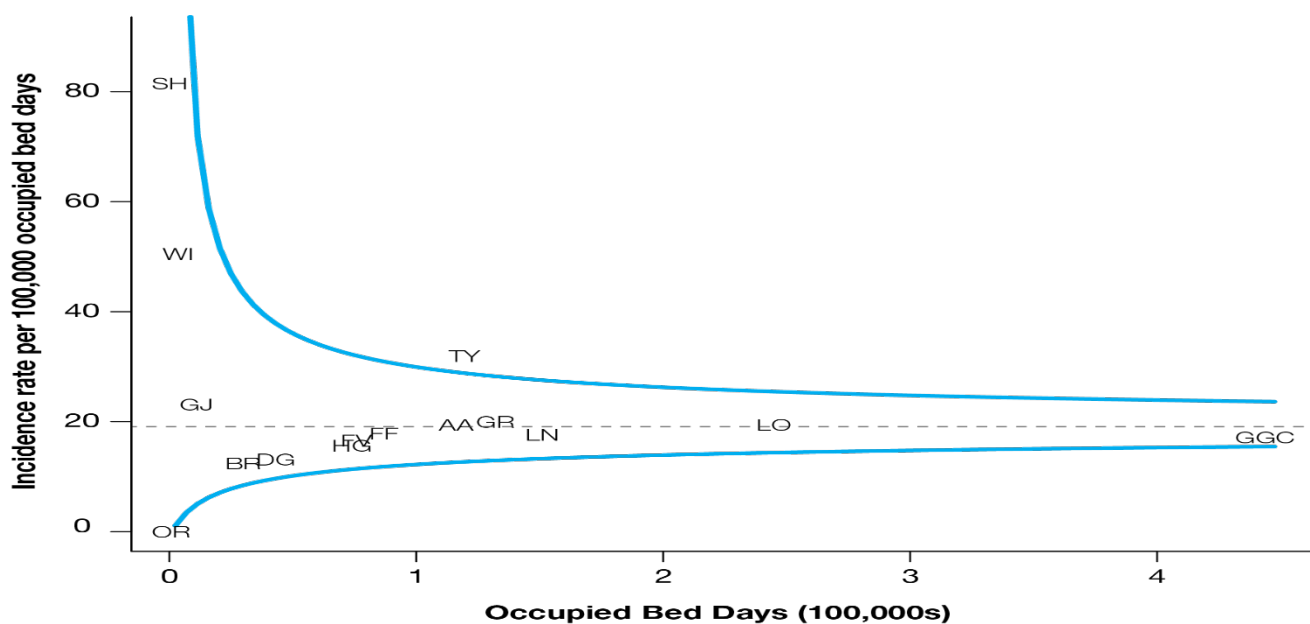
Breakdown

There were 844 blood cultures taken this month, of those there was in total 2 blood cultures that grew *Staph aureus*. This accounts for 0.2% 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 published 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 FV's 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.

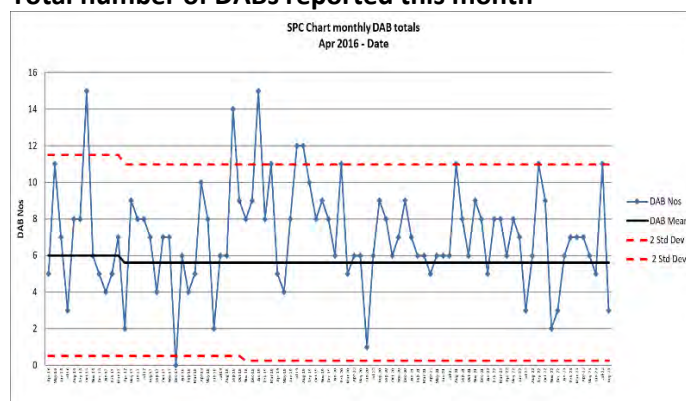
August 2023

Monthly Total	3
Hospital	1
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 23 to date – 32

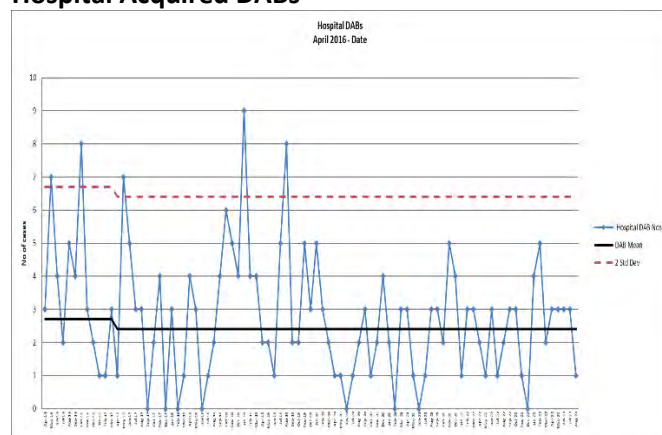
Total number of DABs reported this month



Comments:

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

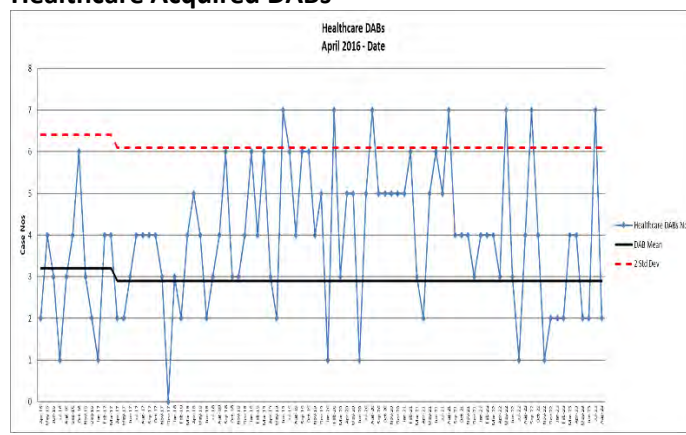
Hospital Acquired DABs



Comments:

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

Healthcare Acquired DABs



Comments:

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

Breakdown

Source	No. of Infections
Healthcare	2
Urinary Catheter long term	1
Permacath	1
Hospital	1
Urinary Catheter long term	1
No attributed ward	
Grand Total	3

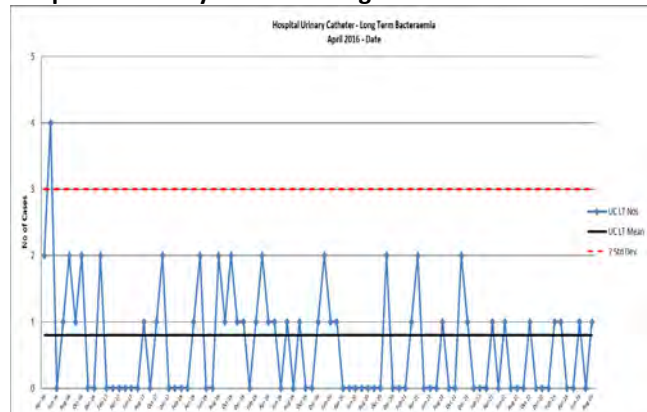
There were 844 blood cultures taken this month, of those there were in total 3 blood cultures that were associated with devices. This accounts for 0.4% of all blood cultures taken this month. There was one hospital acquired DAB this month; this accounts for 0.1% of all blood cultures this month.

Hospital DABs

- UCLT - Patient admitted with sepsis from community hospital. Not attributed to a ward as documentation fully completed.

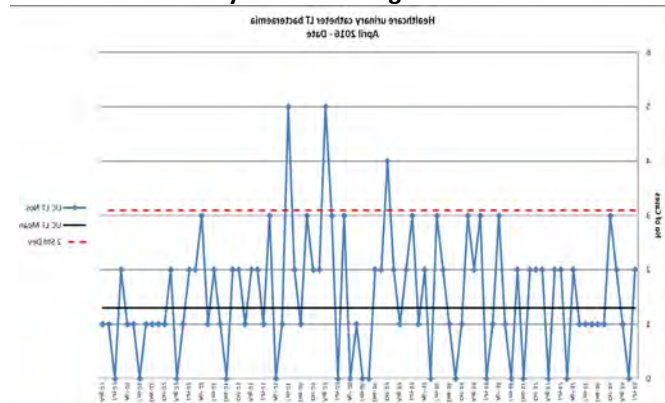
The graphs below provide an overview of the number of device associated bacteraemias, however, it doesn't provide sufficient detail of the individual device and whether the number of infections have exceeded control limits. Below are graphs relevant to the identified devices for this month.

Hospital – Urinary Catheter Long Term



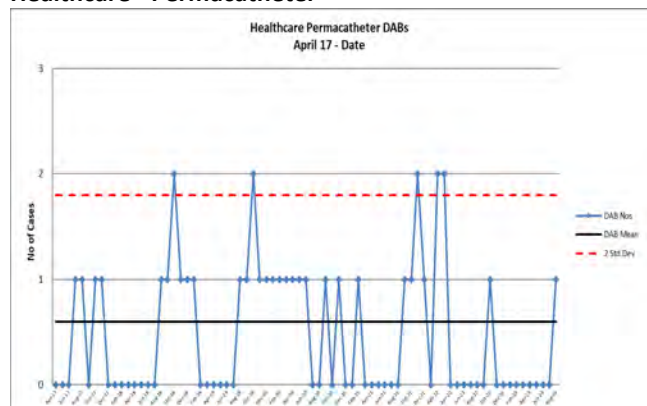
Comments: case numbers remain within control limits, no concerns to raise.

Healthcare - Urinary Catheter Long Term



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

Healthcare - Permacatheter



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

Escherichia coli Bacteraemia (ECB)

NHS Forth Valley's approach to ECB prevention and reduction

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

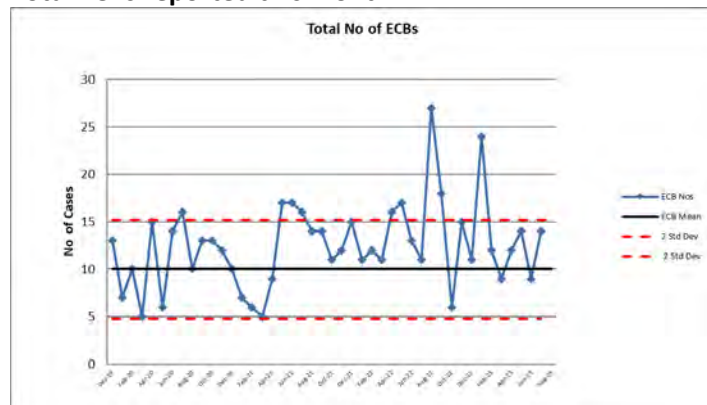
In NHS FV, device associated bacteraemias (DABs) surveillance has been ongoing since 2014 and have seen a reduction in urinary catheter bacteraemias over the years including *E. coli* associated infections and will hope to reduce so to achieve our target for 2023.

August 2023

Monthly Total	14
Hospital	4
Healthcare	9
Nursing Home	1

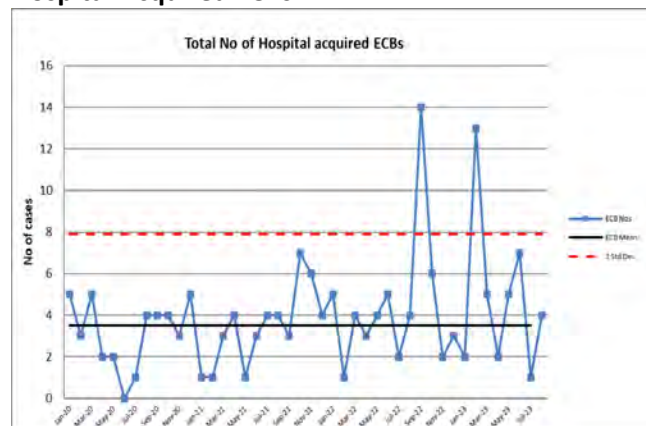
E coli bacteraemia infection total – April 23 to date - 58

Total ECBs reported this month



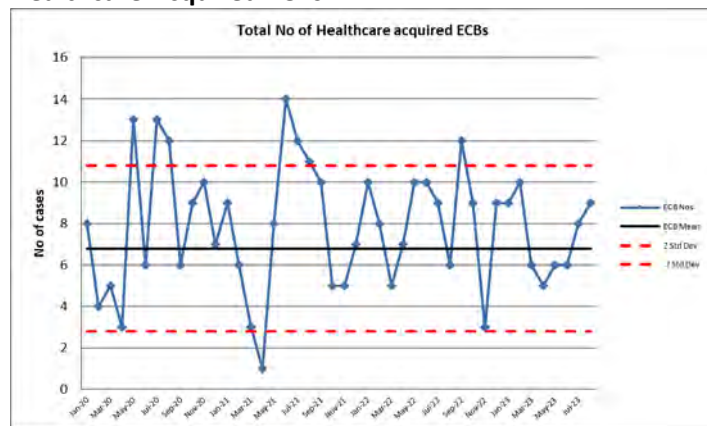
Comments: case numbers remain within control limits this month, no concerns to raise.

Hospital Acquired ECBs



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

Healthcare Acquired ECBs



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

Breakdown

There were 844 blood cultures taken this month, of those there were in total 14 blood cultures that grew *E. coli*. This accounts for 1.6% of all blood cultures taken this month. There were 4 hospital ECBs this month, this accounted for 0.5% of all blood cultures taken.

Hospital ECBs

- Post procedural - Day case patient for ERCP. Developed sepsis following procedure.
- Post procedural - History of gallstones and required biliary stent removal. Developed sepsis symptoms following ERCP.
- Respiratory tract – Patient admitted with constipation. Treated for respiratory infection during admission. Not attributed to ward as not deemed to be related to staff practice.
- UCLT – refer to DAB section above.

Post procedural ECBs

This month has seen an increase in post procedural infections. The healthcare sourced infection was attributed to a post TRUS procedure (prostate biopsy). There were two hospital post procedural infections reported this month and both associated with ERCP (a procedure used to remove gallstones, insert stents etc). Investigations identified that in both instances, procedures were complex in nature which resulted in infection. IPCT will continue to monitor.

Source	No. of Infections
Healthcare	9
Post procedural	1
Respiratory tract	1
Unknown	2
Urinary Catheter long term	1
UTI	2
Hepatobiliary	1
Renal	1
Hospital	4
Post procedural	
No attributed ward	2
Respiratory tract	
No attributed ward	1
Urinary Catheter long term	
No attributed ward	1
Nursing home	1
Unknown	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, this month the SG HAI Policy Unit evoked the National Support Framework in response to our data exceedances. Several meetings have been held with ARHAI and NHS FV following evocation and an agreed action plan has been submitted to SG. Support will be ongoing by ARHAI to assist FV in reducing ECBs over the coming months.

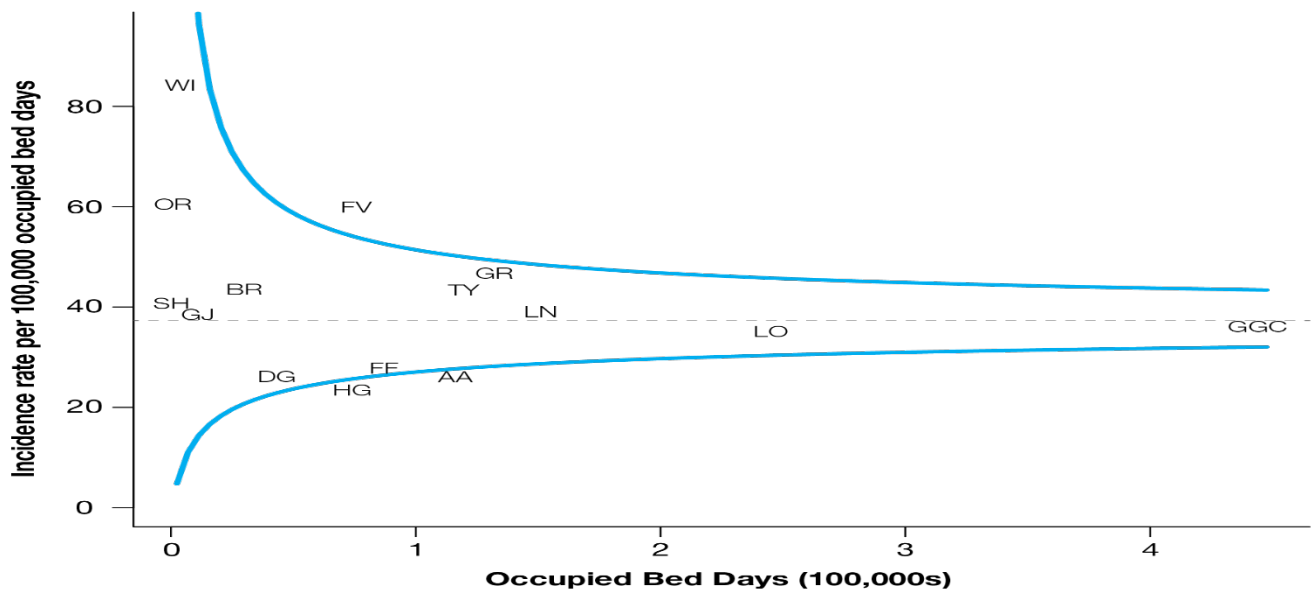
Actions include:

- Further review of catheter management across NHS FV
- NHSFV to engage with other boards across Scotland to gain an insight of infection reduction.

- NHS FV will explore processes from diagnosis to surgical intervention of patients with gall bladder obstruction to improve surgical lead times.
- To review prescribing practices across FV

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 published 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

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.

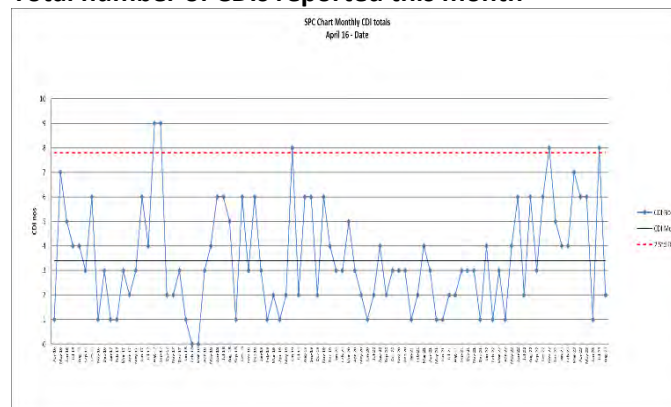
August 2023

Monthly Total	2
Hospital	0
Healthcare	2
Nursing Home	0

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

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

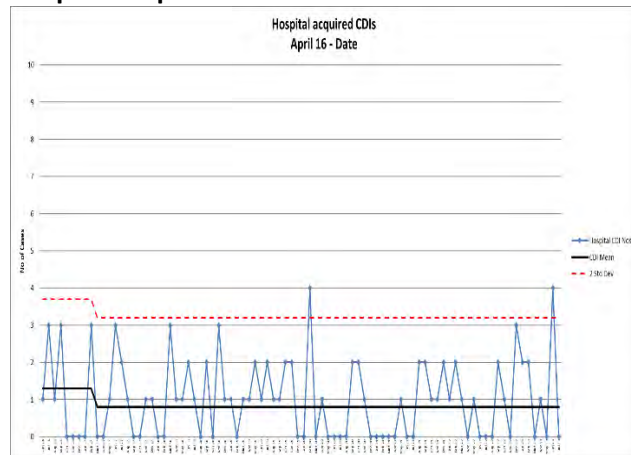
Total number of CDIs reported this month



Comments:

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

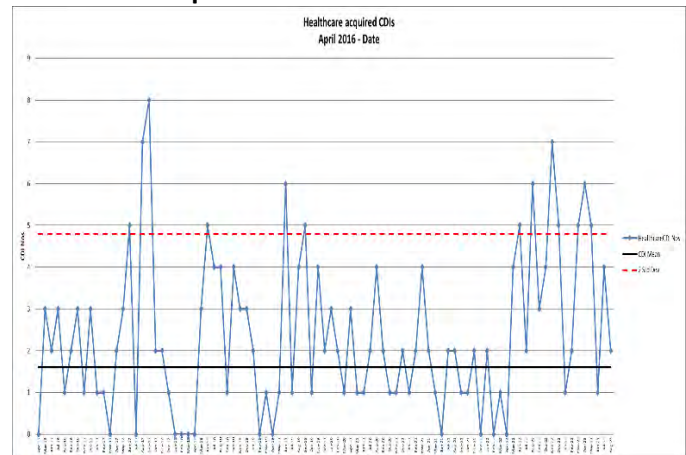
Hospital Acquired CDIs



Comments:

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

Healthcare Acquired CDIs



Comments:

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

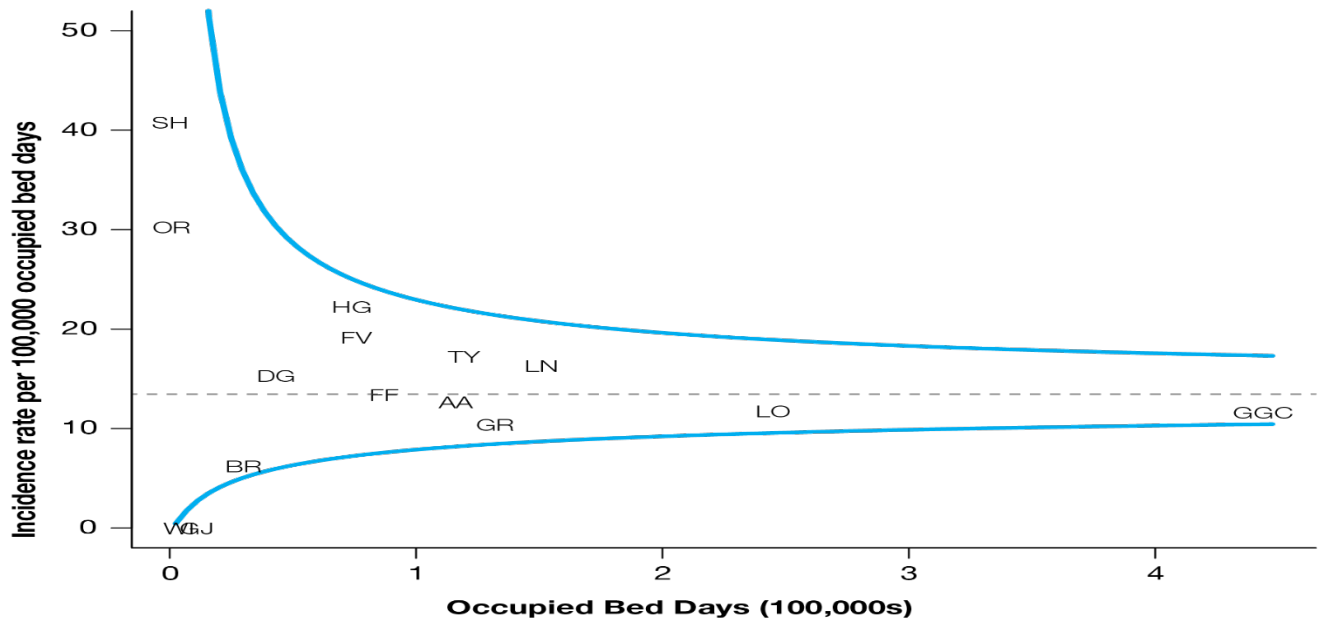
Feedback from ARHAI regarding increases in reported cases

ARHAI have compared our data nationally and have identified our data reported to ARHAI has also included infections from GP practices. The AOP target does not include infections arising from GPs and only those patients who have had hospital admissions. In-house retrospective analysis on FV data would suggest that healthcare infections (without infections associated with GP prescribing) would reduce by approximately 50% moving FVs position within the national mean rate.

Given the importance of monitoring prescribing and associated CDI infections from GP practices, it is intended from next month to report GP associated infections separately to maintain our patient focus of all CDI infections across FV.

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.



AOP TARGETS

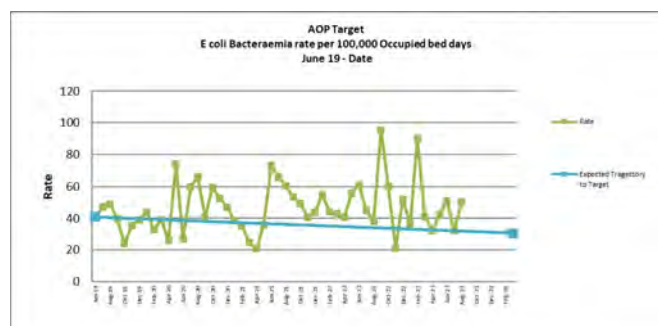
HAI AOP targets for 2019-2024

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.

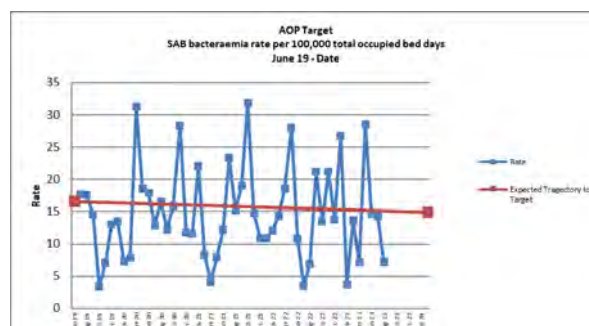
The table below highlights the targets for 2024 and the graphs below highlight progress towards these targets:

	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

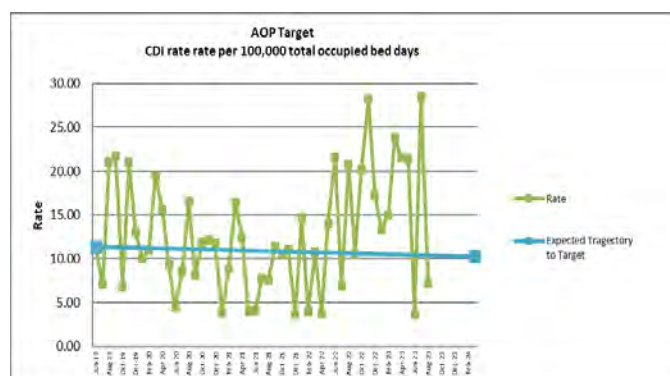
AOP target progress to date



Comments: Infection rate has increased this month and remains above trajectory.



Comments: Infection rates have decreased this month and is below trajectory.



Comments: Infection rates have decreased this month and is below trajectory.

Target Organism	Target Rate (per 100,000 total bed days)	Current Rate April 23 - date (per 100,000 total bed days)	Status
ECB	30.6	41.6	Above trajectory
SAB	14.9	14.3	Below trajectory
CDI	10.3	16.4	Above trajectory

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

Surgical Site Infection Surveillance (SSIS)

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

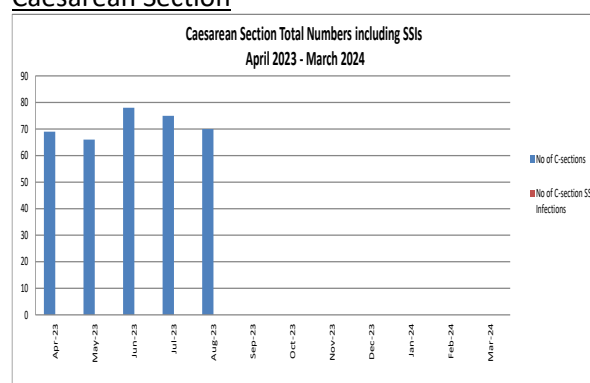
NHS Forth Valley's approach to SSI prevention and reduction

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

Breakdown

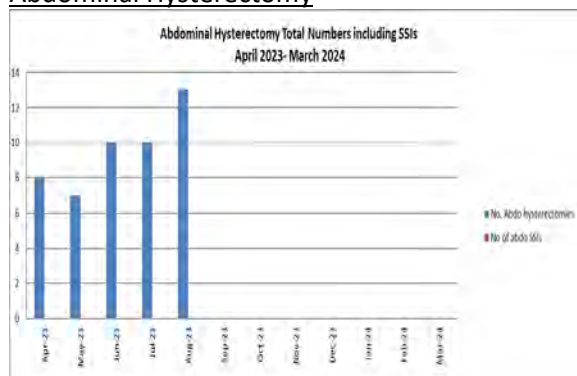
Procedure	Confirmed SSI
Abdominal Hysterectomy (v)	0
Breast Surgery (v)	0
Caesarean Section (m)	0
Knee Arthroplasty (v)	0
Hip Arthroplasty (m)	0
Major Vascular Surgery (m)	0
Large Bowel Surgery (m)	0

Caesarean Section



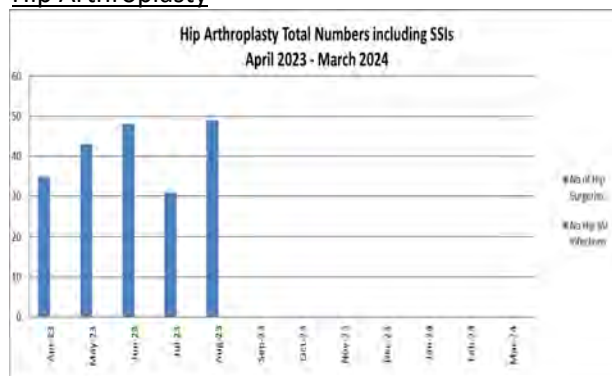
Comments: case numbers remain within control limits, no concerns to raise.

Abdominal Hysterectomy



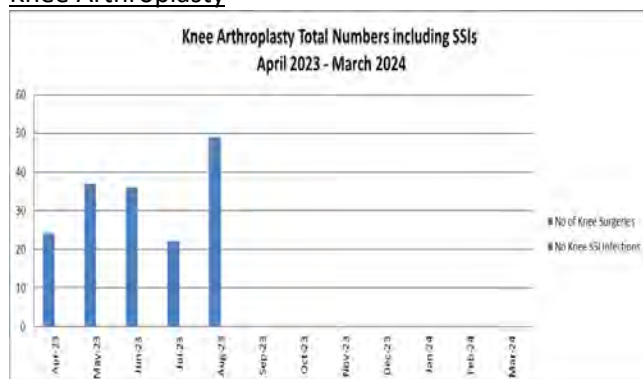
Comments: case numbers remain within control limits, no concerns to raise.

Hip Arthroplasty

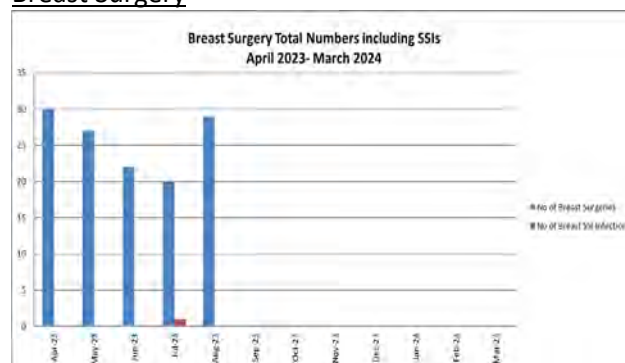


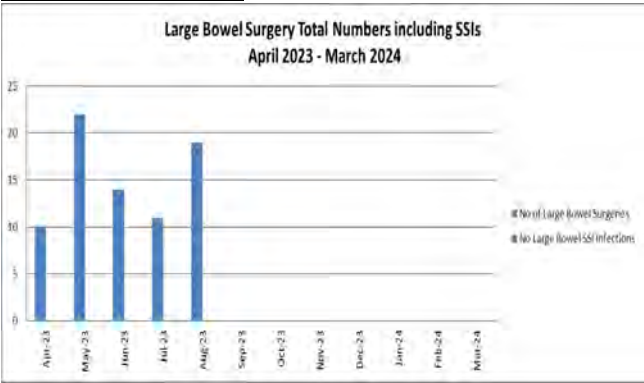
Comments: case numbers remain within control limits, no concerns to raise.

Knee Arthroplasty



Breast Surgery



Comments: case numbers remain within control limits, no concerns to raise.	Comments: case numbers remain within control limits, no concerns to raise.
<p>Large Bowel Surgery</p>  <p>Comments: case numbers remain within control limits, no concerns to raise.</p>	<p>Communication from Scottish Government has informed boards that national mandatory reporting of SSIs remains paused.</p> <p>NHS FV will continue to perform and report SSI surveillance.</p>

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

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

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

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

Hand Hygiene Monitoring Compliance (%) Board wide

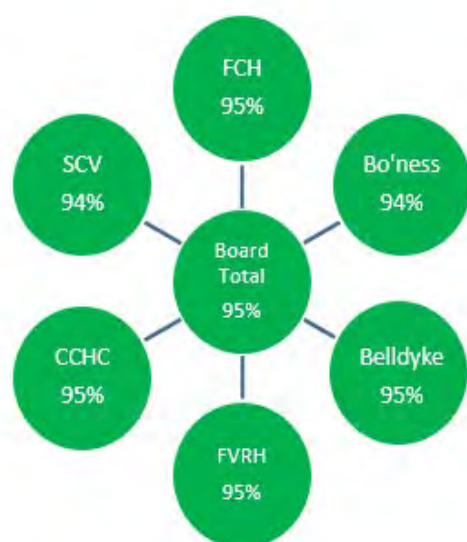
The data below is an extract from the Pentana dashboard. It includes the total % of compliance that is inputted on TCAB by the nursing staff. It also includes the uptake of staff who have completed the hand hygiene training module in Turas along with the total number of hand hygiene non compliances that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

<p>Hand Hygiene Compliance - TCAB</p> <p>August 2023 result</p> <p>✓ 98.35%</p>	<p>Training Hand Hygiene Compliance</p> <p>September 2023 result</p> <p>● 58%</p>	<p>Total Non Compliance Hand Hygiene</p> <p>August 2023 result</p> <p>30</p>
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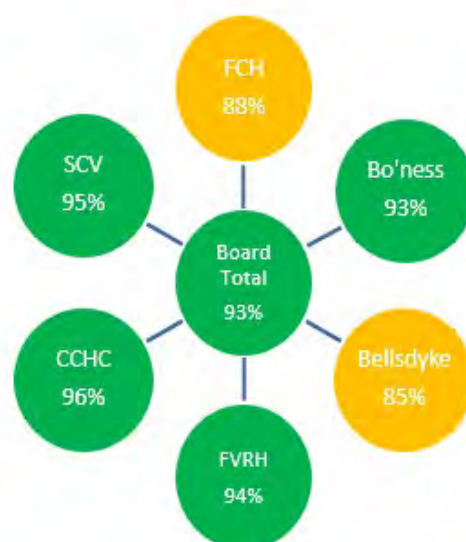
Estate and Cleaning Compliance (per hospital)

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 April – June 2023 (next published report October 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 Belldyke 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%. Belldyke 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.

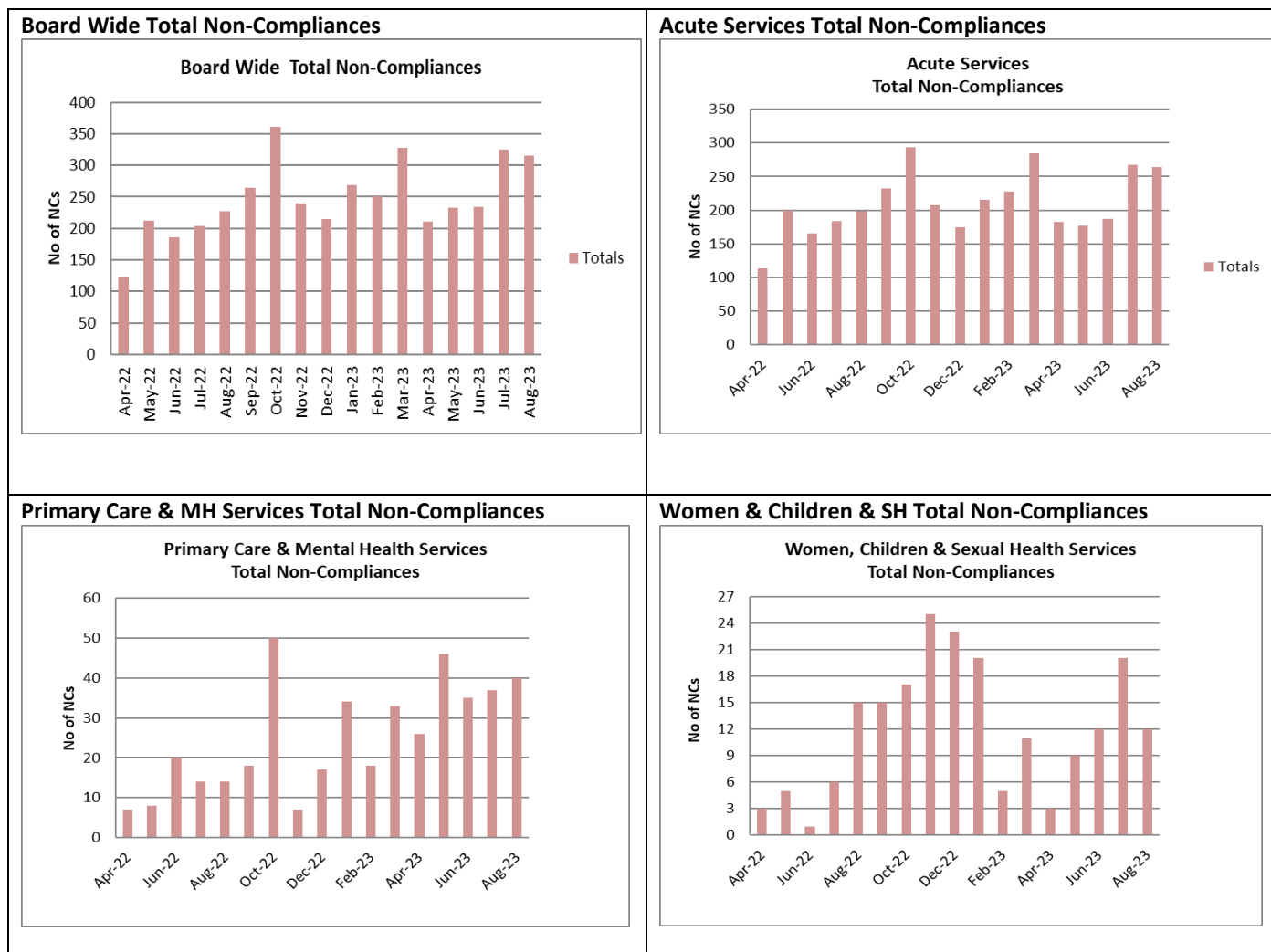
	Patient Placement	Hand Hygiene	PPE	Managing Patient Care Equipment	Control of the Environment	Safe Management of Linen	Safe Disposal of Waste	Totals
Acute Services	6	27	24	64	54	32	57	264
Primary Care & Mental Health Services	1	1	2	8	23	2	3	40
WC&SH Directorate	0	2	2	3	1	0	4	12
Totals	7	30	28	75	78	34	64	316

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

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

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

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



Incidence / Outbreaks

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

Healthcare Acquired Infection Incident Template (HAIT)

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

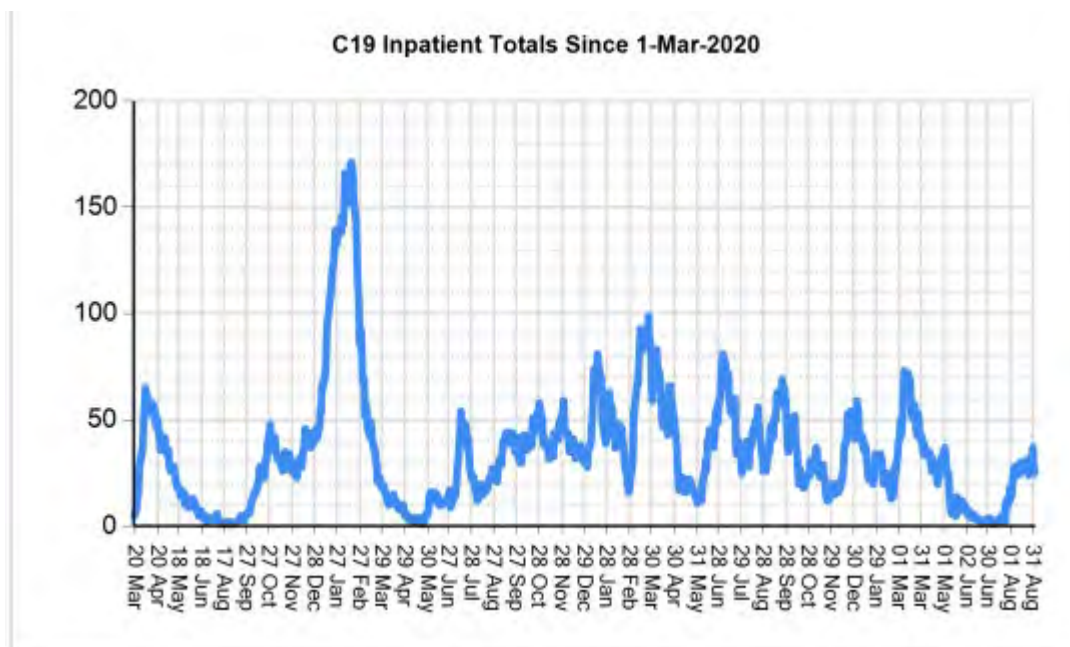
Outbreaks reported this month:

Ward	Type of Outbreak	No of patients affected
Unit 5 FCH	Covid	8

COVID -19

Covid-19 admissions and overall inpatient numbers have increased throughout the month predominantly due to the outbreaks identified and due to the new variant XBB1.16

See graph below of the inpatient case numbers.



HIS unannounced inspection to Bellsdyke Hospital

On Tuesday the 27th of 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. The draft report has been received and an action plan has been submitted. The expected date of the publication of the report is 21 September 2023.

FORTH VALLEY NHS BOARD
TUESDAY 26 SEPTEMBER 2023

7.4 Performance Scorecard For Assurance

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

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

Executive Summary

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

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


Recommendation

The Forth Valley NHS Board is asked to:

- **note** the current key performance issues.
- **note** the detail within the Performance Scorecard.
- **consider** the proposed level of Assurance.

Assurance

Proposed assurance level:

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

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

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

Key Issues to be considered

Following a period of remobilisation, the focus remains on recovery as the Board works to stabilise and improve. The Performance Scorecard considers key monthly metrics in relation to system-wide performance as we continue 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 was anticipated these would begin to be included in the Performance Scorecard presented to the August Performance & Resources Committee however work to progress this has stalled. We now aim to have this completed by the October meeting of the Performance & Resources Committee with reporting to the NHS Board in November 2023.

The Performance Scorecard is routinely presented to the scheduled meetings of the NHS Board and Performance & Resources Committee, and to members of the Executive Leadership 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 continue to be developed within the Pentana Performance & Risk Management System with graph detail from Pentana included in the scorecard.

Key Performance Issues

- ***Unscheduled Care***

Overall compliance with the 4 hour target in August 2023 was 59.9%; Minor Injuries Unit 99.8%, Emergency Department 52.1%. A total of 2,461 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 876 waits longer than eight hours, 273 waits longer than 12 hours and no waits longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,404 patients, noting this is a reduction from 1,422 in July. The number of patients waiting for first assessment continues to be as a result of issues in relation to capacity and flow. Wait for a bed accounted for 529 patients waiting beyond 4 hours with Clinical reasons accounting for 183 breaches.

In August there were 620 new attendances to Rapid Assessment and Care Unit (RACU), 161 of which were via ED.

- **Scheduled Care**

At the end of August 2023, the number of patients on the waiting list for a first outpatient appointment reduced to 19,302 from 19,902 in July however the number waiting beyond 12 weeks increased. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to August 2023 as 97% compliance.

The number of inpatients/daycases waiting increased to 4,797 from 4,704 with an associated increase in those waiting beyond 12 weeks. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to August 2023 as 108% compliance.

At the end of August 2023, 2,382 patients were waiting beyond the 6-week standard for imaging with 443 patients were waiting beyond 6 weeks for endoscopy. Activity against the remobilisation plan April to August 2023 is noted as 95% and 143% respectively.

Cancer target compliance in July 2023:

- 62-day target – 73.6% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is an improvement in performance from the June position of 71.6%.
- 31-day target was achieved – 95.2%

The position for the April to June 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 August 2023 is noted as 5.4% which is a reduction from the previous month. The return outpatient DNA rate across acute services in July reduced to 6.7% from 7.5%.

- **Psychological Therapies**

The 18 week RTT dipped to 65.4% in July which reflected the usual seasonal variation. Reassuringly the RTT increased to 78.7% August which is the highest since March 2022.

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

In August, performance against the 18 week standard improved to 43.9%, noting a continued reduction in the number of long waits over 52 weeks from 312 in May 2022 to 8 in August 2023.

- **Workforce**

The sickness absence target is 4.0%. Absence remains above the target at 6.54% in July 2023, noting an increase from the June 2023 position of 6.45% and from 6.04% in July 2022.

Special leave absence for Coronavirus reasons is noted as 0.17% in July 2023, with the overall absence for June 2023, 6.71% a slight deterioration from 6.63% in June 2023.

- **Delayed Discharges**

The August 2023 census position in relation to standard delays (excluding Code 9 and guardianship) is 72 delays; a reduction from 74 in July 2023. There was a total of 45 code 9 and guardianship delays, static from the previous month, and no infection codes. The total number of delayed discharges was noted as 119.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the August 2023 census was 2,818, this is an increase from 2,436 in July.

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

Specific workforce issues aligned to areas of performance are highlighted within the report. The NHS Forth Valley Workforce Plan 2022 – 2025 has been developed and 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 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, Mental Health Services – CAMHS and the 62-day cancer target. A risk around Psychological Therapies has been developed and will be discussed at the Directorate Senior Leadership Team in due course.

These risks are updated accordingly by responsible risk owners with Strategic Risk Register update presented on a quarterly basis to NHS Board Assurance Committees and the NHS Board.

Relevance to Strategic Priorities

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

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

Cognisance has been taken of feedback and comments from Non-Executive and Executive Director colleagues.

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

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

Additional Information

There is no additional relevant information in respect of this paper.

Appendices

- Appendix 1: Performance Scorecard

Key Performance Issues

Unscheduled Care

Overall compliance with the 4 hour target in August 2023 was 59.9%; Minor Injuries Unit 99.8%, Emergency Department 52.1%. A total of 2,461 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 876 waits longer than eight hours, 273 waits longer than 12 hours and no waits longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,404 patients, noting this is a reduction from 1,422 in July. The number of patients waiting for first assessment continues to be as a result of issues in relation to capacity and flow. Wait for a bed accounted for 529 patients waiting beyond 4 hours with Clinical reasons accounting for 183 breaches.

Note that in accordance with SG instructions changes in recording within the Emergency Department have now gone live in TrakCare. The change pertains to the attendance type. We are now no longer reporting on new patients as a whole but as new unplanned and new planned attendances. New planned attendances are no longer being counted against the 4 hour ED access standard.

In August there were 620 new attendances to Rapid Assessment and Care Unit (RACU), 161 of which were via ED. This is compared to 550 new attendances in July, 151 of which presented via ED. There were 98 scheduled returns in August 2023 a reduction from 97 in July. 608 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 11.1% of all ED attendances in August.

The 4-hour EAS and Flow 1 EAS data remains variable; however, we are starting to see a shift in our median time to triage in the ED and median time in the ED, which is likely as a result of the ED triage model when this is in operation. The model is however dependent on Senior Decision Maker capacity. Work to understand cause of the shift and the impact of the triage model on our data starts in September.

There is 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.

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 August 2023 to 4,191 from 4,252 in July 2023. Note average daily presentations in August as 135 a reduction from the July average of 137. NHS Forth Valley is working to improve the delivery of Out of Hours services supported by a comprehensive action plan.

Scheduled Care

NHS Forth Valley aims 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 August 2023, the number of patients on the waiting list for a first outpatient appointment reduced to 19,302 from 19,902 in July with the number waiting beyond 12 weeks increasing to 8,600. Note 55.5% of patients were waiting less than 12 weeks for a first appointment; a deterioration from 57.9% the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to August 2023 as 97% compliance. Compliance against the plan for the month of August 2023 was 99%.

In August 2023, the number of inpatients/daycases waiting increased to 4,797 from 4,704. An increase in those waiting beyond 12 weeks was also noted to 2,585 in August from 2,550. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to August 2023 as 108% compliance. Compliance against the plan for the month of August 2023 is 120%.

Imaging

At the end of August 2023, 2,382 patients were waiting beyond the 6-week standard for imaging, an increase from 1,993 in July. Noring 61.1% of patients waiting less than the standard. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to August 2023 as 95% compliance, with the position for August 2023, 105%. Patients continue to be seen on a priority basis with waiting lists actively monitored and managed on an ongoing basis. The total number of patients waiting for imaging in August 2023 was 6,131 patients; an increase from 4,045 in August 2022.

The number of patients waiting over 6 weeks for imaging by specialty is noted as:

- MRI 102
- CT 1,325
- Ultrasound 954
- Barium studies 1

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 August 2023, 443 patients were waiting beyond 6 weeks for endoscopy noted to be a slight improvement from July. 55.3% of patients waiting less than the 6-week standard. Activity against the agreed Remobilisation Plan trajectory remains better than plan. The cumulative position for the year April 2023 to August 2023 is noted as 143% compliance with August 2023 compliance against plan, 154%. Despite this level of activity, the total number of patients waiting for endoscopy remains significant with 990 patients in August 2023 noting an increase from 631 in August 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 960 of which 15% are confirmed cancer patients.

The July 2023 position is noted as:

62-day target – 73.6% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is a slight improvement in performance from the June however performance remains essentially static at just over 70%.

Five of the 10 cancer pathways achieved 100%. Improved performance was noted in the colorectal and lung pathways at 80% and 87.5% respectively however there was a reduction in performance in the head and neck (33.3%), urology (42.1%) and melanoma (80%) pathways. The highest number of breaches are within the urology pathway with 8 out of 19 patients meeting the standard.

The Scotland position in July was 72.3%.

31-day target – 95.2% of patients wait less than 31 days from decision to treat to first cancer treatment. Scotland position in July was 95.1%.

Pressure continues within the urology pathway with work underway to support improvements across all aspects of the pathway including enhanced vetting, recruitment to key positions, additional training to support extended scope practitioners, use of prioritisation protocols, patient led follow-up and review of specific regional services.

The Performance & Resources Committee received a Cancer Services update in August 2023. The Committee was satisfied with the analysis and data presented to determine the work necessary to continue making improvements within cancer services.

The position for the April to June 2023 quarter is that 67.1% of patients were treated within 62 days of referral with a suspicion of cancer. This is a reduction from the previous quarter, noting the Scotland position of 72.9%. During the same period, 97.4% 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.

-~~O~~utpatient unavailability in August 2023 was 0.6% of the total waiting list.

-~~I~~npatient/daycase unavailability in August 2023 decreased to 5.6% from 5.9% in July 2023. The unavailability rate is less than 9% for all specialties except for Oral and Maxillofacial Surgery 18.0% (14 patients). This position is monitored on an ongoing basis.

Did Not Attend (DNA)

The new outpatient DNA rate across acute services in August 2023 is noted as 5.4% which is a reduction from the position in July of 6.6%. Variation across specialties continues with rates ranging from 18.2% to 1.1%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 9.5% (73 patients), General Surgery 5.5% (53 patients) and Dermatology 4.5% (41 patients).

The return outpatient DNA rate across acute services in August 2023 was 6.7%. There continues to be a high number of DNAs in Ophthalmology with 310 patients (8.7%), Diabetes 201 patients (13.5%) and Dermatology 121 patients (5.5%).

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 - August 2023

New Acute OP DNA's				
...	Code & Title	Value ▼	Numerator	Denominator
●	DNA.NEW.A6 New outpatient appointment DNA - Infectious Diseases	18.18%	2	11
●	DNA.NEW.A82 New outpatient appointment DNA - Diabetes	16.67%	3	18
●	DNA.NEW.AG New outpatient appointment DNA - Renal Medicine	14.81%	4	27
●	DNA.NEW.C7 New outpatient appointment DNA - Ophthalmology	9.47%	73	771
●	DNA.NEW.D5 New outpatient appointment DNA - Orthodontist	9.33%	7	75
●	DNA.NEW.A9 New outpatient appointment DNA - Gastroenterology	6.4%	8	125
●	DNA.NEW.AR New outpatient appointment DNA - Rheumatology	6.27%	17	271
●	DNA.NEW.C12 New outpatient appointment DNA - Vascular Surgery	5.88%	1	17
●	DNA.NEW.A81 New outpatient appointment DNA - Endocrinology	5.56%	2	36
●	DNA.NEW.C1 New outpatient appointment DNA - General Surgery	5.54%	53	956
●	DNA.NEW.ACU New outpatient appointment DNA - Forth Valley (Acute OPD Servic...	5.44%	403	7,411
●	DNA.NEW.C5 New outpatient appointment DNA - Ear, Nose and Throat (ENT)	5.38%	34	632
▲	DNA.NEW.AH New outpatient appointment DNA - Neurology	5%	15	300
▲	DNA.NEW.CB New outpatient appointment DNA - Urology	5%	21	420
▲	DNA.NEW.A2 New outpatient appointment DNA - Cardiology	4.5%	14	311
▲	DNA.NEW.A7 New outpatient appointment DNA - Dermatology	4.5%	41	912
▲	DNA.NEW.C31 New outpatient appointment DNA - Pain Management	4%	2	50
▲	DNA.NEW.A1 New outpatient appointment DNA - General Medicine	3.46%	8	231
▲	DNA.NEW.AB New outpatient appointment DNA - Geriatric Medicine	3%	3	100
✓	DNA.NEW.J4 New outpatient appointment DNA - Haematology	2.99%	2	67
✓	DNA.NEW.C8 New outpatient appointment DNA - Orthopaedics	2.72%	29	1,065
✓	DNA.NEW.AQ New outpatient appointment DNA - Respiratory Medicine	1.96%	9	459
✓	DNA.NEW.H2 New outpatient appointment DNA - Clinical Oncology	1.06%	1	94
?	DNA.NEW.AP New outpatient appointment DNA - Rehabilitation Medicine	n/a	0	0
?	DNA.NEW.PREOP New outpatient appointment DNA - PRE-OP	n/a	0	0

Psychological Therapies

In August 2023, draft figures indicate that 78.7% of patients started treatment within 18 weeks of referral. This is an increase in performance from the previous month position of 65.4% and from 61.6% in August 2023.

The Scotland position for the quarter ending June 2023 was 78.8% with Forth Valley 74.0%.

Performance against the RTT had been above 70% for the four consecutive months from March to June 2023. The increased stability may be explained by, significantly improved data quality with ongoing quality checks; alignment of reporting of Digital Therapies with national guidelines; increasing inclusion of psychological therapies from other areas including Eating Disorders: the expansion of IESO with increased uptake. The RTT dipped to 65.4% in July which reflects the usual seasonal reduction in appointments due to peak leave periods for staff and many patients being unavailable during school holiday periods. Reassuringly the August RTT has increased to 78.7% which is the highest since March 2022.

Over the past year both the total number of people awaiting initial assessment and the number of people waiting a very long time for initial assessment had been reducing. This was largely due to redesign of the largest specialty within the service, including the introduction of triage appointments as standard. The numbers of people awaiting assessment has however increased in July and August. This may be explained by an increase in referrals over recent months coupled with peak annual leave during the summer months. It is also important to note that data is now being pulled directly from the live Pentana feed, which means that comparisons across recent time points are subject to change.

The number of people waiting to start treatment had been fairly stable for the year to June 2023. From June 2023 there has been an increase in the overall numbers waiting for treatment. The overall number remains high at 1,846 waiting in August, including 384 who have been waiting over 52 weeks. While there is sufficient clinical capacity to address stable incoming demand, there is insufficient capacity to address the queue or to manage increased new demand. Without additional capacity it is expected that numbers waiting for treatment will plateau or increase depending on referral trends.

The number of referrals into the service had been increasing over recent months. This is likely to reflect increased appropriate demand, given that there are clear referral guidelines and clinical pathways for the service that have been in place for some time.

Staff retention continues to be a challenge in the current climate. All Health Boards/HSCPs have vacancies, and the private sector can be seen as an attractive alternative employer. In order to mitigate against this the service has a focus on staff wellbeing and CPD and has developed opportunities for career progression and succession planning.

Reducing the queue remains a challenge, with the overall number of people waiting continuing to be large. Although the newly recruited posts will have a positive impact once they start later this year, they will not provide sufficient capacity to address the queue. In the absence of additional resource, a sizeable waiting list is likely to remain for some time.

Child and Adolescent Mental Health Services (CAMHS)

In August, performance against the 18 week standard was 43.9%. This improved position was better than previously predicted in July. Analysis of the available in August indicates achievement of the LDP standard towards the end Quarter 3 2023. This will however be dependent on consistent capacity, steady demand, workforce stability (no unpredicted changes in workforce).

Continued significant progress has been made in reducing long waits for treatment. At July 2022, 254 patients had been waiting for treatment for over a year, and as at August 2023 these long waits have reduced to 8. The overall waiting list for treatment has reduced from 706 patients to 324 patients as of August 2023, a reduction of 46%. As predicted the referral rate is increasing following the seasonal reduction.

Staff retention continues to be a challenge in the current climate. All Health Boards/HSCPs have vacancies, and the private sector can be seen as an attractive alternative employer. In order to mitigate against this the service has a focus on staff wellbeing and CPD and has developed opportunities for career progression and succession planning.

Unpredicted staff leaving employment can add capacity pressure to other clinicians as ‘new to you’ patients which have a direct effect on the Trajectory. Although the notice period for staff at band 8A and above is now 12 weeks for new starts, this affects only a small proportion of the staff who work within CAMHS.

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 6.54% in July 2023, a deterioration from the June 2023 position of 6.45% and from 6.04% in July 2022. The 12 month rolling average August 2022 to July 2023 is noted as, NHS Forth Valley 7.44%; Scotland 6.32%.

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 0.17% in July 2023. This is a reduction from 0.18% in June 2023.

Total absence for July 2023 is 6.71%, a slight deterioration from a total of 6.63% in June 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 August 2023 census position in relation to standard delays (excluding Code 9 and guardianship) is 72 delays; this is a reduction from 74 in July. There was a total of 45 code 9 and guardianship delays and 2 infection codes, with the total number of delayed discharges noted as 119.

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 August 2023 census was 2,818, this is an increase from 2,436 in July. Local authority breakdown is noted as Clackmannanshire 455, Falkirk 1,700, and Stirling 171. There were a further 492 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)
- 3 - allocated and assessment commenced (3 patients under two weeks)
- 2 – Other reasons (2 patients over two weeks)

Stirling

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

Falkirk

- 23 - awaiting move to care homes (19 patients over two weeks and 4 under two weeks)
- 5 - awaiting care packages for home (3 patients over two weeks and 2 under two weeks)
- 13 - allocated and assessment commenced (6 patients over two weeks and 7 under two weeks)
- 3 - await housing provision (2 patients over two weeks and 1 under two weeks)
- 1 – await social work allocation (1 patient under two weeks)
- 4 – Intermediate care bed (3 patients over two weeks and 1 under two weeks)
- 1 – Other reasons (legal/financial) (1 patient over two weeks)

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

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

Actions 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-Mar-23	</= 1.00	0.93	0.98	-	▲	1.00	31-Mar-23	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													
	FV	Monthly	Total Number of ED Attendances	31-Aug-23	Reduction	5,482	5,237	-	▼	-	-	Number of ED attendances and a target of 'Reduction' is relevant in relation to capacity and flow. National standard for A&E waiting times is that unplanned 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.	
US1	SG	Monthly	Number of ED Attendances (4 hour access target)	31-Aug-23	Reduction	5,131	4,897	-	▼	-	-		
US2	SG	Monthly	Emergency Department % compliance against 4 hour access target	31-Aug-23	95%	52.1%	51.3%	✓	▲	69.6%	31-Jul-23		
US3	S5	Monthly	Number that waited >4 hours in ED	31-Aug-23	Reduction	2,459	2,384	-	▼	-	-		
US4	SG	Monthly	Number that waited >8 hours in ED	31-Aug-23	Reduction	876	760	-	▼	-	-		
US5	SG	Monthly	Number that waited >12 hours in ED	31-Aug-23	Reduction	273	232	-	▼	-	-		
US6	SG	Monthly	Number that waited >23 hours in ED	31-Aug-23	Reduction	0	0		◀▶	-	-		
	FV	Monthly	Total Number of MIU Attendances	31-Aug-23	Reduction	1,949	1,731	-	▼	-	-		
US7	SG	Monthly	Number of MIU Attendances (4 hour access target)	31-Aug-23	Reduction	1,010	830	-	▼	-	-		
US8	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	31-Aug-23	95%	99.8%	100.0%	-	▼	-	-		
US9	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	31-Aug-23	95%	59.9%	58.4%	✓	▲	72.7%	31-Jul-23		
US10	FV	Monthly	Number of ED attendances - Mental Health	31-Aug-23	Reduction	63	63	-	-	-	-	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	31-Aug-23	95%	33.3%	38.1%	-	▼	-	-		
US12	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	31-Aug-23	-	620	550	-	-	-	-		
US13	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	31-Aug-23	-	98	97	-	-	-	-		
US14	FV	Monthly	Number of Re-directions from ED	31-Aug-23	-	608	524	-	-	-	-	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 %	31-Aug-23	-	11.1%	10.0%	-	-	-	-		
US16	FV	Monthly	Number of Emergency Admissions	31-Aug-23	Reduction	3,039	2,943	-	▼	-	-	Admission to a hospital bed following an attendance at an A&E service.	
OUT OF HOURS													
OH1	FV	Monthly	Number of Out of Hours Presentations	31-Aug-23	Reduction	4,191	4,252	-	▲	-	-		
	FV	Monthly	Advice	31-Aug-23	-	3,063	3,373	-	-	-	-		
	FV	Monthly	Home Visit	31-Aug-23	-	174	160	-	-	-	-		
	FV	Monthly	Attend OOH Appointment	31-Aug-23	-	954	992	-	-	-	-		
OH2	FV	Monthly	Out of Hours % Rota Fill	31-Aug-23	-	90%	77%	-	▲	-	-		
SCHEDULED CARE													
OUTPATIENTS													
SC1	SG	Monthly	Total Number of New Outpatients Waiting	31-Aug-23	Reduction	19,302	19,902	✓	▲	-	-	An outpatient is categorised as a new outpatient at his first meeting with a consultant or his representative following an outpatient referral. Outpatients whose first clinical interaction follows an inpatient episode are excluded. Scotland position quarterly	
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	31-Aug-23	Reduction	8,600	8,379	✓	▼	-	-		
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	31-Aug-23	95%	55.5%	57.9%		▼	45.5%	30-Jun-23		
SC4	SG	Monthly	Compliance with Annual Delivery Plan trajectories - New Outpatients	31-Aug-23	100%	99%	91%	-	▲	-	-		
SC5	SG	FYTD	Compliance with Annual Delivery Plan trajectories - New Outpatients	31-Aug-23	100%	97%	96%	-	▲	-	-		
SC6	Audit	Monthly	Outpatient Unavailability	31-Aug-23	Monitor	0.6%	0.7%	✓	▲	0.9%	30-Jun-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	31-Aug-23	5%	5.4%	6.6%	-	▲	6.9%	30-Jun-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.	
SC8	FV	Monthly	Return Acute Services Outpatient % DNA	31-Aug-23	5%	6.7%	7.5%	-	▲	-	-	Scotland position quarterly	
DIAGNOSTICS - Imaging													
SC10	SG	Monthly	Total number waiting - Imaging	31-Aug-23	Reduction	6,131	5,416		▼	-	-	Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations - Xray, Ultrasound, CT, MRI, Colonoscopy, Upper Endoscopy, Lower Endoscopy, Cystoscopy Scotland position monthly, available quarterly	
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	31-Aug-23	0	2,382	1,993	-	▼	-	-		
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	31-Aug-23	100%	61.1%	63.2%	✓	▼	53.0%	30-Jun-23		
SC13	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Imaging	31-Aug-23	100%	105%	92%	-	▲	-	-		
SC14	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Imaging	31-Aug-23	100%	95%	93%	-	▲	-	-		
DIAGNOSTICS - Endoscopy													
SC15	SG	Monthly	Total number waiting - Endoscopy	31-Aug-23	Reduction	990	997		▲	-	-		
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	31-Aug-23	0	443	461	-	▲	-	-		
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	31-Aug-23	100%	55.3%	53.8%	✓	▲	39.8%	30-Jun-23		
SC18	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Endoscopy	31-Aug-23	100%	154%	158%	-	▲	-	-		
SC19	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Endoscopy	31-Aug-23	100%	143%	140%	-	▲	-	-		

CANCER												
SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	31-Jul-23	95%	73.6%	71.3%	✓	▲	72.3%	31-Jul-23	<p>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.</p> <p>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.</p> <p>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.</p>
SC21	SG	Monthly	62 Day Cancer - Number seen within target against total	31-Jul-23	-	53/72	67/94	-	-	-	-	
	SG	Monthly	62 Day Cancer - Breast - Percentage compliance against target	31-Jul-23	95%	100.0%	100.0%	-	◄►	88.7%	31-Jul-23	
	SG	Monthly	62 Day Cancer - Breast - Number seen within target against total	31-Jul-23	-	15/15	17/17	-	-	-	-	
	SG	Monthly	62 Day Cancer - Colorectal - Percentage compliance against target	31-Jul-23	95%	80.0%	50.0%	-	▲	65.8%	31-Jul-23	
	SG	Monthly	62 Day Cancer - Colorectal - Number seen within target against total	31-Jul-23	-	8/10	8/16	-	-	-	-	
	SG	Monthly	62 Day Cancer - Cervical - Percentage compliance against target	31-Jul-23	95%	100.0%	-	-	-	70.6%	31-Jul-23	
	SG	Monthly	62 Day Cancer - Cervical - Number seen within target against total	31-Jul-23	-	1/1	0/0	-	-	-	-	
	SG	Monthly	62 Day Cancer - Head & Neck - Percentage compliance against target	31-Jul-23	95%	33.3%	75.0%	-	▼	59.3%	31-Jul-23	
	SG	Monthly	62 Day Cancer - Head & Neck - Number seen within target against total	31-Jul-23	-	1/3	3/4	-	-	-	-	
	SG	Monthly	62 Day Cancer - Lung - Percentage compliance against target	31-Jul-23	95%	87.5%	69.2%	-	▲	81.3%	31-Jul-23	
	SG	Monthly	62 Day Cancer - Lung - Number seen within target against total	31-Jul-23	-	7/8	9/13	-	-	-	-	
	SG	Monthly	62 Day Cancer - Lymphoma - Percentage compliance against target	31-Jul-23	95%	100.0%	75.0%	-	▲	96.3%	31-Jul-23	
	SG	Monthly	62 Day Cancer - Lymphoma - Number seen within target against total	31-Jul-23	-	2/2	3/4	-	-	-	-	
	SG	Monthly	62 Day Cancer - Melanoma - Percentage compliance against target	31-Jul-23	95%	80.0%	100.0%	-	▼	84.4%	31-Jul-23	
	SG	Monthly	62 Day Cancer - Melanoma - Number seen within target against total	31-Jul-23	-	8/10	6/6	-	-	-	-	
	SG	Monthly	62 Day Cancer - Ovarian - Percentage compliance against target	31-Jul-23	95%	100.0%	100.0%	-	◄►	71.4%	31-Jul-23	
	SG	Monthly	62 Day Cancer - Ovarian - Number seen within target against total	31-Jul-23	-	1/1	2/2	-	-	-	-	
	SG	Monthly	62 Day Cancer - Upper GI - Percentage compliance against target	31-Jul-23	95%	100.0%	100.0%	-	◄►	85.8%	31-Jul-23	
	SG	Monthly	62 Day Cancer - Upper GI - Number seen within target against total	31-Jul-23	-	6/6	7/7	-	-	-	-	
	SG	Monthly	62 Day Cancer - Urology - Percentage compliance against target	31-Jul-23	95%	42.1%	48.0%	-	▼	46.5%	31-Jul-23	
	SG	Monthly	62 Day Cancer - Urology - Number seen within target against total	31-Jul-23	-	8/19	12/25	-	-	-	-	
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	31-Jul-23	95%	95.2%	99.0%	✓	▼	95.1%	31-Jul-23	
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	31-Jul-23	-	79/83	101/102	-	-	-	-	
SC24	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	30-Jun-23	95%	67.1%	70.2%	✓	▼	72.9%	30-Jun-23	
SC25	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	30-Jun-23	95%	97.4%	99.3%	✓	▼	95.0%	30-Jun-23	
INPATIENTS & DAYCASES												
SC26	SG	Quarterly	Number of patients that waited >12 weeks - Completed Wait	30-Jun-23	0	1091	1123	-	-	-	-	<p>Treatment 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.</p> <p>Scotland position quarterly</p>
SC27	SG	Quarterly	% Compliance with 12 week TTG Standard	30-Jun-23	100%	53.8%	51.8%	-	▲	56.7%	30-Jun-23	
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	31-Aug-23	Reduction	4,797	4,704	✓	▼	-	-	
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	31-Aug-23	Reduction	2,585	2,550	✓	▼	-	-	
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	31-Aug-23	100%	46.1%	45.8%	✓	▲	32.2%	30-Jun-23	
SC31	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	31-Aug-23	100%	120%	122%	-	▲	-	-	
SC32	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	31-Aug-23	100%	108%	105%	-	▲	-	-	<p>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</p>
SC33	Audit	Monthly	Inpatient/Day case Unavailability	31-Aug-23	Monitor	5.6%	5.9%	✓	▲	3.5%	30-Jun-23	
READMISSIONS												
R1	FV	Monthly	Readmissions - Surgical 7 day	31-Aug-23	Reduction	2.4%	2.3%	-	▼	-	-	<p>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.</p>
R2	FV	Monthly	Readmissions - Surgical 28 day	31-Aug-23	Reduction	6.4%	5.0%	-	▼	-	-	
R3	FV	Monthly	Readmissions - Medical 7 day	31-Aug-23	Reduction	1.0%	1.1%	-	▲	-	-	
R4	FV	Monthly	Readmissions - Medical 28 day	31-Aug-23	Reduction	3.1%	3.4%	-	▲	-	-	
MENTAL HEALTH												
PSYCHOLOGICAL THERAPIES												
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	31-Aug-23	90%	78.7%	65.4%	✓	▲	-	-	<p>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.</p>
MH2	FV	Monthly	Total Number Waiting for Pyschological Therapies Initial Assessment	31-Aug-23	Reduction	627	664	-	▲	-	-	
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	30-Jun-23	90%	74.0%	71.1%		▲	78.8%	30-Jun-23	
CHILD & ADOLESCENT MENTAL HEALTH SERVICES												
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Aug-23	90%	43.9%	32.7%	✓	▲	-	-	
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	31-Aug-23	Reduction	127	136	-	▲	-	-	
MH6	SG	Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Jun-23	90%	33.4%	42.5%		▼	73.8%	30-Jun-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	<p>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.</p>
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-Jul-23	100%	58.9%	56.7%	✓	▲	-	-	<p>Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda</p>
C2		Monthly	% Compliance Stage 1 (inc. prisons)	31-Jul-23	100%	79.7%	80.9%	✓	▼	-	-	
C3		Monthly	% Compliance Stage 2 (inc. prisons)	31-Jul-23	100%	14.9%	16.4%	✓	▼	-	-	

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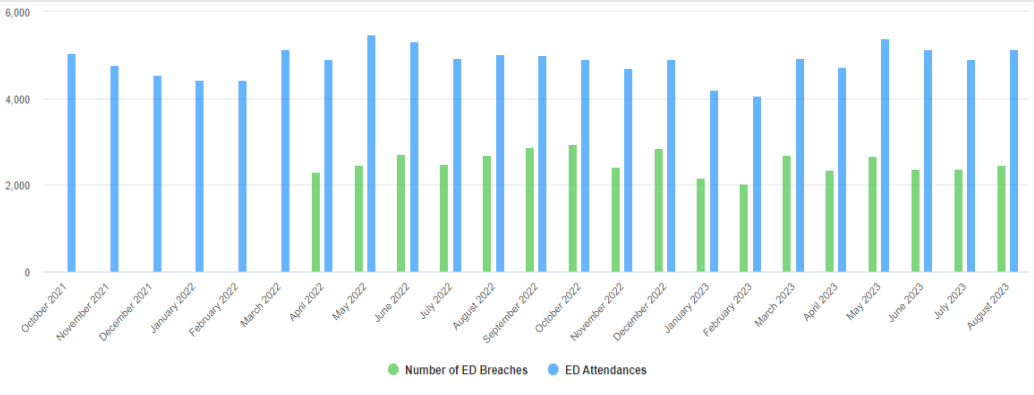
BETTER WORKFORCE												
REF		FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL	SCOTLAND POSITION	SCOTLAND DATE	
WF1	FV	Monthly	COVID-19 Special Leave - number of employees	31-Jul-23	-	59	63	-	▲	-	-	From 1st September 2022 coronavirus absences are included within the sickness absence totals however there are some still instances recorded as Special Leave and are not included within the sickness absences. Hours lost due to sickness absence / total hours available (%). Short Term Absence - a period of sickness absence of 28 days or less Long Term Absence - a period of sickenss absence lasting over 28 days Absence Management is a standing item on the Staff Governance Committee
WF2	FV	Monthly	COVID-19 Special Leave	31-Jul-23	-	0.17%	0.18%	✓	▲	-	-	
WF3	SG	Monthly	Overall Absence (excluding Covid Special Leave)	31-Jul-23	4.0%	6.54%	6.45%	✓	▼	5.78%	31-Jul-23	
WF4	FV	Monthly	Short Term Absence	31-Jul-23	-	2.02%	2.17%	-	▲	-	-	
WF5	FV	Monthly	Long Term Absence	31-Jul-23	-	4.52%	4.27%	-	▼	-	-	
WF6	FV	Rolling 12 mth	Overall Absence (excluding Covid Special Leave)	31-Jul-23	-	7.44%	7.40%	-	▼	6.32%	31-Jul-23	
BETTER VALUE												
REF		FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL	SCOTLAND POSITION	SCOTLAND DATE	
DELAYED DISCHARGES										-	-	
VA1	FV	Monthly	Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays)	31-Aug-23	Reduction	72	74	✓	▲	-	-	A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date
			Falkirk	31-Aug-23	Reduction	51	49	✓	▼	-	-	
			Clackmannanshire	31-Aug-23	Reduction	9	8	✓	▼	-	-	
			Stirling	31-Aug-23	Reduction	10	15	✓	▲	-	-	
			Outwith Forth Valley	31-Aug-23	Reduction	2	2	✓	◄►	-	-	
VA2	FV		Code 9 & Guardianship Delays	31-Aug-23	Reduction	45	42	✓	▼	-	-	
			Falkirk	31-Aug-23	Reduction	25	24	✓	▼	-	-	
			Clackmannanshire	31-Aug-23	Reduction	5	4	✓	▼	-	-	
			Stirling	31-Aug-23	Reduction	11	11	✓	◄►	-	-	
			Outwith Forth Valley	31-Aug-23	Reduction	4	3	✓	▼	-	-	
VA3	FV		Total Bed Days Occupied by Delayed Discharges	31-Aug-23	Reduction	2,818	2,436	✓	▼	-	-	
			Falkirk	31-Aug-23	Reduction	1,700	1,178	✓	▼	-	-	
			Clackmannanshire	31-Aug-23	Reduction	455	407	✓	▼	-	-	
			Stirling	31-Aug-23	Reduction	171	297	✓	▲	-	-	
			Outwith Forth Valley	31-Aug-23	Reduction	492	464	✓	▼	-	-	
VA4	FV	Daily	Number waiting for a Community Bed	31-Aug-23	Reduction	69	53	-	▼	-	-	
AVERAGE LENGTH OF STAY												
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	31-Aug-23	Reduction	7.29	7.46	-	▲	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	31-Aug-23	Reduction	1,678	1,602	-	▼	-	-	
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	31-Jul-23	Reduction	837	834	-	▼	-	-	
E3	FV	Monthly	% Bed Occupancy - FVRH	31-Aug-23	Reduction	105.6%	103.7%	-	▼	-	-	The percentage occupancy is the percentage of average available staffed beds that were occupied by inpatients during the period. 85% is the nationally agreed standard supporting optimum flow
E4	FV	Monthly	% Bed Occupancy - Assessment Units	31-Aug-23	Reduction	108.9%	109.3%	-	▲	-	-	
E5	FV	Monthly	% Bed Occupancy - ICU	31-Aug-23	Reduction	78.1%	70.6%	-	▼	-	-	
FINANCE												
F1	SG	FYTD	Year to date revenue position	31-Aug-23	Breakeven	-£5.4m	-£3.9m	-	▼	-	-	

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

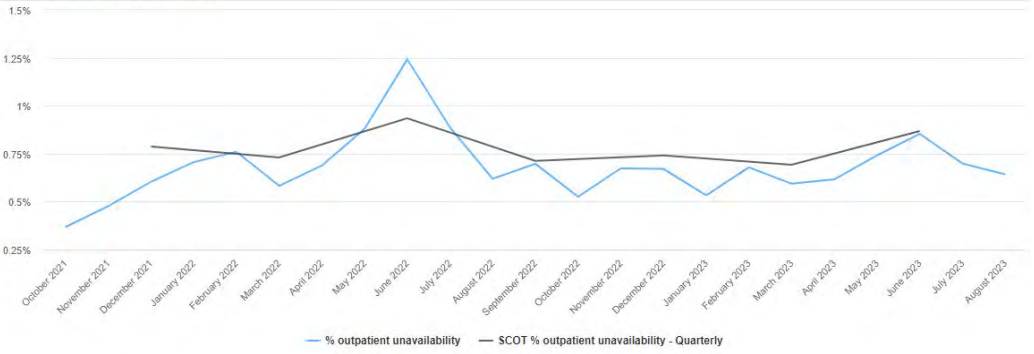


SCHEDULED CARE

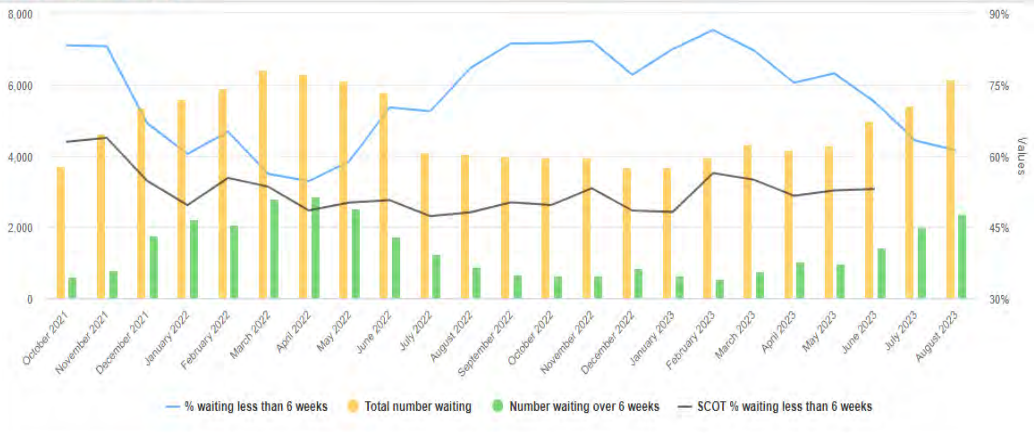
SC1 - Outpatient Waits: Total number waiting



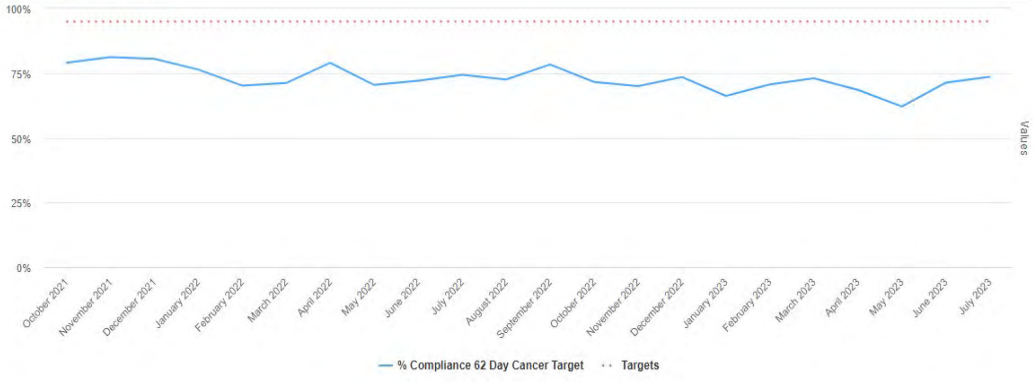
SC6 - OP Unavailability for Forth Valley



SC10-12 - Diagnostics: Imaging



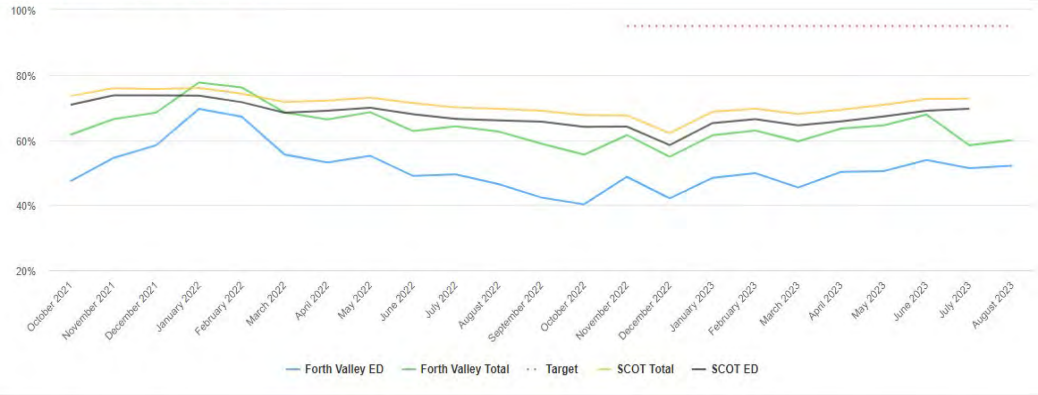
SC20 - 62-Day Cancer Standard



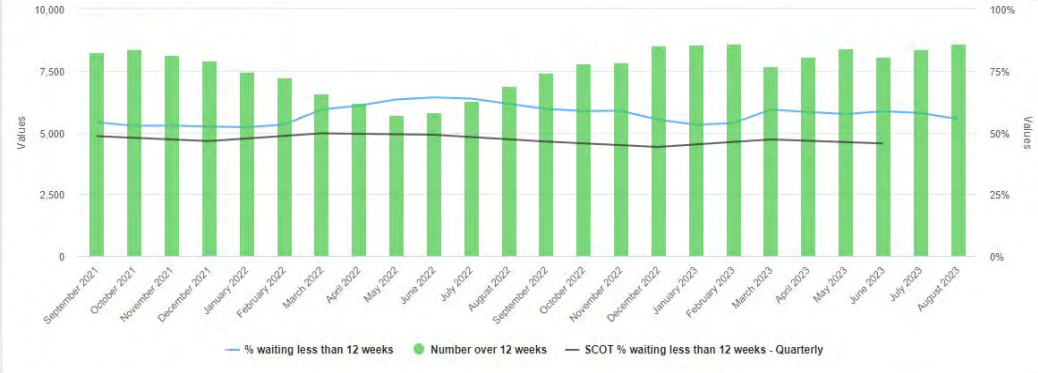
SC25 - 62-Day Cancer Standard - Quarterly total



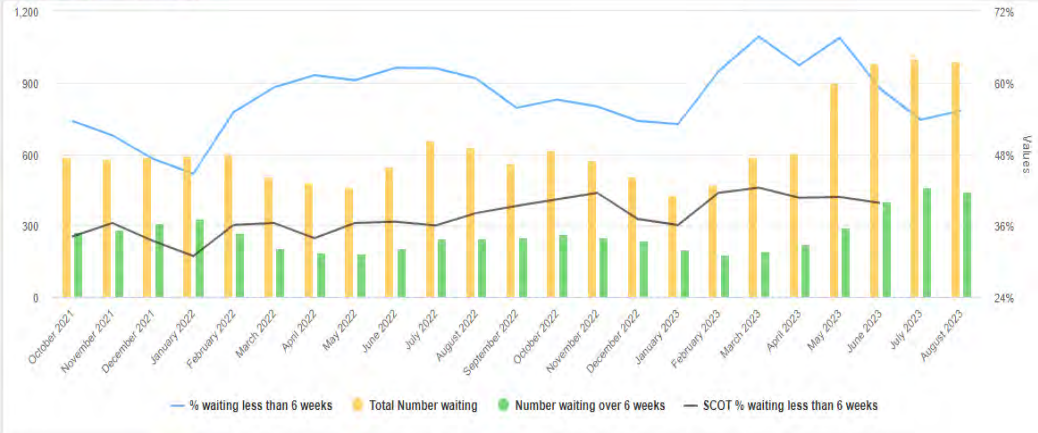
US2 & 8 - Unscheduled Care: 4hr access Target



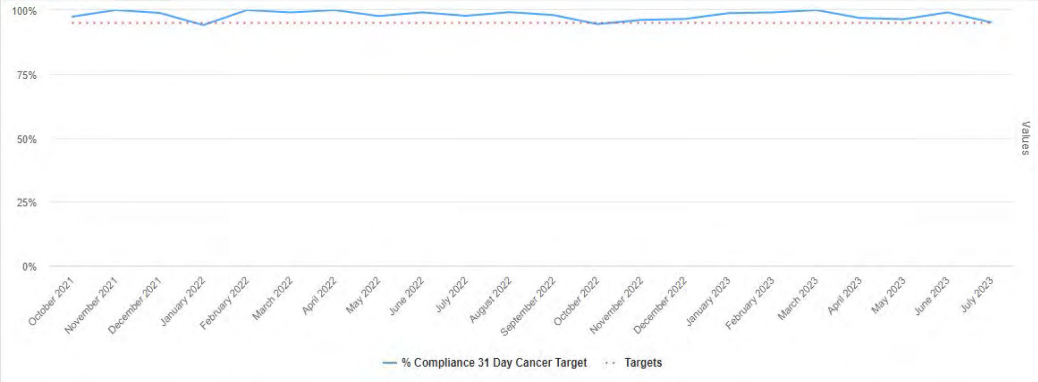
SC2 & 3 - Outpatient Waits: Number over 12 weeks



SC15-17 - Diagnostics: Endoscopy

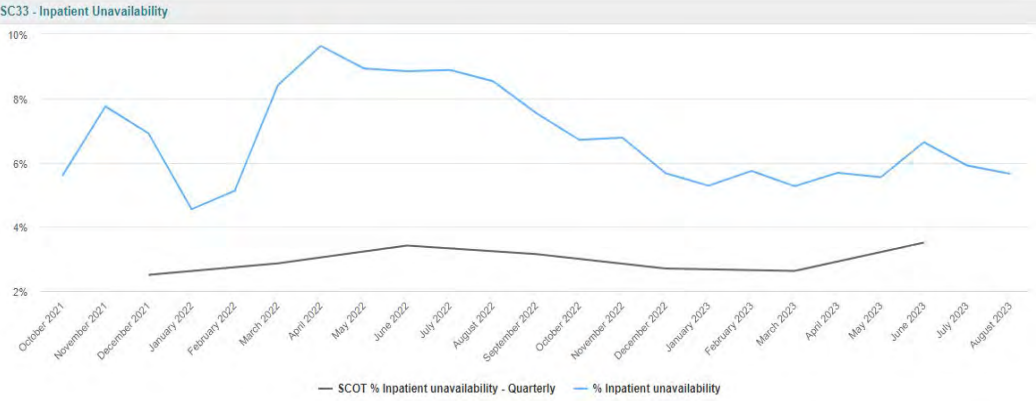
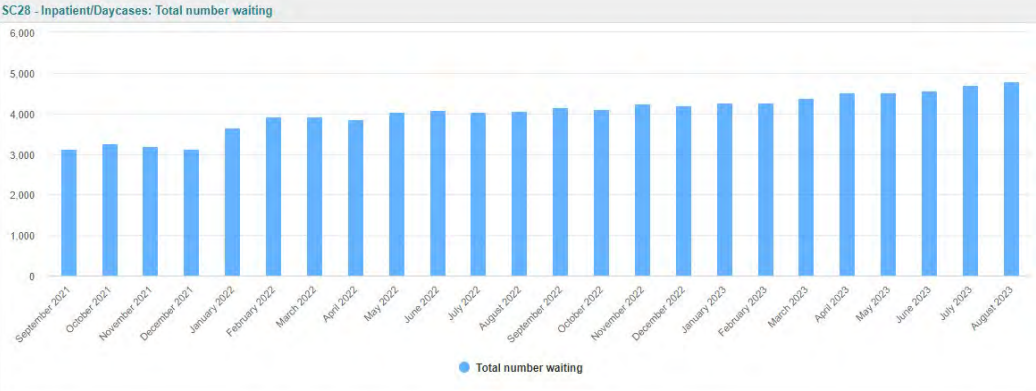


SC22 - 31-Day Cancer Standard



SC25 - 31-Day Cancer Standard - Quarterly total

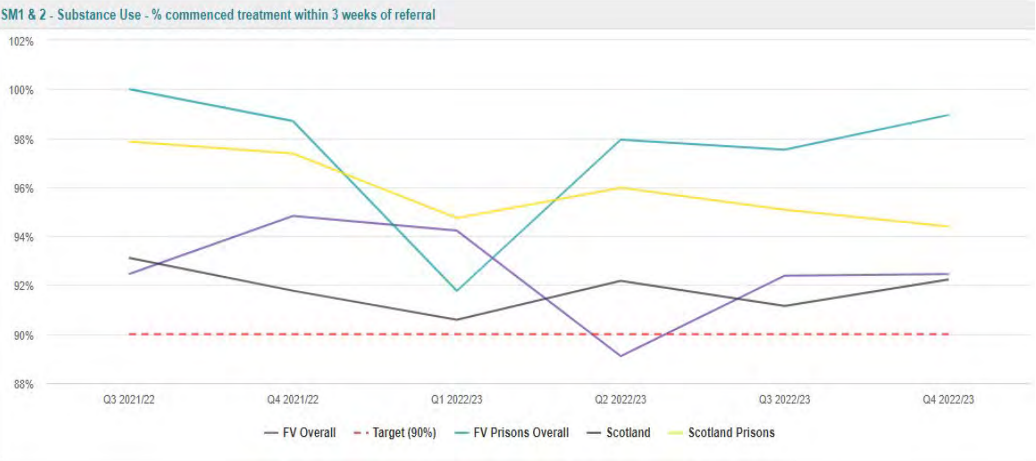




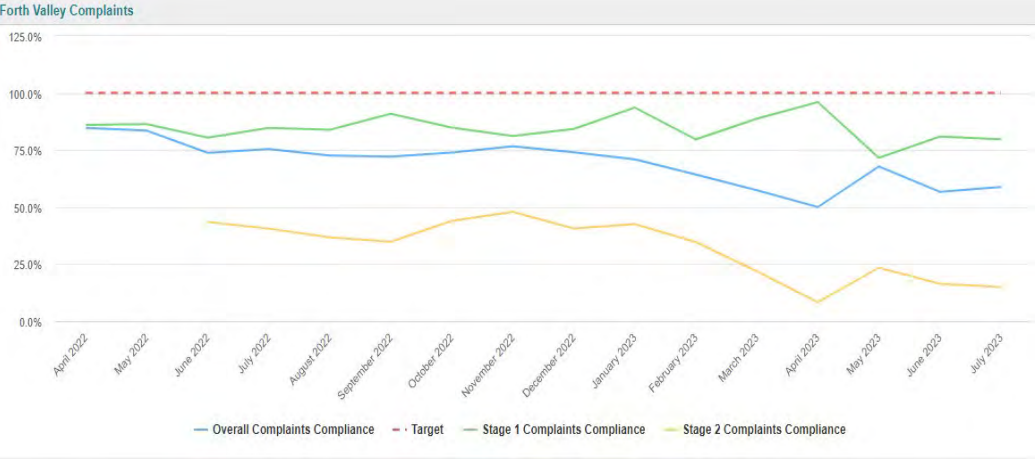
MENTAL HEALTH



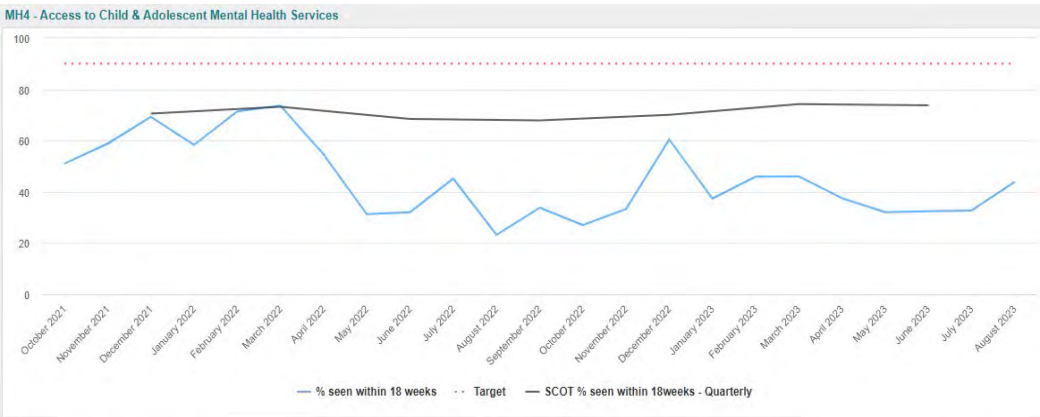
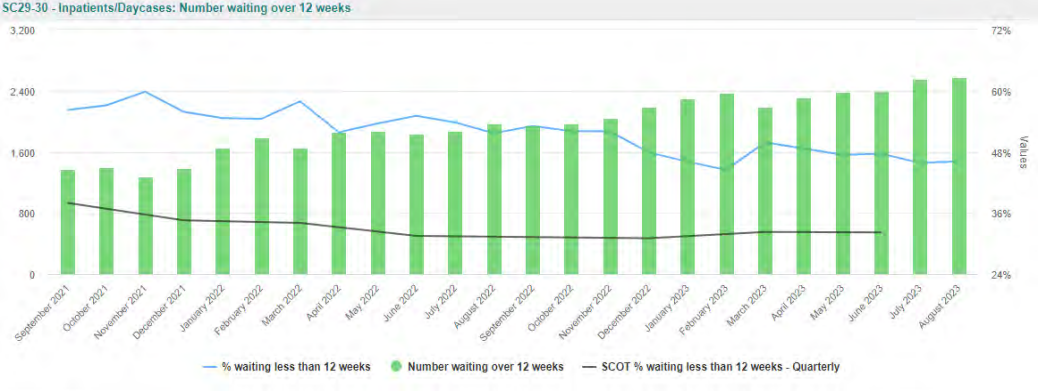
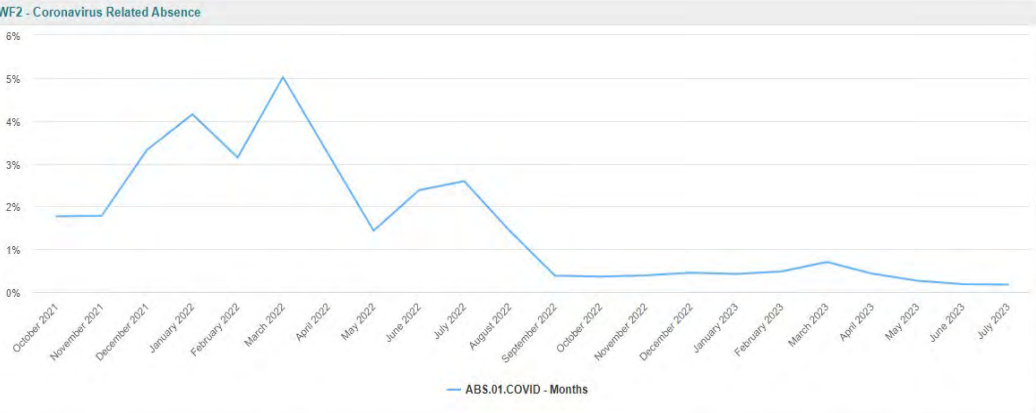
SUBSTANCE MISUSE



COMPLAINTS

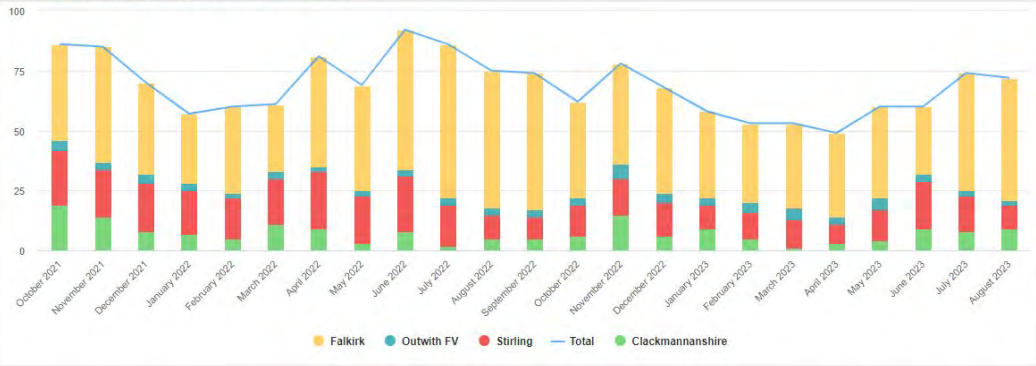


BETTER WORKFORCE



BETTER VALUE

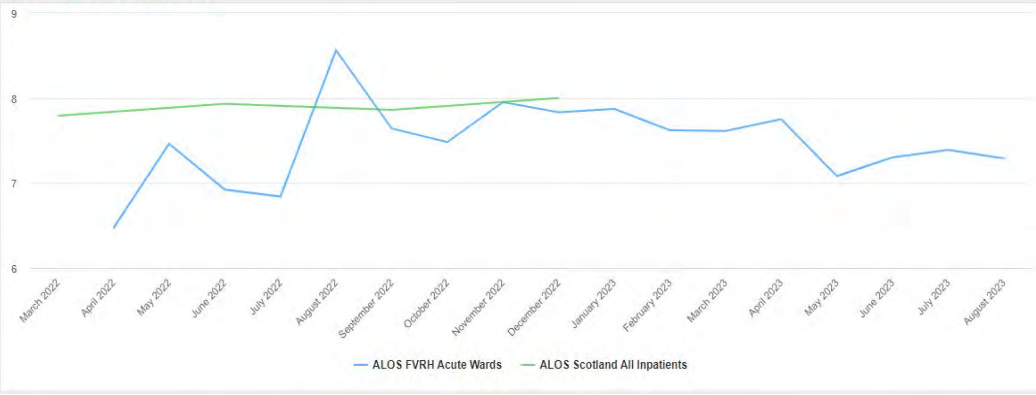
VA1 - Delayed Discharges: Delays excl. Code 9 & Guardianship



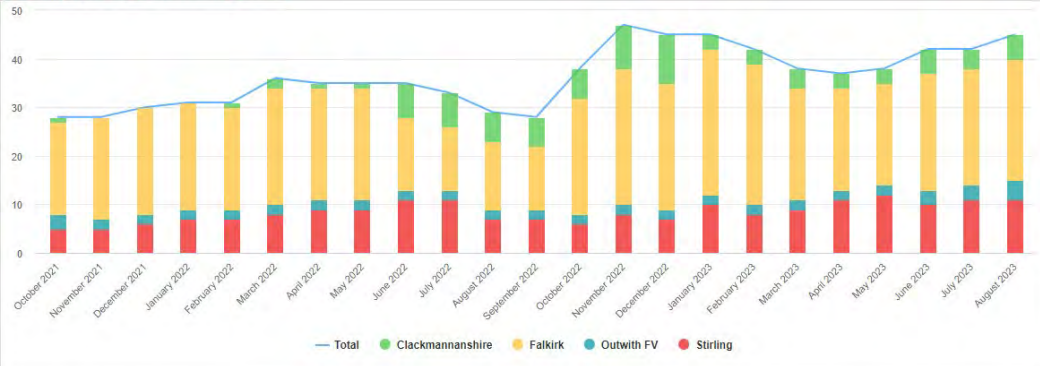
VA3 - Delayed Discharges: Total Occupied Bed Days



VA4 - Average Length of Stay (in days)



VA2 - Delayed Discharges: Guardianship & Code 9



FORTH VALLEY NHS BOARD
TUESDAY 26 SEPTEMBER 2023

7.5 Person Centred Complaints and Feedback Report – June 2023
For Assurance

Executive Sponsor: Professor Frances Dodd, Executive Nurse Director

Author: Mrs Pauline Easson-Donnelly, Person Centred Manager and 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 complaints 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 proposed on the basis that processes are in place to monitor and manage complaints and feedback across the organisation ensuring learning. In addition, we are achieving the Key Performance Indicators as set by the Scottish Government.

Key Issues to be Considered

- The 20 day performance for the period April 2023 – June 2023 is 60.2%, with the June performance at 56.7%.
- It is noted that the performance for Stage 1 is 80.2%, and Stage 2 performance is 18.5% for the period 1 April 2023 – 31 June 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 and 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 – June 2023



Person Centred Complaints & Feedback Performance Report

June 2023

"What matters to you, matters to us."

At a glance 2023/24



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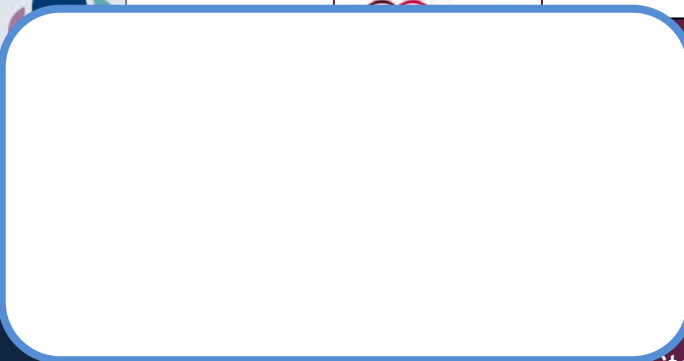
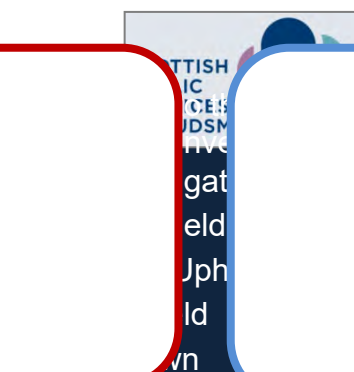


il –
YTD

June Performance –
56.7%

153 COMPLIMENTS

were received during April
– June 2023 with the
Prison Healthcare Centre,
Neonatal Unit, Children's
ward, Wards A22 and B31
as high recipients of thank
you cards



stories were shared on
the Opinion about NHS
Forth Valley during
February & March
% of the stories were
positive

- Stories have been read
4.986 times, averaging 61
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 – 30 June 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 – June 2023, a total of 422 complaints (including complaints transferred/withdrawn/consent not received) have been received indicating a decrease of 18.7% 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 0.17% of the total number of complaints received during the period April – June 2023.

Performance indicates that 402 complaints have been investigated during April – June 2023 achieving a performance figure 60.2% compared to a performance figure of 82.3% 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 Team have worked diligently and focussed on reducing the number of complaints which have breached the 20 day target. The Team are very aware of the distress and upset that patients/relatives experience whilst waiting on a response to their concerns/complaints. A comprehensive and focussed person centred approach has been adopted to not cause any further distress to them by extending the delay they have already experienced in providing a response.

The table below provides a breakdown of performance month on month for the current year, and during June 2023, a total of 141 complaints have been investigated of which 56.7% have been responded to within 20 working days. It is noted that there has been a decrease in performance compared to the performance figure achieved in May (69.1%), 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 33.7% and Stage 2 complaints have decreased by 1% 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	51	88	68										207
No Responded to in 5 days	48	63	55										166
% responded to in 5 days	94.12	71.59	80.88										80.19
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	64	73										195
No Responded to in 20 days	7	17	12										36
% responded to in 20 days	12.07	26.56	16.44										18.46
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	141										402
No Responded to in 20 days	57	105	80										242
% responded to in 20 days	52.29	69.08	56.74										60.20

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 June 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	22	29	25										76
No Responded to in 5 days	19	15	17										51
% responded to in 5 days	86.36	51.72	68.00										67.11
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	57	63	68										188
No Responded to in 20 days	5	15	12										32
% responded to in 20 days	8.77	23.81	17.65										17.02
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	92	93	0	0	0	0	0	0	0	0	0	264
No Responded to in 20 days	26	46	37	0	0	0	0	0	0	0	0	0	109
% responded to in 20 days	26.00	50.00	39.78	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	41.29

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 94.9% as at June 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	43										131
No Responded to in 5 days	29	48	38										115
% responded to in 5 days	100.00	81.36	88.37										87.79
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	5										7
No Responded to in 20 days	0	0	0										0
% responded to in 20 days	0.00	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	48										138
No Responded to in 20 days	29	59	43										131
% responded to in 20 days	96.67	98.33	89.58										94.93

Complaint Key Performance Indicators RAG – June 2023

Detailed in the table below is an overview of the current performance against each of the Key Performance Indicators as at June 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	June - 23		◀▶
KPI 2: Complaints Process Experience	June - 23		◀▶
KPI 3: Self Awareness and Training	June - 23		-
KPI 4: Total Number of Complaints Received	June - 23		▲
KPI 5: Complaint Closed at Each Stage	June - 23		▼
KPI 6: Complaints Upheld and Not Upheld	June - 23		▲
KPI 7: Average Times	June - 23		◀▶
KPI 8: Closed in Full within the Timescales	June - 23		▼
KPI 9: Number of Cases where an Extension is Authorised	June - 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 - June 2023 and a brief synopsis of learning from complaint themes is detailed below:

- 1 Staff Attitude and Behaviour (141 themes)
 - Due to unacceptable attitude and manner of staff member, a formal investigation is being undertaken within the framework of HR Workforce Policies.
- 2 Clinical Treatment/Problems with Medication/Prescribing (122 themes)
 - A review of the medication undertaken and learning principles identified and shared with doctors of all grades through acute medicine safety briefs and departmental governance.
- 3 Waiting Time/Date of Appointment (96 themes)
 - Clarification provided to AHP regarding referral criteria for future referrals to Podiatry.

It is noted that the high number of complaint themes regarding Clinical Treatment/Problems with Medication/Prescribing are received from Prison Healthcare Services with 81 issues raised. The Prison Healthcare Team address the issues raised and explain comprehensively the reasoning to patients within the Scottish Prison Service. For example they will explain why changes are made to their prescribed medications, the processes for requesting medication, etc. Barriers are encountered by the Team with the patients struggling to understand why specific decisions are made and in a number of cases the patients will continually raise complaints regarding their medications.

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 10 cases relating to NHS Forth Valley complaints during April 2023 – June 2023. The table below provides detail of the outcomes as at 30 June 2023 from the investigations.

2023/24 SPSO Outcomes	Total Number
Fully Upheld	0
Partly Upheld	0
Not Upheld	0
No Investigation Conducted	1
Withdrawn	1

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

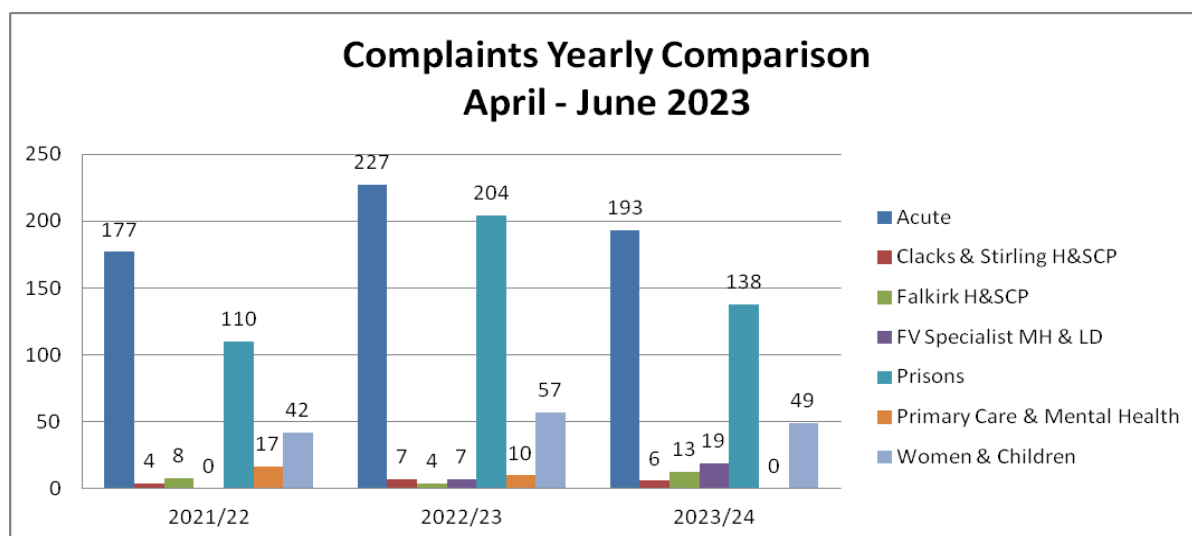
Moving forward our aim is to provide a report in this section that gives quantitative data relating to performance indicator 3.

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 – June 2023

During the period April – June 2023, a total of 422 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.



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 0.17% represents the total number of complaints against patient activity during the period April – June 2023. In comparison the number of complaints received represents 6.1% 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 – June 2023.

Complaints Type	Number of complaints closed at each stage	Number of complaints closed at each stage as a % of all complaints
Stage 1	207	51.5%
Stage 2	191	47.5%
Stage 2 after escalation	4	1%

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 2023 – 30 June 2023 is 207, the table below provides a breakdown of the formal outcome.

Stage 1	No. Of Complaints Closed	% of Complaints Closed at Stage 1
Upheld Complaints	11	5.3%
Not Upheld Complaints	193	93.2%
Partially Upheld Complaints	3	1.5%

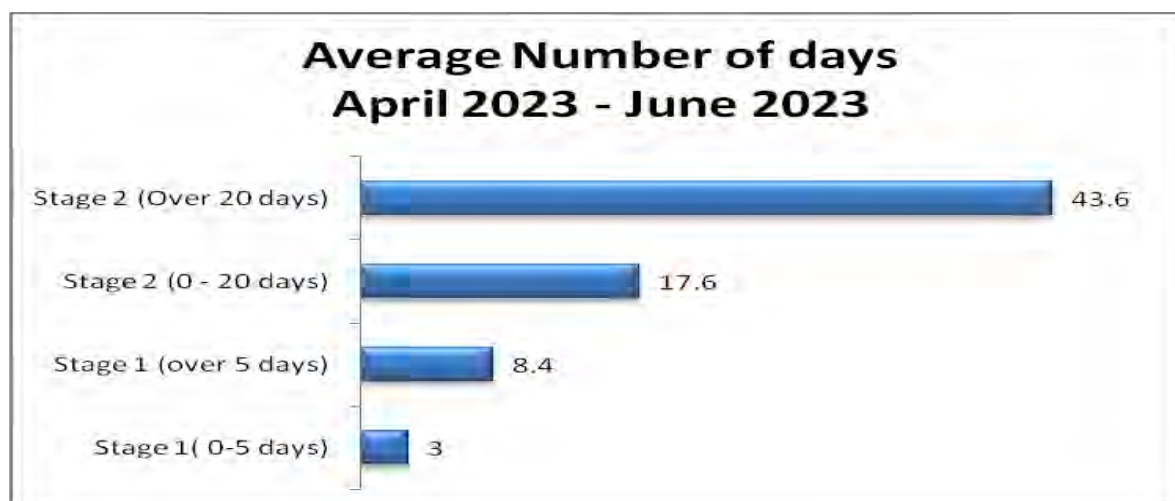
The total number of complaints closed at Stage 2 for the period 1 April 2023 – 30 June 2023 is 195, the table below provides a breakdown of the formal outcome.

Stage 2	No. Of Complaints Closed	% of Complaints Closed at Stage 2
Upheld Complaints	15	7.7%
Not Upheld Complaints	116	59.5%
Partially Upheld Complaints	14	7.2%

It is noted that 50 complaints remain open (as at 24 August 2023) for the period 1 April 2023 – 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

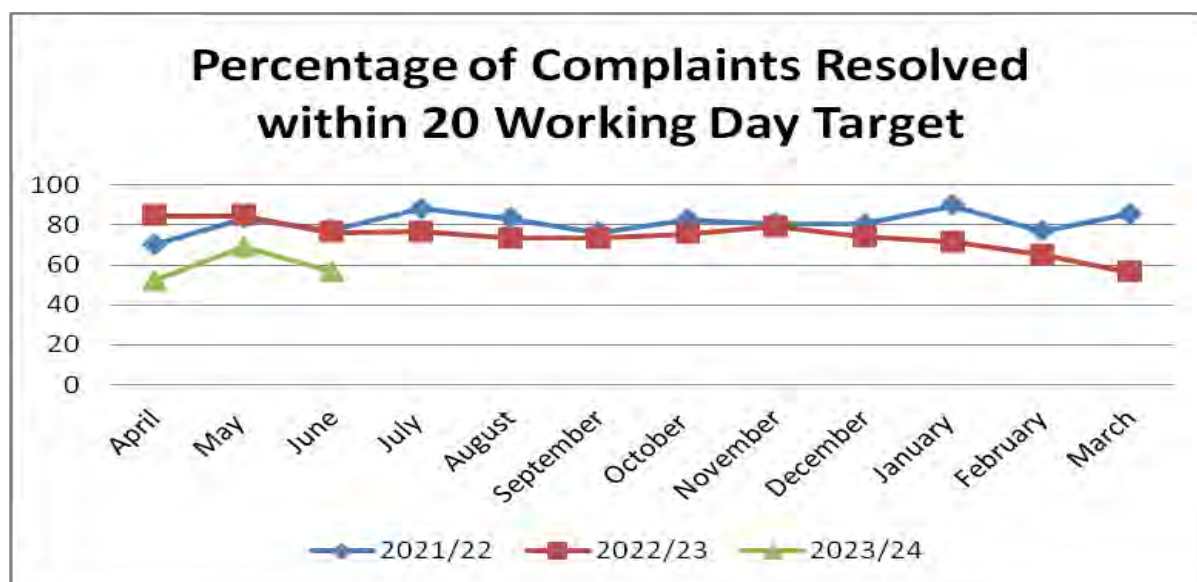
A reporting requirement of the Complaints Handling Procedure is to report on the average times in working days to close complaints at each stage of the CHP and a detailed breakdown is provided in the table below:



Key Performance Indicator Eight: Closed in Full within the Timescales

Overall Complaints Performance

In the period 1 April 2023 – 30 June 2023, 402 complaints have been investigated of which 60.2% 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 June 2023, a total of 141 complaints have been investigated of which 56.7% 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 June is provided. It is important to note April – June's Stage 1 activity has decreased by 33.7% 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	51	88	68										207
No Responded to in 5 days	48	63	55										166
% responded to in 5 days	94.12	71.59	80.88										80.19
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	64	73										195
No Responded to in 20 days	7	17	12										36
% responded to in 20 days	12.07	26.56	16.44										18.46
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	141										402
No Responded to in 20 days	57	105	80										242
% responded to in 20 days	52.29	69.08	56.74										60.20

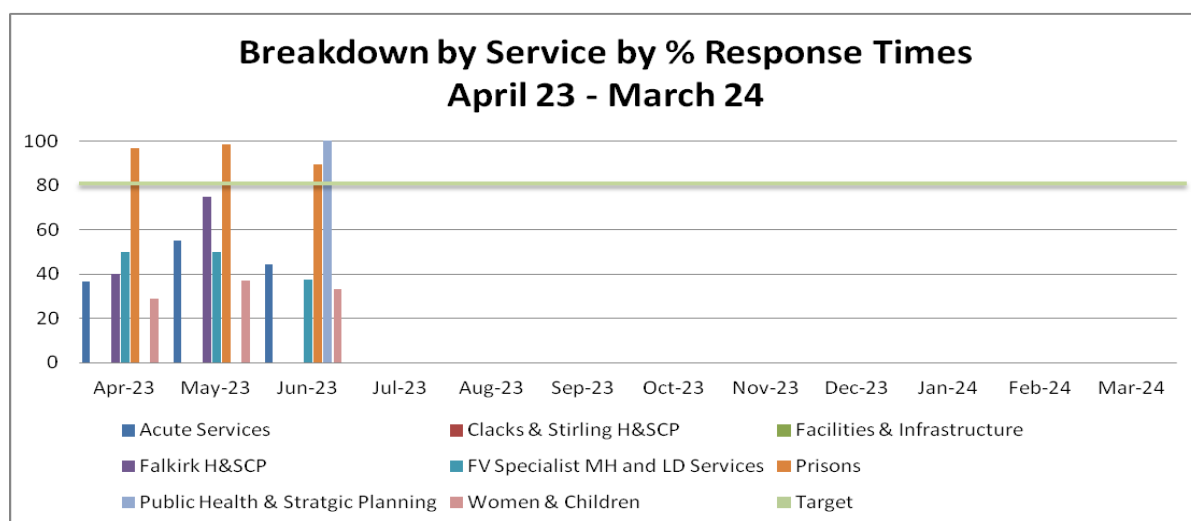
In addition, Stage 2 complaints have decreased by 1% compared to same period in 2022/23.

It is noted that there has been a decrease in performance compared to the performance figure achieved in May (69.08%), 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 – June 2023.



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

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

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

The table below details the number of complaints whereby an extension has been authorised against the total number of complaints received at each stage compared to the previous year as at 30 June 2023:

Complaint Stage	Total No of Complaints at each stage		No of Authorised Extensions		% of Authorised Extensions	
	2022/23	2023/24	2022/23	2023/24	2022/23	2023/24
Stage 1	312	207	46	26	14.7%	12.6%
Stage 2	197	195	100	147	50.8%	75.4%

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



Acute	10
Clacks & Stirling H&SCP	1
Falkirk H&SCP	1
FV Specialist LD & MH	2
Prisons	27
Women & Children	1

Clinical Treatment/Problems with Medication/Prescribing

Total 42



Acute	33
FV Specialist LD & MH	7
Prisons	3
Public Health & Planning	1
Women & Children	4

Treatment – Poor Nursing Care

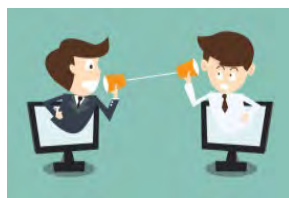
Total 48



Acute	13
Falkirk H&SCP	4
Prisons	8
Women & Children	4

Waiting Time/Date of Appointment

Total 29



Acute	18
Clacks & Stirling H&SCP	1
FV Specialist LD & MH	1
Prisons	2
Women & Children	1

Communication – Not Given Full Information

Total 23



Acute	30
Clacks & Stirling H&SCP	1
FV Specialist LD & MH	5
Prisons	5
Women & Children	6

Staff Attitude & Behaviour

Total 47

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 June 2023.

Directorate	Category	Total
Acute Services	Insensitive to Patient needs	21
Clacks & Stirling H&SCP	Patient/Family Not kept up-to-date	1
	Availability of Items	1
	Insensitive to Patient needs	1
	Medication Discontinued – Mis-use/Not Required/Not appropriate	1
Facilities & Infrastructure	Insensitive Communication	2
Falkirk H&SCP	Cancellation of Appointment	2
FV Specialist MH and LD Services	Insensitive to Patient Needs	3
Public Health & Strategic Planning	Lack of Support	1
	Waiting Too Long for Test Results	1
Prisons	Problems with Medication/Prescribing	25
Women, Children & Sexual Health	Lack of Care Planning	3
	Lack of Support	3
	Unacceptable Wait for Appointment	3

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.

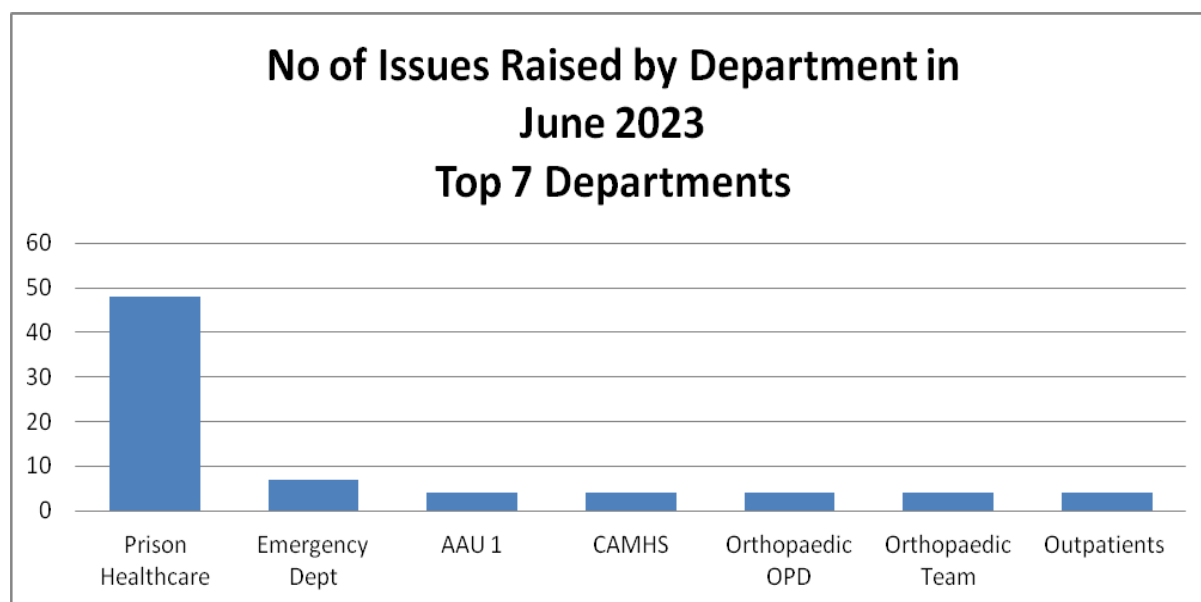
Prison Healthcare

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 June 2023, 54 departments have received complaints. The top 7 departments are detailed in the graph below for June 2023. The graph represents the number of issues raised within a complaint, it should be noted that a single complaint can raise multiple issues and can cover multiple departments.



Person Centred Report

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

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

In-patient Experience Survey

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

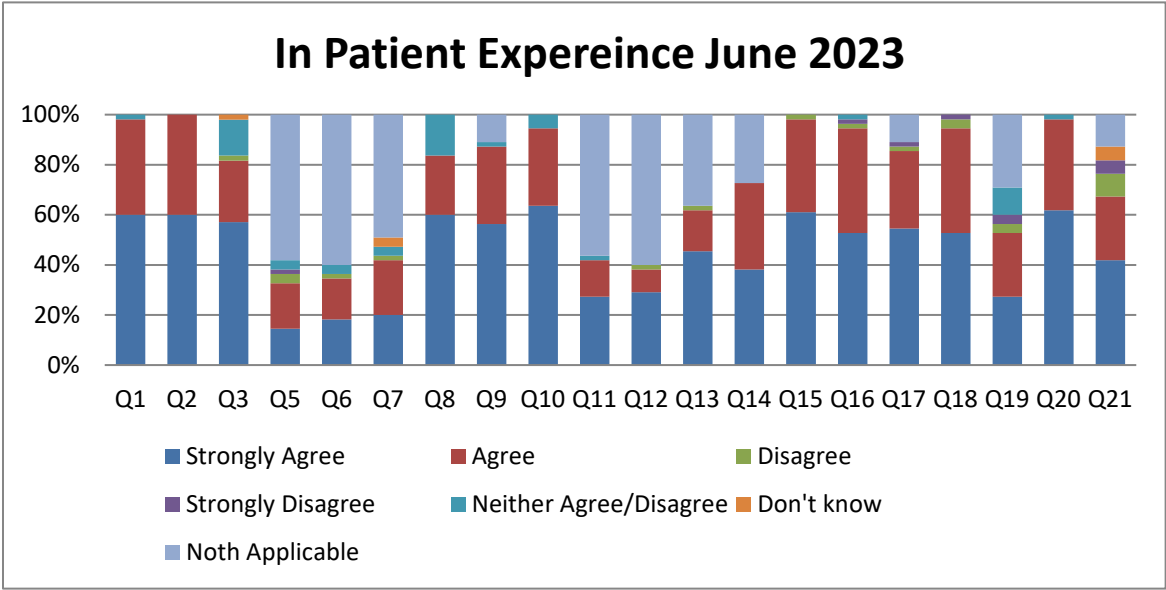
The following results show our patient feedback for the month of June 2023 across all in-patient areas in NHS Forth Valley. This data is collected on a weekly basis and is aggregated for purposes of this report. See below details of the top 3 positive results and the top 3 areas identified for improvement.

Top 3 positive results

- 98% of patients agreed they were welcomed to the ward
- 100% of patients agreed staff introduced themselves
- 96% of patients agreed staff listened to them

Top 3 areas for improvements

- 7% of patients responded staff did not keep them informed
- 5% of patients responded staff spoke in front of them as though they were not there
- 4% of patients responded that staff did not answer their questions

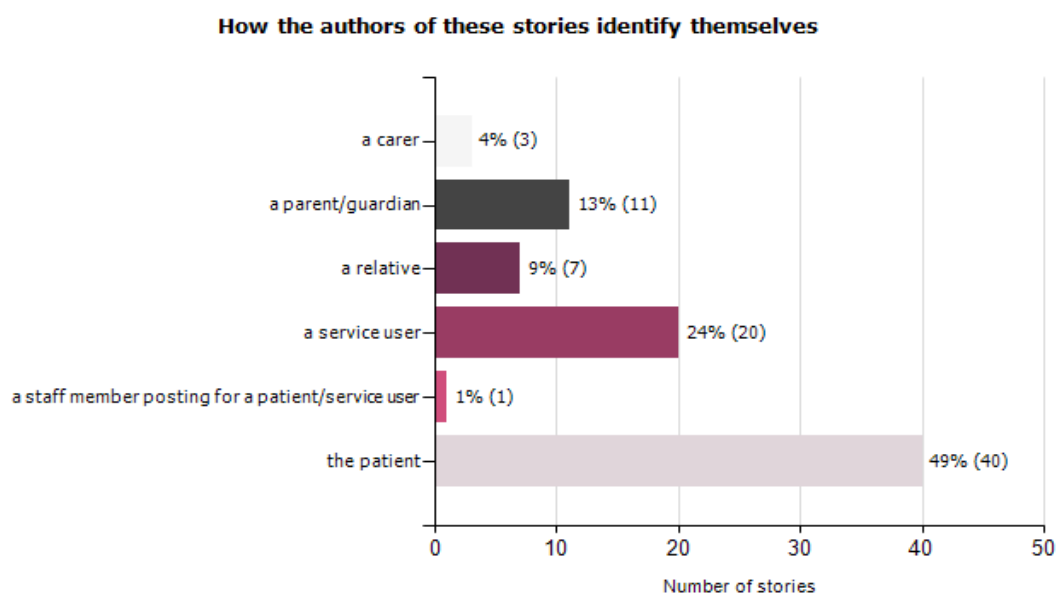
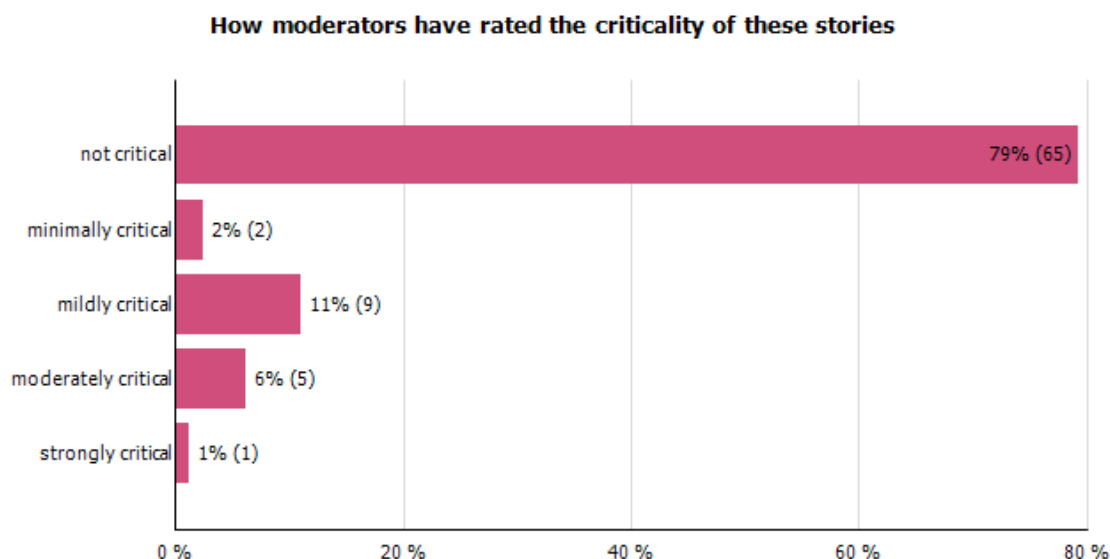


Care Opinion

During the months of June 2023 we have received 82 Care Opinion stories, to date the stories have be read 4,986 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, 81% of stories posted were rated as non critical/minimally critical

Table 2: 63% of stories were posted by patients/service users.



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 94 during the month of June 2023.

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

Support Provided
<p>Department busy, patients all okay, spent time and chatted with them and their families, patients advised they have been well cared for and kept up to date as patients been in overnight or from early morning.</p> <p>One gentleman slightly grumpy as waiting to go to renal unit for dialysis, spoke with staff about timescales advised they were waiting on staff calling them back re timing for going to renal unit. Updated gentleman, provided him with tea and toast, also spent time chatting with him, seemed to be in a much better mood by the time I left him.</p>
<p>Department busy, patients waiting to be seen and for results. Chatted and spent with husband and wife, who shared their experience and story with me. Husband receiving end of life care, very grateful for all the support and kindness shown to them by the Team.</p> <p>On patient had been in waiting room for approx. 8 hours, explained triage process to gain a better understanding of why it takes so long at times, husband now waiting on x-ray and provided wife with tea and toast. Spoke with a couple who were attending with their young son who had also been waiting in the chairs, ascertained when they were due to be seen, family happy with conversation and offered tea/toast etc.</p>
<p>Department okay, patients with long waits in treatment area sleeping and were not disturbed. Spent time with one gentleman and chatted about his experience, advised he was main carer for his wife who has dementia, he is 86 and she is 81 and what support he has at home, worried about who was looking after his wife. We chatted about his family and wonderful family support he has.</p>
<p>Department busy, patients all okay. One family waiting to see doctor, a bit frustrated with length of wait, apologised to family but were re-assured and understood the demands placed on staff within the department. Spent time with patients and chatted. Spoke with one lady who had meet before, re-assured her and chatted.</p>
<p>Department busy, patients waiting on beds and results/scans. Some patients had been in overnight and spent time with them. Provided tea/toast for elderly lady, tea for a family and pillows for 2 patients. Chatted about experiences in A&E and their illness, apologised to one family for length of wait who were understanding and felt re-assured. Spoke with one young man who had been in a cycle accident about his experiences and spent time with him.</p>
<p>Department busy, spoke with patients who had long waits in waiting room overnight. One family member raised concern over level and type of music played during the night – not very soothing for people in waiting area during the night and chairs not comfortable either but did advise that they were being well looked after by staff.</p>

Spoke with one family who were sitting in chairs, unhappy about length of wait to see doctor and get results, spoke with staff and updated the family on current position, understood information provided but remained frustrated.

Supported a patient who was deaf and we chatted through writing notes to each other, wife frustrated with trying to understand him as he had no batteries with him for his hearing aids and this caused difficulties in sharing information and they were becoming fraught with each other. We calmly ascertained where batteries were through writing notes, wife left to get new batteries. Gentleman quite happy with help.

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.

Out Patients Department

I wanted to write in to complement the nurse who took my blood in the outpatients at Forth Valley hospital today. Her name was Zara.

I am terrible at giving blood (or should I say having it taken?). Zara had a lovey bedside manner and talked to me briefly about my ongoing diagnosis offering gentle and much needed support at this tender time.

Of all the times I've had my blood taken I've never felt like saying "it was a pleasure" until today with Nurse. It was (if you can believe it) completely painless and quite a relief. They had such a steady hand I didn't even feel it go in. Nurse Zara is a credit to the profession and, in my humble and sincere opinion, a warm and caring human being. Anyone would be lucky to have them as their nurse. Thank you very much!

AAU

My Gran got admitted to AAU, the care from the nurses she received was fantastic. All members of staff, that we spoke to from porters to housekeepers and nurses/junior doctors were all efficient and welcoming. This is the first time she has been admitted to hospital and the staff really made her feel at ease and reassured. Special thanks to Caitlin and Scott (her named nurses) that were so friendly and approachable and showed amazing patience, taking time to answer our questions and concerns. NHS Forth Valley staff really are wonderful!

ReACH Team

I would like to commend the assistance given to me by the ReACH team. Particularly Sacha and Rosemary who have been patient, encouraging and caring.

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 26 SEPTEMBER 2023

7.6 Draft Healthcare Strategy - Update For Approval

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Author: Mrs Janette Fraser, Head of Planning

Executive Summary

Work is underway to develop our Healthcare Strategy which outline our priorities and set out how we plan to improve health outcomes, patient care and staff experience over the next 5 years, whilst working with our many partners to make the best use of available resources.

The Strategy will take account of the key national healthcare strategies, priorities and targets, including the 14 health and care commitments set out in the Scottish Government's policy prospectus [Equality, opportunity, community: New leadership - A fresh start](#) which was published on the 18th April 2023. It will also highlight local plans and priorities, including those set out in the two Strategic Commissioning Plans of our two local Integration Joint Boards.

As indicated in the previous update to the Board in May 2023, a wide range of discussion and engagement has already taken place over the last two years to inform the development of the new Strategy. The draft Strategy will be shared with the Whole System Leadership Team and NHS Board members for feedback over the next few months, followed by a period of further engagement with staff, the public and other key partners in early 2024.

In order to ensure that we allocate sufficient time for this further period of feedback and engagement, it is proposed that the final Healthcare Strategy, which will cover the 5-year period from 2024 – 2029, is submitted to the March 2024 Board meeting for approval.

A timeline for completing the draft Healthcare Strategy and undertaking further engagement prior to final approval is set out in this paper.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the approach set out in this paper.
- **note** the further engagement planned and engagement questions.
- **note** the timetable to present the final Healthcare Strategy 2024-2028 to the Board for approval in March 2024.

Assurance

Not applicable

Key Issues to be Considered

1. Healthcare Strategy Timeline

Date	Action
2 November 2023	Further engagement with the Whole System Leadership Team to review draft Healthcare Strategy
5 December 2023	Discussion with Board members to review draft Strategy and capture any feedback and suggestions.
January / February 2024	Further engagement with staff, public and key partners centred around the following three questions:- <ul style="list-style-type: none">• Do you feel the draft Healthcare Strategy addresses what is most important to you? If not, why not?• Has anything important been missed? If so, what?• Is there anything else you would like to tell us before we finalise our Healthcare Strategy?
27 February 2024	Performance and Resources Committee to review draft Healthcare Strategy 2024-2029
26 March 2024	Final version of Healthcare Strategy submitted to the NHS Board for approval
April 2024	Healthcare Strategy 2024-2029 published

2. Feedback and Engagement

A wide range of engagement has been carried out over the last two years to capture feedback from staff, patients, members of the public and local communities across Forth Valley on what matters most to them and how they would like to see services developed and improved in the future. This feedback has informed and helped to shape the aims, objectives and priorities along with the national and regional healthcare priorities.

These will be set out in the Healthcare Strategy 2024-2029, which will aim to provide a high-level, concise overview of key plans and priorities for the next five years.

2.1 Staff Feedback and Engagement

Staff feedback and engagement to date has included the following:

- NHS Forth Valley staff events and development sessions (23rd and 24th June 2023 and 4th August 2022).
- NHS Forth Valley - staff experience survey (carried out in 2022), this identified key themes around increased staffing levels, workload training and development as well as highlighting the importance of kindness, compassion and respect.
- iMatter survey results – 2022 and 2023.

- Local staff survey.
- Staff engagement carried out to inform the development of our Quality Strategy.
- Discussion with key stakeholders including:
 - Programme Boards (including Primary Care, Unscheduled Care, Infrastructure, Health Improvement)
 - ELT members and their Teams e.g., Primary Care, Women and Children, Mental health
 - Whole System Leadership Team
- Culture Change programme – surveys, presentations from Executive Directors to Teams and Departments, Focus Groups.

2.2 Patient Feedback and Engagement

Patient feedback and engagement include the following:

- The NHS Forth Valley Healthcare Experience Survey, which was carried out in 2022, to explore what matters most to local people who use our services, how the public expect to be treated by staff along with feedback on local improvements they would like to see. This identified a number of key themes around access, person-centred care, and staff communication.
- The Health and Care Experience Survey 2021/22 asked about people's experiences of accessing and using GP practices and Out of Hours services; aspects of care and support provided by local authorities and other organisations; and caring responsibilities. Results can be viewed at GP practice, GP cluster, Health and Social care Partnership and NHS Board level.
- Local patient experience surveys were undertaken which informed our response to the HIS report on Forth Valley Royal Hospital
- Patient complaints and feedback on Care Opinion

Public engagement has included the following areas:

- Public and partner engagement carried out to inform the development of NHS Forth Valley's Quality Strategy.
- Local public involvement meetings set up to inform our response to the HIS report on Forth Valley Royal Hospital and wider healthcare improvements across Forth Valley.
- Public and community engagement carried out to inform the development of Strategic Plans of our two local Health and Social Care Partnerships Falkirk HSCP Strategic Plan 2023- 2026 'Creating a Healthier Falkirk' – which was produced following a major engagement programme which gathered feedback from the public, local health and care staff and external partners. Clackmannanshire and Stirling HSCP Strategic Commissioning Plan 2023 – 2033 – which was developed following extensive stakeholder engagement with residents, patients, services users, unpaid carers, community organisations, local councils, NHS Forth Valley and other partners and informed by data on healthcare needs and disease trends across Forth Valley.
- Local public surveys and local public involvement meetings and meetings inform the improvements being taken forward in response to the HIS report on Forth Valley Royal Hospital and wider healthcare services across Forth Valley.

3. Further Engagement

During January and February 2024, it is planned to undertake further discussion and engagement with key stakeholders including the following:

- Area Clinical Forum.
- Primary Care – GPs and other stakeholders

- Voluntary organisations and community groups via CVS
- Community Planning Partnerships
- Public Participation Group
- Patient Public Panel

4. Engagement Questions

It is proposed that the following 3 questions will be asked during the engagement period.

- Do you feel the draft Healthcare Strategy addresses what is most important to you? If not, why not?
- Has anything important been missed? If so, what?
- Is there anything else you would like to tell us before we finalise our strategy?

Implications

Financial Implications

N/A at this stage of development.

Workforce Implications

N/A at this stage of development.

Infrastructure Implications, including Digital

N/A at this stage of development.

Sustainability Implications

There are no Sustainability Implications in respect of this paper.

Sustainability Declaration

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

X Yes
☐ N/A

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

Quality / Patient Care Implications

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

Information Governance Implications

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

Risk Assessment / Management

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

Relevance to Strategic Priorities

The Strategy will impact on all the NHS Boards approved Corporate Objectives, namely:

- Plan for the future.
- Protect and improve the Health and Wellbeing of the people of Forth Valley whilst reducing health inequalities.
- Support broader social and economic development.
- Improve our focus on safety, quality, and sustainability.
- Value and develop our people.
- Demonstrate best value using our resources.
- Promote and build integrated services locally and regionally.
- Build systems and processes to direct, control and improve our authorising and operating environments.
- Demonstrate behaviours that nurture, and support transformational change across our health and care system.

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

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement, and consultation

Plans for further engagement and involvement along with activities undertaken to date are described within the paper.

Additional Information

Nil

Appendices

Nil

8.1 Finance Report For Assurance

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

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

Executive Summary

This report provides a high-level summary of the financial results for the first 5 months of the 2023/24 financial year.


Recommendations

The NHS Board is asked to:

- **note** the revenue overspend of £5.4m reported for the first 5 months of the financial year due to additional temporary workforce costs, increases in medicine expenditure, wider inflationary pressures and ongoing Covid legacy issues.
- **note** that the financial outturn risk for the year remains at £10m to £15m pending confirmation of funding allocations, the impact of winter and potential year-end IJB risk-share arrangements.
- **note** that given the range of pressures experienced to date, delivery of a breakeven position at year end is increasingly unlikely without significant change over the second half of the financial year.
- **note** that delivery of the £25m savings programme remains broadly on track at this stage however this is largely non-recurring and further work is required to accelerate delivery of recurring savings schemes.
- **note** a balanced capital position as at 31 August 2023 with a forecast break even against the capital resource limit.

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.

As previously reported, the most recent forecast outturn projection indicates that the potential financial risk remains in the region of £10m to £15m and this position has not changed upon receipt of the

month 5 results. Urgent action is therefore required now to mitigate financial risk as far as possible and formal recovery plans are now being requested across a range of Directorates to further address specific financial pressure areas.

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: *(please tick relevant box)*

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

This report was prepared in consultation with Senior Finance colleagues.

Additional Information

N/A

Appendices

- Appendix 1 - YTD savings delivery 23/24

1.0 OVERVIEW OF MONTH 5 FINANCIAL RESULTS

1.1 Revenue year to date (YTD) results as at 31 August 2023

An overspend of £5.4m is reported for the first 5 months of the financial year as summarised in table 1 below.

TABLE 1: NHS Forth Valley 2023/24 Financial performance	Annual Budget	Apr - Aug Budget	Apr - Aug Expenditure	Underspend/ (Overspend)
	£m	£m	£m	£m
<u>Set Aside & Non-Delegated Functions*</u>				
Acute Services	228.261	95.072	102.069	(6.997)
Women & Children's	56.999	24.154	24.477	(0.323)
Cross Boundary Flow/External SLAs	61.042	25.520	25.759	(0.239)
Non-delegated Community Services	35.300	14.755	16.047	(1.292)
Facilities and Infrastructure	119.491	50.170	50.476	(0.306)
Corporate Functions	32.393	10.525	10.318	0.207
Ringfenced and Contingency Budgets	17.461	5.176	0.000	5.176
Income	(31.733)	(14.336)	(14.647)	0.311
Sub total	519.214	211.036	214.499	(3.463)
<u>Delegated Functions</u>				
Operational Services	132.812	55.642	53.637	2.005
Universal Services	168.520	70.354	74.267	(3.913)
IJB reserves	11.263	0.000	0.000	0.000
Sub total	312.595	125.996	127.904	(1.908)
<u>Reserve transfers (to)/from IJB</u>				
Clackmannanshire & Stirling IJB				
Falkirk IJB				
Sub total	0.000	0.000	0.000	0.000
TOTAL	831.809	337.032	342.403	(5.371)

* 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 £519.214 above is £73.962m. An overspend of £5.824m is reported at month 5.

Is part of the month 5 position, a number of revenue allocations have been anticipated and included in budgets pending confirmation from the Scottish Government. Clearly, there is a degree of risk attached to all anticipated allocations until such time as they are formally agreed. As previously reported, funding for the 22/23 and 23/24 pay awards has now been confirmed (with the exception of medical staffing which is to follow). In addition, funding allocations relating to NRAC parity/sustainability and the new medicines fund (amounting to £11.9m) have also been confirmed. As previously agreed by the Executive Leadership Team (ELT) these latter 2 funding allocations will be the first call against existing pressures and invest to save initiatives.

A £5.4m YTD overspend position is reported at the end of August which represents an adverse movement of £1.5m compared to the position reported in July. 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 energy and fuel together with premises and IT contracts.

Expenditure on total supplementary staffing amounted to £19.1m at end August (up £5.9m or 45.6% on the same period in the previous year). The vast majority of this total (68%) relates to nurse bank and agency. Note that a range of local and national efficiency initiatives are underway in relation to supplementary staffing costs, and whilst this showed initial signs of improvement in June and July, the position at August is less favourable and requires further investigation.

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 unprecedented financial challenges in relation to Primary Care prescribing which is reflected in the £3.9m YTD overspend reported against universal services in table 1 above. Note that processing of actual prescription costs for May to August is significantly behind schedule due to problems with the implementation of the new Data Validation Pricing Capture system which went live on 1st July 2023. This has been escalated nationally given the potential impact on NHS Board and IJB accounts. Note that cost estimates for May to August have been provided based on prior year trends in terms of volumes and the average cost per item as advised by the national Primary Care Technical Group to inform the month 5 position. The £2.0m underspend reflected against operational services in table 1 is primarily due to the residual budgets retained by Falkirk HSCP for the closed wards at Falkirk Community Hospital.

1.2 Efficiency savings

Work is underway to deliver the £25.0m approved savings plan. To date savings of £12.4m 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 - Aug Target £m	Apr - Aug Actual £m	Variance £m
Workforce	4.586	1.453	0.993	(0.460)
Procurement & Contracts	0.405	0.164	0.034	(0.130)
Prescribing	4.372	1.728	1.384	(0.344)
Estates & Infrastructure	1.497	0.985	0.877	(0.108)
Income Generation	3.421	2.385	2.483	0.098
Non-recurring actions	10.300	7.167	6.590	(0.577)
Other	0.419	0.175	0.000	(0.175)
Total	25.000	14.056	12.361	(1.696)
Recurring	10.000	2.508	1.354	(1.154)
Non-Recurring	15.000	11.548	11.006	(0.542)
Total	25.000	14.056	12.361	(1.696)

The vast majority of the savings delivered at end of August 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. There are some delays relating to the reporting of recurring energy efficiency initiatives and income generation as the data required to quantify actual savings delivered to date will not be available until period 6. Note that there is an outstanding information governance issue in relation to the Lenalidomide switch reported under prescribing savings which is currently being progressed to enable this to be implemented as soon as possible.

1.3 Capital YTD results as at 31 August 2023

The total annual net capital budget for 2023/24 is currently estimated at £11.4m 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 £5.6m 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 £0.06m in August compared to the previous month which reflects additional funding anticipated in relation to the Scottish Governments Switched on Fleet programme designed to assist Boards in moving towards electric fleet vehicles and associated infrastructure.

TABLE 3: 2023/24 NHS Forth Valley Capital position	Annual Budget £m	April - August Budget £m	April - August Expenditure £m	Underspend/ (Overspend) £m
Core Capital Resource Limit	6.389	0.939	0.939	0.000
Anticipated allocations	5.565	2.024	2.024	0.000
Indirect Capital Charged to Revenue	(1.830)	0.000	0.000	0.000
Property sales	1.322	1.099	1.099	0.000
Total	11.446	4.062	4.062	0.000

As reported in table 3, a balanced position is reported for the 5-month period ending 31 August 2023. To date expenditure of £4.1m has been incurred, leaving a net balance of £9.2m to be spent over the remainder of the financial year.

2.0 SET ASIDE & NON- DELEGATED FUNCTIONS - CLINICAL DIRECTORATES

Clinical Directorates reported a combined overspend of £3.4m as at 31 August 2023 as summarised in table 4 below.

TABLE 4: Clinical Directorates*	Annual Budget £m	Apr - Aug Budget £m	Apr - Aug Expenditure £m	Underspend/ (Overspend) £m
Acute Services	228.261	95.072	102.069	(6.997)
Women & Children's	56.999	24.154	24.477	(0.323)
Cross Boundary Flow/External SLAs	61.042	25.520	25.759	(0.239)
Non-delegated Community Services	35.300	14.755	16.047	(1.292)
Ringfenced and Contingency Budgets	17.461	5.176	0.000	5.176
Income	(31.733)	(14.336)	(14.647)	0.311
Sub total	367.330	150.341	153.705	(3.364)

* 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 above is £73.962m. An oversepnd of £5.824m is reported at month 5.

Acute services – an overspend of £7.0m is reported at the end of August. 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. £11.4m of additional temporary staffing costs have been incurred to date within the Acute Services Directorate. Of this total, £7.7m (68%) 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 arising from previous gold command decisions and Scottish Government directives. Clear exit strategies are required in relation to these costs together with the phased closure of contingency areas. Given the scale of the YTD overspend and likely forecast outturn, a formal recovery plan has been requested from the Acute Services Directorate.

Women & children's – an overspend of £0.3m is reported at end of August. This reflects the impact of new Paediatric diabetes technologies, paediatric complex care packages and historic unachieved savings targets. Discussions are ongoing with the Directorate to mitigate financial risk as far as possible.

Cross boundary flow/external SLAs – an overspend of £0.2m is reported at the end of August largely due to Out of Area Treatments, unplanned activity, and SLA exclusions.

Non-delegated community services – an overspend of £1.3m is reported at the end of August. This reflects increased nurse agency usage in Prison healthcare settings (particularly Glenochil) and additional costs associated with surgical sundries, wound management products and the prison pharmacy contract. Pressures are also reported in set aside mental health services due to higher than average staff absence levels, necessitating the use of ongoing bank and agency cover.

Ringfenced and contingency budgets – £5.2m of funding has been released from central budgets at the end of August to offset costs in respect of key service developments pending funding allocations being processed.

Income – income received to the end August was £0.3m higher than planned levels. This is largely due to income from externals.

3.0 SET ASIDE & NON- DELAGATED FUNCTIONS - CORPORATE DIRECTORATES

A combined overspend of £0.1m is reported for Corporate Services and Facilities & Infrastructure as at 31 August 2023 as summarised in table 5 below.

TABLE 5: Corporate Functions and Facilities & Infrastructure	Annual Budget	Apr - Aug Budget	Apr - Aug Expenditure	Underspend/ (Overspend)
	£m	£m	£m	£m
Facilities and Infrastructure	119.491	50.170	50.476	(0.306)
Corporate Functions				
Director of Finance	4.259	1.792	1.758	0.034
Area Wide Services	(0.045)	(2.887)	(2.619)	(0.268)
Medical Director	11.467	4.645	4.250	0.395
Director of Public Health	3.343	1.350	1.432	(0.082)
Director of HR	5.583	2.358	2.306	0.052
Director of Nursing	3.847	1.622	1.598	0.024
Chief Executive	2.258	0.941	0.956	(0.015)
Portfolio Management Office	0.569	0.240	0.175	0.065
Immunisation / Other	1.112	0.464	0.462	0.002
Corporate Functions sub total	32.393	10.525	10.318	0.207
Sub total	151.884	60.695	60.794	(0.099)

Facilities and Infrastructure – an overspend of £0.306m is reported at the end of August. This is primarily due to pressures in relation to non-emergency patient transport, clinical waste, postages and

energy. Latest projections for energy costs are concerning and the forecast is currently being reassessed. A number of immediate actions have been identified to strengthen financial controls around postage and transport. Acceleration of the roll out of a number of energy efficiency initiatives is also being assessed to reduce consumption as far as possible in year.

Corporate Functions – a combined underspend of £0.207m is reported at the end of August. 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 £1.9m as at 31 August 2023 as summarised in table 6 below.

TABLE 6: Health & Social Care Partnerships	Annual Budget	Apr - Aug Budget	Apr - Aug Expenditure	Underspend/ (Overspend)
	£m	£m	£m	£m
<i>Clackmannanshire and Stirling HSCP</i>				
Operational Services	60.164	25.096	24.743	0.353
Universal Services	86.088	35.812	38.019	(2.207)
Ringfenced and Contingency Budgets	4.792	0.000	0.000	0.000
Subtotal	151.044	60.908	62.762	(1.854)
<i>Falkirk HSCP</i>				
Operational Services	72.648	30.546	28.893	1.653
Universal Services	82.432	34.542	36.249	(1.707)
Ringfenced and Contingency Budgets	6.471	0.000	0.000	0.000
Subtotal	161.551	65.088	65.142	(0.054)
TOTAL	312.595	125.996	127.904	(1.908)

The HSCP budgets summarised in table 6 exclude budgets in respect of large hospital services, also referred to as set aside, which amount to £74.0m. Responsibility for operational and financial 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 – as a result, the financial management arrangements for set aside Mental Health services now require to be reviewed).

In terms of the year-to-date position for delegated functions, the key financial challenge experienced by both HSCPs continues to relate to primary care prescribing which is reported under universal services in table 6. Volume growth in the number of items prescribed and the average cost per item are expected to remain higher than original planning assumptions due to ongoing demand and short supply issues. However, this cannot be confirmed until actual data is available. Note that due to delays in the processing of actual prescribing costs, the month 5 results reflect actual costs for the month of April only. Estimates have been applied for May to August which is a key risk given the level of volatility in this area. The processing delay is directly linked to the introduction of the new Data Validation Pricing Capture system which went live on 1st July 2023 (for May prescriptions onwards).

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 an element 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 Clackmannanshire and Stirling HSCP but to a lesser extent).

Initial discussion has taken place with both CFOs in relation to risk share arrangements and is it expected the existing risk share arrangements negotiated in the previous financial year will be carried forward to 23/24 with longer term risk sharing arrangements being built into the revision of the Integration Schemes for both IJBs. However, before risk sharing is enacted it is expected that appropriate corrective action will be undertaken by Chief Officers as per section 8.5 of the extant Integration Schemes to mitigate financial risk thereby avoiding the need for risk sharing as far as possible.

5.0 CAPITAL

A balance position is reported for Capital expenditure as at 31 August as summarised in table 7 below.

TABLE 7: 2023/24 NHS Forth Valley Capital position	Annual Budget £m	April - August Budget £m	April - August Expenditure £m	Underspend/ (Overspend) £m
Elective Care	3.382	1.929	1.929	0.000
Information Management & Technology	3.184	0.848	0.848	0.000
Medical Equipment	2.017	0.664	0.664	0.000
Facilities & Infrastructure	3.663	0.476	0.476	0.000
NHS Board corporate projects	0.447	0.145	0.145	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	11.446	4.062	4.062	0.000

Elective Care – Works continue on the Elective Care Modular Build with funding arrangements factored into the projected outturn position. The associated car park was completed during April 2023. Capital expenditure at end August equates to £1.9m, which is in addition to the £9.2m already capitalised in previous financial years. However, it is recognised that there are technical specification issues which remain unresolved at this stage and this is being taken forward in conjunction with Forth Health and NHS Assure.

Information Management & Technology – to date the sum of £0.8m has been spent on Information Management & Technology projects, including staff costs recharged to Capital, electronic patent records and various server and network infrastructure upgrades.

Medical Equipment – As at 31 August 2023 expenditure committed on Medical Equipment items equated to £0.7m, an increase in month of £0.6m relating to a new Single Photon Emission Computed Tomography (Spect) CT Scanner, Cardiology Monitoring equipment, and also enhancement software for the existing MRI Scanner funded by the National Infrastructure Board.

Facilities & Infrastructure - a total of £0.5m is reported as spent or committed as at 31 August 2023 within Facilities and Infrastructure managed projects. This relates to compliance works, staff recharged to capital, art therapy works at Bellsdyke and the creation of Greenspace at Stirling Community Hospital.

NHS Board and Property Sales – as at August 2023 the final minimum price guarantee income for the Bellsdyke development was accounted for at £0.9m. In addition, a capital grant of £0.140m was awarded to Strathcarron Hospice in respect of unavoidable energy infrastructure upgrades and a small sum was spent on ASDU Washer Racks due to the anticipated increased sterilisation requirements

emanating from the new National Treatment Centre. The position also reflects completion of the sale of property at Graham Avenue in Larbert.

Appendix 1 – YTD savings delivery 2022/23

Category (Set Aside & non-delegated services only)	Annual Target £000s	Apr - Aug Plan £000s	Apr - Aug Actual £000s	Variance £000s	RAG status
Workforce					
Reduction in supplementary staff costs	3,454	1,036	576	(460)	AMBER
Retinue fees & charges	132	0	0	0	AMBER
Turnover/incremental progression	1,000	417	417	0	GREEN
	4,586	1,453	993	(460)	
Procurement & Contracts					
VAT advisory services	5	2	0	(2)	RED
Hand Towels	35	13	13	0	GREEN
Gloves	33	12	12	0	GREEN
Reducing non-contract spend	23	10	0	(10)	AMBER
Carriage charges	3	1	0	(1)	GREEN
Change of Tourniquet Supplier Via NDC	20	7	7	0	GREEN
Catering (plastic spoons to wooden spoons)	6	2	2	0	GREEN
Complex Care Education Provision Review	72	30	0	(30)	RED
Review of Complex Care Third Party Provision	208	87	0	(87)	RED
	405	164	34	(130)	
Prescribing					
Abiraterone switch	730	304	217	(87)	GREEN
Lenalidomide switch	415	173	0	(173)	AMBER
Fingolimod switch	201	84	0	(84)	GREEN
Patient Access Scheme rebates	2,800	1,167	1,167	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	1,728	1,384	(344)	
Estates & Infrastructure					
PPP/DBFM review of contractual arrangements	900	842	877	35	GREEN
Energy efficiency	255	106	0	(106)	GREEN
Review of order comms	40	17	0	(17)	GREEN
Review of desk top assets (incl mobiles)	50	21	0	(21)	GREEN
Patient hub/postages	250	0	0	0	AMBER
Waste	2	0	0	0	RED
	1,497	985	877	(108)	
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	417	500	83	AMBER
Bellsdyke income	1,956	1,956	1,956	0	GREEN
Provision of training by Women & Children's service	10	4	0	(4)	RED
Travel vaccinations	20	8	27	19	GREEN
	3,421	2,385	2,483	98	
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	1,429	1,429	0	GREEN
Unplanned financial benefits	3,851	1,605	1,043	(562)	GREEN
Balance sheet opportunities	1,320	1,133	1,118	(15)	GREEN
	10,300	7,167	6,590	(577)	
Other					
Reducing unwarranted variation	209	87	0	(87)	RED
Whole system integration opportunities	210	88	0	(88)	RED
	419	175	0	(175)	
Total	25,000	14,056	12,361	(1,696)	

FORTH VALLEY NHS BOARD
TUESDAY 26 SEPTEMBER 2023

9.2 Communications Update Report For Assurance

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Author: Mrs Elsbeth Campbell, Head of Communications

Executive Summary

This paper provides an update on the communications work undertaken during the period April - September 2023. It also highlights some of the key media issues, campaigns and digital developments managed over the last six months.

Recommendation


The Forth Valley NHS Board is asked to: -

- **note** the update and ongoing communications activity to ensure staff, patients, the public and other key stakeholders are kept updated on service developments, changes and improvements across the organisation.

Assurance

Effective communications play a vital role in educating, informing and reassuring local patients and members of the public who use our services. Honest, open and timely communications are also important to ensure staff are kept informed on any changes or issues which affect them, and media receive the information they require to help achieve accurate, fair and balanced coverage. If NHS Forth Valley's communication plans and priorities are not aligned to strategic plans and priorities and do not respond to the changing needs of our staff, patients and the public then there is a risk to the organisation's reputation and credibility. This could result in a loss of trust and confidence in local services, reduce uptake and engagement with local services and impact on the wellbeing of local patients and staff.

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 communication plans are aligned to organisational priorities and reviewed regularly to take account of feedback, outcomes and emerging issues.

Key Issues to be considered

Work was undertaken during the period to promote a wide range of service developments and improvements to improve access and reduce delays. These included the creation of a new dedicated entrance to our Urgent Care Centre, the introduction of new mobile X-ray equipment in theatres and quicker testing for Hepatitis C.

Detailed communication plans were developed to support the roll out of the Winter vaccination programme across Forth Valley and promote the launch of a new local travel vaccination service.

Plans were also developed to highlight the Board's commitment to reducing carbon emissions and promote the wide range of clinical research underway across the organisation. Work continued to update on progress implementing a range of actions and improvements in relation to Stage 4 escalation, including work to take forward our Culture Change and Compassionate Leadership programme.

Implications

Financial Implications

There has been no additional financial costs and efforts continue to build on and improve existing internal and external communication channels and identify opportunities for financial savings. These include a number of digital developments highlighted in the report.

Workforce Implications

A number of staff awards and achievements are highlighted in the report as well as an update on staff communications issued during the period. The Communications Department continued to work with HR and OD colleagues to highlight a wide range of recruitment, training and development opportunities across the organisation.

Infrastructure Implications including Digital

A number of digital developments and improvements are highlighted in the report.

Sustainability Implications

Work continued to promote the development of sustainable services and action underway to meet the targets set out in the Scottish Government's new Climate Emergency and Sustainability Strategy (2022-2026).

Sustainability Declaration

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

- ☐ Yes
- ☒ N/A

Quality / Patient Care Implications

Work continued to highlight a range of initiatives and service developments designed to improve the quality of patient care and treatment, particularly in relation to the requirements set out in the HIS report on Forth Valley Royal Hospital. Regular feedback from local patients and families was also highlighted throughout the period on social media as part of regular 'Feedback Friday' posts.

Information Governance Implications

N/A

Risk Assessment / Management

Accurate, timely and relevant communications, tailored to the needs of specific audiences can help reduce pressure on local services, reassure the public and ensure staff are well informed. Communications is highlighted as a potential issue in a number of risks on the

Strategic Risk Register as well as a number of service plans and developments. Action is taken to effectively manage and reduce these potential risks.

Relevance to Strategic Priorities

Effective internal and external communications play a key role in supporting the Board's strategic priorities and delivery plans as well as responding to key issues.

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

Communications plans are developed in partnership with local service and clinical leads as well as colleagues in other NHS Boards, Public Health Scotland, local councils, Forth Valley College and the University of Stirling, where appropriate.

Appendices

- Appendix 1: Communications Update Report April 2023 – September 2023

Communications Update Report

April 2023 - September 2023

OVERVIEW

Work was undertaken during the period to promote a wide range of service developments and improvements to improve access and reduce delays. These included the creation of a new dedicated entrance to our Urgent Care Centre, the introduction of new mobile X-ray equipment in theatres and quicker testing for Hepatitis C.

Detailed communication plans were developed to support the roll out of the Winter vaccination programme across Forth Valley and promote the launch of a new local travel vaccination service.

Plans were also developed to highlight the Board's commitment to reducing carbon emissions and promote the wide range of clinical research underway across the organisation. Work continued to update on progress in implementing a range of actions and improvements in relation to Stage 4 escalation.

Long Service Awards took place to recognise the contribution made by staff with 20, 30, 40 and, in some cases, 50 years service. In addition, a range of local events and activities were organised to celebrate International Nurses Day, The King's Coronation and the 75th Anniversary of the NHS.

A successful recruitment event was held at Forth Valley Royal Hospital and the communications team continued to work with HR to promote a wide range of vacancies, training and development opportunities.

ACTIVITY SNAPSHOT

30,955

FACEBOOK

Followers on Facebook

30

MEDIA RELEASES

The number of proactive releases issued

17,900

TWITTER

Followers on Twitter

81

MEDIA ENQUIRES

The number of media enquiries received, managed and responded to.

27,820

HIGHEST REACH

Highest performing post on Facebook.

67,900

FACEBOOK PAGE VISITS

The number of times our page was visited on average in a month.

49,671

REACTIONS, COMMENTS AND SHARES

The number of reactions, comments and shares on our posts.

5,230

INSTAGRAM

Followers on Instagram

KEY HIGHLIGHTS

Effort to Increase Capacity and Reduce Delays

Efforts to free up capacity, reduce delays and highlight alternatives to attending ED were promoted throughout the period.

This included work to promote a new dedicated entrance to the Urgent Care Centre at Forth Valley Royal Hospital to enable ambulance crews to bring patients directly to the Centre for assessment and treatment. This not only enables patients to be seen quicker, but also helps free up capacity in the Emergency Department.



The number of contingency beds within ward treatment rooms and 4 bedded bays at Forth Valley Royal Hospital has also reduced significantly over the last few months and new triage arrangements were introduced within the Emergency Department to help reduce the number of people experiencing very long waits.

Work is also underway to develop a new community heart failure service to support patients in their own homes to help reduce the number of emergency admissions.

New Mini X-ray Machines Help Speed Up Surgery

Work was undertaken to highlight the use of new mini X-ray imaging machines in the theatres at Forth Valley Royal Hospital to help reduce delays and free up radiographers to see more patients.

The machines, known as Mini C-arms, allow surgeons to take their own X-rays and home in on specific areas of the body during an operation without the need for a radiographer to be present to set up and operate the X-ray equipment. The machines are specifically designed to X-ray smaller joints, such as wrists, ankles and hands during surgery.



Until now, radiographers have had to leave their department to manoeuvre heavy X-ray equipment to theatres, assemble the different parts and stay throughout surgery to take any images required by the surgeon. This has led to delays and sometimes resulted in theatre lists having to be re-organised. It has also taken radiography staff away from the radiology department for periods of time which has reduced capacity and meant other patients sometimes having to wait longer for X-rays and other scans to be carried out.

Surgical staff have been trained to use the new X-ray equipment which is particularly useful for orthopaedic procedures to review images of the bone and check the positioning of any pins or plates inserted.

KEY HIGHLIGHTS

Patients Benefit from Increase in Clinical Research

The Communications Department worked with NHS Forth Valley's Clinical Research colleagues to highlight the significant increase in research projects taking place across Forth Valley as well as the benefits to local patients.

The Clinical Research Team is currently supporting more than 100 different research trials in areas such as cancer treatment, cardiology, dementia, neurodegenerative diseases, diabetes, women's health, gastroenterology, mental health, paediatrics and surgery. NHS Forth Valley is the only site in Scotland participating in a UK study to evaluate the use of a urine test which could help detect womb cancer in three hours, reducing the need for more invasive procedures like biopsies.



It was also 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 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 over the course of a year.

Quicker Testing Introduced For Hepatitis C

A one-year pilot was launched in NHS Forth Valley in a bid to diagnose and treat Hepatitis C much more speedily.

The initiative, aimed at harder-to-reach groups, provides finger-prick results within an hour to avoid people having to wait days or weeks for diagnosis and treatment. The pilot is unique in Scotland and is the first joint collaboration with pharmaceutical company Gilead Sciences, who have helped with funding.



In the past, due to laboratories being extremely busy, dried blood spot results could take up to six to eight weeks which can impact on engagement with local services. There are still around 600 people in the Forth Valley area who may have Hepatitis C and the pandemic has also had an impact with needle sharing becoming more common in certain user groups. As part of wider efforts to encourage testing for those at higher risk of contracting Hepatitis C, peer support workers have been visiting a number of local premises, including the Salvation Army and local recovery cafes as well as speaking to homeless people.

This pilot initiative provides testing, results and medication all within two days, sometimes on the same day. Harm reduction advice and supply of clean equipment is also crucial to prevent reinfection and is included as part of the testing consultation.

KEY HIGHLIGHTS

Reducing our Carbon Footprint

Work was undertaken to highlight ongoing efforts across the organisation to reduce emissions and develop cleaner, greener, more sustainable services. Progress is outlined in the Board's first Annual Climate Emergency and Sustainability report which shows big improvements in a number of key areas. These include a 36% reduction in emissions and the rollout electric vehicle of (EV chargers)in public and patient car parks, with additional EV chargers installed to support the Board's growing fleet of electric vehicles.



The development supports the national drive to install charging EV infrastructure across the country and meet the target to have a 100% fleet of NHS electric vehicles by 2025 (for cars and small vans) and 2030 (for larger vehicles).

Staff Reflections Highlighted on International Nurses Day

A book of reflections, gathered from staff across NHS Forth Valley during the Covid-19 pandemic, was handed over as part of local celebrations to mark International Nurses Day on 12th May 2023.

It was presented by local nurse and RCN Forth Valley branch representative Hilary Nelson to NHS Forth Valley's Chief Executive, Cathie Cowan and Executive Nurse Director Prof Frances Dodd and will later be added to the NHS Forth Valley archives at the University of Stirling.



Forth Valley was the only RCN branch in Scotland to capture thoughts and feelings into a book from 2021 onwards and the contributions emphasise the camaraderie and support between colleagues.

Welcoming our First International Physiotherapists

As part of ongoing plans to welcome and highlight the contribution made by international colleagues, work was undertaken to highlight the first two physiotherapists recruited from overseas as part of a wider national initiative to support the delivery of health services across Scotland.

The physiotherapists, from India and Sri Lanka, are being supported with a comprehensive induction and training plan as well as support from existing physiotherapy colleagues.



KEY HIGHLIGHTS

Supporting Patients with Dementia

Work was undertaken with local nursing staff to highlight how an interactive system which supports a wide range of activities, is supporting patients in Unit 5 at Falkirk Community Hospital.

Known as Reminiscence Interactive Therapy Activities (RITA), the software therapy system has been developed to support the care of patients with dementia. It enables patients and staff to access a range of interactive activities and resources designed to engage and focus patients. This includes games such as bingo, watching films and listening to music.

Studies show RITA can shorten the length of stay, reduce the need for anti-psychotic and sleeping medication as well as improve a person's nutrition, hydration and mood.

RITA has also been used in the Intensive Care Unit at Forth Valley Royal Hospital to help patients participate in rehabilitation exercise sessions or games that promote group participation and co-ordination.



Support For People Trying To Return To Work

A free service, which supports people to return to work after illness or help those who are struggling with ill health whilst at work without having to be referred by a healthcare professional, was widely promoted across Forth Valley.

During the Covid-19 pandemic, the Working Health Service Forth Valley operated on a referral only basis, providing vocational rehabilitation, mental health support, counselling and physiotherapy (using Near Me virtual consultations) as well as liaising with local employers. However, now the service can be accessed direct by anyone seeking help or advice.

Free and confidential support can include rapid access to occupational therapy, physiotherapy, talking therapies and return to work action plans to support a successful return to work.



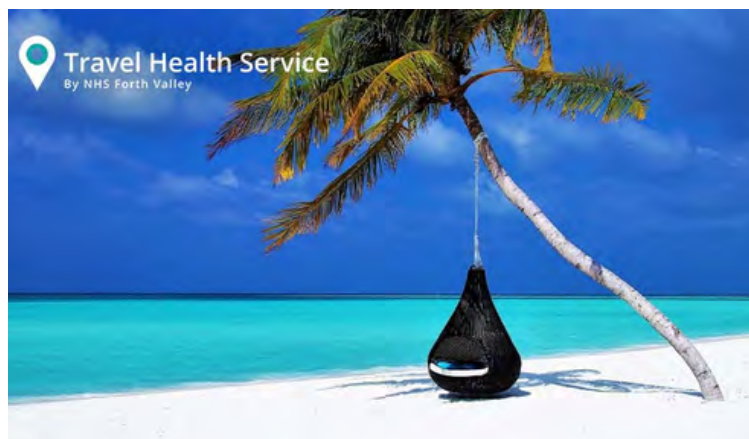
KEY HIGHLIGHTS

New Travel Vaccination Clinic Introduced

A new Travel Health Service was launched as part of the Scottish Government's national Vaccine Transformation Programme. This replaces the travel health advice and vaccination service previously provided by local GP Practices. The Service provides a range of free vaccinations as well as certain vaccinations which are available on a private basis.

Based at Falkirk Community Hospital, the new Travel Health Vaccination Clinic is run by a team of immunisation nurses with specialist experience in travel health and medicine.

The Communications Department worked closely with the Vaccination Team to develop a new website for the service (www.travel.nhsforthvalley.com) which enables local people to check which vaccinations they require and book a vaccination appointment. The Service has also been widely promoted via social media and local media.



New Art Exhibition Challenges Ageing Stereotypes

As part of ongoing work with Artkink Central, who coordinate all arts commissions, exhibitions and creative work for NHS Forth Valley, work was undertaken to promote a new exhibition at Forth Valley Royal Hospital by photographer Alex Rotas. The exhibition entitled 'Growing Old Competitively' focuses on athletes ranging in age from 60 to more than 90 plus.

It aims to challenge widely held misconceptions about what growing older means and encourage fresh thinking on how older people can stay fit, healthy, engaged and happy.

Since the launch, it has attracted significant interest and positive feedback with patients, visitors and staff commenting on how uplifting and inspiring they are.

The project is a collaboration with the Park Gallery at Callendar House and involved pupils from Larbert High School who helped install the pictures as part of their summer work experience.



KEY HIGHLIGHTS

New Garden Brings Fresh Air to Intensive Care

A garden area at Forth Valley Royal, which was redesigned to provide a peaceful haven for staff and patients, was officially opened at the beginning of August 2023.

The courtyard garden, located on the ground floor of the Women and Children's Unit, provides a pleasant and calming space for staff from the Unit and ICU to use during breaks as well as a private area for patients from ICU to spend time outdoors in the fresh air to support their recovery and wellbeing.



New paving has been laid to enable patients to be taken outside in wheelchairs or beds and electric sockets have been installed so that ventilators can be charged, if required. Four raised beds are available to grow flowers, vegetables, fruit and herbs along with wind spinners to create movement and ensure there is always something to look at. A gazebo has also been installed to provide protection from the rain and sun along with a variety of outside tables, chairs and benches.

Funded by an NHS Charities Together Covid-19 recovery grant, the 'Grow and Recover' garden project was developed with the support of staff from our Public Health Nutrition Team who worked in partnership with colleagues from the Women and Children's and Intensive Care Units.

A Royal Party

Staff got into the party spirit to celebrate the coronation of King Charles III on Saturday 6th May 2023, including staff from the Renal Unit at Forth Valley Royal Hospital.

Pupils from St Ninians Primary School made decorations for the RVS café at Stirling Health and Care Village and Serco distributed special coronation cupcakes to patients in local hospitals across Forth Valley.

Coronation goodie bags were also distributed to a number of staff areas and wards.



KEY HIGHLIGHTS

Celebrating 75 Years of the NHS

The NHS, which was created on 5th July 1948, celebrated its 75th birthday on 5th July 2023. A number of events took place nationally and locally to help mark this major milestone. These included special receptions at the Scottish Parliament and Edinburgh Castle and Parkruns across the UK to show support for the NHS, including local events at Plein Country Park, the University of Stirling and Callendar House in Falkirk.

To local timeline, highlighting some of the key changes and developments across NHS Forth Valley over the last 75 years was created. The Communications Department worked with BBC Scotland on a series of special features to celebrate the 75th anniversary. These included a feature on the maternity unit at Forth Valley Royal Hospital showing how staff support local families right at the very start of life and a feature on the family of Lesley Dunabie, Department Manager/Head of Nursing for Child and Adolescent Mental Health Services (CAMHS) whose mother Patricia Dunabie worked as a paediatric nurse in Ayrshire and her son Brodie Donnelly, who is training to be a nurse at the University of the West of Scotland. This formed part as part of a special feature on three generations of a family who have all worked for the NHS.



First Minister Humza Yousaf, visited Forth Valley Royal Hospital on Monday 3rd July 2023 to thank local staff and speak to a number of patients who had recently undergone surgery. Following a local media appeal to identify people who shared the same birthday as the NHS, Annette Hall from Falkirk came forward and arrangements were made with local staff to deliver a special NHS 75th anniversary birthday cake to her at Cunningham House in Grangemouth.



Serco distributed special 75th anniversary cupcakes to patients in all of our local hospitals on Wednesday 5th July and afternoon tea boxes were also distributed to a number of wards and departments across NHS Forth Valley.



AWARDS & ACHIEVEMENTS

Staff Celebrate 6,730 Years of Helping Patients

More than 250 staff with a total of 6730 years of service between them received Long Service Awards from NHS Forth Valley. They included NHS Forth Valley pharmacy technician Helen McCabe, who notched up an incredible half a century of NHS service.

Two special award ceremonies were held at Forth Valley Royal Hospital at the end of May 2023 to present staff with a specially designed pin badge and award certificate.



The NHS Forth Valley long service awards were last presented in January 2020 and were paused during the Covid-19 pandemic. This meant that this year staff who had achieved 20, 30, 40 or 50 years' service over the last three years were eligible to receive an award.

Of those receiving awards, 118 celebrated 20 years' service, 104 had served 30 years, 30 had achieved 40 years' service with the NHS and one member of staff received an award for 50 years service.

Excellent Report for Learning Disability Support

A service dedicated to providing housing support and care at home for people with learning disabilities swept the board in every category in an unannounced inspection by the Care Inspectorate. Scoring straight 6s which equates to excellent, in every section appraised, is almost unheard of.



NHS Forth Valley's Community Residential Resources and Housing Support Service, which helps people across Forth Valley, currently supports 27 people. The service was praised for working in a truly person-centred way, using best practice as standard and for having staff who are highly motivated and committed to the people they work with.

During the visit, the inspector spoke to 17 staff, spent time with 23 people using the service, observed practice and daily life, reviewed documents and spoke with visiting professionals. People told the Care Inspectorate they felt listened to, they liked local staff and could have a laugh and a joke with them. They also appreciated how they were encouraged to maintain connections with family and friends.

MEDIA PROACTIVE

The Communications Team continued to promote a wide range of service developments, awards and achievements as well as highlighting career opportunities across local health and care services.



MEDIA ISSUES

A wide range of media enquiries were responded to during the period, including a number in relation to waiting times, spend on agency staff spend and complaints regarding patient care and treatment.

Anger over patient treatments delays

New data shows some have waited...

Complaints soar at NHS Forth Valley

Health chiefs assure they are tackling figure increase

STEWART MCCONNELL

in complaints.

The number of complaints received by NHS Forth Valley have increased to above pre-pandemic levels, a meeting of the board heard on Tuesday.

But health chiefs insist they are pulling out all the stops to improve the situation.

NHS Forth Valley continues to work towards achieving the local performance target of 80 per cent.

Frances Dodd, Executive Nurse Director said: "There are a couple of reasons for the increase

"We have some vacancies in the patient relations team and have some interim arrangements until the successful candidate comes in to post.

"The acute team have recruited some additional admin support to co-ordinate the responses to complaints to responses within the acute team, recognising that patients and families are waiting on these responses.

"Some of the elements in the delays have been related to the challenges we have been having. "But we note that the

Ombudsman is not upholding any of the complaints that we have not upheld.

"There is a level of confidence for board members' assurance about the number of complaints we have been upholding or not upholding."

She added: "One of the things that is concerning is the average time it is taking to go through the complaints process for the public and that is something we are looking to address.

"The Patient Relations Team continues to provide a comprehensive and supportive

service to all our patients and families and works closely with staff in the management of complaints."

During the period April - March 2023, a total of 2,034 complaints (including complaints transferred/withdrawn/consent not received) were received indicating an increase of 25.7 per cent, compared to the same period the previous year.

However, in comparison to pre-pandemic complaints received in 2019/20 it is noted that there is a 12.1 per cent

increase on the number of complaints received.

A further breakdown notes the percentage of complaints against NHS Forth Valley's patient activity represents 0.2 per cent of the total number of complaints received during the period April - March 2023.

The performance analysis confirms that 1,963 complaints have been investigated during April - March 2023 achieving a performance figure of 74.5 per cent, compared to a performance figure of 81.9 per cent in the same period for 2021/22.

NHS CHIEFS SPENT £27M ON AGENCY WORKERS

Figure is up by 32pc since 2021/22

CTIART MCFARLANE outside staff in the health sector 2022/23 was set at £19.7million, with the

Long A&E waits continue for some at FVRH

Over half the patients turning up at Forth Valley Royal Hospital's emergency unit are still waiting more than four hours to be dealt with.

Latest figures show only 1 per cent of the 1121 patients who turned up at the A&E unit were seen in the timescale set out by the Scottish government for patients to be seen, treated and admitted, discharged or transferred.

This is a marginal improvement on the previous week when the figure was 43.1 per cent but is down from earlier in the year.

eight hours and 140 of them were still waiting to be dealt with after 12 hours.

Falkirk West's MSP Michael Matheson who took over as Health Secretary last week in the Humza Yousaf's cabinet reshuffle, admitted there was still "significant pressure".

He said: "Hospital bed occupancy continues to be a major factor impacting performance. We are increasing NHS24 staffing and providing up to £8 million to boards to help alleviate pressure from delayed discharge.

"As part of our nationwide

are being urgently reassessed and those clinically safe to be discharged will be safely moved home or to an interim placement in a care home - freeing up beds for those most in need."

Apologising for the long waits, an NHS Forth Valley spokesperson said: "Forth Valley Royal Hospital, like many hospitals across Scotland, continues to face capacity challenges with many seriously ill patients requiring admission for treatment along with high numbers of patients experiencing delays in being

four-hour emergency access standard.

"However, good progress is being made in reducing the number of patients experiencing very long waits and staff are continuing to work together to reduce the number of patients experiencing delayed in being discharged from hospital or transferred to a local community hospital or care home.

"We would like to apologise to any patients who have experienced longer waits and staff are doing everything possible to reduce delays. Patients with more serious illnesses and in-



Patient waits over 900 days to be seen

NHS Forth Valley issues apology to family following discharge error

By Rajmund Bakonyi Reporter

rbakonyi@fallooadvertiser.co.uk

A PATIENT who was discharged from a Forth Valley Royal Hospital with an unaddressed medical condition had to be brought back by ambulance the next day.

NHS Forth Valley has apologised to the patient and their family following the incident after the Scottish Public Services Ombudsman upheld a complaint.

According to the ombudsman's findings, it was "unreasonable" for the health board to have discharged the patient from hospital, where they were admitted following an insulin overdose.

The patient received treatment in intensive care and was later transferred to a general ward where they stayed for several days before being discharged.

However, the patient was "re-admitted to hospital by ambulance transfer the day after their discharge", the ombudsman's de-

cision report revealed. Having taking advice from an emergency medicine consultant, the ombudsman's report read: "We found that it was unreasonable for the board to have discharged A [the patient]."

"We found that there were failings in the discharge process which had led to A being discharged with an unaddressed medical condition."

The ombudsman also found that there had been a delay in undertaking a psychiatric review

with feedback provided to the health board.

A spokesperson for NHS Forth Valley said: "We have apologised to the family and work is underway to ensure the recommendations from this review are addressed."

The ombudsman's report added: "In similar circumstances, patients should be fully and appropriately assessed prior to their discharge from hospital and the assessment recorded in the patient's clinical records."



Forth Valley Royal Hospital

SOCIAL MEDIA



NHS Forth Valley's social media platforms were used extensively to provide quick, clear health advice and information, promote the work of local staff and signpost people to local services and support. Social media audiences continue to grow and NHS Forth Valley now has over 30,900 followers on Facebook, more than 17,900 followers on Twitter and a growing audience on Instagram.

Over the six month period, the Communications Department worked closely with colleagues from the Scottish Government, Public Health Scotland and NHS 24 to support a number of national campaigns. These included vaccinations to protect against meningitis, suicide prevention and support for people who have experienced a sexual assault.



SOCIAL MEDIA



Information and updates shared across our social media channels included advice on how to access healthcare and advice during public holidays, an appeal for additional audiology volunteers, reminder on the importance of getting in touch if patients can't attend their appointment and the launch of the new NHS Forth Valley travel vaccination service.

Weekly 'Feedback Friday' posts continued to be shared to highlight positive feedback from local patients and their families along with regular posts to promote local job opportunities and recruitment events. Work was also undertaken with local staff to mark International Day of the Midwife, International Nurses Day, the NHS 75th Anniversary and the re-launch of the NHS Forth Valley Staff Awards.



SOCIAL MEDIA



Celebrating International Nurse's Day 2023



DIGITAL DEVELOPMENTS

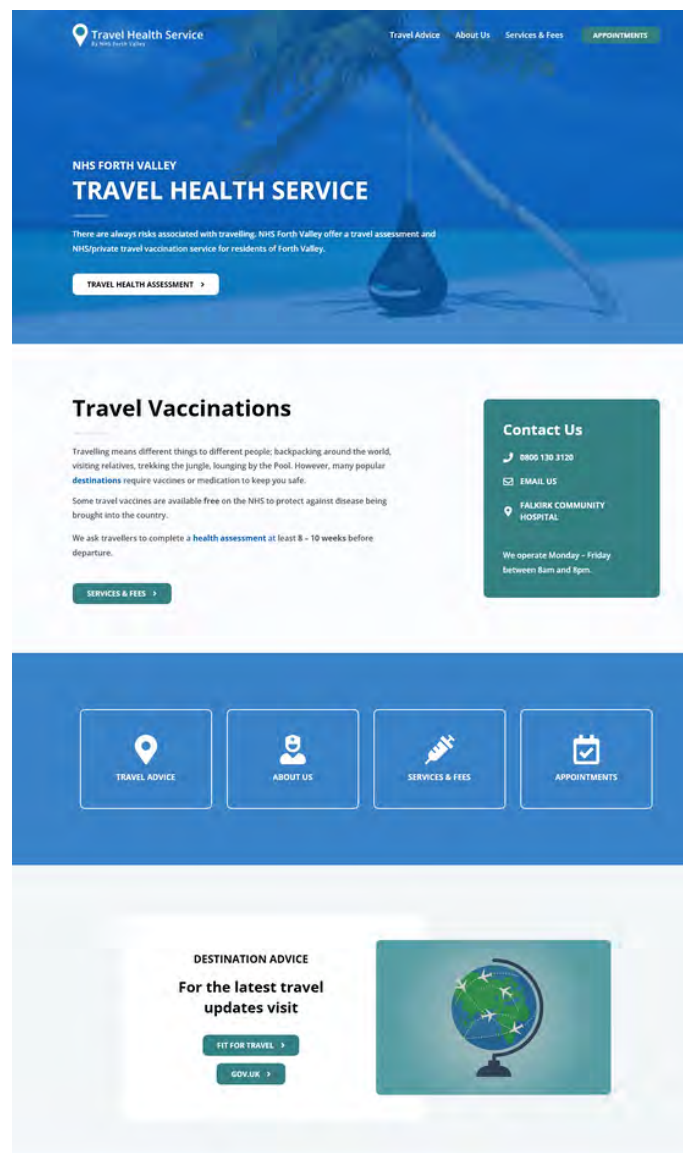
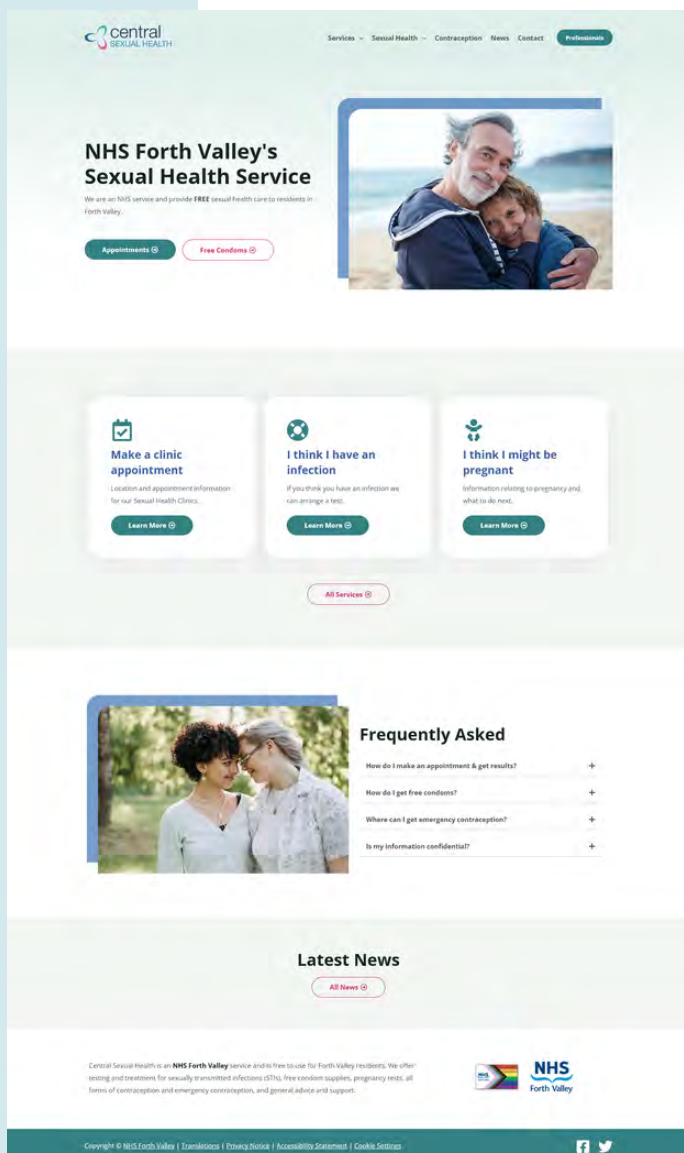
www.nhsforthvalley.com

NHS FORTH VALLEY WEBSITES

Between 1st April 2023 and 15th September 2023, there were 634,847 tracked views on the NHS Forth Valley website www.nhsforthvalley.com. However, the actual number of visits is likely to be higher as people accessing the site can now opt out of online tracking. Job vacancies, phone numbers, Forth Valley Royal Hospital and the Minor Injuries Unit were the top 5 sections visited.

New websites were created for the Travel Health Vaccination Service and the Central Sexual Health Service.

Work is underway to meet new website accessibility requirements which cover all public sector bodies, including NHS Boards. This requires changes to the design and layout of websites as well as the format of any documents uploaded to ensure they comply with the new regulations.




INTERNAL COMMUNICATIONS

Staff News continues to be published online with key highlights emailed to all staff and promoted individually on the home page of the staff intranet. The newsletter can also be viewed online by all staff anywhere at www.staffnews.nhsforthvalley.com

Work continues to ensure staff are kept up to date, with daily updates on the homepage of the staff intranet, regular Staff Briefs along with updates from the Chief Executive which are emailed out to all staff. Specific updates were issued to update staff on the work underway to respond to Stage 4 Escalation, including the launch of the Culture Change and Compassionate Leadership programme.

[StaffNet](#) [NHS Forth Valley](#) [Newsletter Archive](#)

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Success at Nurse of Year Awards

July 21, 2023



Quality Time at New Improvement Academy



Incredible Work Highlighted at Research Prize Day



Recruitment Event Success

StaffNet [intranet](#) [Q](#) 

[Applications A-Z](#) [Departments A-Z](#) [Help Me With](#) [Hospitals](#) [What's New](#) [Vacancies](#) [Escalation](#)

[StaffNet](#) > [Board Escalation](#) > Improving Our Culture

Board Escalation

[Escalation Updates](#)

[HIS Inspection Report](#)

[Improving Our Culture](#)

[Back to Board Escalation](#)

Improving Our Culture

Culture Change and Compassionate Leadership

Listening - Learning - Responding

Culture and leadership were two of the priority areas highlighted for improvement when the Board was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework in November 2022.

Since then, work has been carried out to review different approaches to improving culture in a range of NHS organisations across the UK. This has resulted in the development of a new Culture Change and Compassionate Leadership Programme which is being taken forward across NHS Forth Valley and our two local Health and Social Care Partnerships.





Michael West, Professor of Work and Organisations...

From a UK national health authority

9.3.1 Clinical Governance Committee Ratified Minute – 1 August 2023 For Assurance

Chair: Dr Michele McClung, Non-Executive Director

Minute of the Clinical Governance Committee meeting held on Tuesday 1 August 2023 at 9.00am via Microsoft (MS) Teams

Present: Mrs Margo Biggs
Mrs Kirstin Cassels
Mr Robert Clark
Mr Gordon Johnston
Ms Janie McCusker
Dr Michele McClung (Chair)
Mrs Helen McGuire
Mr John Stuart

In Attendance:	Mrs Lynda Bennie Mrs Susan Bishop (Item 11.1) Mrs Louise Boyle (Item 8.3) Miss Jennifer Brisbane (Minute) Ms Laura Byrne Dr Jennifer Champion Mrs Donna Clark (Item 7.3)	Mrs Cathie Cowan Prof Frances Dodd Mr Jonathan Horwood (Item 7.3) Mrs Sara Mackenzie (Item 9.1) Mr Andrew Murray Ms Gail Woodcock (Item 7.3)
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1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Cllr Wendy Hamilton and Miss Linda Donaldson. 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 23 May 2023

The draft minute of Clinical Governance Committee meeting held on Tuesday 23 May 2023 was approved as an accurate record.

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 Clinical Governance Committee:

- ***Noted that there had been no questions or responses received to capture (Action 1).***
- ***Noted that the Out of Hours Service Manager interviews were scheduled (Action 8).***
- ***Noted that there was no escalation or written output however a formal update would be provided at a future meeting. (Action 11).***

Action:

- Add Deanery Visit Update to future committee meeting agenda.

5. Clinical Governance Committee Planner

The Clinical Governance Committee **noted** the Clinical Governance Committee Planner.

The committee were reassured that Risk Management updates would be presented at all Clinical Governance Committee meetings when quarterly reports could not be provided.

6. For Approval

6.1 Updated Clinical Governance Committee Terms of Reference Re Public Health

The Clinical Governance Committee received the 'Clinical Governance Committee Terms of Reference'.

The purpose of the Clinical Governance Committee 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:

- The purpose of the Public Health Governance was amended to note 'To ensure that the principles and standards of clinical governance are applied to the health improvement, health protection and healthcare public health activities of the NHS Board'.
- It was agreed that the approval of the Terms of Reference would be delayed to allow for the following amendments to be made:
 - Include more explicit information on the Public Health screening programme, and organisational learning gained from Significant Adverse Event Reports (SAERs).
- All committees, excluding the escalation committee, were aligned to ensure that papers were circulated 5 days clear of the meeting, weekends inclusive.

Actions:

- Make amendments to the Terms of Reference.
- Add Terms of Reference to next meeting agenda for approval.

7. In Our Services, Is Care Safe Today?

7.1 Escalation Update

The Clinical Governance Committee received the 'Escalation Update'.

The Clinical Governance Committee:

- ***Noted the information provided to the NHS Board on all aspects of Escalation (Appendices 1, 3, 4 & 5).***
- ***Reviewed the current position in regards to 'Safe Delivery of Care and Out of Hours'.***
- ***Reviewed the 'Putting Patients First' report (Appendix 2) and its clinical metrics.***
- ***Agreed a level of assurance that could be presented to the Escalation P&R Committee.***

Key points considered:

- It was advised that the 'Escalation Update' would remain as a standing item at Clinical Governance Committee meetings.
- The role of the Clinical Governance Committee was to have an oversight of the Safe Delivery of Care and the Out of Hours Improvement Plan in addition to provide assurance to the Escalation Performance & Resources Committee.
- The 'Putting Patients First Report' was developed following the focus on Safe Delivery of Care. The committee were advised that the data and metrics were drawn directly from reports taken to the Clinical Governance Committee. The key metrics were:
 - Complaints and Compliments- focussed on complaints handling.

- SAER Compliance
- Hand Hygiene
- Infection Control
- It was noted that whilst creating the report, there was a focus on trying to ensure a coherent narrative that described the metrics and processes used.
- Committee members were advised that the report would be presented at the Assurance Board and agreed on the importance of articulating the relationship with leadership, culture and governance.

7.2 Safe Delivery of Care Oversight Group Update

The Clinical Governance Committee received the 'Safe Delivery of Care Oversight Report'.

The Clinical Governance Committee:

- ***Noted the new HIS Escalation Reporting template.***
- ***Noted the Oversight and Working group infrastructure in place to provide assurance to the Clinical Governance Committee and NHS Forth Valley Board of the work being undertaken.***
- ***Noted the development of a whole system response.***
- ***Noted the development of the measurement plan to understand impact in areas which had not previously been measured.***

The purpose of the paper was to outline the conditions for progress and work undertaken with regards to the Safe Delivery of Care Project.

Key issues considered:

- The project continued to refine the measurement plan to understand the impact, consistency of assurance mechanisms and early detection of concerns following the adoption of a whole system approach.
- The Oversight Group was established to address the HIS findings and requirements in order to achieve 'Safe Delivery of Care'. The areas of focus to identify the conditions for progress were:
 - Mock Inspections visits
 - Whole system approach
 - Hand Hygiene
 - Care and comfort rounding for patients and the support role
 - The safe management of patients in contingency bed spaces
 - Use of feedback mechanisms
 - Safe delivery of medicines and time critical drug administration
- In order to assist the organisational delivery of a whole system approach, teams were supported to develop local measures to align with a dashboard of data for ease of use, to understand impact immediately. A draft dashboard was anticipated to be completed by the end of September 2023.
- Teams were asked to state their ambitions and provide feedback in order to understand and establish trajectories.
- Concerns were raised over phases 2 and 3 of the mock inspections, where the importance of revisiting wards, regardless of if they received a high phase 1 score, was emphasised. It was noted that the lack of return visits was due to capacity issues and the methodology providing slightly higher scores than it intended.
- Narrative around the fall in hand hygiene compliance was provided, identifying that although work was required to promote training compliance with Senior Charge Nurses across all clinical teams, the initial non-compliance was associated with the overuse of gloves preventing appropriate hand hygiene.
- Following discussion, it was noted that the key message around completion of Care and Comfort Rounding was that the responsibility was with all clinical members of staff.

7.3 Out of Hours Escalation Improvement Plan

The Clinical Governance Committee received the 'Out of Hours Escalation Improvement Plan'.

The Clinical Governance Committee:

- ***Noted the current position, challenges of the service and work being progressed.***

The purpose of the paper was to outline the ongoing work undertaken to provide an integrated person centred, safe, and sustainable Primary Care Out of Hours services.

Key points considered:

- An Out of Hours (OOH) priority identified was the 'Reimagining Care Closer to Home' programme, which would assist with the design and development of the future of all OOH services. Following work with Sir Lewis Ritchie, the development of a new model which collated many of the OOH actions had begun.
- In order to implement a Multidisciplinary Team approach, the Scottish Ambulance, Hospice at Home, Prison, Police, Pharmacy and CHART services all received access to the OOH service through the flow navigation hub.
- Interviews were scheduled for nursing staff and two GP positions in order to reduce the impact of workforce challenges. A meeting was scheduled with Human Resources to discuss potential further clerical support.
- Actions were taken to achieve more sustainable and resilient leadership within the service. Recruitment process commenced with advertisement for the OOH Depute Clinical Lead and interviews were scheduled for OOH Manager candidates.
- The OOH dashboard was utilised to provide staff with information on the service delivery through the use of key performance indicators. Further development of the dashboard would continue in order to support the planning for service delivery.
- A plan was in place to develop a Palliative Care work stream that would identify service leads and support alignment with other related improvement programmes.
- Following discussion, clarity was provided on the Flow Navigation Centre. Committee members were informed that it was situated within NHS Forth Valley Royal Hospital and was used as a clinical support tool for calls from NHS 24, palliative care line, GPs, Police and Prison services.
- Concern was raised over the ability to deliver a service to those under mental health detention due to a lack of GPs within the OOH service. Following an SBAR outlined by NHS Tayside, work was ongoing to understand what measures were required to fill the workforce gap experienced.

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 current position, challenges and quality improvements made in relation to the specific SPSP measures and compliance with national targets.***
- ***Noted that the Directorates were meeting to discuss clinical governance topics using the domains of the Vincent Framework to structure the agenda.***

Key points considered:

- Hospital Standardised Mortality Rate (HSMR) had reduced from the previous report of 1.01 to 0.98. Investigations were in place to understand why rates had previously increased over 1.

- Cardiac Arrest Rate had increased to 2.16 per 1,000 since the previous report. Assurance was provided that each cardiac arrest had been reviewed.
- Overall Stroke Bundle compliance increased from 38% to 56%. The main area of focus for the Stroke Bundle were Transient Ischaemic Attacks (TIAs) however assurance was provided that the rise in strokes was not correlated to TIA clinics.
- Pressure Ulcer Rate for Grades 2 and 4 were below the national mean.
- Work was ongoing to continue to develop a Safety Dashboard and contributing factors of HSMR increase.
- The new SIGN Guidelines regarding the management of a deteriorating patient were published in June 2023. SIGN167 replaced SIGN139, care of deteriorating patients. The Deteriorating Leadership Group were to reset and devise an NHS Forth Valley Driver diagram and project plan for 2023 -2024 with guidance and support from National SPSP programme and following SIGN 167 guideline.
- It was noted that each cardiac arrest received a review in the form of a cold debrief. NHS Forth Valley identified inappropriate cardiac arrest calls due to a lack of DNACPR documentation; therefore improvements related to compliance with anticipatory care plans were required. Following discussion, it was highlighted that work was ongoing to continue to reiterate the importance of introducing appropriate DNACPR documents by raising awareness at the doctors' induction and by ensuring effective training was undertaken. NHS Forth Valley had joined the National Cardiac Arrest Audit to better understand the Forth Valley position.
- Plans were in place to for the procurement of an e-obs electronic system to support the early escalation of deteriorating patients which would also provide an opportunity to measure staff compliance.
- Concern was raised over the lack of capacity to provide resuscitation training to staff. Committee members were notified that the issues with capacity were as a result of resuscitation officers receiving training and moving to another health board. Reassurance was provided that more staff had been recruited and work was ongoing to have oversight of training and the release of staff to attend sessions.
- Targeted work was implemented to support the Falls Improvement work within NHS Forth Valley.

Action:

- Raise resuscitation training capacity issues at Executive Leadership Team.

8.2 Scottish Patient Safety Programme Update- Mental Health

A paper could not be provided therefore the Chair advised that item 8.2 would be deferred to a future meeting.

8.3 Scottish Patient Safety Programme Update- Falls

The Clinical Governance Committee received the 'Scottish Patient Safety Programme Update- Falls'.

The Clinical Governance Committee:

- ***Noted the current position, challenges and quality improvements being made in relation to the specific Scottish Patient Safety Programme (SPSP) measures and compliance with national targets.***
- ***Noted and agreed the change in focus from falls prevention to safer mobilisation and prevention of deconditioning.***

The purpose of the paper was to describe the SPSP Falls position, transition, key improvements, and future work required to support falls and falls with harm.

Key points considered:

- Following a requirement from Healthcare Improvement Scotland (HIS) and the SPSP, health boards were asked to monitor levels of unintended harm correlated to falls and falls with harm.

- Incidents that occurred within an inpatient area were recorded within NHS Forth Valley's Safeguard system where a debrief and Local Adverse Event Review (LAER) was conducted with the relevant stakeholders to investigate the cause of the fall and surrounding factors. The outputs of the debrief were shared at the Acute Services Directorate (ASD) Adverse Event Review Group and Sharing Intelligence Group.
- A multidisciplinary Falls Leadership Group was established to support colleagues to work on initiatives and changes to clinical practice with the aim to reduce the number of falls and falls with harm when in NHS Forth Valley's care. The group reviewed the data and noted a requirement for quality improvement, education and training.
- Recommendations were operationally actioned by the appropriate member of the Falls Leadership Group and Falls Collaborative.
- Collaboration with the Care of Dementia and Elderly patients allowed the delivery of improvement plans associated with unintended harm with falls to be monitored.
- The use of Pentana improved the visibility of data extracted for Falls.
- There being no national agreement on the definition of falls with harm, challenges were experienced when bench marking against other health boards, in addition to the change of patient population and length of patient stays within the community hospitals.
- A Quality Improvement Academy took place to facilitate the falls champions learning of how to carry out small improvement projects; however, it was noted that staff did not have protected time to attend.
- SPSP released an update to refocus from reducing falls to promoting safer mobilisation of patients due to hidden harm associated with immobility and reconditioning.

8.4 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 Infection 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.***

Key points considered:

- Within the reported quarter there were:
 - 3 hospital acquired SABs
 - 9 hospital acquired DABs
 - 1 hospital acquired CDI
 - No recorded MRSA or C.difficile associated deaths
 - No surgical site infections
 - 3 outbreaks were recorded (2 COVID-19, 1 Norovirus)
- Total ECBs remained within control limits with 14 hospital acquired ECBs within the reported quarter. Work was ongoing as part of the ECB Support Framework evoked this quarter by the Scottish Government. Committee members were assured that all actions from the action plan had been completed, with the exception of one action that had an extended timeframe. It was indicated that ECB rates would continually reduce within the next reporting period.
- CDI rates remained high, therefore communication continued with the Scottish Government where progress updates were to be provided.
- A HIS Infection Prevention Control focussed visit took place in Bellsdyke Hospital on 27 June 2023 which resulted in positive feedback from members of staff. The report on the visit was expected to be published mid September.

- Following discussion, it was noted that there was not a particular area that influenced the 10 healthcare SABs reported, and that it may have be correlated to the significant increase in antibiotic remote prescription, remobilisation and the presence of Influenza and COVID-19. Work was ongoing within the Antimicrobial group regarding the increased rates.
- Reassurance was provided that management of patient care equipment non compliance was rectified immediately as a staff member would be made aware at the time and reports were sent to Band 6, 7s and service leads were provided with information on a monthly basis.

9. In Our Services, Will Care Be Safe in the Future?

9.1 Risk Management Update Quarter 1

The Clinical Governance Committee received the 'Strategic Risk Register- Q1 2023/24 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 1 2023/24, for onward reporting to the Forth Valley NHS Board.***

The purpose of the report was to provide an update to the Strategic Risk Register for Quarter 1 2023/24, with a focus on Clinical Governance risks.

Key points considered:

- The Strategic risks aligned to the Clinical Governance Committee were static and no new risks had been identified at strategic level.
- The Clinical Governance Committee were to receive quarterly update reports on the risks 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 developed, the Clinical Governance Committee were to receive expanded reporting on a larger range of risks.
- It was noted an emerging risk identified was in relation to new Child Protection Guidelines.
- The Scheduled Care risk, SRR.004, remained outstanding due the job reviews being at 95% therefore a revised target date of September was noted. The overall recruitment progress was at 90% with a few posts outstanding, however it was anticipated that everyone would be in post by the end of September therefore the target was revised.
- A Deep Dive into Scheduled Care was to be presented to the Clinical Governance Committee in September 2023.

10. Is Our Care Person Centred?

10.1 NHS Forth Valley Person Centred Complaints and Feedback 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 2023- May 2023 20 day performance target was 62.5%, with the May performance at 69.1%.
- The performance for Stage 1 was at 80.4% and Stage 2 at 19.5% from 1 April 2023- 31 May 2023.
- 7 complaints were under investigation by the SPSO
- The key themes and learning received from complaints were:
 - Staff Attitude and Behaviour
 - Clinical Treatment/ Problems with Medication/ Prescribing
 - Waiting Time/ Date of Appointment
- Conversations took place with James Cannon to discuss how best to coordinate complaint responses in the Care Directorate as a result of pressures experienced within Acute Services.
- Care Opinion received positive feedback however further improvements with staff attitude and communication was required.

11. Are We Learning and Improving?

11.1 Quality Strategy Update

The Clinical Governance Committee received the 'Quality Strategy Implementation Report 2022-2023'.

The Clinical Governance Committee:

- ***Noted progress in implementation of the Quality Strategy.***
- ***Noted key areas for discussion and scrutiny.***

The purpose of the report was to provide an account and evidence of progress in Year 2 implementation of the Forth Valley Quality Strategy 2021-2026.

Key points considered:

- The focus of the implementation in 2022 to 2023 continued to be on the five initial priorities which were led by healthcare professions and management leaders with quality experience and skills and a range of other staff, together with corporate support from Forth Valley Quality.
- The alignment of the 6 dimensions of the strategy and the need for culture and compassion to be incorporated into the programme was highlighted, where it was noted that there would be a negative impact if not undertaken.
- Service pressures and demands challenged clinical and non-clinical leads and teams throughout 2022/23, resulting in a pause in work and reviews to find solutions and make quality planning, control, assurance and improvements accessible.
- NHS Forth Valley continued to be proactive in national quality and safety improvement programmes.
- Performance escalation and external inspections provided opportunities to increase and sustain gains. Further work would be undertaken in Year 3 to strengthen access to and effective use of data and whole system working.
- The Quality Improvement Team experienced turnover of skilled and experienced staff who took their improvement and programme management skills into clinical and corporate posts, secondments and a new Quality and Safety Improvement Lead appointed was in September 2022.
- The improvement capacity and capability building programme continued to develop with the initiation of a new Improvement Academy, two day awareness course and coaching for improvement drop-in sessions and submissions to the national Scottish Coaching Leadership and Improvement, Scottish Quality and Safety Fellowship and Managing Quality in Complex Systems courses.
- Despite withdrawal of national funding for improvement support to extend the national Value Management Collaborative, NHS Forth Valley invested in a Teams Based Improvement

Approach, with the objectives of continually building improvement ownership, skills and knowledge and sustaining Safe Delivery or Care, Value Based Healthcare and staff wellbeing.

- In December 2022, a significant reprioritisation of quality and safety improvement capacity was directed to contribute to and support delivery of the Escalation and Safe Delivery of Care improvement plans and accompanying measurement plan.
- NHS Forth Valley's Realistic Medicine Action Plan for 22/23 was accepted by the Scottish Government and positive feedback on progress was received.
- The safety dashboard focussed on Falls and Falls with Harm where all inpatient charge nurses had access and support regarding data analysis through the Improvement academy and coaching session.
- Following discussion, it was highlighted that difficulties faced with gaining interest in leadership was the source of many challenges experienced by the Quality Improvement Team. However, the committee were assured that the AHP Director and Nurse Director had been appointed and would be able to provide support to the team.

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:

- A limited level of assurance was provided due to being unable to complete all Significant Adverse Event Reviews (SAERs) within the Scottish Government timeframe, with the exception of 1.
- The committee was advised that other health boards were also challenged with compliance within the Scottish Government timeframe.
- There were 43 SAERs at various stages of the process, 27 of which were in progress.
- 1 SAER (00081) was out with the framework by 198 days due to the SAER emerging from a complaint therefore resulting in a delay in commissioning as it was not directly presented to the Clinical Governance Team.
- It was advised that SAERs would only be removed from the report once the action plan had commenced and learning had been shared.
- Assurance was provided that the Significant Adverse Event Report presented to the Clinical Governance Committee was not the report sent monthly to Health Improvement Scotland. Therefore it was agreed the report sent to Health Improvement Scotland would be forwarded to the Chair of the Clinical Governance Committee for information.
- Committee members were reassured that a robust process was in place, where a patient contact was allocated from the Adverse Event Review Group to liaise with the family and a draft report would be shared so family questions could be answered.

Action:

- Forward SAER report sent to Health Improvement Scotland to the Chair of the Clinical Governance Committee for information.

11.2.1 Review Capacity of Team and Future Demands of SAERs

The Clinical Governance Committee received the paper 'Review Capacity of Team and Future Demands of SAERs'.

The Clinical Governance Committee:

- ***Noted the current position of SAERs and barriers to compliance.***
- ***Considered the casual factors and mitigations in place to address the backlog.***

The purpose of the paper was to provide an update on the position of SAERs and identify the causes of challenges faced in meeting the Scottish Government timescale requirements, the actions in place and mitigations going forward.

Key points considered:

- Historically NHS Forth Valley commissioned between 5 and 7 SAERs annually, where the workforce had capacity to assign one clinician to support the process. In January 2020 all NHS Boards were required to submit detail of all category 1 events where SAERs had been commissioned. When comparing data with other Scottish Health Boards, it was recognised that the number of commissioned SAERs within Forth Valley was not comparable to other Boards with same demographic of the Forth Valley population.
- Previously Senior Clinical Staff were asked to lead SAERs however the process relied on goodwill and capacity of the senior clinical staff to lead the reviews in addition to their clinical commitments.
- Following an external review in 2021 related to Culture and Governance in the Emergency Department, a business case was approved for additional capacity within the Clinical Governance team due to 14 recommendations relating to Clinical Governance. As a result of the approval, additional Clinical Governance Managers and Clinical Governance Coordinators were recruited and funding for senior clinical staff to lead SAERs for (2 hours per week).
- Due to a lack of national education programmes, post holders were all required to undertake external training and education to ensure they possessed the skills required for leading reviews.
- Work was undertaken to raise awareness of clinical governance and clinical risk through engagement with key stakeholders at all levels of the organisation. The increased safety awareness allowed for a more robust process for identifying and commissioning SAERs which resulted in an increased number of reviews to be undertaken.
- As a consequence of delays in commencing the reviews, the waiting time for patient and family engagement in the process and the shared learning to support the safety culture in NHS Forth Valley had increased.
- There were 43 SAERs at various stages of the process.
- It was noted that a business case would be required to identify extra resources to support the additional number of SAERs commissioned
- Following discussion, it was advised that clinical governance was part of all staffs responsibility and that there was a need for a cultural shift where there was clarity around professional and operational leadership incorporating such responsibilities.

Action:

- Develop a business case to present to Executive Leadership Team.

12. Are our Systems Reliable?

12.1 Internal Audit Outstanding Actions

The Clinical Governance Committee received the paper 'Internal Audit Outstanding Actions'.

The Clinical Governance Committee:

- ***Approved the draft flowchart.***

The purpose of the paper was to highlight the flowchart devised to meet the requirements of internal audit (A14A/23).

Key points considered:

- The Chairs and Vice Chairs of the Clinical Governance Committee and Clinical Governance Working Group liaised with Internal Audit and agreed to a flowchart to meet the requirements of

the Internal Audit (A14A/23) with the aim to ensure a robust process was in place for an inspection or scrutiny visit to a clinical area.

- Once approved, the flowchart was to be shared with all key stakeholders through the Clinical Governance meetings structure to raise awareness of the process.
- The flowchart identified key actions to be taken following the initial inspection scrutiny visit, informal feedback post visit, draft report for factual accuracy and publication.
- The flowchart described a process that would identify actions, measures and learning through an agenda item on the Clinical Governance Working Group.
- Regular audits and monitoring of compliance with the process would ensure appropriate education and/ or awareness was undertaken if required.
- Committee members acknowledged the work undertaken to develop the process and Mrs Lynda Bennie's contribution and leadership.

13. For Noting

13.1 The Clinical Governance Committee **noted** Standards and Reviews Report.

13.2 The Clinical Governance Committee **noted** the below reports from Associated Clinical Governance Groups:

13.2.1 Clinical Governance Working Group Minutes 060723

13.2.2 Draft Organ Donation Committee Minute 140623

13.2.3 Area Prevention & Control of Infection Minute 160223 and 150323

13.2.4 Draft Child Protection Assurance Group Minute 250423

13.2.5 Stirling and Clackmannanshire Chief Officer's Group Minute 200323

13.2.6 Falkirk Chief Officer's Group Minute 150323

14. Any Other Competent Business

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

15. Date of Next Meeting

Tuesday 5 September 2023 at 09:00, in Boardroom, Carseview House.

ESCALATION PERFORMANCE & RESOURCES COMMITTEE

DRAFT Minute of the Escalation Performance & Resources Committee meeting held on Tuesday 15 August 2023 at 09.30am

Present: Mr Martin Fairbairn (Chair)
Mrs Kirstin Cassells
Cllr Fiona Collie
Dr Michelle McClung
Mrs Janie McCusker
Mr Allan Rennie

Attendance: Mrs Cathie Cowan
Mr Steven Kirkwood (on behalf of Mrs Patricia Cassidy)
Ms Kerry Mackenzie
Ms Helena Marshall (on behalf of Mrs Gillian Morton)
Miss Jackie McEwan
Mrs Sally McIntosh
Mr Andrew Murray
Mr Ewan Murray (on behalf of Ms Annemargaret Black)
Miss Rebecca Reid (Minute)
Mr Kevin Reith
Mr Scott Urquhart

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 Ms Annemargaret Black, Mrs Patricia Cassidy, Mr Robert Clark, Prof Frances Dodd, and Mrs Gillian Morton.

3. Declarations of Interest

There were no declarations of interests.

4. Minute of the meeting held on Tuesday 4 July 2023

The minute of the meeting held on Tuesday 4 July 2023 was approved as an accurate record.

5. Matters Arising / Action Log

There were no matters arising. The action log was reviewed, noting that a number of actions were completed. Confirmation was provided that an update of findings when benchmarking against other Health Boards for CAMHS and Psychological Therapies would be provided under agenda item 6.

Following previous discussions Mr Rennie followed up on whether measures, outcomes and actions were in place to further develop ELT relationships and questioned whether an update would be available later in the meeting - this was confirmed.

6. Escalation Update

The Escalation Update considered and discussed the Improvement Plan, Integration Action Plan and Performance Update.

The Escalation Performance & Resources Committee:

- **Agreed it was assured that the correct processes were in place.**
- **Agreed it was assured that progress was being made subject to caveats in the following specific areas:**
 - **The receipt and analysis of John Brown's report is the key action in relation to the Governance domain.**
 - **The Committee has not yet seen how the whole Measurement Framework knits together as a cohesive narrative and evidence base.**
 - **It is not yet clear how overall improvement in the Leadership & Culture domain will be evidenced.**
 - **It is unclear whether it will be possible to achieve sustainable improvement in Urgent & Unscheduled Care**
 - **The projected rate of improvement in Psychological Therapies and, especially, CAMHS appears extremely challenging.**
 - **Further work is required on supporting middle management to be comfortable with 'Speak Up'.**

Key Points:

- Mrs Cowan referred to the previous Assurance Board meeting which had left ELT Members in no doubt that the key areas of focus for escalation would continue to be centred on ELT relationships/behaviours and Integration and how ELT then lead, manage, and demonstrate shared organisational values in their everyday interactions with each other and staff.
- Christine McLaughlin, Chair and Assurance Board members expressed frustration by the pace to improve performance, implement the agreed actions and demonstrate improvement, however there was an acknowledgement that progress is being made and the Board is now in a better place to support and deliver sustainable improvement.
- It was noted the development of the measurement framework, had been challenging to ensure it met the needs of the Assurance Board and Board in terms of assurance on sustainable improvement. In reaching out to other NHS Boards on escalation (previous and current) regarding their reporting no one had an Escalation Measurement Framework.
- Regarding Integration the intended actions had been shared in November (prior to escalation) with the Board and IJBs and both IJBs had approved the Lead HSCP arrangements reporting to the CEO/NHS Board for service, staff, and budget operational arrangement. It was noted an IJB can delegate its strategic planning, commissioning, or oversight role. It was noted Mr David Williams had joined CEO monthly meeting with Chief Officers, and Local Authority Chief Executives to support the review of Integration Schemes, MSG proposals led by/involving the Councils and NHS Board. The deadline proposed to conclude the work on reviewing the Integration Schemes had been challenged and parties had been asked to conclude this work earlier.
- Committee Members discussed the due diligence reference and Mr Ewan Murray confirmed this had been extensively supported during the shadow/transitional year, noting he had played a key role at that time. Mrs Cowan invited Mr Ewan Murray and Mr Kirkwood to raise any concerns re due diligence currently. Both agreed there was small e.g., admin post to be completed with good partnership working involving themselves and Mr Urquhart's team.
- ELT development continued to be facilitated by Ms Jenny Copland with the final session scheduled for 28 August. To date ELT had coproduced and agreed its purpose, vision, ways of working and values and calling out behaviours when these are not demonstrated.
- Mrs Cowan invited those who had attended the meeting to provide their personal reflections.

- Mr Andrew Murray advised that a number of measures were in place to further develop ELT relationships and although yet to be formally agreed various informal discussions had taken place to determine additional actions. Dedicated time would be allocated at ELT meetings to finalise and discuss all actions and measures and hoped this provided a response to Mr Rennie's earlier question regarding measures in relation to the progress of ELT development.
- It was noted that a check-out survey had been created to provide some kind of evaluation re the effectiveness of the meetings. Although this survey could act as a catalyst for improvement the aim in future would be that these essential conversations become business as usual.
- Mr Urquhart agreed the Assurance Board had been much more positive in comparison to prior meetings. Mr Urquhart agreed that the focus on ELT relationships and Integration had been highlighted as a key priority and it was acknowledged that through the compiling and production of metrics colleagues were able to provide comprehensive assurance of sustainable improvement.
- Mr Allan Rennie shared an overview of discussions that had taken place at the previous Staff Governance committee meeting in relation to Leadership & Culture noting the key concerns were ELT relationships and Staff voice. Further evidence was requested to demonstrate the work ongoing to develop relationships and improve behaviours within ELT. Mr Rennie also highlighted that the Committee had discussed Whistleblowing and Speak Up services and sought assurance on whether these services were being used to their full potential. Staff side had reported that staff find the access and processes to be bureaucratic and feared the possible repercussions of using such services. Mr Rennie shared that Committee members had recognised work to make the data more transparent, and the evidence of benchmarking against other health boards for absence management and turnover had been appreciated.
- Mrs Cowan confirmed the Culture & Leadership Oversight Group had its first meeting. It was also noted the diagnostics phase would report on the themes in October. Mrs Cowan reminded Escalation Committee members that how the Board responded to good and not so good feedback would be a key cultural measure.
- Dr Michelle McClung advised that the Clinical Governance Committee was reasonably assured with the work undertaken to improve the safe delivery of care recognising the various workstreams in place resulting in significant progress. Discussions within the Committee meeting determined that the current service configuration/available workforce within out of hours was not sustainable. Ongoing workforce issues including recruiting to the MDT were ongoing. The management arrangements would remain in place until recruitment to the dedicated OOH Service Manager and associated induction were concluded. Work remained underway against the 12 recommendations from the report submitted by Sir Lewis Ritchie.
- Mr Fairbairn discussed the areas in which the Performance & Resources Committee has oversight in relation to escalation. The findings of the governance report being produced by Prof John Brown were yet to be submitted for the committee to discuss. Signs of progress against Integration were visible through the integration scheme action plan and through the work and support Mr David Williams was providing. The committee agreed that the correct processes were in place and there was sufficient data available to provide oversight of the work being undertaken within CAMHS and Psychological Therapies. Despite the processes in place, it was expressed that there was uncertainty on whether achievement of anticipated targets would be obtained. Concerns were raised around anticipated winter pressures within Urgent & Unscheduled Care and system-wide with challenges already being experienced.
- Mrs Cowan confirmed that benchmarking against other health boards for CAMHS and Psychological therapies (PT) had been commenced. In comparison to the Scottish national average of 24.1 for workforce per 100,000 of the population, CAMHS within Forth Valley averaged 20.7 and the psychological therapies averaged 27.9 in comparison to the Scottish average of 28.1. It was noted that some Boards only have adult services with others having both children and adult making it more difficult to compare PT workforce data.
- Ms Marshall advised benchmarking with Ayrshire & Arran was being undertaken with regard to how CAMHS services are being delivered.

- Mrs Cowan in response to a question confirmed operational management of services, staff and budgets had been transferred to the agreed Lead HSCP. Recruitment to the additional management posts continues to be supported with no one yet in post in all three service areas.

Actions:

- Actions within the integration action plan had no clear timescales and this needed reviewed and amended.
- Report back to the Committee on the benchmarking exercise with Ayrshire & Arran with regard to how CAMHS services are being delivered.
- The ELT to meet to agree the ELT measures in the Leadership & Culture domain, and the results of this to be reported back to the Committee.

7. Any Other Competent Business

There being no other competent business the chair closed the meeting.

8. Date of Next Meeting

12 September 2023 - 9.30am (to be rescheduled)

PERFORMANCE & RESOURCES COMMITTEE

DRAFT Minute of the Performance & Resources Committee meeting held on Tuesday 29 August 2023 at 9.30am, Boardroom Carseview House/MS Teams

Present: Mrs Kirstin Cassells
Cllr Fiona Collie
Mr Robert Clark
Mr Martin Fairbairn (Chair)
Ms Janie McCusker

In Attendance:	Mrs Karen Bonnar (Item 8.1)	Mrs Sara Mackenzie
	Mr Jim Cannon	Mr Olly Milling-Smith (Item 8.1)
	Mrs Cathie Cowan	Mrs Gillian Morton
	Mrs Morag Farquhar (Item 9.1)	Mr Andrew Murray
	Mr Alan Gray (Item 9.1)	Mr Jonathan Procter
	Ms Claire Giddings	Ms Rebecca Reid (Minute)
	Mrs Sarah Hughes-Jones (Item 7.2)	Mr Kevin Reith
	Mr Derek Jarvie (Item 9.3)	Mr John Stuart
	Mr Graeme Johnston (Item 9.1)	Mr Scott Urquhart
	Ms Kerry Mackenzie	

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Cllr Gerry McGarvey and Prof Frances Dodd. The meeting was confirmed as quorate.

2. Declaration (s) of Interest (s)

There were no declarations of interest.

Due to timing commitments item 9.2 was taken at this point in the agenda.

9.2 National Treatment Centre Update

The Performance & Resources Committee received the 'National Treatment Centre Update'.

The report at this meeting was shared to provide an overview of the National Treatment Centre (NTC) development including the:

- modular ward development
- workforce model
- clinical model/patient pathway

The Performance & Resources Committee:

- **Noted the progress of the NTC Forth Valley programme.**
- **Noted the requirement for supported status from NHS Assure**
- **Noted the contractual arrangements in place and the role of Forth Health in delivery of the programme.**
- **Considered the risks and dependencies highlighted around construction with potential for slippage in planned timescales.**

- **Noted the potential impact of the NTC programme on NHS Forth Valley local waiting times and the discussions ongoing with Scottish Government regarding delivery of increased activity and referral of more complex patients.**
- **Noted that the Scottish Government representative confirmed that NHSFV has in place the correct actions to manage the outstanding points and that he also clarified that the number and nature of outstanding points was not unusual at this stage of projects.**

Key points:

- Mr Scott Urquhart expressed his gratitude to colleagues who provided support in the production of this paper and introduced, Mr Alan Gray, NTC lead for Scottish Government, Mr Graeme Johnston, Service lead for NTC and Mrs Morag Farquhar, Associate Director of Facilities and Infrastructure who were in attendance of the meeting.
- Significant progress had been made with recruitment and the delivery of clinical care through the NTC programme to date. Two theatres were staffed and operational, delivering additional orthopaedic and general surgery capacity to NHS Forth Valley patients.
- The wider NTC recruitment programme had successfully recruited over 100 WTE staff which enabled NHS Forth Valley to deliver a range of clinical activity as mutual aid to other NHS Health Boards over the last two years.
- The car park at Forth Valley Royal hospital had been expanded by 182 additional spaces to accommodate the demand of the NTC facility.
- The purchase of an MRI scanner had provided additional diagnostic capacity to support additional demand.
- The completion of the modular ward was anticipated for the end of September 2023 with the opportunity for patients to be seen early to mid-November with caveat to achieving a supported status from NHS Assure. A supported status would be obtained by providing assurance to NHS Assure that the modular ward had achieved the appropriate standards for safety and construction.
- There remained 72 actions to be completed, each of which had been categorised by significance. A key issue identified was that foil wrapping had been applied to the insulation and not directly to the stainless-steel water pipes which increased the likelihood of water piper damage occurring in years ahead. Following technical review by advisors a response from NHS Assure was awaited to clarify any requirements and onward potential implications. This issue may impact on programme completion and therefore presented reputational risks for the NHS Board. Further information detailing the significance and potential effects of delaying the opening of the NTC would be shared with committee members.
- The opening of the modular ward would accommodate an additional 1500 inpatient orthopaedic procedures with these initially being offered to patients within NHS Greater Glasgow and Clyde (GG&C). The clinical model and patient pathway had been designed to support patients of lower complexities (ASA 1 and 2 categories). Scottish Government had requested that consideration by NHS Forth Valley be given to receiving more complex cases from NHS GG&C with ASA categories above 1 and 2.
- Mr Alan Gray confirmed that positive work relationships had been created with the shared aim of completing the project whilst following a robust governance structure. The challenge being faced at present was reaching an agreement of the final program to be delivered by the modular ward. Expressed was the appreciation of support from NHS Forth Valley to consider the capacity to treat NHS GG&C patients to assist with mitigating the risk against the length of waits being seen within NHS GG&C.
- It was confirmed that the overarching accountability for a delay in opening the NTC would lie with NHS Forth Valley.

- Mr Murray highlighted the importance of ensuring the patient selection of those being treated within the NTC from NHS GG&C was of ASA grade 1 and 2 only if this was the final agreement as this would determine the length of stay and resource requirements for patients. Albeit the NTC was a national resource priority remained to ensure no NHS Forth Valley patients suffered any consequences through the agreement to treat only NHS GG&C patients. It was noted that without the production of a safe staffing model in and out of hours the NTC would be unable to open.
- It was also noted, though, that Forth Valley patients had benefited over the last year or so from the additional NTC capacity.
- An update considering the impact on patient safety and staffing due to be brought forward for further discussion.
- Mr Gray confirmed that further discussions would take place with Forth Valley colleagues to consider all options and determine the best outcome to ensure the NTC is safe and appropriate.
- Noted was the importance of getting the categorisation of patients correct as getting this wrong could cause further complications and inconveniences for the patients' families.

Action:

- Executive to share further information detailing the significance and potential effects of delaying the opening of the NTC would be shared with committee members.
- NTC update to the closed session of the NHS Board to be provided with specific focus on the impact on core activity of moving staff from their current role to NTC.
- The Committee Chair to suggest to the Chair of the Staff Governance Committee that it receive a report on all the staffing implications of current developments associated with the NTC, both in relation to the NTC itself and consequential impacts on NHSFV's 'normal' operations.
- The Committee Chair to suggested to the Chair of the Clinical Governance Committee that it receive a report on management of the clinical risks associated with the Scottish Government's request to handle more complex cases.

Minute of Performance & Resources Committee meeting held on 27 June 2023

The minute of the meeting held on 27 June 2023 was approved as an accurate record following the amendment on page 3 under Item 7.1 to state that the first of 2 ELT sessions took place on 10 and 11 of May, not July as reflected in the minute.

3. Matters Arising from the Minute/Action Log

There were no matters arising from the meeting. The action log was reviewed and agreed.

4. 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.**
- **Noted that a Winter Planning Update was scheduled to be presented at the Performance & Resources Committee on 31 October.**
- **Agreed it was content with the detail within the planner, noting appropriate linkage to the Terms of Reference.**

5. FOR APPROVAL

6.1 Performance Management Framework – Biennial Review

The Performance & Resources Committee considered the 'Performance Management Framework - Biennial Review'.

The Performance & Resources Committee:

- **Considered the draft Performance Management Framework.**
- **Approved the draft Performance Management Framework subject to detailed definition of the detailed HSCP governance and reporting arrangements.**
- **Considered and endorsed the proposed actions.**

Key points:

- A refresh of the Performance Management Framework was presented at this meeting noting that this forms part of NHS Forth Valley's assurance framework.
- Some of the key updates made to the framework included:
 - Development of key roles including that of ELT to manage performance on a monthly basis.
 - Reflection of key changes in the external environment including the Public Bodies (Joint Working) (Scotland) Act 2014 and the Blueprint for Good Governance v2.
 - Supporting Appendices have been updated to reflect current performance metrics and to reference the significant body of NHS best practice guidance relating to Performance Management.
- Acknowledgment was given that further work was required to define the detail within the HSCP governance and reporting arrangements to avoid duplication and allow for a streamlined process. A Short Life Working Group would define these details and provide an update at the December meet of the Performance & Resources Committee.
- Discussions had been underway with the Chief Executive, Local Authority Chief Executives, Chief Officers, and Mr David Williams on the possibility of a joint performance review and service delivery with recognising partnership working.
- Agreed was that as performance and directorate review discussions continue to arise it is vital that dates for formal discussions to take place be arranged and prioritized appropriately.
- All aspects of work would be pulled together to build on the Assurance Framework which would incorporate the findings of Prof John Brown's Governance report once feedback had been received to allow the Assurance Framework to be included within the Performance Framework.

Action:

- A short life working group would establish the governance and reporting arrangements of HSCP and report back at the December meet of the Performance & Resources Committee.
- Detail of dates for directorate performance reviews to be confirmed.
- Assurance Framework map linking strategy to action to be developed and incorporated within the Performance Framework.

6. BETTER GOVERNANCE

6.1 Escalation Update

The Performance & Resources Committee received the 'Escalation Update'.

The update provided assurance on the work underway to implement and evaluate the impact of the actions progressed as set out in the Escalation Improvement Plan version 2 including those that relate to the Measurement Framework, and integration.

The Performance & Resources Committee:

- **Considered progress to date (December to end of August) - attached at Appendix 1 - Escalation Improvement Action Plan version 2.**
- **Considered the progress to date in the Integration Action Plan - Appendix 2.**
- **Considered the Measurement Framework components presented that track and demonstrate sustainable improvement as a result of the actions implemented in line with the approved Escalation Improvement Action Plan (Appendix 3)**
 - **Child and Adolescent Mental Health Services**
 - **Psychological Therapies**
 - **Urgent and Unscheduled Care**
- **Concluded as follows in relation to each of the Escalation areas falling with the Committee's remit:**

	Are the right actions in place?	Is there satisfactory progress?
Governance	Yes, as best the Committee is able to judge.	Not known yet – depends on the content of the Governance report.
Integration	Yes, as best the Committee is able to judge. (The conclusions due to be reported by the end of the year on whether the integration actions have achieved the desired outcomes will be very important.)	Yes
CAMHS / PT	Yes, as best the Committee is able to judge.	Not known yet – very dependent on the outcome of the 'management and process benchmarking' work currently being undertaken.
Urgent & Unscheduled Care	Yes, as best the Committee is able to judge.	No. The Committee has been assured that more can be done to improve Flow 1, which should have a significant positive impact, but the evidence for that still has to be seen.

Key Points:

- CAMHS performance against the RTT standard remained low although data showed an improvement in the number of patients waiting over 52 weeks. There was a reduction in Psychological Therapies (PT) RTT performance, although this was an anticipated dip work was underway to ensure the RTT returned to the original position.
- Urgent & Unscheduled Care had seen consistent improvement in the median time to triage, 12-hour breaches and reduced use of contingency beds.
- Monthly Out of Hours (OOH) performance reports continue to be submitted to Scottish Government. Feedback was yet to be received on whether specific actions from the OOH improvement action plan could be moved to business as usual.
- Mrs Gillian Morton shared some areas of work that were underway to assist with meeting the RTT standard. This included work being implemented within the TRAK Care system which should provide great assistance.

- Benchmarking against other health boards that consistently achieve the RTT standard should consider more than data but aim to understand what is being done differently and examine what could be implemented within NHS Forth Valley.
- Pushed at pace was the transfer of operational management from NHS Forth Valley to the Health and Social Care Partnerships. The narrative for the decision-making matrix was reviewed by Mr David Williams and a request was made for a more in-depth report of the decision-making matrix be presented to the committee.
- National acute site ED performance and Health Board overall performance showed that NHS Forth Valley had improved their performance relative to other Health Boards in June 2023 with 3 Health Boards performing below NHS Forth Valley.
- The programme board was considering further work to provide traction in achieving the agreed target of 70% against the 4-hour EAS which was currently at 50%. Given the capacity issues being experienced within ED questions were raised on whether planning for winter had commenced.
- As the flow 1 position directly impacted the position within U&USC it was questioned whether this data was benchmarked against other Health Boards. Mr Murray advised this data is not easily accessible.

Action:

- Review and example of how the decision making matrix is being utilised to be presented to a future meeting of the Committee.
- Management and process benchmarking outputs in respect of CAMHS and PT to be reported to a future meeting of the Committee.
- Reflection of the flow 1 work and an update against winter planning to be shared at the next meeting.
- Conclusions on whether the Integration actions have achieved the desired outcomes to be presented to the Committee by the end of 2023.

Item 8.1 was taken at this point in the agenda.

8.1 Cancer Services

The Performance & Resources Committee received the presentation 'Cancer Services'.

The Performance & Resources Committee:

- **Noted the presentation.**
- **Agreed it was satisfied with the analysis and data presented to determine the work necessary to continue making improvements within cancer services.**

Key points

- Mr Olly Milling-Smith shared the successes with workforce recruitment within cancer service which included two Oncology speciality doctors providing support to the service, and consultants being recruited to OMFS, Respiratory and Radiology.
- Wait times against the 31-day standard for decisions for treatment within one month of referral were noted to be consistently above 95% with a Scottish average of 94%. 71% of patients achieved the 62-day standard from point of referral to treatment. It was recognised that the Scotland position was slightly less than Forth Valley.
- Due to the complexities within Urology Mr Milling-Smith shared the difficulties in achieving the 62-day target with performance between 30-40%. Workforce continued to be an issue which meant that the service struggled to meet the increasing demand. Although commitment could not be provided at this time as to when the 95% anticipated target would be achieved, work was being carried out in a variety of areas of assist with progress. Including increasing the number of protected MRI slots within radiology to ensure full utilisation.

- Colorectal service consists of two different pathways, the initial pre-assessment, and the colorectal screening. Variable targets were being achieved within these services. Work was underway to review the assessment process to reduce the fluctuation with attendance of assessments. Colorectal cancer services continue to further develop the service with the aim of achieving the expected target. High demand for CT capacity was creating strain on the service despite increasing the number of protected slots for CT usage. Various streams to assist with improving wait times was reliant on non-recurring NRAC funding which was not a reliable source of funding.
- Mr Milling-Smith expressed optimism in achieving the waiting time targets within lung cancer services as the workforce was currently working on rebuilding the team. Virtual model clinics were created to maximise capacity of the department. A senior project manager was recruited for 1 year to assist with the implementation of the national optimal lung cancer pathway.
- To assist with waiting time issues within radiology there was an ask for an additional CT scanner although recurring funding was yet to be established for this.
- Mr Scott Urquhart confirmed that a paper had been presented to ELT to discuss the potential investment of a third CT scanner. The agreement was made to recruit two permanent staff to provide additional capacity before considering the business case of a third CT scanner.
- Recruitment of specialty doctors to support Beatson Consultants within oncology could help reduce wait times but at present there was no recurring funds in place to support this recruitment so unable to offer substantive posts at this time.
- It was highlighted that the main challenge across all aspects of the service was the reliance of the non-recurring NRAC funding to support the services which created concerns should this funding be withdrawn.
- Work was underway to determine whether resources were being used to the full potential ahead of determining whether further investment would be possible and effective. The understanding of workforce and financial plans would provide assurance on where additional funding would provide significant benefits.

6.2 Information Governance Update

The Performance & Resources Committee received the 'Information Governance Update'.

The Performance & Resources Committee:

- **Noted the assurance activity referenced in this report.**
- **Supported:**
 - **The proposal to update the scheduling of IG six month updates to ensure the IG Annual Report is presented to Committee prior to their annual assurance statement to the Board.**
 - **The project addressing gaps in compliance with freedom of information laws.**

Key points:

- This paper provided an assessment of NHS Forth Valley's information governance arrangements for the period January – June 2023. An assurance assessment was provided in relation to each of the four key pillars of the information governance framework (Governance & Accountability, Disclosure, Compliance, and Assurance) to enable a rounded and informed assessment of the current situation.
- Committee members were advised that the timing of the annual report for Information Governance had returned to being reported each calendar year to accommodate findings from an internal audit report.
- Access to Information legislation requires statutory requests to be responded to within 20 working days. The Information Governance Unit (IGU) implemented an internal

target of 90% compliance but due to the increase in requests and resource challenges NHS Forth Valley had consistently been unable to achieve this target. As compliance had significantly reduced there were risks that either a Level 1 or Level 2 intervention from the Scottish Information Commissioner may happen.

- The IGU had initiated a project to review and assess NHS Forth Valleys arrangements for managing information requests. The aim of the project was to design arrangements which are capable of meeting existing and future demands and reduce the requirement for duplicated effort. Incremental improvements were anticipated from the implementation of this project with full remediation anticipated to take 12-18 months. This timeline was noted as a realistic timeframe due to the current resources within the department and benchmarking against other health boards showed similar positions being seen.
- Compliance against the mandatory training for all staff within NHS Forth Valley on safe information handling and cyber security was below anticipated targets although this could be as a result of broader pressures across the organisation. Communications would continue to remind staff of the importance of completing the mandatory training.

7. BETTER CARE

8.2 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.**
- **Considered the proposed level of Assurance.**

Key points:

- It was noted that performance in relation to CAMHS, psychological therapies and urgent & unscheduled care had been discussed at Item 6.1 Escalation Update.
- 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.
- At the end of July 2023, the number of patients on the waiting list for a first outpatient appointment increased to 19,902 from 19,460 in June with the number waiting beyond 12 weeks increasing to 8,068. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to July 2023 as 96% compliance.
- Inpatient/daycase activity against the agreed Remobilisation Plan trajectory highlighted the cumulative position for the year April 2023 to July 2023 as 105% compliance.
- At the end of July 2023, 1,993 patients were waiting beyond the 6 week standard for imaging with 63.2% of patients waiting less than the standard. 461 patients were waiting longer than 6 weeks for an endoscopy with 53.8% of patients waiting less than the standard. Activity against the remobilisation plan April to July 2023 is noted as 93% and 140% respectively.
- Cancer target compliance against the 62-day target achieved 71.3% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is an improvement in performance from the May position of 62.1%.
- The July 2023 census position in relation to standard delays (excluding Code 9 and guardianship) is 74 delays; an increase from 60 in June 2023. There was a total of

42 code 9 and guardianship delays, static from the previous month, and no infection codes. The total number of delayed discharges was noted as 116.

8. BETTER VALUE

8.1 Environmental Sustainability & Climate Change Strategic Risk Assurance Assessment

The Performance & Resources Committee received the 'Environmental Sustainability & Climate Change Strategic Risk Assurance Assessment'.

The Performance & Resources Committee:

- **Endorsed the evaluation of the assurance provided.**

Key points:

- The presentation provided to committee members detailed the high level of work underway to reduce carbon omissions within NHS Forth Valley.
- Scottish Government had committed to tackling climate change with the first minister reaffirming the priorities of the Scottish Government and were driving NHS Scotland's climate emergency response and push for sustainability.
- The target date of achieving net-zero emissions was brought forward from 2024 to 2040.
- Scrutiny against climate response was noted as intense and each health board within Scotland were expected to undertake national sustainability assessment bi-annually.
- The action and delivery plan created to demonstrate the commitment to achieve the targets set out by Scottish Government would be updated annually.
- The summary of emissions highlighted a 36% reduction for NHS Forth Valley and there were a number of projects in place to drive this reduction further.
- A grant application to support the reduction of carbon emissions had been approved by Scottish Government.
- Recruitment was underway to appoint an Energy & Sustainability Manager.
- If NHS Forth Valley does not receive funding and resources, there is a risk that compliance with DL38 and the ability to meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy would not be achieved. This would result in failure to meet objectives and damaging both stakeholder and public confidence.
- As a result of the progress being seen against reducing the carbon emissions the risk appetite score was reduced to 16. Confirmation was provided that although the risk was now within appetite it would remain a strategic risk for scrutiny from the Performance & Resources Committee due to the volatility of this risk.
- At present there were 5 current controls in place, 4 of which were critical and 1 important, with a further 6 controls planned and underway.
- Recurring funding had been approved by ELT for two additional substantive posts to be incorporated within the core climate team.

9.3 Finance Report

The Performance & Resources Committee received the 'Finance Report'.

The Performance & Resources Committee:

- **Noted a month 4 revenue overspend of £3.9m with financial pressures arising from temporary workforce costs, medicines, price inflation on contracts, and unfunded contingency beds.**

- Noted that following an in-depth review of quarter 1 financial results and updated planning assumptions, the financial outturn risk for the year has been assessed at £10m to £15m, compared to an initial financial plan position of £15.6m deficit.
- Noted that key in-year financial risks and dependencies are delivery of planned savings, receipt of anticipated funding, spend profile over winter period aligned to demand capacity and workforce, and potential year-end IJB risk-share impact.
- Noted that savings progress remains broadly on track at this stage with further work underway to develop additional cost improvement schemes to mitigate financial risk as far as possible. These include additional medicines switches, further controls over temporary staff use and targeted actions on specific areas of overspend.
- Noted a balanced capital position as at 31 July 2023 with a forecast break even against the capital resource limit.

Key points:

- This report provided a high-level summary of the financial results for the period of April to July of the 2023/24 financial year noting that the financial position remained challenging.
- Calculations highlighted that on average the acute site saw overspends of £1m a month due to pressures within the organisation.
- Despite significant additional funding which was anticipated to assist with cost increases an in-depth review of the financial position highlighted the expected deficit for this financial year as £10m-£15m.
- Potential savings target discussions took place with Scottish Government colleagues at a Q1 financial review meeting.
- No assurance could be provided on the breakeven position of NHS Forth Valley this financial year, but committee members were informed that these issues were being experienced nationally and comparatively across Scotland NHS Forth Valley were within the top quartile.
- Of the approved £25m savings plan in place £8.9m had been achieved although a significant proportion of this was non-recurring funding. The sum of £2m had been achieved through the sale of land which aided towards the sum of savings achieved in this period of the financial year.
- Expenditures against supplementary staffing had improved.
- Workforce related spend had improved with recognition being given to a number of drivers that contributed to this improvement. Absence rates had improved, the number of contingency beds had stabilised and reduced, and framework agency usage had been stopped with plans to stop unregistered agency usage in place also.

10. FOR NOTING

10.1 Information Governance Group Minute

The Performance & Resources Committee **noted** the Information Governance Group Minute from 240523

10.2 Information Governance Group Annual Report

The Performance & Resources Committee **noted** the Information Governance Group Annual Report.

10.3 Emergency Planning & Resilience Group Annual Report

The Performance & Resources Committee **noted** the Emergency Planning & Resilience Group Annual Report.

11. ANY OTHER COMPETENT BUSINESS

11.1 Integration Scheme Timeline

Mrs Cathie Cowan shared with committee members that Mr David Williams was asking for the timelines for the review of the Integration Schemes to be brought forward from the end of the year. Discussions were noted to be underway however there were a number of areas that required clarity in terms of language, number of voting members and co-ordinated services.

11.2 Website Accessibility

Ms Kerry Mackenzie highlighted that it is a requirement of [The Public Sector Bodies \(Websites and Mobile Applications\) \(No. 2\) Accessibility Regulations 2018](#), which came into force on the 23rd September 2018, that all public sector websites, including those managed by NHS Boards and Trusts, are accessible to everyone. Following website accessibility monitoring team by the UK Government Digital Service NHS Forth Valley was found not to be compliant with regulations. An action plan was in place to support the Board to achieve compliance noting that this may result in information being presented differently. Work was underway to review the presentation of Board papers that included graphics and guidance was being provided nationally on these issues.

AOCB

Mrs Cathie Cowan shared with the committee that the Bellsdyke Hospital report had been received which highlighted the cleanliness and storage within the bungalows on site. Reporting and follow-up would be through the relevant assurance committee.

12. DATE OF NEXT MEETING

Tuesday 31 October 2023 at 9:30am in the Boardroom, Carseview House

FORTH VALLEY NHS BOARD
TUESDAY 26 SEPTEMBER 2023

9.3.4 Staff Governance Committee Ratified Minute – 7 July 2023 For Assurance

Chair: Mr Allan Rennie, Vice Chair

Minute of the Staff Governance Committee meeting held on Friday 7 July 2023 in the Boardroom, Carseview House and via MS Teams.

Present:

- Mr Allan Rennie (Chair)
- Mr Robert Clark
- Cllr Wendy Hamilton
- Mr Nicholas Hill
- Mr Gordon Johnston
- Mr Stephen McAllister
- Mrs Janie McCusker
- Mrs Hilary Nelson
- Ms Janet Sneddon

In Attendance:

- Mr Michael Brown
- Mrs Cathie Cowan
- Professor Frances Dodd
- Miss Rebecca Reid (minute)
- Mrs Linda Robertson

1. Apologies for Absence / Confirmation of Quorum

Apologies were received from Mrs Elaine Bell, Ms Linda Donaldson, Mr Jonathan Procter, Mrs Karren Morrison, and Mr Scott Urquhart. The chair confirmed the meeting was quorate.

2. Declaration (s) of Interest (s)

There were no declarations of interest.

3. Draft Minute of Staff Governance Committee meeting held on 12 May 2023

The draft minute of the Staff Governance Committee meeting on 12 May was approved as an accurate record following the below amendment:

- The change to item 8.3 Sturrock Report, to correctly detail that the committee received this report.
- An action point from discussions of the Sturrock Report included the review of moving the meetings to monthly and Mr Robert Clark confirmed as chair of the group this discussion would take place at the next scheduled meeting.

4. Matters Arising from the Minute / Action Log

There were no matter arising from the minute. The action log was reviewed, and the below points were highlighted:

- Action point 8 should not be assigned to Professor Frances Dodd as this was generated by a discussion re the depute Chief Executive post and how the Board compared in relation to senior management posts (8b and above) with other Boards. This discussion point will be brought to the September meeting.
- Action point 4 will target areas with a significant number of hours lost rather than only focus on areas higher than 10% for absence.
- The date of the board seminar highlighted at action point 5 was to be rearranged.

5. Staff Governance Committee Workplan

The Staff Governance Committee received the 'Staff Governance Committee Workplan.'

The Staff Governance Committee:

- **Approved the Staff Governance Committee Workplan.**
- **Noted that the workplan required to be updated following each meeting to reflect items that would be discussed at future meetings.**
- **Noted that all areas within the workplan align to the Committee Terms of Reference.**

6. ESCALATION

6.1 Escalation Update: Culture & Leadership Performance Metrics

The Staff Governance Committee received the 'Escalation Update: Culture & Leadership Performance Metrics.'

The previous Staff Governance Committee meeting 12 May noted a presentation that identified proposed Culture and Leadership Metrics. Due to late submission of this paper the Committee Chair requested a separate meeting to allow Members to consider the presentation in detail. These metrics had been further developed and information had been collated to demonstrate baseline data and improvement.

The Staff Governance Committee:

- **Considered the progress made against the proposed Culture and Leadership Measurement Framework.**
- **Noted that the Culture and Leadership HR Performance metrics is a work in progress and will be further informed/updated as the Culture Change and Compassionate Leadership Programme is rolled out.**
- **Noted that a further update would be provided at the meeting scheduled for September.**

Key points:

- Mrs Cowan advised that in response to Internal Audit and Committee Members recommendations to reduce the volume and format of a streamlined approach was being introduced.
- Absence rates across NHS Forth Valley for May 2023 were noted as 6.4%. Work continued with the aim to reduce this further to achieve the trajected target of 4.5%. In comparison to the Scottish absence average there was a variance of 0.86% for NHS Forth Valley. Recognition was given to the urgency to close this gap.
- Turnover rates would be benchmarked against national turnover rates. NHS Forth Valley were noted to be the 3rd highest health board for turnover when compared with the previous year - 1.3% increase from 11.3 to 12.5%. (Lowest mainland Board 2022/2023 is NHS Highland at 9.9% and highest is NHS Fife at 12.6% - average for

mainland Boards 11.47%). Noted was that there were valuable metrics e.g., exit interview data in place to understand the reasoning behind the high turnover rate.

- Various metrics were in place that consider staff voice representation within the organisation. 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.
- The iMatter response rate had increased from last year although remained lower than pre COVID levels (2019 - 68%) with employee engagement indicator (EEI) noted as 76% (2019 - 75%).
- Areas of high absence rates and significant hours lost would be provided with target support to assist with improving these figures. Stress/anxiety and depression continued to be the highest reasoning for absences, although could not be attributed to work related stress, reviewing the number of completed stress related workplace assessments may be an indicator of stress related absence, agreed this be considered.
- Questions were raised regarding whether turnover rates differentiate between individuals leaving the organisation or moving to a different team within the organisation. Also questioned whether work was undertaken to understand the reasoning behind moving to a different team within the organisation to determine any internal issues.
- Mrs Hilary Nelson expressed that from a staff side perspective the governance or processes adopted to manage absence was applied differently in each area. Noting that some areas were more proactive with the management of absences.
- Mr Brown advised that management training was available to assist with absence management but understanding areas of good practice would be beneficial. Mr Rennie requested information related to the level of training available and the uptake by Directorates/Partnerships.
- Mrs Cowan advised that the feedback received from the committee i.e., re benchmarking at this meeting was helpful and would be incorporated into the report presented to the Assurance Board.
- Mrs Cowan advised that further metrics would be added to monitor improvement actions in response to the leadership and culture programme findings.
- Mr Rennie asked that ELT development be included within this report to provide oversight of the work being undertaken and detailing any barriers that arise.
- The diagnostic phase for the Culture Change and Compassionate Leadership Programme to be concluded by July 2023. Mrs Cowan highlighted the importance of demonstrating that staff feedback had been heard and acted upon. The evidence from NHS England is that these programmes will raise thorny and difficult issues for organisations – our response will speak volume about our culture.
- Mr Rennie reiterated concerns about the large volume of paperwork, performance reports and benchmarking. He asked that an update be provided on progress on the audit recommendations at the next Staff Governance Committee meeting.

6.2 Non-Framework Agency Usage

The Staff Governance Committee received an update against 'Non-Framework Agency Usage.'

The Staff Governance Committee:

- **Noted the progress since the 1st of June 2023 deadline.**
- **Noted the risks identified and the mitigating actions taken.**
- **Noted the compliance with identified Scottish Government conditions for implementation readiness.**

Key points:

- The NHS Scotland nursing agency spend for 2023/24 was projected to be around £200m based on previous years, this is not sustainable. As a result of the projected cost, work had been ongoing to eradicate the use of non-framework agency staff from 1 June 2023.
- Professor Frances Dodd drew the committee's attention to the Nurse agency spend across NHS Forth Valley in the previous 4 financial years. The reported Nurse agency spend for 2019/20 was £1.7m with a reported £10m being spend in 2022/23. Mrs Cowan agreed to benchmark 2022/2023 Board costs with other Mainland Boards.
- NHS Forth Valley through the Executive Nurse Director restructured the governance around supplementary staffing spend and this is being reported monthly through the NMAHP Workforce Governance group.
- The use of non-framework agency staff following 1 June 2023 would be required to be authorised by the Executive Nurse Director/Chief Executive/Deputy in hours and by the Executive Director on call during the out of hours period.
- A 94% reduction of non-framework agency staff was highlighted from May 2023 until 27 June 2023. This data will be compared monthly against data figures for May 2023. Overall agency shifts saw a 20% reduction in the same period, this was a reduction of 505 shifts.
- The continuance of staffing pressures within Prisoner Healthcare and perioperative environments meant these areas relied heavily on non-framework agency staffing. Robust actions were being implemented to assist with moving away from non-framework agency usage.
- A number of controls had been put in place to mitigate the use of non-framework agency staff.
- Staff side sought assurance that there had been no welfare impact on substantive staff regarding these changes. Prof Dodd advised that no safe staffing concerns had been raised but agreed to investigate further and report back.
- Patient safety remained of the highest priority when staffing the acute site. This meant that often substantive staff would require to be moved location within the acute site depending on the skill mix available from either bank or agency staff. The number of moves being carried out was something that required to be looked into.

Action:

- Impact of staff movements within the acute site to be investigated.

AOCB

Mrs Cowan drew committee members attention to the slides being displayed that highlighted the audit recommendations from the ICE report relating to Workforce and the Staff Governance Committee and highlighted that there were 3 risk assessments that applied, 2 of a significant rating and 1 that merited attention.

Recommendation 6 related to the Committee assurances and administration (significant rating). Concerns were noted regarding the timing of circulation and volume of papers. Reiterated within the audit recommendations was the significant concern over the effectiveness and efficiency of governance arrangements for this Committee, and its ability to identify key risks and focus on agreed outcomes. Recommendation was that the committee review the Committee Assurance principles to determine the key items for inclusion on their agendas. Cathie advised that work would be progressed with the HR Team to address these concerns.

Recommendation 7 related to performance information reported to the Staff Governance Committee (significant rating). Performance reports that are submitted to the committee

should be reviewed to ensure they meet specific requirements of the blueprint for good governance. Reports should also take into consideration the benchmarking against national targets. Cathie advised that work would be progressed with the HR Team to address these concerns.

Recommendation 8 related to staff governance standards reporting (merits attention rating). It was noted that there had been positive reporting to the Staff Governance Committee on actions within NHS Forth Valley to comply with the Staff Governance Standard during 2022/23. Committee members in considering the audit recommendation asked for evidence that NHS Forth Valley is fully considering its compliance with the different strands of the Staff Governance Standards and is following a predetermined plan (add to forward planner/action log). A separate paper should be scheduled into the SGC 2023/24 workplan to provide specific year-end feedback.

Mrs Cowan reassured the committee that actions to address the issues and corresponding risks would be progressed. Mrs Cowan would share the ICE workforce findings once the management responses has been agreed with the HR Deputy Director. Mrs Cowan also agreed to share her slides.

Mr Rennie reiterated the concern of the volume of papers for each meeting and noted that an update against the work to mitigate the recommendations be provided at the next scheduled meeting.

7. DATE OF NEXT MEETING

Friday 15 September 2023 in the Boardroom, Carseview (hybrid)

**9.4.1 Area Partnership Forum Ratified Minute – 18 July 2023
For Assurance**

Chair: Mr Robert Clark, Non-Executive Director

Minute of the Area Partnership Forum meeting held on 18 July 2023 at 2pm, within the Boardroom, Carseview and via MS Teams.

Present: Robert Clark, Employee Director (Chair)
Cathie Cowan, Chief Executive (Co-Chair)
Jennifer Borthwick, Head of Psychology Services
Frances Dodd, Executive Nurse Director
Nicholas Hill, GMB
Margaret Kerr, Head of Organisational Development
Karren Morrison, UNISON
Gillian Morton (joined at 2.55 pm)
Carole Murray, RCN (left at 3 pm)
Yvonne Myler, College of Podiatrists
Hilary Nelson, RCN
David O'Connor, Regional Officer, Unison
Janet Sneddon, RCM
Scott Urquhart, Director of Finance

In Attendance: Nicola Watt, Emergency Planning & Resilience Manager
Marie Gardiner, Head of Service Ambulatory Care, Diagnostics & Theatre
Sarah Smith, Corporate Services Assistant/PA (minute)

1. Apologies for Absence/Confirmation of Quorum

Robert Clark welcomed everyone to the meeting. Apologies were noted on behalf of: Elaine Bell, Annemargaret Black, Patricia Cassidy, and Lynsey Walker.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. UCI Cycle Event

The APF received a presentation on the 2023 Cycling World Championship Event, led by Ms Nicola Watt, Emergency Planning and Resilience Manager.

This unprecedented event would take place in Scotland from 3 August 2023 to 13 August 2023. Significant spectators would be attending, along with international TV coverage. The main disruption dates for Forth Valley/Stirling were noted as follows:

- 9/10/11 August 2023 for the Time Trials with routes outlined.
- 6 August 2023 for the Men's Elite Event, which would come from into Falkirk around 10.30 am and last approximately 36 minutes.

Other events were anticipated to have minimal impact on Stirling; and routes were noted. The organisers were clear that if there was risk to life, the race would be stopped.

Ms Watt outlined the significant preparation and engagement work undertaken to date, with good support from partner agencies. Scenario planning had been undertaken and potential risk was noted for protests with communication ongoing.

For the dates impacting Stirling, an Event Control Room would be established within Police Headquarters, Randolphfield, Stirling, with four Hubs in place for the time trials throughout the route areas. Public access and egress times would be in place with the Intranet updated with all relevant information.

Reassurance was provided around the work undertaken to ensure patients were not disadvantaged. Contingencies were in place for key community services. Regular meetings were also taking place with NHS and Social Care staff working within the Health and Social Care Partnerships to ensure care was not adversely impacted on. Reassurance was provided that NHS Forth Valley planning was in alignment with other agencies.

The APF acknowledged the significant impact for transport routes throughout Forth Valley. NHS Forth Valley had engaged in business continuity planning to support service delivery. It was noted that staff would need to consider changes in routes etc to get to work, and for those impacted who had taken all reasonable steps to get to work that there would be no detriment. Mrs Cowan highlighted the need for familiarisation with the Major Incident Policy for Executives on call. Reporting arrangements with those on call during the key dates was in place including escalation procedures.

Information was still awaited from the Councils around Public Transport impact - this would be shared and updated on the Intranet once received.

The APF thanked Ms Watt for her attendance and acknowledged the significant work undertaken.

4. Draft minute of Area Partnership Forum meeting held on Tuesday 27 June 2023

The minute of the APF meeting held on Tuesday 27 June 2023 was approved as an accurate record, subject to the following amendment:

- Page 7, 12.1 'Stag' should read 'STAC'.

Ms Frances Dodd confirmed the 'Ready Reckoner' had been issued.

5. Escalation Update

A verbal update was provided by Mrs Cathie Cowan, Chief Executive, noting the Assurance Board was held earlier today (18/07/23). Mr Clark represented the APF at the meeting.

Mrs Cowan before updating the APF 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 also referred to the recent Staff Governance Committee (7 July) and the paper headed 'supporting our staff' which was on today's APF agenda. The overall feedback from the Assurance Board (AB) was positive with members reflecting on the measurement framework and supporting evidence. Dr John Harden (support to AB) highlighted the positive progress in developing the measurement framework and how it related to leadership and the actions/interventions being taken, governance and the application of standards/procedures to support improvement and the intentional cultural. Mrs Cowan highlighted peer support, speak up etc to ensure staff felt connected and were adequately involved and informed and highlighted building on impact and evidence would be important to ensure sustainable change and improvement. Mrs Cowan referenced current staff involvement in Board activities and highlighted the high levels of engagement in iMatter, staff awards and the leadership and culture programme.

Mrs Cowan provided a short update on areas of performance noting the focus on patients with long waits in CAMHS and PT and how this impacted adversely on RTT compliance. The 4-hr

Emergency Access Standard continued to be variable however the reduction in 12 hour waits since December was significant. In out of hours APF members noted the improvement actions being taken in response to Sir Lewis Ritchie's visit in October which resulted in 12 recommendations, reasonable progress was being made with recruitment ongoing to build a strong MDT.

In summary, Mrs Cowan confirmed the AB Chair, Christine McLaughlin whilst noting progress was frustrated this had taken longer than expected. Fiona Hogg, Chief People Officer at S Gov referred to ELT and Integration as ongoing areas of focus for improvement. In going forward the work underway to support integration - refresh of the Integration Scheme to include e.g. reference to Lead HSCP arrangements (previously referred to as hosting) and review of MSG proposals would inform the 'working in partnership' measurement framework principle. Mr Clark agreed the AB had been positive with evidence of progress. Mr Clark invited Prof Dodd to update on 'putting patients first' and HIS. APF members noted the work underway in response to the HIS requirements. Mr Urquhart provided an update on the review of governance led by Prof John Brown, and the ongoing interviews and desktop work. It was noted that the outcome of this work – responding to findings/recommendations would feature in V3 of the Escalation Improvement Plan.

Mr Urquhart also advised of positive end year External Audit Report, noting the significant level of inquiry which provided a 'adequate' level of assurance in both the operating and authorising environments. The Annual Internal Audit Plan had a number of recommendations which were being picked up through the Board's Assurance Committees.

Mr Clark highlighted the need to balance setting of trajectories and pursuing these at the expense of staff wellbeing. The origins of the ED Report in this regard were discussed, with Mrs Cowan and staff side agreeing the need for escalation of issues raised to her by Union colleagues.

Ms Margaret Kerr provided more detail around the Culture and Leadership programmes noting outputs were generating valuable data. This could then be triangulated with other organisational data. Reassurance was provided that anyone could request a one-to-one meeting.

Clarification was sought around the impact of extending notice periods for Psychological Therapies. Jennifer Borthwick highlighted the challenges around operationalisation with contractual changes.

The APF noted the update provided by Mrs Cowan and colleagues.

6. Escalation Improvement Plan - 'supporting our staff'

The APF received a paper 'supporting our staff' presented by Mrs Cathie Cowan, Chief Executive. The paper developed by Ms Elaine Bell was presented by Mrs Cowan (Ms Bell on leave) to the Staff Governance Committee on 7th of July 2023.

Mrs Cowan by way of introduction referred again to the Escalation Improvement Plan and it being built on three principles - 'putting patient first', 'supporting our staff' and 'working in partnership' and the metrics aligned to the Measurement Framework escalation themes - leadership, governance and culture.

Mrs Cowan referred to the dashboard metrics and in particular highlighted - absence, turnover and iMatter and how these benchmarked with other territorial NHS Boards. APF members noted the absence gap (0.86) - Board vs. national and work underway in terms of consistency of application of policy and supporting staff to improve overall absence rates. Turnover had increased by 1.2% in 2022/2023 when compared to the previous year. NHS FV reported being third highest at 12.5% (Fife and Tayside being higher).

APF Members noted the Board's expectation for objective setting and containing specific measures/targets built in relating to e.g., PDP (for Band 7 and above), essential training compliance, absence management and iMatter action planning.

Mrs Cowan referred to iMatter, and thanked staff side for their efforts in encouraging staff to engage in this national survey - EEI of 76% and an organisational response of 61% (56% previous year). The overall survey showed an improving position.

Mrs Cowan highlighted an ask from the Staff Governance Committee chair for a focus on improving the uptake in 'staff voice' activity – e.g., speak up service and whistleblowing. It was noted there was an ambassador vacancy. It was noted an update from Ms Elaine Bell would be provided and Prof Frances Dodd agreed to alert Ms Bell re update. **Action: Frances Dodd**

Staff side highlighted the data around grievances and bullying and harassment and the issue around recording the number of staff vs. single complaint, this was supported by the CEO. Clarification and simplification were required around definition, which would enable benchmarking, agreed to look into consistency i.e., with rest of Scotland. Staff side did acknowledge the improvement in reporting and progression of cases.

The need to report the number of people involved was recognised, noting this would enable flagging of any areas of concern. Timelines and progression were also noted with Mr David O'Connor highlighting work undertaken with Scottish Ambulance Service which enabled discussion of cases with Human Resources and RAG reporting status. It was agreed this would enable early identification of any issues. Personal impact on staff from prolonged processes was highlighted.

Mr Clark reported on the positive work underway, and APF Members noted the impact of the Peer Support Programme and additional Peer Supporters being trained with the next cohort on 16/08/23. The Staff Psychological Services was also highlighted, noting funding only until November 2023. Mr Urquhart confirmed his discussion with Joanna Elliot. OHS and support to establish this service following an update to the Staff Governance Committee.

Mrs Cowan confirmed she would follow-up with Elaine Bell on those areas highlighted for additional reporting.

The APF then noted the update provided.

7. Action Log (taken after Item 4)

The Action Log was discussed and would be updated to reflect discussion.

8. Matters arising from the Minute/Action Log

There were no additional matters arising that were not covered by the Agenda.

9. Sturrock Group meetings

The APF received a verbal update led by Mr Robert Clark, Employee Director. The Sturrock Group would be meeting this week (Thursday), but no papers had been circulated. Observations from the last meeting noted a significant number of presentations and it was agreed that an action plan be developed/agreed to improve reporting and scrutiny. Mr Clark confirmed he would continue to lead this area of work in Ms Linda Donaldson's absence. The Terms of Reference would be reviewed with a focus around role and purpose of the group. Alignment with some of the ongoing work was proposed, such as Culture and Leadership. This would aid in understanding the impact of existing and future work, this was supported.

The APF noted the update as provided.

10. Local Policy Group

The APF received a verbal update led by Mr Clark, Employee Director. Mr Clark advised the group had not yet met and would be re-established. Linda Robertson, HR Manager would assist as Chair and meeting dates would be issued shortly. Initial focus would be on ensuring the right people were on the group and establishing a timeline for getting remaining policies completed by December 2023. Admin support was required for both this and the Sturrock Group.

Action: Cathie Cowan

11. Accommodation Review

The APF received a verbal update led by Ms Marie Gardiner, Head of Service Ambulatory Care, Diagnostics & Theatre.

Ms Gardiner advised of a risk raised by Oncology around lack of space with potential impact on service delivery. A potential short-term solution was expansion into the AHP corridor, which included treatment rooms and office space. Early-stage conversations have been undertaken.

Staff side shared their understanding that an organisational mapping exercise had been undertaken led by Jonathan Procter's team. APF minutes would be reviewed to obtain clarity.

Action: Karren Morrison

It was proposed that an update on the overall accommodation review be obtained from Jonathan Procter and Dr Jennifer Borthwick requested that Community Mental Health resources be included in any discussions due to similar challenges. **Action: Jonathan Procter**

The APF recognised the potential opportunities around flexible working and savings, with agreement any process should be undertaken with Partnership colleagues and within Policy. Expected timescales noted the progression of small phase work with Oncology as highlighted by Ms Gardiner. Concern was raised around funding source with Frances Dodd to liaise with Phyllis Wilkieson. Wider areas of work were noted such as the review of Cancer Nursing being undertaken by Ashley Ward. This would be returned to ELT and would be included in the overview development of Cancer services.

The APF noted the update provided.

12. FOR APPROVAL

12.1 NHS Scotland Workforce Policies - Supporting Work Life Balance

The APF considered a paper "Once for Scotland Work Life Policies" and a presentation "Supporting Work Life Balance Policy Implementation" presented by Mr Clark, Employee Director.

By way of background, Mr Clark highlighted a letter received from Scottish Government which outlined the 11 policies under the Supporting Work Life Balance that were approved by SWAG on 29 June 2023. Launch would be undertaken in November 2022.

The letter provided direction around provision, partnership, training to managers around differences in policy and practice for the Board. Human Resources and staff side would meet to review, followed by local meetings with management to ensure understanding.

Mr Clark confirmed that APF members would receive an email from Linda Robertson, HR Manager, who would be looking for individuals to assist in populating the slides. Karren Morrison noted the forthcoming holiday period which would impact on timelines.

The APF recognised the importance of joint sessions in ensuring understanding around any policy changes. Appropriate time allocation and facility time would be required. It was also agreed that

paper would be brought to the Whole System Leadership Team with Mrs Cowan to liaise with Kerry Mackenzie around timescales. **Action: Cathie Cowan**

13. BETTER CARE

13.1 Performance Report

This item was circulated for information, with Mrs Cowan highlighting the following key areas:

Diagnostics had been an area of concern with a paper brought to ELT around increasing capacity in supporting CT scanning, particularly at weekends through use of Agency as an interim solution. It was also noted that the report provided benchmarking information against Scotland.

The APF noted the Performance Report.

14. BETTER VALUE

14.1 NHS Forth Valley Finance Report

The APF received a paper "Finance Report" presented by Mr Scott Urquhart, Director of Finance.

In terms of the position after Quarter 1, there was an overspend of £2.9m with significant pressures highlighted, particularly in FVRH in support of contingency beds and additional staff to support additional capacity. The current forecast outturn was noted with the financial risk of between £6 -10m which incorporated all savings/allocations and cost pressures to date.

Mr Urquhart then outlined 4 key dependencies which included:

- Reduction in supplementary staff with significant reduction in off framework agency spend.
- Around £70m in anticipated allocations expected, with risk existing until receipt.
- Savings Delivery - noted to be broadly on track with significant work still required.
- IJB Risk Share noting pressures around GP Prescribing with potential to transfer to Health Board through risk share arrangements.

In terms of next steps, identification would continue around identification of further cost improvement opportunities. Funding had been agreed for additional Pharmacy support staff to deliver system wide medicine savings.

Change to pay position of Doctors to the UK Government was also recognised with potential changes in consequential for NHS Scotland.

Ms Jennifer Borthwick noted a lack of confirmation around funding creating an issue for staff retention. A number of admin staff within Psychological Services were on secondment, which was due to end in September, with no ability to provide assurances beyond that. The same position was noted around Enhanced Psychological Practitioners with funding ending in September. NHS Education however has stepped in to fund an additional 6 months. It was agreed to look into this.

The APF noted the work underway to identify recurring and additional savings to support and end year break even position.

14.2 National Principles for the management of Agency workforce supply to NHS Scotland Health Boards

The APF received a paper "National Principles for the Management of Agency Workforce Supply to NHS Scotland Health Boards" presented by Ms Frances Dodd, Executive Nurse Director.

By way of background, Ms Dodd noted the work had been set out in three phases with NHS Forth Valley noted to be compliant. That there had been a significant reduction in non-framework agency with a reduction from 990 to 63 within the first 27-day period. A reduction was also noted within overall agency usage.

Work was being undertaken around the e-Rostering system in Safecare and Proff Dodd advised she requested information around the number of staff moves and any individual impact over May and June 2023. This would be tracked as a measure going forward. Ms Morrison praised the ability to track individual staff movement to ensure safe staffing compliance as well as identifying areas under pressure. The need for differentiation between day and night shift was recognised.

Mr Hill welcomed the reduction in Agency and off Framework usage, but proposed recording of unfilled shifts during this time. Proff Dodd provided reassurance this was tracked on a daily basis with as much mitigation as possible in place.

The APF noted the update as provided.

15. BETTER WORKFORCE

15.1 Absence Management

The Area Partnership Forum noted the paper.

16. BETTER GOVERNANCE

16.1 Review of Governance by Prof John Brown, Chair of NHSGG&C

The Area Partnership Forum received a verbal update around Review of Governance by Professor John Brown, led by Mr Scott Urquhart, Director of Finance. He confirmed a report was anticipated, however the Assurance Board Chair advised those present that they may be a delay. Because of outstanding interviews. The draft report was planned to be shared at the Board Seminar on 8 Sept 2023.

The APF noted the update as provided.

17. FOR NOTING

17.1 Update on Organisation Development Priorities including Learning, Education and iMatter

The Area Partnership Forum noted the paper "Update on Organisational Development Priorities including Learning Education and iMatter" presented by Ms Margaret Kerr, Head of Organisational Development.

In terms of iMatter, Ms Hilary Nelson highlighted that 45% of the organisation felt that if a concern was raised this would not be followed up. It was felt this tied into other areas such as confidence in HR and other symptoms. Mrs Cowan did not recognise the figure and recalled a higher average score however accepted there was always room for improvement. Margaret Kerr confirmed these were new questions added as a Test of Change with no previous measurement available to review any trend. It was noted that it would be useful to benchmark with other Boards once all of the survey was complete and published.

18. ANY OTHER COMPETENT BUSINESS

Ms Karren Morrison advised that Charlie McCarthy, Scotland wide staff side rep on NHS Scotland Global Citizens Taskforce, was requesting to bring a paper to the next APF. This was agreed.

Mrs Cowan informed APF members that arrangements were being progressed to have an Interim Director of HR in place whilst Linda Donaldson remains absent. Communication to APF and wider organisation will be issued when this has been finalised.

The APF were also advised of additional Senior Leadership appointments, namely:

- Jim Cannon, Acting Director of Acute with Jonathan Best providing ongoing support to site on an initial mentorship basis.
- Karen Goudie, Director of Nursing (from 31/07/23).
- Fiona Murray, Head of Service for Emergency Care and Inpatients.

19. DATE OF NEXT MEETING

The next meeting of the Area Partnership Forum will be held on Tuesday 22 August 2023 at 2pm, in the Boardroom, Carseview. MS Teams will also be available.



**Area Partnership Forum Ratified Minute – 22 August 2023
For Assurance**

Chair: Mr Robert Clark, Non-Executive Director

Minute of the Area Partnership Forum meeting held 22 August 2023 at 2pm, within the Boardroom, Carseview House via MS Teams.

Present: Cathie Cowan, Chief Executive (Chair)
Robert Clark, Employee Director (Co Chair)
Elaine Bell, Associate Director of HR
Jennifer Borthwick, Head of Psychology Services
Nicholas Hill, GMB
Oriane Johnstone (BDA)
Margaret Kerr, Head of Organisational Development
Karren Morrison, UNISON
Gillian Morton, Director for Corporate PMO/W&C Directorate/Chief Midwife
Hilary Nelson, RCN
Kevin Reith, Acting HR Director
Linda Robertson, HR Manager
Scott Urquhart, Director of Finance

In Attendance: Julie Mitchell, Recruitment Manager
Julie MacIlwaine, HR Manager
Ali Thomson, HR Manager, Operational HR (Observer)
Nicola Wood, Interim Head of Nursing for Care Assurance & Safe Staffing
Emma Small RCN Rep (Shadowing Hilary Nelson)
Sarah Smith, Corporate Services Assistant (minute)

1. Apologies for Absence/Confirmation of Quorum

Apologies for absence were noted on behalf of Annemargaret Black, Patricia Cassidy, Elaine Macdonald and Jonathan Procter.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft minute of Area Partnership Forum meeting held on Tuesday 18 July 2023

The minute of the APF meeting held on Tuesday 18 July 2023 was approved as an accurate record, subject to the following amendments:

Item 3 - ACF should read APF.

4. Action Log

- 02 Room Allocation - Jonathan Procter had contacted Cathie Cowan on 17/08/23 and highlighted potential confusion around this action. Mr Procter confirmed his Team had been supporting various moves on the acute site and Jonathan Best had set up an Acute Accommodation Group to look at a range of areas, estates had attended one meeting. APF Members noted that Jim Cannon is intending to reconvene the Acute Group which would help channel all acute accommodation 'asks' while also supporting winter capacity planning as part of the Winter Plan development. Jonathan had also referred to working with Jen Borthwick and her team re mental health as well as supporting requests for FCH and work in SHVC to facilitate primary care request for space. The need for a full overview of accommodation within Forth Valley was discussed and should be returned to the APF. Cathie confirmed she would feed this back to Jonathan Procter. **Action: Cathie Cowan**
- 11 Speak Up Ambassador role - Cathie advised she had highlighted the vacancy to Elaine Bell. Elaine confirmed discussing with Robert Clark regarding Speak Up and Whistleblowing, with further discussion to take place with Frances Dodd. A review of speak up services including considering an independent role was proposed. It was

agreed that actions 11 and 12 be combined with action owner changed to Elaine Bell.
Action: Cathie Cowan

- 14 Work Life Balance - Cathie confirmed she had asked Kerry Mackenzie to add this to a future Whole Systems Leadership Team meeting. Kerry had agreed to liaise directly with Robert – actioned. COMPLETE
- 06 Facility Time Proposal - Karren Morrison noted previous discussions around establishing a sub-group to discuss Facility Time had not progressed. It was agreed that this be discussed with staff side who in turn would prepare a paper setting out recommendations. An update was anticipated for the next meeting of the APF. **Action: Staff Side**
- 13 APF Members noted this action was linked to accommodation review set out in action 2. COMPLETE
- 15 NHSS Global Citizens Taskforce – c/f /paper to future APF meeting.

5. Matters arising from the minute/action log

Dr Jennifer Borthwick, Head of Psychology Services, referred to the approved minute and resolution with the challenges relating to contractual changes - i.e., 3-month notice period for Band 8A and above within both CAHMS and Psychological Therapies. Elaine Bell outlined recent discussions and referred to communications issued. To date approximately 19 people had been employed since the agreement was made in February. If contracts were signed, these would be binding and only option would be to offer an option to change notice period. However, the 3-month period would apply to any new staff employed within these areas. Work had been commenced led by Julie McIlwaine

6. Escalation update

Cathie Cowan, Chief Executive, referred to her previous update as set out in the Minute approved and it was noted work continued to support the 3 key escalation themes: putting patients first', 'supporting our staff' and 'working in partnership'. Since that update, the Assurance Board has not yet met (next meeting 30th of August).

Cathie advised that the Governance Review commissioned by the Board and led by Professor Brown was yet to report with meetings involving staff and partners still ongoing. The Leadership and Culture Change Programme continued. Cathie advised that the response to the diagnostic phase of this programme would be a good Board cultural barometer with Cathie recalling the initial response to the commissioning of the ED review. Positively responding to poor behaviours and practice would be necessary if the Board and staff side were to be seen as credible and willing to avoid blame and support improvement.

FOR APPROVAL

6.1 Proposal to close Stirling Community Hospital Ward 5 (taken first on the agenda)

The Area Partnership Forum considered a paper "Proposal to close Stirling Community Hospital Ward 4" presented by Nicola Wood, Interim Head of Nursing for Care Assurance and Safe Staffing.

Nicola advised Ward 5 had been originally used to support winter capacity and challenges across Forth Valley. Issues however were noted due to the ward location and necessary high staffing ratio. Capacity levels were also low at around 62%. Essential works were now required which would result in the ward closure for 48 hours.

The proposal being brought to the APF was to close the area permanently and have staff accept other vacancies within the organisation. Reassurance was provided to APF that staff had been made aware of the temporary nature of the Ward at time of appointment. Nicola also confirmed she had been working with staff side colleagues. A paper was also being taken to ELT at the start of September to provide clarity around contingencies and approach to winter.

The APF noted the reassurance around staff being used within the organisation. Gillian Morton also provided confirmation that the immunisation team were ready to move into this ward to commence the winter immunisation programme. Karren Morrison whilst supporting the closure sought assurance on capacity including and a non-reliance on contingency beds. It was noted that ELT was currently developing an integrated winter plan that needed to also take account of reducing the number of delays/transfer waits on the acute site to provide timely access to beds. The APF thereafter approved the closure of Ward 5, Stirling Community Hospital and the facilitation of redeployment of current staff.

6.2 Organisational Change - Bringing together Outpatient Phlebotomy Service

Cathie apologised to the presenter and confirmed this item had been removed from the agenda following discussion between herself and the Employee Director.

7 BETTER CARE

7.1 Performance Report

This item was circulated for information. Cathie Cowan highlighted Agency Staff had been brought in to address CT Scanning backlog. This was now impacting on 62 Cancer performance, particularly in areas such as lung and colorectal.

8 BETTER VALUE

8.1 Finance Report

The APF received a Finance Report presented by Scott Urquhart, Director of Finance, noting an updated report was not yet available. The month 4 update had been finalised and this would be presented to the Performance & Resources Committee on 29 August 2023. A deficit was being reported at this stage with significant risk of continuation to the end of the financial year.

A Quarter 1 review session took place with Scottish Government, with financial position/savings plans/forecast outturn all reviewed in detail. Feedback received noted NHS Forth Valley remained in a relatively good position against the rest of Scotland. A number of outstanding actions required progression, particularly around delivery of the agreed £25m Savings Plan. Further schemes required identification of up to £10m to mitigate the deficit. These would come from additional medicines savings and continued reduction in agency costs and closure of contingency beds. The closure of Ward 5 previously discussed in this meeting was noted as providing a contribution to unfunded costs. Reinforcement of good budget management was also highlighted along with continuing work with Scottish Government around National financial improvement.

APF Members noted a National Finance Support Unit was being established which would provide specific programme support. A particular area highlighted was around a cost awareness programme. This followed on from comments received from Clinical colleagues around a desire to review product and device switches if they had awareness of alternative costings. Potential for a fixed term programme of work was highlighted. Cathie referred to APF previous discussions and support by staff and staff side to progress this action however with Covid and other pressures this has been put on hold.

The APF were supportive of this option noting the need for the full organisation to be involved. The key unifying aspect of Environmental Sustainability was noted. Cathie proposed using a similar approach to that of 'Spending Well.' Impact around waste was recognised, noting this required to be included, with involvement of Derek Jarvie. Procurement involvement would also be required to ensure clarity around information available and how this was circulated to staff. A scoping paper would be brought to the next meeting to include options. Discussion would also take place with Scottish Government around external support. **Action: Scott Urquhart**

The APF thanked Scott for the update and noted the advice and support provided to staff and managers.

9 BETTER WORKFORCE

9.1 Absence Management

The Area Partnership Forum received a paper presented by Linda Robertson, Human Resources Manager.

The paper provided the June position however a verbal update was provided on the July position. This would be circulated following the meeting. **Action: Linda Robertson**

The July figures were noted to have increased to 6.54% from 6.44% however 38 fewer staff were absent. For June, the highest sickness absence rate was 8.09% for Clackmannanshire & Stirling HSCP.

In job family, Nursing Midwifery Unregistered remained the highest at 11.14% and wellbeing work had been undertaken. A Survey had been run with a follow up meeting to take this forward with focus groups. Response had been disappointing with only 60 responses. Potential learning was identified with Frances and Robert to lead focus groups. The proposal for a World Café Day was being progressed. Cathie highlighted the hours lost was more in other job families and these also need improvement actions.

The top Sickness absence reason remained anxiety, stress, depression with the 'Other known causes not elsewhere classified' was the 5th highest reason at 5.08%. Linda Robertson advised the list of causes would be re-issued with work to be undertaken with managers to see this category reducing as classification improves. It was identified that challenge may lie with administrators entering the data onto system and not updating when further information was received. Elaine Bell advised emails would be issued to managers highlighting staff noted as unknown causes.

It was confirmed that on page 10, for the graph outlining the June 2023 position for unknown causes/not specified should be 1.65%.

Within Health & Safety meetings access to OHS, Counselling and Psychological Support Services were highlighted as being the most positive and the threat to peer psychological support services - nonrecurring funding was highlighted. Waiting times was identified. Elaine Bell agreed to work with Joanna Elliot to develop/agreed metrics to support staff wellbeing as requested by the Staff Governance Committee. Funding to address nonrecurring funding would be addressed and Scott would liaise with Joanna.

9.2 Job Evaluation

The APF received an update presented by Hilary Nelson, RCN and Julie Mitchell, Recruitment Manager.

Julie Mitchell confirmed that panels had now been reestablished. A number of jobs had been job matched through the pre-matching process and the matching process and panels had been established for the rest of the year. Thanks were expressed to panellists from staff side and management side.

An issue was highlighted around the volume of jobs and panellists, with training being run to increase numbers. The APF were requested to support Directorates to enable staff to be released to attend training. The need for staff job evaluation retention was noted to ensure continued familiarity with process. Following enquiry, Julie advised she would send relevant information to Jennifer Borthwick that would provide clarification around requirements from staff.

Action: Julie Mitchell

The National Policy would be uploaded and shared with the Policy Group and brought to the next APF meeting. This would aid in clarification around communication, terminology and process. The current Policy would then become guidance for managers around the job evaluation process. Detail was provided around the significant changes made. This included an updated job description template and guidance which would align with the national one.

Training around 'Job Evaluation Awareness' and 'Preparing and Writing Job Descriptions' was being sought, with dates obtained and liaison was ongoing with Operational HR Staff. The output from which would then be cascaded to the wider organisation.

Challenges around resourcing was noted, with appointment made to a full-time administrator with the postholder being in post by mid-September. It was anticipated this would help with administration, communication and processing of posts.

It was agreed an Action Plan setting out numbers and panels to chart progress, risk management and risk register would be brought to the next APF meeting. An updated figure would be provided around the number of posts, split into job families.

Cathie thanked colleagues for the progress made and the APF noted the significant work being undertaken and praised the alignment with national job description template.

10. BETTER GOVERNANCE

10.1 Review of Governance by Prof John Brown, Chair of NHS GG&C

The APF received an update from Scott Urquhart. He confirmed Professor Brown was undertaking an external review of Governance aligned to the second edition of the Blueprint for Good Governance. A Board refresh session on the Blueprint was held on 8 August 2023. John Brown confirmed the report was expected within the next 2 weeks. A Board Seminar would be held on 8 September 2023 to review output. Also on this date, the Board governance self-assessment survey process would be launched. The survey would be shared with ELT and Board members. The review of the self-assessment would close on 25 September 2023 with a development day planned with output from this on 25 October 2023. By this time, the Governance Improvement Plan would have been created and would focus on future sustainability and continuous improvement.

Cathie Cowan provided reassurance to APF members that delays were solely due to ongoing meetings with staff and partners.

The APF noted the update provided.

11. FOR NOTING

11.1 Update on Organisation Development Priorities including Learning, Education and iMatter

The APF considered a paper presented by Margaret Kerr, Head of Organisational Development.

The key points from the Report included:

- iMatter - the 2023 process was now complete. The response rate was noted within the report with good improvement noted. The Action Plan for electronic and combined now sat at 61%. Scottish Government have now requested staff team stories across the organisation, these will be incorporated into the National Report. An email has been issued to all ELT members, and operational managers. Linkage would be undertaken with Communications. Previous good examples were noted.
- Leadership and Culture Change Programme - diagnostic/discovery and synthesis phases were now complete. An event was held on 17 and 18 August 2023 which incorporated all members of the Culture Change Team. This was regarded as a bridge event between the discovery and design phase, with the team reviewing the significant data obtained. Emergent themes and overarching topics had yet to be determined with mapping against themes of programme to identify focus areas. This would enable a Report to be prepared for the Board with presentation planned for early October 2023. Katy Steward, NHS England and Professor Michael West would be attending.
- Local Culture work was continuing the acute site.
- Mediation process continues with a steady number of cases noted, totalling 13 (4 external; 3 internal complete with evaluation; 2 paused; 1 cancelled and 3 being allocated).
- Staff Awards on 14 September 2023, with more than 900 nominations received. Judging panels were underway with invites being sent shortly.

Cathie Cowan highlighted the iMatter response and thanked Staff Side colleagues for their support in encouraging staff to participate in the survey.

The APF then noted the update as provided.

12 ANY OTHER COMPETENT BUSINESS

12.1 Memorial Sculpture

The APF received a paper presented by Karren Morrison, Unison who advised this was being presented on behalf of one of the Unison Reps, Margaret McBride.

Margaret had felt a more permanent memorial was required to celebrate and commemorate all those staff and patients impacted by the Covid epidemic. A model had been prepared by a local metalwork artist, with a detailed visual description provided around the meaning of each area of the design and this would be shared with APF members. **Action: Karren Morrison**

The proposal was being brought to the APF to ask for approval to take to the NHS Board with rough costing being in the region of £100,000. Staff side gave a commitment to raising funds. Location for the memorial would be at the front of Forth Valley Royal Hospital.

Cathie on a personal level loved the sculpture, however, permission to progress and a need to engage in a tendering process was required. Cathie also highlighted that Covid impacted on the whole of NHS Forth Valley and care to ensure this was recognised to avoid offending any staff group would also need to be considered. The trauma of having a sculpture and the impact on people visiting the site who had lost loved ones also needed to be very carefully considered.

It was proposed that Scott offline would meet with staff side to ensure everyone was clear about embarking on such a process. Jen cautioned and highlighted the need to assess the impact of memorials as a reminder for people whose Covid experience would be 'traumatic.'

13 DATE OF NEXT MEETING

The next meeting of the Area Partnership Forum will be held on Tuesday 19 September 2023, via MS Teams.

There being no other competent business, the Chair closed the meeting at 1553 hours.

FORTH VALLEY NHS BOARD
TUESDAY 26 SEPTEMBER 2023

10.1 Clackmannanshire & Stirling IJB Ratified Minute – 29 March 2023
For Assurance

Chair: Mr Allan Rennie, Non-Executive Director, NHS Forth Valley

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