

A meeting of the **Forth Valley NHS Board** will be held on **Tuesday 30 January 2024** 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 28 November 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 **Escalation Update** Seek Approval
10.50-11.20am
(Paper presented by Ms Amanda Croft, Interim Chief Executive)
 - 6.2 **Strategic Risk Register** Seek Approval
11.20-11.35am
(Paper presented by Mr Alastair Jack, Risk Manager)
 - 6.3 **Digital Health and Care Strategy** Seek Approval
11.35-11.50am
(Paper presented by Mr Scott Jaffray, Associate Director of Facilities & Infrastructure)

BREAK 11.50-12.00pm
7. **BETTER CARE**

 - 7.1 **Healthcare Associated Infection Reporting Template** Seek Assurance
12.00-12.10pm
(Paper presented by Mr Jonathan Horwood, Area Infection Control Manager)
 - 7.2 **Whistleblowing Standards and Activity Report** Seek Assurance
12.10-12.20pm
(Paper presented by Prof Frances Dodd, Executive Nurse Director)
 - 7.3 **Performance Report** Seek Assurance
12.20-12.35pm
(Paper presented by Ms Kerry Mackenzie, Head of Policy & Performance)
8. **BETTER VALUE**

 - 8.1 **Finance Report** Seek Assurance
12.35-12.50pm
(Paper presented by Mr Scott Urquhart, Director of Finance)

9. BETTER GOVERNANCE

- 9.1 [NHS Forth Valley Annual Review Letter](#) Seek Assurance
(Paper presented by Ms Kerry Mackenzie, Head of Policy & Performance) [12.50-01.00pm](#)
- 9.2 [Communication Update](#) Seek Assurance
(Paper presented by Mrs Elsbeth Campbell, Head of Communications) [01.00-01.10pm](#)
- 9.3 **Governance Committee Minutes** Seek Assurance
[01.10-01.30pm](#)
- 9.3.1 [Audit & Risk Committee Ratified Minute: 20/10/2023](#)
(Paper presented by Cllr Fiona Collie, Committee Chair)
- 9.3.2 [Clinical Governance Committee Ratified Minute: 14/11/2023](#)
(Paper presented by Dr Michele McClung, Committee Chair)
- 9.3.3 [Escalation Performance & Resources Committee Ratified Minute: 14/11/2023 & 15/12/2023](#)
(Paper presented by Mr Martin Fairbairn, Committee Chair)
- 9.3.4 [Performance & Resources Committee Draft Minute: 19/12/2023](#)
(Paper presented by Mr Martin Fairbairn, Committee Chair)
- 9.3.5 [Staff Governance Committee Draft Minute: 15/12/2023](#)
(Paper presented by Mr Allan Rennie, Committee Chair)
- 9.4 **Advisory Committee Minutes** Seek Assurance
[01.30-01.45pm](#)
- 9.4.1 [Area Clinical Forum Ratified Minute: 06/07/2023](#)
(Paper presented by Ms Kirstin Cassells, ACF Chair)
- 9.4.2 [Area Partnership Forum Ratified Minute: 21/11/2023 & 19/12/2023](#)
(Paper presented by Mr Robert Clark, APF Co-Chair)

10. FOR NOTING

- 10.1 [Falkirk Integration Joint Board Ratified Minute: 30/06/2023 & 29/09/2023](#)

11. ANY OTHER COMPETENT BUSINESS

- 11.1 Emerging Topics

12. DATE OF NEXT MEETING

Tuesday 26 March 2024 at 10.30am

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 Forth Valley NHS Closed Board Meeting held on 28 November 2023 	<ul style="list-style-type: none"> The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.

FORTH VALLEY NHS BOARD

For Approval

DRAFT Minute of the Forth Valley NHS Board Meeting held on Tuesday 28 November 2023 in the Boardroom, Carseview House.

Present: Ms Janie McCusker (Chair)
Mr Robert Clark (Non-Executive Director)
Cllr Fiona Collie (Non-Executive Director)
Cllr Wendy Hamilton (Non-Executive Director)
Mr Gordon Johnston (Non-Executive Director)
Mr Stephen McAllister (Non-Executive Director)
Cllr Gerry McGarvey (Non-Executive Director)
Mr Martin Fairbairn (Non-Executive Director)
Dr Michele McClung (Non-Executive Director)
Ms Amanda Croft (Interim Chief Executive)
Prof Frances Dodd (Executive Nurse Director)
Mr Andrew Murray (Medical Director)
Mr Scott Urquhart (Director of Finance)

In Attendance: Ms Susan Bishop (Head of Efficiency, Improvement & Innovation)
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)
Ms Jacqui Hepburn (Interim Deputy Chief Executive)
Mr Jonathan Horwood (Area Infection Control Manager)
Mr Alistair Jack (Risk Management Advisor)
Mr Scott Jaffray (Associate Director of Facilities & Infrastructure)
Ms Kerry Mackenzie (Head of Policy and Performance)
Ms Jackie McEwan (Corporate Business Manager)
Ms Gillian Morton (Director CPMO, Women, Children's and Sexual Health Directorate & Director of Midwifery)
Mr John Ratcliffe (Board Secretary)
Mr Kevin Reith (Interim Director of Human Resources)
Dr Jennifer Rodgers (Consultant in Public Dental Health)

1. Apologies for Absence

The Chair welcomed everyone to the meeting including deputies and guest speakers.

Apologies were noted on behalf of Ms Kirstin Cassells, Mr Allan Rennie, Mr John Stuart, Ms Annemargaret Black and Dr Jennifer Champion.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Minute of Forth Valley NHS Board Meeting held on Tuesday 26 September 2023.

The minute of the meeting held on Tuesday 26 September 2023 was approved as an accurate record.

4. Matters Arising from the Minute / Action Log

Awards

Ms McCusker congratulated all staff who were nominated, and those who won their category at the annual NHS Forth Valley Staff Awards held on 15 November 2023.

She also highlighted the following healthcare teams in NHS Forth Valley that received national awards in recognition of the outstanding care and support they provided to patients and families:

- Ward 4 at Forth Valley Royal Hospital was named the winner of the Top Team Award at the 2023 Scottish Health Awards.
- NHS Forth Valley's Audiology Team won the British Academy of Audiology (BAA) Audiology Team of the Year Award, presented to them at the BAA Annual Conference 2023.

Annual Review

Board members noted that the Scottish Government's Annual Review of performance for 2022/23 had taken place on 20 November 2023. The public session was hosted by Michael Matheson MSP, Cabinet Secretary for NHS Recovery, Health and Social Care and attended by members of the public, local staff and media.

A formal feedback letter from the Scottish Government would be issued to Ms McCusker and Ms Croft in due course and brought to a future Board Meeting and made available publicly.

There were no further matters arising.

5. Patient/Staff Story

Professor Frances Dodd introduced the patient story which featured a patient's experience of cancer care and the support she received during treatment for cancer over a number of years. This included support provided by a Clinical Support Worker from the Macmillan One-to-One team and the wider Oncology team at Forth Valley Royal Hospital and the Beatson West of Scotland Cancer Centre. The patient described how this support had brought her through many

difficult situations and how her Clinical Support Worker had always been there to listen and offer practical, positive solutions.

Board members acknowledged the positive impact from all staff involved, that enabled the patient to continue to lead a good life for as long as possible.

Professor Dodd agreed to write to relevant staff, on behalf of the Board, to acknowledge their work and highlight the positive impact their care has had.

6. FOR APPROVAL

6.1 Escalation Update

The NHS Board received a paper 'Escalation Update' presented by Ms Amanda Croft which updated on the ongoing work underway across NHS Forth Valley to respond to the Stage 4 Escalation. This included completing the actions outlined in the Improvement Action Plan (version 2) and the development of the third iteration titled 'NHS Forth Valley Assurance and Improvement Plan'. This built upon the work already undertaken in the first two versions and provided details of key action and priorities for the next four months, along with specific outcomes, ownership and timelines.

Ms Croft highlighted a number of areas where good progress had been made:

- Executive Leadership Team work embracing changes.
- Partnership working with Staff Side colleagues.
- Programme of culture change and compassionate leadership.

Ms Croft also explained the information contained within the appendices:

- Appendix 1 – Plan version 2 completion paper.
- Appendix 2 – Assurance and Improvement Plan version 3.
- Appendix 3 – NHS Forth Valley Corporate Governance Review recommendations.

Board members noted that the Assurance and Improvement Plan would be regularly reviewed to monitor and provide regular updates on progress. It would also be updated to reflect the recommendations from the External Review of Corporate Governance that had been commissioned by the NHS Board earlier that year. Ms Croft informed the Board that actions would eventually move into 'business as usual' and be monitored through the appropriate governance processes.

Board members were informed that an updated Plan would be taken to the next meeting of the Performance and Resources Committee on 19 December 2023.

Mr Urquhart provided an update on NHS Forth Valley Corporate Governance Review recommendations, advising that the report contained 51 recommendations aligned to functions and enablers of good governance. He

apprised Board members of the mapping exercise being undertaken to capture actions already delivered and avoid duplication.

The Forth Valley NHS Board:

- **Noted the progress detailed within the Improvement Plan version 2 completion paper (Appendix 1).**
- **Approved the Assurance and Improvement Plan version 3 (Appendix 2), noting that recommendations would be incorporated.**
- **Noted the NHS Forth Valley Corporate Governance Review recommendations and how these would be progressed.**

6.2 Strategic Risk Register

Board members gave consideration to a paper 'Strategic Risk Register' presented by Mr Alastair Jack. The purpose of the paper was to inform Board members on updates to the Strategic Risk Register for Quarter 1 and Quarter 2, 2023/24.

Mr Jack highlighted key issues, hot spots and emerging risks and advised that 2 risks had been revisited – SRR009 Workforce Plans and SRR005 Financial Sustainability. He explained that, should Board members approve the changes, the Strategic Risk Register would comprise of a total of 13 risks – 6 very high risks and 7 high risks, which was an improvement on the previous position.

A discussion took place on sustainability and Enhanced Services, the potential impact of winter and the action being taken to mitigate.

The Forth Valley NHS Board:

- **Considered the assurance provided regarding the effective management and escalation of strategic risks.**
- **Approved the proposed changes to the Strategic Risk Register for Quarter 1 and Quarter 2 2023/24.**

6.3 Green Public Sector Estate De-Carbonisation

The NHS Board received a paper 'Green Public Sector Estate De-Carbonisation' (GPSEDS) presented by Ms Morag Farquhar. The purpose of the paper was to provide a summary of a programme of work that would see funding invested in improvements in the primary care estate and was brought to Board members' attention in accordance with the Scheme of Delegation, whereby external supplier contracts with a value greater than £1m require to be approved by the Board.

Ms Farquhar explained that the Green Public Sector Estate De-Carbonisation Scheme (GPSEDS) was part of the Scottish Government's Energy Efficiency Grant scheme which offered funding to support the delivery of heat decarbonisation and energy efficiency projects across the public sector estate. NHS Forth Valley had received funding of almost £2m which would be used to improve the energy efficiency of 13 primary care/community hospital premises across Forth Valley and would contribute to the delivery of net-zero targets.

This work would include the installation of more thermally efficient glazing, solar roof panels, insulation, LED lighting and electric boilers. It was anticipated that this would result in financial savings of around £59k each year, underpinned by an additional circa £30k per year of income generation from electricity generated by on-site solar panels.

Ms Farquhar reported that 2 strong bids from framework suppliers had been received and, in accordance with the Scottish Governments Non-Domestic Efficiency (NDEE) Framework, a preferred bidder had been selected.

The Forth Valley NHS Board:

- **Noted the progress to date with securing funding to improve the energy efficiency of buildings in the Primary Care estate.**
- **Approved the request to enter into an Energy Performance Contract with the preferred bidder to deliver the energy opportunities that had been identified.**
- **Remitted to the Chief Executive and Director of Finance the finalisation of the contractual arrangements.**

6.4 Operational Management of Prison Healthcare

Board members considered a paper 'Operational Management of Prison Healthcare', presented by Mrs Patricia Cassidy. The purpose of the paper was to seek agreement from NHS Board members to the interim arrangement for the Falkirk Integration Joint Board (IJB) Chief Officer, in her role as Director of Health and Social Care Services, to be the responsible officer for Prison Healthcare Services, with effect from 1 December 2023.

The need for interim arrangements had arisen due to the pending retiral of the General Manager with responsibility for Prison Healthcare Services. The proposed management arrangement would help to stabilise the service to continue to improve health and care services for prisoners. Reporting would continue to be to the Chief Executive and NHS Forth Valley Board. The operational and financial responsibility for Prison Healthcare Services would continue to be with the NHS Board.

Board members noted that Prison Healthcare Services were included in the Public Bodies Act (Joint Working) (Scotland) Act 2014, but they were not currently a delegated function in the Falkirk Integration Scheme. This would need to be considered as part of the ongoing review of the Integration Scheme which was currently being progressed.

Mrs Cassidy advised that a paper would be taken to the next meeting of the Falkirk IJB on 1 December 2023. Timing had not yet allowed for a paper to be presented to the Clackmannanshire & Stirling IJB – it was anticipated that a paper would be taken to their next meeting.

The Forth Valley NHS Board:

- **Approved the proposed interim arrangement for the Falkirk IJB Chief Officer, in her role as Director of Healthcare Services, to be the**

responsible officer for Prison Healthcare Services, effective from 1 December 2023.

7. BETTER CARE

7.1 Healthcare Associated Infection Reporting Template

Board members received a paper 'Healthcare Associated Infection (HAI) Reporting Template October 2023' presented by Mr Jonathan Horwood. Mr Horwood explained the new format of the report was to meet accessibility requirements.

Mr Horwood informed the Board that, in terms of the Annual Operational Plan (AOP) standards, the total number of Staph aureus bacteraemias (SABs), Clostridioides difficile infections (CDIs), Device associated bacteraemias (DABs) and Escherichia coli bacteraemias (ECBs) all remained within control limits with 0 hospital acquired SABs, 2 hospital acquired DABs, 0 hospital acquired CDIs and 2 hospital acquired ECBs reported. There had also been 1 COVID-19 outbreak.

Mr Horwood reported that NHS Boards across Scotland were experiencing extremely high levels of Respiratory syncytial virus (RSV), predominantly in children under the age of 15, however, they were also seeing an increase of RSV in adults.

The number of Influenza cases currently being reported was low, but given that numbers can increase rapidly, this was being monitored closely.

The Forth Valley NHS Board:

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

7.2 Person Centred Complaints and Feedback Report

Board members gave consideration to a paper 'Person Centred Complaints and Feedback Report – August 2003' presented by Professor Frances Dodd. The purpose of the report was to provide a comprehensive review of complaints received, local resolution, compliance with the 20-day national target, Scottish Public Service Ombudsman (SPSO) referrals and examples of actions taken following complaints.

Professor Dodd explained that the current position of complaints performance within the organisation was less than optimal with the 20-day performance target for the period April 2023 to August 2023 at 59%. Board members noted that performance for Stage 1 was 80% and Stage 2 performance was 18.4%. Professor Dodd highlighted that staff were acutely aware of the distress and

upset the delay in waiting on a response can cause patients and relatives and they were working diligently to reduce the number of complaints that have breached the 20-day target. This included the introduction of weekly monitoring, providing weekly reports to Directors and alerting patients of Stage 2 delays and when to expect a response.

Professor Dodd advised that they were actively recruiting to fill the vacancies that remained within the team and were hopeful that within the coming months a positive improvement would be reported.

Board members heard that Ms Eilidh Gallagher, Head of Person Centred Care and Ms Lynda Bennie, Head of Clinical Governance, were reviewing the themes associated with complaints with the aim of streamlining and adding clarity to the understanding of themes raised within complaints.

The Forth Valley NHS Board:

- **Noted the current position of the complaints performance within the organisation.**
- **Noted the feedback activity across the organisation.**

7.3 Performance Report

Board members received a paper 'Performance Report' presented by Ms Kerry Mackenzie. The purpose of the report was to provide the NHS Board with key performance information to support effective monitoring of system-wide performance. Ms Mackenzie drew members' attention to changes to the format of the report which had been implemented to meet accessibility requirements.

Ms Mackenzie updated Board members on key performance issues, which included the following:

- **Unscheduled care** – overall compliance with the 4-hour target in October 2023 was 53.2%. The main reason for patients waiting longer than 4 hours continued to be wait for first assessment.
- **Scheduled care** – the number of patients on the waiting list for a first outpatient appointment was 17,659. Activity against the agreed Remobilisation Plan trajectory highlighted the cumulative position to end October 2023 as 96% compliance. There had been an increase in the number of patients waiting longer than 12 weeks. The position for number of inpatients waiting had a cumulative position to end October 2023 as 115% compliance.
- **Imaging** – there had been an increase in the number of patients waiting beyond the 6-week standard, from this time the previous year. The position for the year April 2023 to October 2023 had a cumulative position as 94% compliance. Board members noted that a business case was awaited in relation to obtaining a third CT scanner. It was envisaged the Business Case would be brought to the NHS Board meeting in January 2024.
- **Endoscopy** – activity against the agreed Remobilisation Plan trajectory remains better than planned. The cumulative position for the year April 2023 to October 2023 was noted as 148% compliance, with October 2023 as

176%. Despite this level of activity, the total number of patients waiting for endoscopy remained significant. The Endoscopy team was working closely with the Quality Improvement team to move forward improvement work at pace.

- Cancer – performance against the 62 day standard was 71% compliance. The 31-day standard targets continued to be met with 98.4% compliance.
- Psychological Therapies – in October 2023, 69.9% of patients were treated within 18 weeks, this was an improvement on the previous month.
- Child and Adolescent Mental Health Services (CAMHS) – in October 2023 55.6% of patients were treated within 18 weeks. Board members noted that significant progress had been made in reducing long waits for first assessment. Ms Morton provided an update on the deep dive undertaken by the management team to look at all children who were waiting longer than 18 weeks, a result of which, the number had reduced considerably.
- Delayed Discharge – the number of patients delayed in their discharge had increased in month including 46 patients who were delayed as a result of Guardianship and Code 9. In October 2023 there were 3,062 bed days lost due to delays in discharge. Mrs Cassidy highlighted the significant work undertaken by colleagues within the Falkirk HSCP to alleviate delays.

Mr Murray and Professor Dodd provided an update on the planned Whole System Reset which would focus on priority actions to relieve current service pressures, return occupancy levels back to a more manageable level, improve the experience of people using services across the whole system and reduce pressure on staff. Actions would include daily monitoring huddles and work with the Scottish Ambulance Service, local care homes and the Hospital at Home team as well as plans to carry out more AHP led assessments at home or in other appropriate care settings to support discharge or transfer arrangements.

The issue of patients not attending appointments was discussed. Mr Murray pointed out that this was particularly challenging within some higher risk specialties, for example, alcohol & drugs, and suggested it may be helpful to gather intelligence and explore ways in which NHS Forth Valley could support these communities in different ways. Professor Dodd drew attention to the ongoing patient focussed booking work which included text reminders and allowed patients to choose a suitable appointment time.

The Forth Valley NHS Board:

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

8. BETTER VALUE

8.1 Finance Report

Consideration was given to the 'Finance Report' presented by Mr Scott Urquhart. The purpose of the report was to provide Board members with a high-level summary of the financial results for the first 7 months of the 2023/24 financial year.

Mr Urquhart reported on the key issues to be considered. He advised that the 2023/24 financial plan approved by the NHS Board on 28 March 2023 set out an initial £40.6m deficit partly offset by a £25m savings plan, leaving a projected £15.6m residual gap for the year. A range of actions were underway to improve the forecast overspend, which included the development of a financial recovery plan in conjunction with the Acute Services Directorate, non recurring investment in Occupational Health Services in a bid to reduce sickness absence levels and support staff to return to work, targeted work on supplementary staffing with Executive level leadership and securing resource from the Scottish Government (SG) Finance Delivery Unit to assist with a cost awareness programme initially focussed on workforce, drugs and non-pay/procurement.

Board members noted that an update on the Finance Recovery plan would be presented to the Performance & Resources Committee on 19 December 2023.

Mr Urquhart advised that the National Planning and Performance Oversight Group had met on 15 November 2023 to discuss the position of each NHS Board on the recently published NHS Scotland Support and Intervention Framework. NHS Forth Valley had been assessed at being at stage 1 of this framework for finance. The SG confirmed that this was based on the confidence of the financial management and control in place across the Board and strength of the financial leadership. Stage 1 would include scheduled engagement and consideration of performance through the usual channels, including a Quarter 3 review.

The Forth Valley NHS Board:

- **Noted the in-year revenue overspend of £9.1m reported for the first 7 months of the financial year which reflected additional temporary workforce costs, increases in medicine expenditure, wider inflationary pressures and ongoing Covid legacy issues.**
- **Noted a 2023/24 forecast overspend of £15.6m for the year which was in line with initial financial planning estimates and was at the higher end of the £10m to £15m risk range previously reported. The outturn forecast remained subject to confirmation of outstanding funding allocations, the impact of winter and potential year-end IJB risk-share arrangements.**
- **Noted that work underway to mitigate financial risk had been prioritised, including implementation of financial recovery plans and further targeted initiatives to reduce supplementary staffing costs.**
- **Noted that delivery of the £25m savings programme remained broadly on track at this stage however this was largely non-recurring and further work was required to accelerate delivery of recurring savings schemes.**
- **Noted a balanced capital position as of 31 October 2023 with a forecast break even against the capital resource limit.**
- **Noted that the financial planning process for 2024/25 was in progress and a Scottish Government letter setting out expectations and timelines was issued in late October.**

9. BETTER GOVERNANCE

9.1 Medical Education – Annual Report Response

Board members considered a paper ‘Medical Education – Annual Report Response’ presented by Mr Andrew Murray. The purpose of the paper was to update the Board on the West of Scotland Deanery visit to Internal Medicine and Specialties which had taken place on 20 January 2023.

Mr Murray advised that the visit had raised one serious concern which had required immediate action on patient safety grounds – the lack of consultant physician oversight of medical patients housed in the Emergency Department for more than a day. The visit had included structured interviews with management, trainers and trainees of all grades.

Mr Murray explained that following receipt of the final report an action planning meeting had been held at which a set of SMART objectives had been agreed. Mr Fairbairn confirmed that a detailed update on the SMART objectives had been shared with the Clinical Governance Committee on 14 November 2023 and the Committee had been satisfied with the progress and action on each of the objectives.

Board members noted that a further Deanery visit was anticipated, although there had been no indication as yet of when this would take place.

The Forth Valley NHS Board:

- **Noted the current position and actions identified.**

9.2 Anchor and Community Planning Partnership Update

Board members received a paper ‘Anchor and Community Planning Update’ presented by Ms Susan Bishop, Head of Efficiency, Improvement and Innovation and Ms Hazel Meechan, Public Health Specialist. The purpose of the paper was to provide Board members with a summary of key deliverables, programmes currently being planned, and issues being addressed.

Ms Bishop and Ms Meechan gave an update on the work to fulfil NHS Forth Valley’s role as an anchor institution, working closely with local partners. This involved using our role as a major employer, purchasers of goods and services and owner of land and facilities to benefit local communities, reduce health inequalities, tackle poverty and improve the health and wellbeing of local people. NHS Forth Valley’s Anchor Strategic Plan for 2023 – 2026 was submitted to Scottish Government at the end of October 2023 and focussed on procurement, employment and land and assets for this three-year period. It included plans to improve healthy life expectancy, particularly for communities of greatest need within Forth Valley. NHS Forth Valley’s Anchor Board approved proposed priorities for 2023-2024 including work to progress the innovative design and delivery of clinical and care services to improve health equity using a place-based approach, increase opportunities for partnership working and gain best value for people most in need. The report also included

an update on work being taken forward by the Forth Valley University College NHS Partnership and the three Community Planning Partnerships for Falkirk, Stirling and Clackmannanshire.

Ms McCusker commended the good working being undertaken by the NHS Forth Valley Anchor Board.

The Forth Valley NHS Board:

- **Noted the submission to Scottish Government of the first NHS Forth Valley Anchor Strategic Plan and plan to submit a baseline set of metrics by 29 March 2023.**
- **Noted the review by NHS Forth Valley's Anchor Board of the self-assessed maturity of our anchor contribution and potential for members' collective action.**
- **Noted the key issues currently being planned and addressed in the three local Community Planning Partnerships across Clackmannanshire, Falkirk, and Stirling.**
- **Noted the reasonable assurance of delivering our anchor and community planning contributions to our local communities.**

9.3 Falkirk Health & Social Care Partnership Update

Board members received a paper 'Falkirk HSCP Update Report' presented by Mrs Patricia Cassidy. The purpose of the paper was to provide a summary of the performance of the Falkirk HSCP since the last update to the Board on 29 November 2022.

Mrs Cassidy advised that there was a significant amount of information within the report, including:

- Annual Assurance Statements provided to the Integration Joint Board (IJB) from the Audit Committee, Clinical and Care Governance Committee and the Joint Staff Forum.
- Internal Audit Annual Report 2022/23.
- IJB Annual Audited Accounts 2022/23.
- Annual Performance Report 2022/23.
- The IJB Performance Monitoring Report and information on the Partnership's performance reported within the Local Government Benchmarking Framework.
- External inspection reports.
- Alcohol and Drug Partnership: Progress with MAT Standards.

Board members noted that Falkirk IJB meetings were broadcast live, and recordings and meeting papers could be viewed on their website thereafter.

The NHS Forth Valley Board:

- **Noted the report and progress by the HSCP in meeting its priorities in the Strategic Plan.**

9.4 Governance Committee Minutes

9.4.1 Clinical Governance Committee Ratified Minute: 05/09/2023

Dr McClung highlighted key points discussed at the meeting which included the Draft Annual Feedback and Complaints Report, Escalation update, deep dive into Scheduled Care and a Public Health Dental update.

Board members discussed the programme of patient safety walk rounds and agreed it would be beneficial to arrange further visits. Mr Murray advised that he would feed back to relevant staff and the necessary arrangements would be made.

The NHS Board noted the assurance provided through the ratified minute of the Clinical Governance Committee held on 5 September 2023.

9.4.2 Escalation Performance & Resources Committee Ratified Minute: 19/10/2023

Mr Fairbairn highlighted key points discussed at the meeting which included the receipt of the Scottish Government report for the Stage 4 Escalation and Scottish Government Assurance Board arrangements.

The NHS Board noted the assurance provided through the ratified minute of the Escalation Performance and Resources Committee held on 19 October 2023.

9.4.3 Performance & Resources Committee Draft Minute: 31/10/2023

Mr Fairbairn highlighted key points from the meeting which had included discussions around Unscheduled Care, Psychological Therapies, CAMHS and winter planning.

The NHS Board noted the assurance provided through the draft minute of the Performance and Resources Committee held on 31 October 2023.

9.4.4 Staff Governance Committee Draft Minute: 15/09/2023

Ms McCusker highlighted key points from the meeting which had included discussion on the Culture Change and Compassionate Leadership Programme.

The NHS Board noted the assurance provided through the draft minute of the Staff Governance Committee held on 15 September 2023.

9.5 Advisory Committee Minutes

9.5.1 Area Partnership Forum Ratified Minute: 19/09/2023 & 24/10/2023

Mr Clark highlighted key points discussed at the meetings which included Job Evaluation, Job Sharing, a briefing on Reinforced Autoclaved Aerated

Concrete, the Whole System Reset, winter planning and the agreement of Christmas and New Year pay arrangements.

The NHS Board noted the assurance provided through the ratified minutes of the Area Partnership Forum held on 19 September 2023 and 24 October 2023.

10. FOR NOTING

10.1 Clackmannanshire & Stirling Integration Joint Board Ratified Minute: 21/06/2023

The NHS Board noted the assurance provided through the ratified minute of the Clackmannanshire & Stirling Joint Integration Board held on 21 June 2023.

11. ANY OTHER COMPETENT BUSINESS

11.1 Emerging Topics

There being no further competent business the Chair closed the meeting at 1.40pm.

ACTION LOG: NHS Forth Valley Board

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
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 2024	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	TBC	Scheduled on P&RC and NHS Board planners. Update on agenda 26.09.23 A revised approach towards the development of the Healthcare Strategy is underway with a focus on Population Health. Timescales to be agreed. Further update to Board at next meeting.	In progress
012	28.11.23	Matters Arising: Annual Review	Formal feedback letter will be shared with the NHS Board in due course.	Kerry Mackenzie	30.01.2024	On agenda	Complete

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

FORTH VALLEY NHS BOARD
TUESDAY 30 JANUARY 2024

**6.1 Escalation Update
For Approval**

Executive Sponsor: Ms Amanda Croft, Chief Executive

Author: Ms Kerry Mackenzie, Head of Policy & Performance

Executive Summary

The Executive Leadership Team (ELT) has continued to develop and update the third iteration of the Improvement Plan, titled the 'NHS Forth Valley Assurance and Improvement Plan.' The Plan has taken account of the work undertaken in the first two versions and provides an overview of the key actions and priorities for the next three months along with details of specific outcomes, leads and timescales. The Plan has been updated to reflect the recommendations from the Corporate Governance review report and Board self-assessment outputs to ensure that any further actions are addressed.


Recommendation

The Forth Valley NHS Board is asked to:

- **note** the Assurance and Improvement Plan at Appendix 1.
- **note** the progress to date against those actions set out in the Plan.
- **consider** the actions included in the Plan in response to the Corporate Governance review and the Board self-assessment.
- **approve** the actions included in the Plan in response to the Corporate Governance review and the Board self-assessment.

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 in that a project-based approach is being taken to support the delivery of the Assurance and Improvement Plan with high-level outcomes supported by clearly defined actions to demonstrate progress.

Key Issues to be Considered

The Assurance and Improvement Plan provides a project-based systematic approach with clearly defined, measurable actions and outcomes.

The Plan details the following key areas:

- Programme Governance.
- Programme Stakeholders.
- Meeting Calendar.

- Programme and Action Plans – including leads, timescales, measurement, impact, and evidence.
- Additional Improvement Actions – not related to escalation.
- Risk Overview.
- Risk Register.
- Issue log.
- Decision change log.

The Plan is live and interactive with evidence and progress aligned to updates on individual actions. The anticipated impact of actions is detailed within the Action Plan section (impact and Measures column) noting that this is aligned with the Programme Plan. The impacts are rolled up from all the sub actions. It is acknowledged that completion dates may change, and that actions or areas of work will become business as usual.

Outputs from the Board Self-Assessment undertaken in September 2023 and recommendations from the Corporate Governance review received in October 2023 have been mapped to ensure that any additional actions required are identified and captured for inclusion within the Assurance and Improvement Plan. 24 additional actions have been identified and these are highlighted in red within the Plan.

Outputs from the mapping exercise were shared with the NHS Board members on 16 January 2024 noting that a number of sessions have been held to support sharing of information and to help inform these further actions:

- A Board development session was held on 7 November to review the External Review of Governance with a second session on 21 November for those unable to attend.
- The Board received initial feedback following completion of the Self-Assessment on 5 December with a further session scheduled on 1 February 2024.

Note that further actions may be identified for inclusion in the Plan following the development session on 1 February 2024.

The Assurance and Improvement Plan provides an ongoing narrative update supported by a list of the associated evidence of progress. There is a link within the Plan to enable the evidence to be interrogated and considered. Initial pilot work has also taken place using the 'Well Led' Framework to support continuous improvement approaches in integrated governance, leadership, and culture structures. The plan is to roll this out further following initial evaluation in a number of service areas.

In going forward:

- Staff Governance will continue to seek assurance on culture and leadership actions and intended outcomes.
- Clinical Governance will continue to seek assurance on HIS and Out of Hours actions and intended outcomes. and the discovery and synthesis phases of the Culture Change and Compassionate Leadership Programme
- Performance and Resources Committee will continue to seek assurance on performance in relation to Governance, Urgent & Unscheduled Care, Child & Adolescent Mental Health Services, (CAMHS), Psychological Therapies and Integration actions, and intended outcomes.

There are a number of specific actions that will be reviewed separately, namely:

- The Area Partnership Forum will seek assurance on Action 2.2 Ensure professional and managerial structures are fit for purpose.

- The Remuneration Committee will seek assurance on Action 2.3 Ensure Corporate Objectives are aligned with the aims of the organisation.
- The Clinical Governance Committee will seek assurance on Action 2.4 Ensure the Quality Strategy is embedded across the organisation and an evaluation process in place.

The Assurance and Improvement Plan will continue beyond escalation with the design and methodology becoming business as usual. This will support the development of a work plan that links the Healthcare Strategy, Medium Term Plan and Annual Delivery Plan, including workforce and finance.

It is acknowledged that focussed work needs to continue to support NHS Forth Valley to make further improvements however progress has and continues to be made in a number of areas regarding Culture, Leadership, Governance, Integration and Performance.

Progress in the domains of Culture, Leadership, Governance, and Integration is highlighted below. Key areas of performance are detailed within the Performance Report at Agenda Item 7.3.

Culture

The Culture Change and Compassionate Leadership Programme has completed the diagnostic phase with synthesis complete and outputs shared initially with ELT and Staff Side colleagues in order to progress with the design phase.

The Staff Governance Committee received an iMatter presentation in December 2023. This focussed on comparisons with NHS Scotland and learning from the 2023 cycle that would help inform the 2024 cycle.

There were a number of areas that require to be monitored for improvement however it was highlighted that gradual improvements for 2023 were noted in:

- Managers approachability.
- Role clarity.
- Support for wellbeing.
- Teamwork: Empowered to influence, involvement in decision making within teams.
- Management of performance and receiving feedback within teams.
- Job satisfaction and appreciation.
- Access to time and support to do a good job.

Planning for the 2024 cycle has begun with commitment and support at senior level required to encourage greater uptake and engagement, and the importance of action planning across the service reinforced.

There is increased visibility of ELT through staff videos posted on the intranet. These will continue to be rolled out every 4 to 6 weeks, with ELT members introducing themselves and highlighting their role within the organisation. This provides an opportunity to share information organisation wide and enables teams to discuss and disseminate further. Initial feedback has been encouraging with the Area Partnership Forum highlighting the positive response from colleagues across the organisation. ELT members are role modelling behaviours that they have agreed which are evidenced through meeting agendas and feedback. This is reaffirmed within the ELT Terms of Reference.

Forth Valley has undertaken a 'firebreak' or system reset aiming to decompress the Forth Valley Royal Hospital site, increase understanding of system constraints, capture areas of good practice that support safe, timely coordinated discharge and improve the focus on patient

flow to improve productivity and quality of care. The firebreak has been a whole system endeavour bringing together teams across the system to facilitate a real time gathering of patient intelligence to aid discharge planning and coordination through a collaborative approach to care coordination. A number of System Reset Task and Finish groups, mapped across to the unscheduled care programme, will support continued work with a clear aim and improvement plan. Task and Finish groups are led by leadership colleagues across Health and Social Care to support diverse solutions and redesign ideas to support services to provide the best care to the people of Forth Valley. A refreshed action plan has been developed that aligns to the national unscheduled care work streams and also addresses the local requirements for improvement. The detail of each work stream is underpinned by data and evidence collated by the recent firebreak outcome paper, the Centre for Sustainable Delivery (CfSD) review and evidence obtained, and the management teams' experience of improving the system.

Leadership

The ELT continues to develop and evolve as a team with the Assurance and Improvement Plan created and owned by them. Membership of ELT has been broadened to ensure that all organisational functionalities are represented, and the meeting format has been developed to ensure appropriate and focussed time is given to the business required. Meetings alternate between a business agenda focussing on finance, performance and risk issues, and a strategy agenda which provides time for focussed discussion to take place as plans are formulated to support required areas of work.

Open, honest, and constructively challenging conversations are taking place within ELT and feedback is requested following each meeting. Examples of feedback following the meeting held on Monday 8 January are detailed below:

'Respectful challenge and discussion. Productive meeting with positive outputs.'

'Good understanding and respect of organisational roles and particularly expertise. Good diversity of contribution in today's agenda items.'

'Good meeting. Good discussion. Everyone was heard and given space and time to make comment or ask questions.'

'Good discussion on a wide range of issues. Good to see approval of Patient Hub, as digital transformation important.'

Improved decision making has been seen within ELT. An example of which is the approval of the Patient Hub Business Case. The business case, circulated ahead of the meeting, was supported by a short presentation led by Associate Director of Facilities & Infrastructure – Digital & eHealth and the Digital Programme Delivery Manager. All members of ELT participated in what was a constructive conversation with time given to all, ensuring everyone's voice was heard. The business case was approved however it was agreed that this would still be presented at the Strategic Prioritisation Review and Implementation Group (SPRIG) to ensure governance processes are followed.

Interim roles remain however these have created stability within ELT noting that there is a risk to the operational management of the organisation if these roles were not in place. There is a recruitment plan in place for all posts with an associated timeline, noting the Director of Acute Service currently out to advert.

Governance

Work to develop the Assurance Framework is ongoing with a number of component parts in place including the Performance Management Framework and the Risk Management Strategy. Work to review and standardise the assurance committee paper template has been

undertaken with a model assurance committee paper in place. This highlights a requirement for authors propose an assessment of the level of assurance, regarding processes, presented in papers. This should also align with the Risk Assessment / Management section of the paper making explicit links to any strategic or organisational risks. Work with regard to review of existing strategies previously presented to ELT requires to be completed however a checklist aligned to the Blueprint for Good Governance is now in place supporting the development of new strategies. Work is underway to produce an overarching document to ensure appropriate linkage in support of articulating an NHS Forth Valley Assurance Framework aligned to the Blueprint for Good Governance.

To strengthen our 'Floor to Board' approach, work to support care assurance processes has been developed in Pentana. This has supported nurses within ward areas by centralising information from nine different systems in one place enabling teams to review and triangulate their information and supporting the development of action plans and follow-up. This methodology has been rolled out to all inpatient areas with the focus currently on roll out to operational management and specialty levels.

The external review of Corporate Governance detailed 51 recommendations. Five recommendations were completed with 14 captured within the Assurance and Improvement Plan. 32 recommendations are outstanding. These have been reviewed in line with the outputs from the Board Self-Assessment with both pieces of work mapped across to ensure that further appropriate actions have been captured and included within the Plan. This work will be shared and discussed with board members on 16 January with a further development day scheduled on 1 February which will support further review and help ensure there are no gaps in terms of actions.

Integration

Modelling highlighted that the weekends of 6/7 January and 13/14 January would be exceptionally challenging particularly at the front door and in unscheduled care. A whole system response was progressed with ELT meeting to discuss the situation prior to the weekend to agree what could be done, and to identify any further options that may help to alleviate the pressures for all teams.

The Assurance and improvement Plan has been developed by ELT in collaboration. Chief Officers have been integral to this development and ongoing review and update. Relationships with the Chief Executive Officers of the Local Authorities and Health and the Chief Officers have improved with open and honest discussions taking place.

Data sharing issues are currently being addressed with solutions in place to support partnerships and partnership working. Public protection work is ongoing and improving locally with feedback through the Chief Officers Group.

As we take cognisance of the challenging financial position, work has commenced to support improvements and plan for the future. Finance conversations are being undertaken on a whole system basis, including staff side, and began at ELT on 15 January. A further in-depth session will be held on 29 January with ELT focus weekly thereafter.

Work to review Falkirk Community Hospital is being undertaken on a whole system basis taking a Population Health approach. Community Planning Partnership (CPP) work has been revisited with the Director of Public Health taking a lead role with senior strategic planning support. Additionally, the work around Anchor Institutions and the potential to take this forward regionally, rather than four separate bodies, is being explored. The population health focus to the development of the Healthcare Strategy requires a collaborative approach with CPP's integral to this work. Discussions have commenced in this regard.

Conclusion

As highlighted, work continues to progress with many improvements highlighted; positive verbal feedback is being received in this regard particularly in relation to improved engagement and involvement. Relationships are continuing to improve and build with a focus on capacity and capability.

As we look to the future and the development of our Population Health Strategy, there will be increased linkage to the Annual Delivery Planning process with a focus on finance and workforce, acknowledging that our approach needs to be different.

Financial Implications

There are no direct financial implications in respect of this paper however cost improvement and value have been identified as additional improvement actions. Note however that these are not related to escalation.

Workforce Implications

There are no direct workforce implications in respect of this paper however the improvement actions identified under the headings of Culture, Leadership and Governance will support our workforce.

Infrastructure Implications including Digital

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

Sustainability Implications

There are no direct Sustainability Implications in respect of this paper.

Sustainability Declaration

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

☒ Yes

☐ N/A

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

Quality / Patient Care Implications

All the actions set out in the Escalation Plan are intended to support improvements in service quality and patient experience. The links between good leadership, governance and culture are well evidenced most recently, in the Blueprint for Good Governance¹ *For NHS Scotland to be successful in delivering quality healthcare, good governance is necessary but not sufficient if NHS Boards are to meet or exceed the expectations of their principal stakeholders. To do that, the organisation must also excel at day to day management of operations and the implementation of change.*

Information Governance Implications

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

¹ <http://www.gov.scot/publications/blueprint-good-governance-nhs-scotland-second-edition/>

Risk Assessment / Management

A risk register has been developed in relation to the delivery of the Assurance and Improvement Plan actions and is included within the plan.

Relevance to Strategic Priorities

The Assurance and Improvement Plan impacts on all the NHS Boards approved Corporate Objectives, namely:

- Plan for the future.
- Protect and improve the Health and Wellbeing of the people of Forth Valley whilst reducing health inequalities.
- Support broader social and economic development.
- Improve our focus on safety, quality, and sustainability.
- Value and develop our people.
- Demonstrate best value using our resources.
- Promote and build integrated services locally and regionally.
- Build systems and processes to direct, control and improve our authorising and operating environments.
- Demonstrate behaviours that nurture and support transformational change across our health and care system.

Corporate Objectives, as part of the Corporate Plan, were approved by the NHS Board in March 2023.

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

The Assurance and Improvement Plan has been developed by the Executive Leadership Team with actions being progressed and updated by members.

Additional Information

Nil

Appendices

- [Appendix 1: Assurance and Improvement Plan](#)

NHS FORTH VALLEY BOARD
TUESDAY 30 JANUARY 2024

6.2 Strategic Risk Register Quarter 3 2023/24
For Approval

Executive Sponsor: Mr Scott Urquhart, Director of Finance

Author: Ms Vicky Webb, Risk Management Advisor

Executive Summary

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

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

The enclosed report presents an update to the Strategic Risk Register for Quarter 3, 2023/24.


Recommendation

The NHS Board is asked to: -

- **consider** the assurance provided regarding the effective management and escalation of strategic risks.
- **approve** the proposed changes to the Strategic Risk Register for Quarter 3 2023/24.

Assurance

The paper and appendices provide assurance in support of the role of the Board in reviewing and assessing the adequacy of risk management arrangements, systems, and processes.

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

It should be noted that this assurance assessment relates solely to the Risk Management processes for Strategic Risks.

Key Issues to be Considered

During Quarter 3, the risk profile of the strategic risks remained static, further details on these risks and controls are contained in the enclosed review report, appendix 1.

A number of focused reviews have been conducted within this quarter and the output of these are included in Section Five of this report:

- Information Governance
- Cyber Resilience
- Finance Revisit

Implications

Financial Implications

Financial implications are included in the body of the paper where relevant to risk.

Workforce Implications

Workforce implications are included in the body of the paper where relevant to risk.

Infrastructure Implications including Digital

Infrastructure including Digital implications are included in the body of the paper where relevant to risk.

Sustainability Implications

Environmental Sustainability and Climate Change implications are included in the body of the paper where relevant to risk.

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

Patient Harm and Patient Experience implications are included in the body of the paper where relevant to risk.

Information Governance Implications

Information Governance implications are included in the body of the paper where relevant to risk.

Risk Assessment / Management

Risk is the subject of the paper.

Relevance to Strategic Priorities

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

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement, and consultation

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

Staff Governance Committee – 15th December 2023

Performance and Resources Committee – 29th December 2023

Clinical Governance Committee - 16th January 2024

Audit and Risk Committee – 26th January 2024

Additional Information

N/A

Appendices

- Appendix 1: Strategic Risk Report at Q3 2023/24
- [Appendix 2: Strategic Risk Register at Q3 2023/24](#)

Appendix 1 - Strategic Risk Review Q3 2023/24 – NHS Board

Contents

1. Summary and Key Messages
2. Strategic Risks in Focus
3. Risk Controls Progress Update
4. Risk Trend Analysis
5. Strategic Risk Deep Dives

1.Summary and Key Messages

Summary:

During Quarter 3 the risk profile of the strategic risks remained static, details on these risks and controls are contained in the strategic risk register – appendix 2.

A number of Focused Reviews have been conducted within this quarter and the output of these are included in Section Five of this report:

- Information Governance
- Cyber Resilience
- Finance Revisit

Emerging Risks/Hotspots:

SRR 018 (Primary Care Sustainability) It is possible we may see an increase in risk score as a result of the ongoing challenges around enhanced services and the implementation of PCIP. As a mitigation and for assurance this risk is reviewed monthly with both the Risk Lead and at the GP Sustainability Group.

SRR 017 (Environmental Sustainability and Climate Change) - Changes to the Scottish Government's grant funding for energy projects might impact on this risk due to grant funding.

SRR019 (Culture and Leadership) - It is anticipated that the output from the focus groups could lead to a possible increase in risk score.

Prevention and Health Inequalities - A new strategic risk is in draft around this key area and may encompass the Healthcare strategy as a control measure.

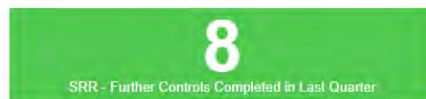
2.Strategic Risks in Focus

Strategic Risk Dashboard

Ref	Risk Title	Current Risk Score	Previous Risk Scores	Risk Trend	Target Risk Score	Governance Group	Lead Impact Category
SRR 002	Urgent & Unscheduled Care	25	25; 25; 25		9	Clinical Governance Committee	Patient Harm
SRR 005	Financial Sustainability	25	25; 25; 25		9	Performance and Resources Committee	Financial
SRR 009	Workforce Plans	20	20; 20; 20		10	Staff Governance Committee	Financial
SRR 010	Estates & Supporting Infrastructure	20	20; 20; 20		6	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 015	Cyber Resilience	20	20; 20; 20		16	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 018	Primary Care Sustainability	20	20; 20; 20		6	Staff Governance Committee	Service Delivery/Business Interruption
SRR 016	Out of Hours Service (OOHS)	16	16; 16; 16		9	Clinical Governance Committee	Patient Experience
SRR 017	Environmental Sustainability & Climate Change	16	16; 16; 20		16	Performance and Resources Committee	Environmental Sustainability/Climate Change
SRR 004	Scheduled Care	15	15; 15; 15		10	Clinical Governance Committee	Patient Experience
SRR 014	Healthcare Strategy	15	15; 15; 15		10	Performance and Resources Committee	Financial
SRR 003	Information Governance	12	12; 12; 12		8	Performance and Resources Committee	Inspection/Audit
SRR 011	Digital & eHealth - Infrastructure & Strategy	12	12; 12; 12		6	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 019	Culture & Leadership	12	12; 12; 12		8	Staff Governance Committee	Public Confidence

3.Risk Controls Progress Update

Internal Controls

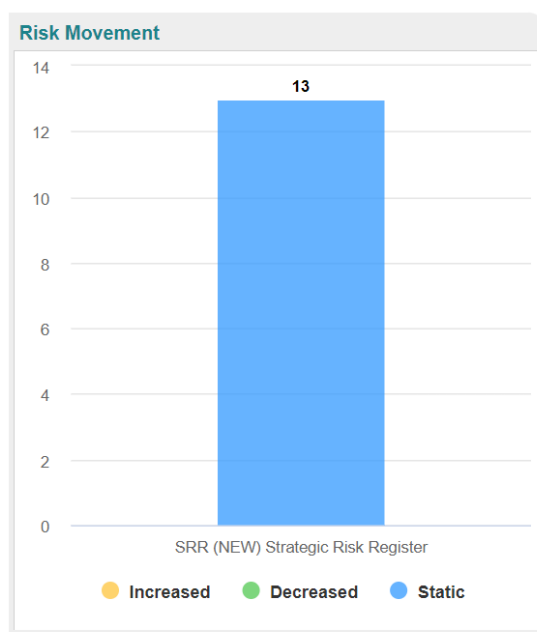


Further Controls

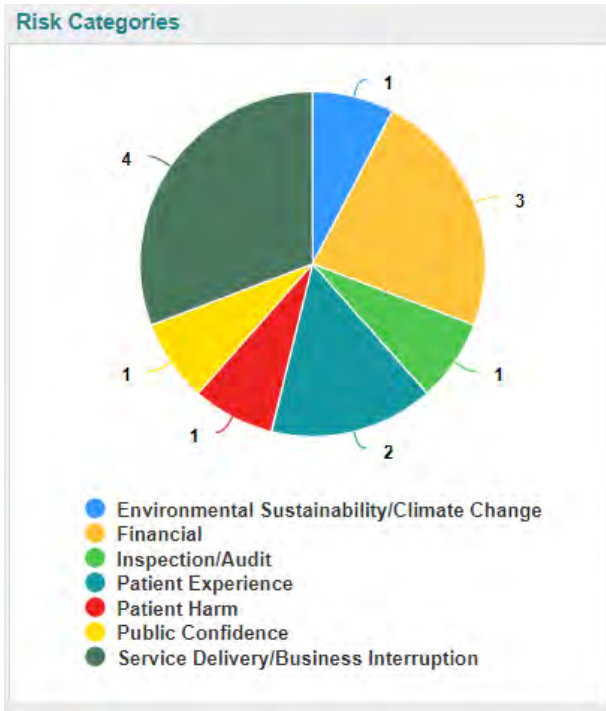


In Quarter three, there were eight completed further controls to mitigate the strategic risk profile. At the end of Quarter three there were 12 overdue controls. Some of these overdue controls are in relation to the recruitment of a new Out of Hours Manager, who has since been appointed and is now proactively looking at these actions. The rest of the controls had a target date for the end of the Quarter three and it is expected that they will be picked up in the reviews for Quarter Four. There are 33 controls which are due to be completed within the next quarter.

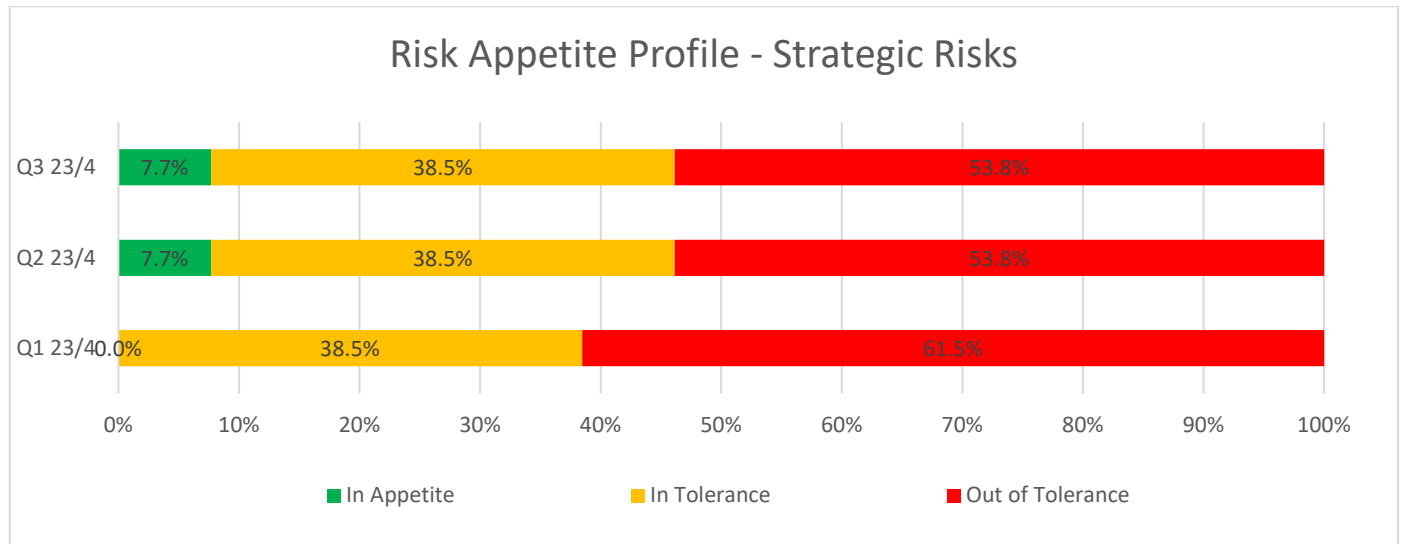
4.Risk Trend Analysis



The chart above shows that across the strategic risk register, the risks are static at this point in the quarter.



When risks are assessed, a lead impact category is selected, which sets the appetite/tolerance level for the risk. The chart above shows that Service Interruption is the most common category, followed by Finance. The remaining risks are split between Patient Experience, Patient Harm, Inspection/Audit, Public Confidence and Environmental Sustainability and Climate Change.



A graph depicting the risk appetite profile of the strategic risks across the previous three quarters. Q1 23/24 shows that 38.5% of the strategic risks were within tolerance and 61.5% of risks were out with appetite & tolerance. No risks were highlighted as in appetite. Q2 shows that 7.7% of strategic risks were within appetite. 38.5% were within tolerance and 53.8% were out with appetite and tolerance. There is no change in the risk appetite profile for the strategic risks in quarter 3. Note that the colours in the chart represent status (In appetite, In Tolerance, Out of Tolerance) rather than score.

5.Strategic Risk Assurance Deep Dives

During Q3 Focused Reviews were conducted on 3 x Strategic Risks.

- **SRR003 Information Governance** was presented to the October 2023 Performance & Resources Committee, with an approved Assurance Level of Reasonable Assurance.
- **SRR015 Cyber Resilience** was the subject of a Focused Review, and this was presented to the December 2023 Performance & Resources Committee, with an approved Assurance Level of Reasonable Assurance.
- **SRR005 Financial Sustainability** was presented to the October 2023, Performance & Resources Committee. This was an update to the Focused Review, which was initially conducted in April 2023, with an approved Assurance Level of Reasonable Assurance in our ability to control our internal controls however Limited Assurance in our ability to control our external factors.

SRR003: Information Governance

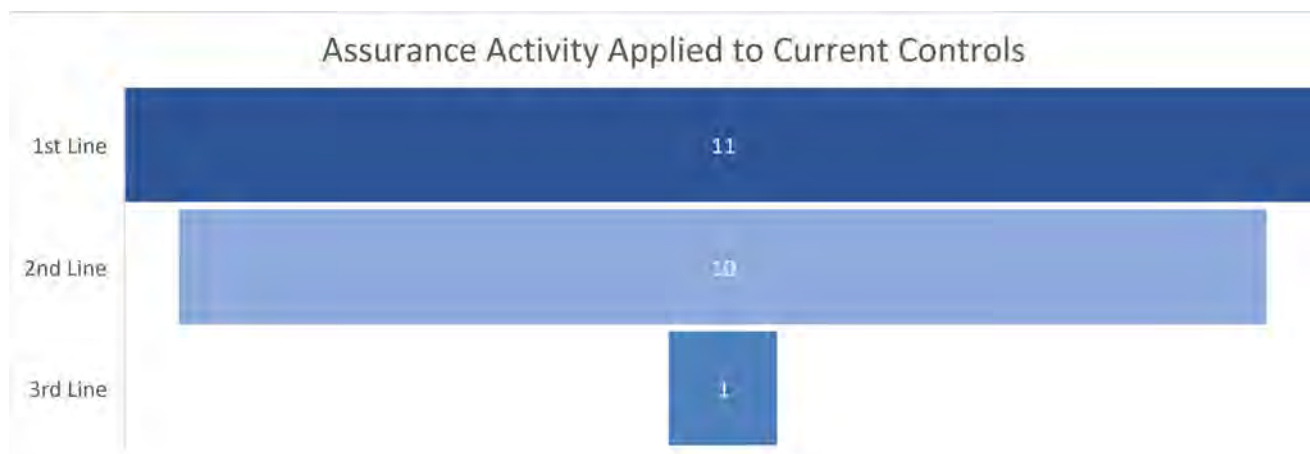
Commentary

The majority of assurance activity is conducted across the first and second lines of defence as this frequently relates to operational activity and assurance work conducted by the Information Governance Team.

There is a great deal of assurance activity carried out across the first two lines of defence which demonstrates the effectiveness of the operational work being conducted and the oversight and control of the second line function.

Each individual control was assessed, and the majority of controls criticality was assessed as either Absolutely Critical or Very Important which demonstrates that these controls are appropriate and required in order to mitigate this risk.

Each individual control was assessed for effectiveness. Several of the controls were in their infancy and as such could not be assessed. Of the pre-existing controls the majority were mostly effective or fully effective, however, three controls were assessed as partially effective or not effective. It is assessed that this is due to the challenges being faced by the Information Governance Unit to implement these controls within the Business Units. The effectiveness is expected to improve over time once the Business Units fully implement the work.



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.

SRR015: Cyber Resilience


Commentary

This risk aims to minimise exposure to NHS Forth Valley from a highly complex and dynamic threat environment. Considerable work is conducted on a daily basis to ensure that the organisation is protected to a reasonable level against a cyber event which could be potentially catastrophic to the organisation.

All of the assurance activity is conducted across the first line of defence as the operational level is where this activity is directed and mitigated against.

The first line of defence is Forth Valley's first and main line of defence from daily Cyber Attacks and potentially crippling Cyber Events and as such provides both the defence and the assurance.

It should be noted that the first line of defence (operational) defends against daily cyber-attacks against Forth Valley systems.

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.

Assurance Activity Applied to Current Controls

1st Line

4

2nd Line

3rd Line

SRR005: Financial Sustainability

Commentary

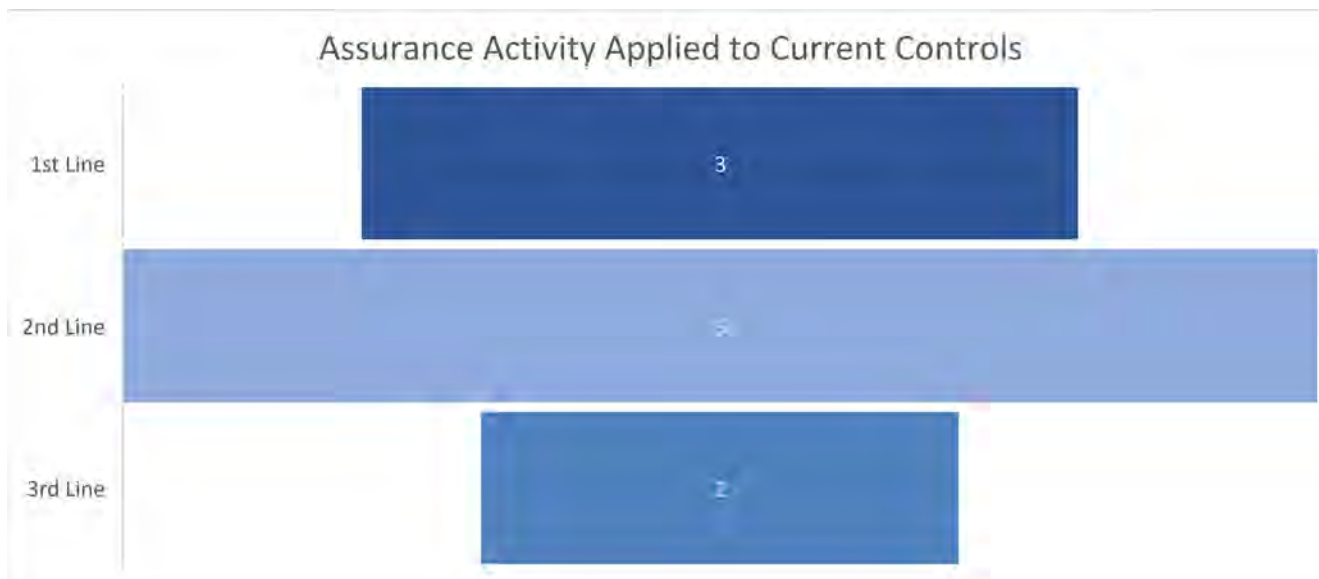
The external environment in relation to Financial Sustainability remains volatile/uncertain, creating two levels of assurance as previously documented.

Savings have been identified; however, these have been on a non-recurring basis. For long-term sustainability, there needs to be identification of recurring savings. We have delivered well on savings plans, but again it has been on a non-recurring basis. Control still assessed partially effective however as of Oct 2023, we have delivered well on savings plans, but again it has been on a non-recurring basis.

There is an opportunity to maximise resources by increasingly adopting whole system approaches to mitigating financial pressures and development of a clearer approach to medicines and the interface between primary and secondary care would be beneficial.

The Area Partnership Forum could enable the organisation to put the right interventions into the areas where they will have the highest impact. Union and staff side members have substantial knowledge of the real issues and pinch points facing staff across the organisation. The forum has committed to providing a regular report to enable triangulation of information such as iMatter, exit interviews etc with what union/staff side are hearing from staff. This reporting would support improvement in relation to staff absence rates, recruitment and retention, people returning to work etc.

It should be noted that several controls are new and as such are in the infancy so their effectiveness has not been assessed so they cannot contribute accurately to the overall overall assurance picture.



Level of Assurance		System Adequacy	Controls
In relation to our internal control environment - Reasonable Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
In relation to our ability to mitigate against external factors - Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.

FORTH VALLEY NHS BOARD

TUESDAY 30 JANUARY 2024

6.3 Draft Digital Health and Care Strategy For Assurance

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Author: Mr Scott Jaffray, Acting Director of Facilities & Infrastructure

Executive Summary

The Digital Health and Care Strategy, and supporting Information strategic framework, details the strategic direction for Digital Health and Care developments over the next five years. It outlines the principles, key themes, and developments for the organisation. There has been extensive consultation to build and produce this strategy. It has been formed using the foundations of the National Digital Strategy and encompasses the direction of travel being taken by NHS Forth Valley Health Care Strategy.


Recommendation

The Forth Valley NHS Board is asked to:

- **approve** the draft Digital Health and Care Strategy at Appendix 1.
- **approve** the supporting Information strategic framework at Appendix 2.

Assurance

Proposed assurance level:

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

The paper provides assurance in support of the Committee's role in setting the Strategic direction for Digital Services (including Information Services) for the next 5 Years.

A substantial level of Assurance is proposed in that this strategy has progressed through the Strategy Assurance checklist aligned to the Blueprint for Good Governance v2.

Key Issues to be Considered.

- These strategies were produced over the last year in consultation with several key groups and stakeholders across Forth Valley.
- These strategies are in position with the Direction set by the SG Digital Strategy which was released In October 2021.
- In accordance with the SG Direction the Information Strategy is now separate to the core Digital Strategy
- These strategies were approved by the Digital & eHealth Programme Board on the 6th of December.

Financial Implications

A finance section is included in the Digital Health & Care Strategy. The strategy is supported by annual plans for implementation.

Workforce Implications

The wider workforce will be impacted by the implementation of these strategies.

Infrastructure Implications including Digital

Infrastructure including Digital is the subject of this report.

Sustainability Implications

There are no direct Sustainability Implications in respect of this paper.

Sustainability Declaration

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

☒ Yes

☐ N/A

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

Quality / Patient Care Implications

There are quality/patient care implications associated with this paper, strategically regarding providing improved services subject to successful digital transformation.

Information Governance Implications

Information governance was consulted on the strategy during its formation and development.

Risk Assessment / Management

This strategy is linked to the strategic risk SRR.011.

Relevance to Strategic Priorities

The strategy supports the Boards approved Corporate Objectives.

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement, and consultation

The strategies consulted across the organisation to multiple management and stakeholder groups, namely:

- Executive Leadership Team
- Digital and eHealth programme board
- Acute Senior Management Team
- GP and Primary care
- Mental health Senior Management Team

- Stirling & Clacks H&SC partnership Senior Management Team
- W&C Senior Management Team
- Pharmacy Senior Management Team
- Forth Health-PPP partners representatives
- Patient representatives- patient panel
- Innovation Governance Group
- Quality Programme Board
- Falkirk H&SC partnership Senior Management

The Digital Health & Care Strategy (& supporting information Strategic Framework) has been developed by the Digital & eHealth Senior leadership in partnership with the wider organisation supporting groups as detailed in the Strategy. Consideration and appropriate communication plans and actions will be taken to communicate this strategy to both staff, patients and the public.

Additional Information

Nil

Appendices

- Appendix 1: Digital Health & Care Strategy
- Appendix 2: Information Strategic Framework



Health and Care in the digital age: a digital strategy for NHS Forth Valley

2023-27

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Supporting messages

Significant changes in the way we treat and care for our patients have developed over the last five years, not least due to the pandemic response, but also because of advancing digital technologies. There has been a focus on embracing mobile and remote working. Online consultations with remote patients are now commonplace. 'Teams' meetings are the norm. Electronic patient records (EPR) have replaced thousands of paper records in our outpatient and community settings, viewed through a clinical portal. From supporting community practitioners to access key clinical systems to the use of Wi-Fi across our primary care and partnership colleagues. The use of Digital technologies is now the norm. The introduction of a new patient management system, Trakcare, was a significant milestone in the last five years, following a detailed implementation plan which saw it being rolled out to replace three different older systems.

The next steps will concentrate on moving the agenda further into the community and patient facing setting. We will be refreshing GP and mental health electronic systems and working on regional and national developments in support of a patient-facing 'front door' portal which will help people access our services from their homes.

Health and social care integration has also focused minds on information sharing and we will be working to improve the flow of information between NHS and partnership colleagues.

From the hospital perspective, as well as Community hospital transformation, we are set to deliver the EPR into the inpatients setting. Integrating medical devices data into the whole system EPR.

Our Digital Health and Care Strategy has been modelled on the themes identified in NHS Forth Valley's evolving Healthcare Strategy, which will present our core aims for healthcare over the next five years. It supports the key priority themes: Better Health; Better Care; Better Value; and forges closer links between patients and healthcare staff through the use of technology.

Associate Director Facilities and Infrastructure

Digital & eHealth

Introduction

NHS Forth Valley published '*Shaping the future – a supporting digital and eHealth strategy 2018-2022*' in 2018 as a response to the national '*Digital and eHealth strategy*' (2018) and also the Forth Valley clinical strategy '*Shaping the future*' (2016).

Having reached the end of the previous supporting digital and eHealth strategy, much has been achieved and a review and learning from that is mentioned later. Much has changed in recent years. The Scottish Government has refreshed its national digital health and care strategy, published in November 2021 and called "*Enabling, Connecting & Empowering: Care in the Digital Age*"¹. Hence there is now a requirement for a new local Digital strategy.

The previous local strategy included a theme on Cyber-security. Due to the importance and focus required, a stand-alone Cyber-resilience sub-strategy has been released². In consequence Cyber issues are only summarised in this document.

Furthermore, the previous strategy included information developments. Scottish Government have now published their first health and care data and information strategy for Scotland, in February 2023, called "*Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age*"³. A separate section is given later reflecting on this new data strategy.

Many drivers form an evidence base for developing this new strategy. During 2022-24 a new healthcare strategy has been developing for Forth Valley. The previous Digital strategy followed closely the healthcare strategy '*Shaping the future*'. Likewise, this new digital strategy follows the themes of the evolving healthcare strategy.

In addition, the Health and Social Care Partnerships have produced new development or strategic plans which inform this document.



What we have been doing

A mid-term review of '*Shaping the future – a supporting digital and eHealth strategy 2018-22*' was issued in January 2021 and a further review was produced in March 2022.

We listed 28 projects in the 2018 strategy. Here are a couple of the major achievements:



One of many benefits from the Trakcare implementation programme was the migration of 3 different patient management systems into one and 5 different patient reference numbers to single use of the national CHI number as the master reference uniquely identifying patients.

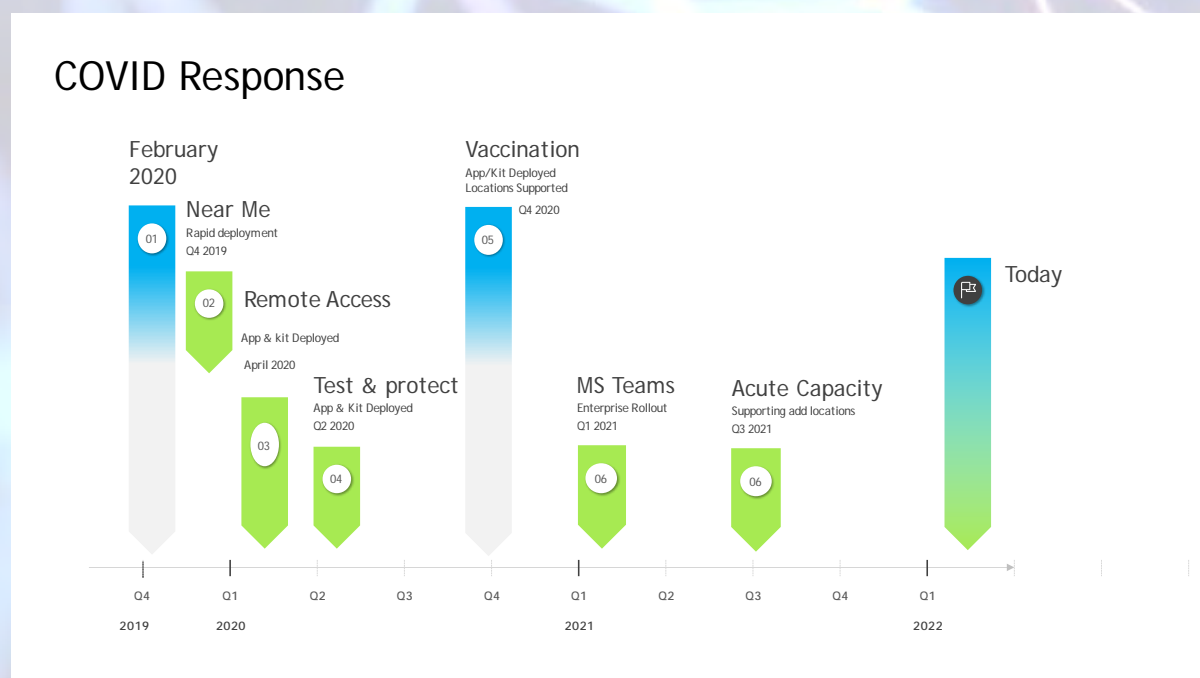


Stirling care village saw an example of integration of health and social care teams with the provision of networks and the Trakcare application for use by local authority staff in the Bellfield Centre.

Further detail is given in [Annex 2](#).

COVID Response

In addition to the planned activity, during 2020/22 the Covid-19 response required huge efforts to bring forward some existing plans, development of new applications or rolling out national applications as well as major infrastructure expansion. Some of the major projects included the following:












Innovations

Digital Health has embraced a range of innovations in the last five years including:

- ✚ The Digital Dermatology Assessment application, supplier developed and piloted within Forth Valley has been scaled up to a nationally available application with national usage.⁴
- ✚ Tele-Ophthalmology for emergency eye care support gives remote optometry support for the Emergency Dept (ED) and Minor Injury Unit (MIU) patients, over 5000 patients supported up to May 2022.
- ✚ The InHealthcare patient pathway tracking system is being developed in collaboration with several boards and was procured as part of the response to Covid19.⁵
- ✚ The Heartflow project to release consultants time and enable faster diagnosis.⁶

Size and scale

In the next five years the numbers of staff and patients making use of digital systems will expand. The size and scale of digital health records will increase, and the corresponding infrastructure will be more widespread and universal while staying robust and secure. The following illustration highlights the impact of projects carried out over the course of the last strategy.

Workforce and Records	Patients/Citizens	Infrastructure
<p>7000 staff using Trakcare for inpatients and over 4000 Outpatient clinics per month</p> 	<p>Over 300,000 local citizens will be able to access the new 'digital front door'</p> 	<p>Over 15 Million files on shared drives accessed by:</p>
<p>Over 935 staff using MORSE Community system with over 75000 Patient records</p> 	<p>Over 2000 patients have used the 'Florence' system</p> 	<p>Over 7000 Desktops</p>
<p>Over 6700 staff using the Clinical Portal system for over 300,000 Record accesses per month</p> 	<p>Over 5000 hours of video consultations per month</p> 	<p>Over 3000 Laptops/iPads</p> 
	<p>Over 12000 mothers accessing their records using a mobile app</p> 	<p>Over 75 Major Systems</p> <p>Over 5000 helpdesk contacts per month</p> <p>Over 1500 staff using remote access every day</p> 

What is behind our new strategy

Vision and Principles

"To improve the care and wellbeing of people in Forth Valley by making best and innovative use of digital technologies in the planning, design and delivery of services."

Our Goals



People are well informed and enabled by digital technology in achieving positive health and care outcomes



Our staff are assisted by technology to make effective decisions, deliver integrated services and work efficiently and safely regardless of organisational boundaries



Our organisation's performance is optimised and transformational change is enabled through the use of technology at scale

Principles for future investment

- ✦ Integrated care with the patient outcome at the centre
- ✦ Solutions delivering measurable improvement are affordable, implementable, sustainable, secure and compliant with the strategic approach.
- ✦ Principles of priorities, best value and business case are applied.
- ✦ Interoperable and collaborative approaches across NHS Scotland and partners
- ✦ Geared towards working with national standards.
- ✦ Integrity and security of our 'business as usual' environment is maintained
- ✦ Meeting future patient, health and social care professionals needs
- ✦ Increasing collaboration and innovation
- ✦ Improved support for Public Health and Self Care developments

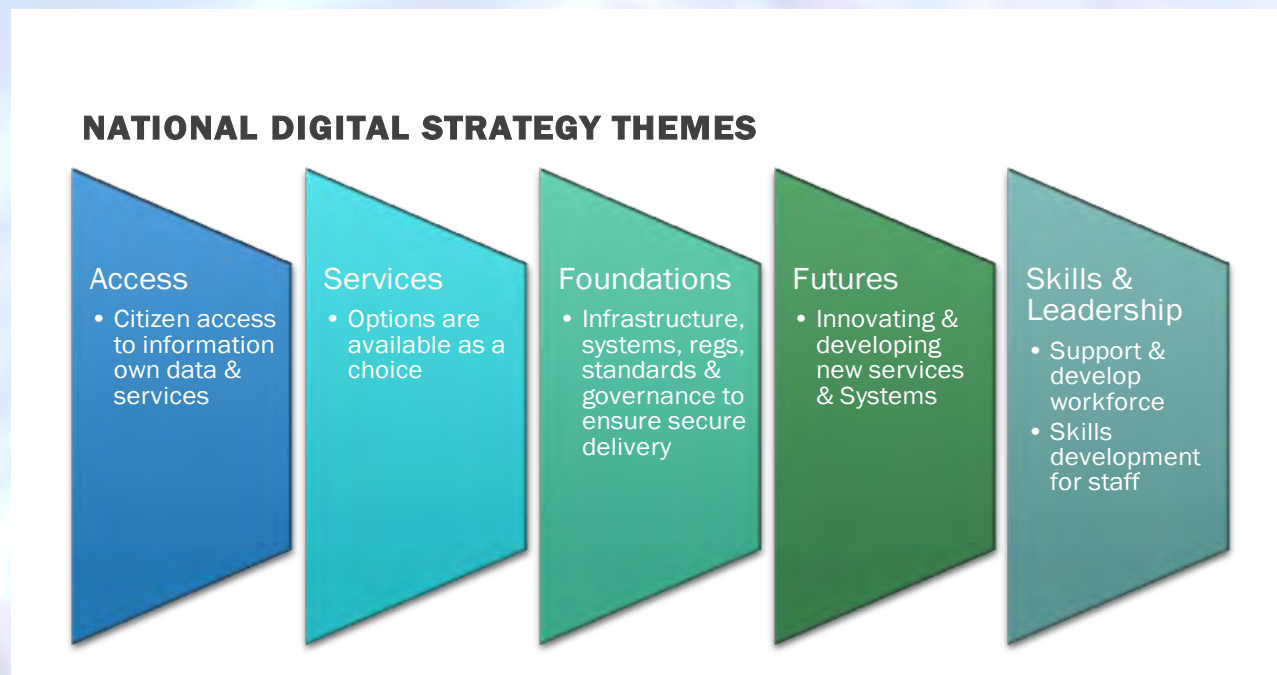
Drivers for change

Some of the national drivers for change are set out in the following documents:

- ✦ NHS Recovery Plan⁷
- ✦ A changing nation: how Scotland will thrive in a digital world ⁸
- ✦ Scotland's Artificial Intelligence Strategy⁹
- ✦ Mental Health Strategy 2017-27 ¹⁰
- ✦ National workforce strategy ¹¹
- ✦ Enabling, Connecting & Empowering: Care in the Digital Age¹
- ✦ The strategic framework for a cyber resilient Scotland ¹²
- ✦ Scotland's life sciences vision¹³
- ✦ Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age³
- ✦ Delivering value-based health and care: a vision for Scotland¹⁴

National Digital Health Strategy

In addition to the above Scottish Government published a new digital health and care strategy in November 2021. Titled "*Enabling, Connecting & Empowering: Care in the Digital Age*"¹, it has six main priority themes. Our approach will follow five of these themes as below. The sixth theme, '*Data Driven Services and Insights*' mainly comprises the development of the new Data Strategy for Health and Social Care, discussed below. In addition, we will participate in the national digital maturity exercises to help develop the national digital delivery plans.



National Data Strategy

In February 2023 Scottish Government published "*Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age*"³. Many of the actions in that document are contained within the national digital health strategy mentioned above. Hence they are reflected within the body of this local digital health and care strategy.

There are however some aspects of the new data strategy which impact on health records, on information governance and on health and social care partnerships which are not contained within this local digital health strategy. In addition, improved technology and data for performance and business intelligence are drivers in the local HSCP strategic plans. These drivers will be covered in a new local information and data sub-strategy "*Better insight, improved outcomes: a sub-strategy for data and information in NHS Forth Valley*".

Local strategies

In addition to the national drivers mentioned above some local strategy developments have been drivers in the development of this local digital health strategy document. These include:

- ✚ Clackmannanshire and Stirling HSCP Strategic Commissioning plan 2023-33¹⁵
- ✚ Falkirk HSCP Strategic Plan 2023-26¹⁶
- ✚ Forth Valley Quality Strategy 2021-26¹⁷
- ✚ Forth Valley Healthcare Strategy in development.

Strategy building with Stakeholders



In addition to the national drivers for change above, our local partners, staff and patient groups have been telling us about the things that will make their health and care services and experiences better. They have done this through presentations at local management groups and consultation on early drafts of this strategy during 2022.

GP Primary Care additional requirements



New IT system to replace the ageing system which is more than 10 years old

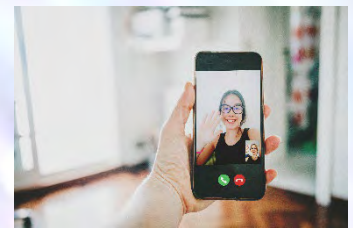
Improved telecoms, which will be considered in the wider telecoms replacement business case

Document imaging replacement/upgrade

Patient booking system and patient access to medical records. This will be considered as part of the new

'Digital Front Door' development

Staff access to multiple practice systems



Health & Social Care additional requirements

Improved data sharing, and the NHS as an Anchor organisation

Local login from anywhere

Support the Falkirk Masterplan

Support for the new National Care Service

Improved data for performance and business intelligence

New technological developments to support people and local services



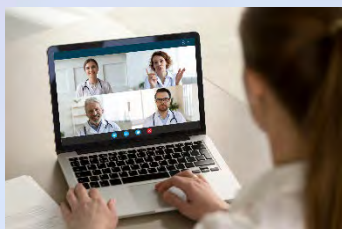
The Acute sector additional requirements



Develop an inpatients Electronic Patient Record (EPR) for ward based patients

Data from medical devices to be included in the EPR

Patients Perspective



To have the choice to access electronic medical records, with good security

Appointment booking and changing online

Lab results viewing online

Improved and wider use of remote tele-conference style outpatient appointments

All of the above are central to the national 'Digital Front Door' programme led by Scottish Government

Transformational change

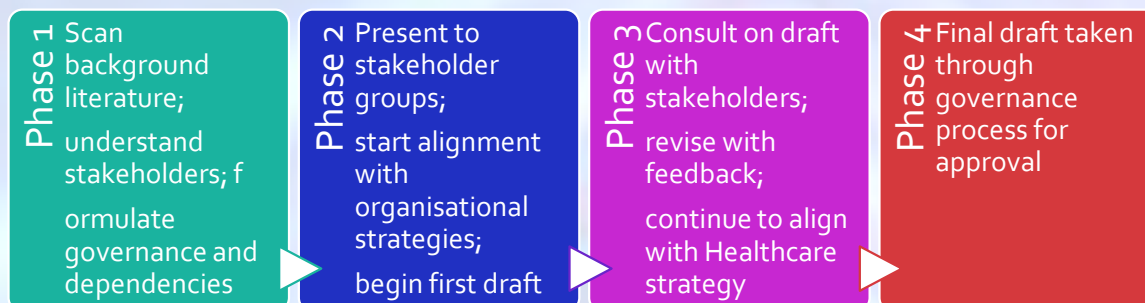
In the next 5 years our strategic approach will bring a transformational change around the 'patient and healthcare experience'.

- ✚ The patient will become a key stakeholder with the EPR showing their digital story.
 - ✚ Integration of patient and medical device acquired data will bring a richer and more widespread EPR.
 - ✚ Collaborations for innovation and use of Artificial Intelligence for diagnosis and prevention will bring new functionality to enhance services. In addition, responding to the Accelerated National Innovation Adoption (ANIA) pathway innovations¹⁸ directed via the national delivery plan will need appropriate consideration.
 - ✚ Support for the emerging National Care Service will bring change, flexibility and innovation at local and Scotland wide scale.
-

The EPR programme will look to transform Acute (FVRH) and Community Hospital (SCV, FCH etc) Clinical Records to a vEPR (Virtual Electronic Patient Record) System. This will essentially replace the paper records used in Ward and Clinical Settings. This programme intends to review, improve, and implement efficient working practices and procedures so that the vEPR will be seen as a transformation programme, introducing new technologies (eObservations, Clinical Notes, etc) to support staff caring for patients.

Developing the strategy

Our approach followed that of the Forth Valley Quality Strategy 2021-26¹⁷ where a small, focussed working group was formed to engage with stakeholders and develop the draft documents. In doing so the phases of the innovation cycle were followed as below:



Delivering the Strategy

An annual delivery plan will form the detail of how specific elements will be progressed through individual project plans, governed through the eHealth programme board, and Senior Leadership Teams.

The impact on wider clinical and non-clinical services including resource implications and capability and capacity of wider services to implement changes will be included in detailed business cases and project plans for individual actions contained within this strategy.

The wide-ranging eHealth programmes are managed by the eHealth programme board which reports up to the NHS Forth Valley Board via a series of governance groups ([see below](#))

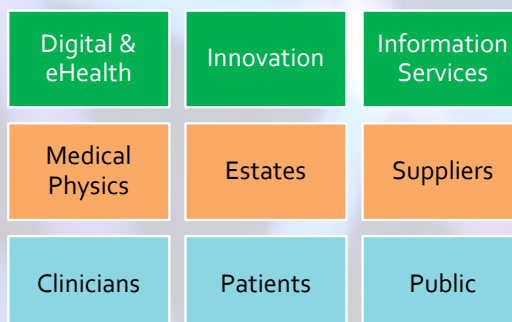
A draft timeline showing an approximate five-year timetable for delivering elements of the strategy is in [Annex 1](#)

A separate [financial strategy statement](#) is included before the concluding summary.

Finally, following publication by Scottish Government of the annual delivery plans for '*Enabling, Connecting & Empowering: Care in the Digital Age*' we will incorporate relevant elements of the national delivery plan within our annual plans as required.

Who will make this happen

The following diagram shows the levels of contributors to holistically delivering the Digital Strategy, the three layers being primary service providers, secondary services & core stakeholders.



To deliver this strategy a number of teams lead and contribute to the individual workstreams, programmes and projects, as well as crucially, giving support. These teams and services can be grouped and listed as below:

• **Digital (Information Technology) & eHealth**

- Service desk services – with associated Operational Plan and performance indicators
- Business as Usual Support for all systems and services
- Development & Systems Management Support
- Programme & Project Support – with associated business case preparation & Support

• **Information Services**

- Information Reporting (national & local returns)
- Dashboards (providing real time data)
- Information requests (Ad-hoc reporting)
- National Statistics

• **Innovation Programme**

- Innovation projects (National, Regional & Local), in particular those driven by ANIA¹⁸.
- Scoping/research of emerging technology
- Real World Trials of emerging software
- Transition to BAU (in collaboration with Digital partners)

These services work closely with the supporting Digital Clinical Leads (Acute, Primary Care & AHP representative), as well as managerial senior leadership teams, who assess and advise on the clinical software and digital requirements for the services.

We will also engage with staff through digital Clinical Leads to help staff adoption of digital technology and understand the human factors and hurdles to adoption.

Our other partners are included for reference (Medical Physics, Estates & External Suppliers) to complete the overall Digital picture.

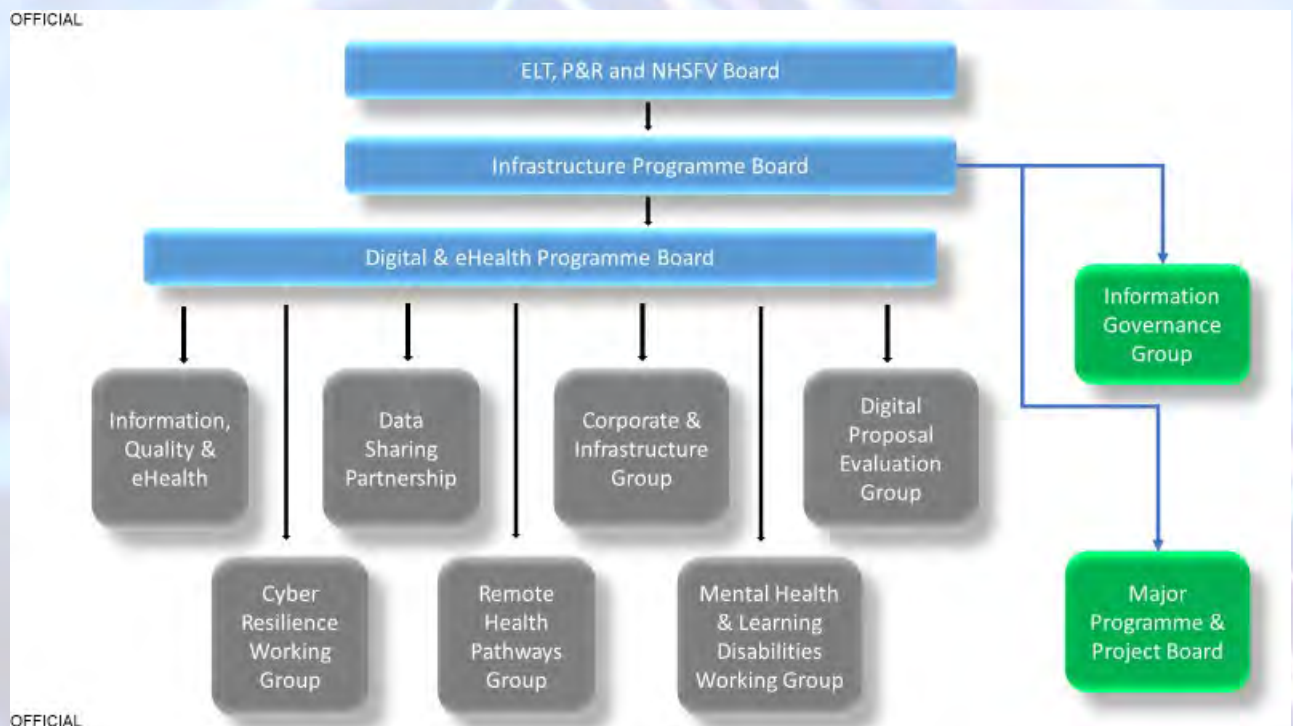
Communications about relevant projects and progress with delivering this strategy will be made to staff and other stakeholders in the form of regular newsletters and other communications in the staff news and other media.

Good Governance

The strategy will inform annual delivery plans which will be owned and delivered by the Digital and eHealth Programme Board, Led by the Director of Facilities and Infrastructure. This Board in turn reports to the Infrastructure Programme Board, Led by the Director of Finance and so up to the Executive Leadership Team and the NHS Board via the same directors as in the diagram below.

Monitoring of the delivery plans will be done by the relevant project boards reporting to the eHealth Programme Board, with quarterly reporting to the Infrastructure Programme Board and Performance & Resources committee. An Annual Delivery plan is drafted and then ratified and approved by the Infrastructure Programme board.

A mid-term review of the strategy will be carried out approx. 2025 and a final review after the life of the strategy looking at benefits and lessons learned.



Some major new Developments

Here we present a brief taster of the future developments in our new strategy, more details follow in the 'Themes' sections later:



The '**Digital Front Door**' is a national strategic programme and is a new streamlined approach to how people navigate their way through services, which will include a safe, simple, and secure digital app. This will support people to access information and services directly – like a 'digital front door' – as well as self-manage, and access and contribute to their own health and care information. The 'Patient Hub' is our local adaptation.

The '**Unified Care Record**' sits over existing systems in health and care organisations within Forth Valley or across the West of Scotland region. It provides views of a wide range of data from many systems. Additional capabilities include Review/Update/Collaborate on electronic records; Automatically driven Alerts; Public health management analytics and ultimately Artificial Intelligence driven decision support.



Building on the outpatients Electronic Patient Record (EPR) foundation which was delivered as part of the previous strategy. In the next five years we shall expand this to include '**Inpatients EPR**'. In addition, the inclusion of medical devices data as well as patients own information into the EPR will transform the wealth of medical records data available to clinicians.

What this means from the Patients Perspective:

Patients will be able to manage some appointments; see some of their own data and input some of the clinical data required by their clinician all online or via a mobile app. This improves patient involvement with their own care and the feeling of autonomy.

Risks

Tactical risk assessment and management plans, relevant to individual projects will be prepared and reported on as part of the business case process for each action, then taken forward in the development of delivery project planning. Reporting will routinely be to the eHealth Programme Board with each project report.

There are broad strategic risks relevant to many actions in this strategy. The most important strategic risks are as follows:

National programmes: a number of actions are linked to and dependent on national programmes over which we have little local control. Hence timelines can shift or actions may not go ahead as initially perceived in this strategy, dependent on national priorities.

Mitigated by: Local staff representation on relevant national project groups should partially mitigate against unforeseen risks and at least provide communication lines. Additionally reporting up to ELT, Finance and Chief Executive Officer will allow for adjustments within local delivery plans.

Financial resources: All actions contained in this strategy are dependent on business cases and obtaining the finance to carry them out. These financial constraints are not able to be predicted at the time of writing the strategy and hence there is a risk that the finances may not be available to pursue a particular action.

Mitigated by: Annual delivery plans and the business case process should mitigate against unforeseen financial constraints.

Capability and Capacity of services: Many actions are dependent on support from services to undergo change in processes to make use of and benefit from the digital technologies proposed. The capability and capacity of local services may not be sufficient to fully implement a particular action.

Mitigated by: This should be mitigated for in the relevant business case for that action and additional capacity provided as required in the business case.

ANIA Pathway and Research Projects: There is not enough Information resource to support the innovation work being introduced to NHS Forth Valley via the ANIA pathway and research projects.

Mitigated by: Work closely with the Innovation team to establish and understand the proposed innovation projects likely to come in via the ANIA pathway. Manage all new ANIA pathway projects via a New Innovation Request Process to allow for the evaluation and prioritisation of each request.

Equality Declaration

Due regard has been given to the Equality Act 2010 and compliance with the Equality Duty as part of the decision making processes behind developing this strategy. Relevant aspects of equality are considered in the business case and project planning processes in which there are explicit defined sections to complete.

Our Strategic Themes

There follows three sections which reflect the main strategic themes from the Healthcare Strategy: Better Health, Better Care; Better Value. Within each section there are sub- themes which bring together the aims, projects, and outcome measures for specific projects that fit within each sub-theme. Each project sits on a timeline given in [Annex 1](#). We also map our projects against the 5 pillars of the Scottish Government strategy in [Annex 3](#).

BETTER HEALTH

Improving Prison services, Alcohol and Drug Partnerships, Children and family services

We shall enhance support for HSCP partners for developments within Alcohol and Drug Partnership and the wider mental health services. We shall continue to support Prisons ICT to enable continuity of care with GP practice and enhance visibility and exchange of records. We shall review and enhance support for women and children's services, particularly new national child health systems. To support these goals we have had a data sharing partnership between NHSFV and our HSCP colleagues in local authorities for approx. 10 years which has its own annual plan and continues to build relationships and enhance services and data sharing within health and social care.

We aim to provide the following

1. A new, improved Prisons service system in FV
2. Ensure local health and care services have access to new CHI and Child Health systems where required
3. Improved online access to mental health treatments to support ADP

We will know we have done this by

1. All Prisons have new system and are satisfied
2. New CHI and associated systems fully rolled out
3. Patients are using new treatments

We will achieve these by the following projects:

1. Work with the national programme and partnerships and primary care to establish a project to replace all prisons systems
2. Continue working with national CHI and child health programmes
3. Support online mental health and other community treatments in line with national and local HSCP projects



BETTER CARE

Sub-theme 1: Improving Primary Care and Mental Health Services while supporting Scheduled and Unscheduled hospital care.

We shall support HSCP partners in the replacement of GP and mental health service ICT systems.

We aim to provide the following

4. A new, improved Primary Care system in FV
5. Improved mental health service systems

We will know we have done this by

4. All Practices have new system and are satisfied
5. All relevant mental health practitioners are using new systems and are satisfied

We will achieve these by the following projects:

4. Work with the national programme and partnerships and primary care to establish a project to replace all practice systems
5. Support mental health partners in establishing a new mental health system

Sub-Theme 2 Transforming unscheduled care

We aim to develop continuous improvements in the whole system from Health to social care. Reducing bottlenecks in ED; developing the Hospital @ Home service; the Urgent Care Centre; improving patient flow navigation; expanding the content in our EPR.

We aim to provide the following

6. Expansion of the whole Electronic Patient Record for use by clinical staff by inclusion of an Inpatients EPR.
7. Benefits of collaboration, integration and patient record sharing across the West of Scotland
8. A richer clinical EPR with medical device data and reducing the duplication of device data across multiple systems

We will know we have done this by

6. The functionality is available and in use and numbers of staff using it
7. A working Unified Care Record and numbers of FV patients available on it and numbers of staff using it.
8. Widespread functionality, number of devices integrated and wards and staff using it.

We will achieve these by the following projects:

6. Develop a new inpatients EPR programme, building on the Trak PMS system functionality and developments of the outpatients EPR programme.
7. Develop the Unified Care Record programme along with the West of Scotland depending on business case.
8. Integrate medical devices data into the existing EPR



Sub-Theme 3 Transforming Scheduled care

Within scheduled care we aim to transform the digital systems in primary care and mental health services, expanding the availability of digital chronologies. We will support new diagnostic hub and community hospital developments and the role of digital within sustainable cancer services following the national cancer plan. In addition working with national and local partnerships piloting a range of innovations and research projects.

We aim to provide the following

9. Availability of digital chronologies using data sharing across health and social care
10. Digital aspects of new community based diagnostic hubs.
11. A range of innovation developments, including from ANIA, building in security by design while taking a risk managed approach.

We will know we have done this by

9. Delivering a solution to view system wide citizen chronology
10. Delivering functionality to support digital hubs
11. Projects will be monitored by the Innovation Board and success measured by individual project plans.

We will achieve these by the following projects:

9. DSP Delivery plan (Chronology)
10. Digital Diagnostic Hub Support
11. These depend on proposals approved by the innovation board, however known projects include:
 - Heart flow
 - Opera Heart Failure
 - InHealthCare at national level
 - Dermatology 48 x 22
 - SBRI Eye Health Trial
 - Electronic monitoring

Within the wider improvements in scheduled care we shall continue to work with the West of Scotland cancer network on digital aspects of the National Cancer Action Plan including the use of Power Apps and recognising the necessity to comply with Medical Device regulations.

BETTER VALUE

Sub-theme 1: Improving quality and the Patient Experience

Linkage with the services and programmes established to further the local NHSFV Quality Strategy will be important in all our projects. A number of initiatives throughout this strategy will enhance patient safety and their experience through quality, (eg online access to their own data, modernised clinical systems, improved login and access for locums). We shall ensure any development of Apps is in compliance with Medical Device regulations for standalone software.

We aim to provide:

12. Expand the availability of free WiFi for patients in all NHSFV areas
13. Further develop ability to book appointments and complete forms online among other services to enable people to manage their outpatient appointments
14. Patients having online access to their own data and information via a 'Digital Front Door' in line with national programmes
15. Modernise our core business and clinical systems in line with national programmes
16. Develop and implement a Cyber-Resilience sub-strategy to improve cyber security
17. Improved compliance with national standards as required including migration towards Snomed-CT as enabled by national programmes
18. Newer refreshed clinical systems on the life-cycle plan subject to business cases
19. Improved awareness of effects of digital exclusion for minority of disadvantaged patients in line with partnership and national plans

We will measure by:

12. Increased numbers of access points and users
13. Working functionality and patient user numbers
14. Working functionality and patient user number
15. Number of modernised core systems successfully completed
16. Approved sub-strategy available
17. SG audits of compliance with standards
18. Number of upgraded systems
19. Case studies highlighting improvements

We will achieve these by the following projects:

12. Local WiFi infrastructure expansion project
13. Develop patient hub and support national digital front door programme
14. Develop data access aspects of digital front door programme
15. Upgraded core national systems eg CHI, Hepma, PACS, RIS, Connect Me, Near Me, eRostering, LIMS, HEPMA, M365, Endoscopy
16. Develop a cyber-resilience sub-strategy
17. Engage with SG standards and ensure links to all local projects
18. Specific projects to upgrade relevant local clinical systems
19. Work with national digital exclusion projects to ensure engaged in all local developments eg Patient Hub

Sub-theme 2: Improving use of Data

This sub-theme involves expanding on the new health improvement strategy and use of data in public health and for local and national planning and service improvements. We aim to address the Scottish Government's new data strategy for health and care.

We aim to provide the following

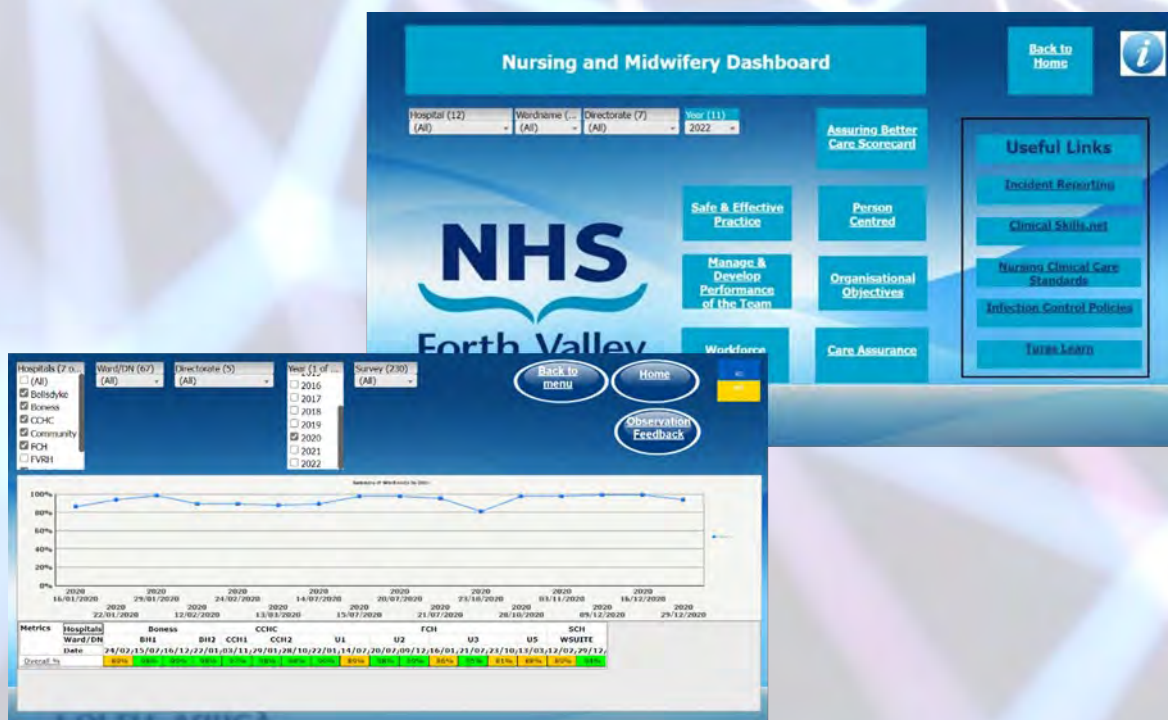
- 20. Better access to appropriate data and analyses, at different levels to better inform planning priorities, public health and research data
- 21. A local response to the Scottish Government data strategy once it is published.

We will know we have done this

- 20. Existence of new dashboards and analyses and numbers of users.
- 21. Approval and publication of new local data and information strategy.

We will achieve these by the following projects:

- 20. Information Services and others will develop better online dashboards and other methods of accessing appropriate data.
- 21. Develop a new data and information strategy for Forth Valley.



Sub-theme 3: Improving communities – NHSFV as an Anchor organisation

NHS FV is seen as an Anchor organisation in the local community. Providing services which help innovations (with our local university college health partnership) and HSCP service provision.

Our Community Hospitals will expand their role into Community Treatment and Care Centres delivering a wider range of services.

We aim to provide the following

- 22. New digital services in patients homes
- 23. Greater collaboration with partners using office 365 products
- 24. Innovations and research collaboration with the new University College Partnership
- 25. New regional or national innovations
- 26. Digital aspects of a local contingency plan for a future pandemic
- 27. Expanding the role of community hospitals as treatment and care centres in collaboration with local partnerships

We will know we have done this by

- 22. New technologies running and integrated into EPR
- 23. Use of national sharepoint and the project endpoint
- 24. Dependent on individual project plans
- 25. Dependent on individual project plans
- 26. A fully developed contingency plan
- 27. More Digital services available to the public in community hospitals

We will achieve these by the following projects:

- 22. Work with partnerships to further enable digital services in the home as they become available
- 23. Continue programme to implement phase 3 of the Office 365 programme including use of national Sharepoint in line with the national programme
- 24. Work with new university college partnership to enable innovations and research via defined programmes or projects
- 25. Build on partnerships with neighbouring health boards eg West of Scotland and national groups to develop approved innovation projects
- 26. Work with Forth Valley and Partners to develop 'living with Covid-19' and contingency plans for future pandemics and other civil contingencies.
- 27. Work with partnerships on selected digital initiatives based in community hospitals.

Sub-theme 4: Recognising Sustainability and climate change

NHSFV contributes to the climate emergency response, reaching our net zero targets through innovation, rationalisation and simplification of our systems.

We aim to provide the following

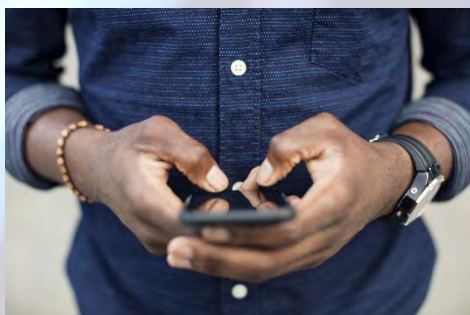
- 28. Make logins and access simpler for clinicians and easier for temporary staff, reducing complexity, improving sustainability, security and reducing costs
- 29. Converge voice communications tools and technologies, improving telephones in primary care, acute care and elsewhere across FV.
- 30. Reduce travel and improve outpatient services for patients across most of health and care
- 31. Increased use of 'Cloud' hosted systems (Where appropriate) and retired locally hosted systems

We will know we have done this by

- 28. Number of systems reduced. Clinician satisfaction with login and access procedures improved
- 29. Voice business case approved and implemented
- 30. Greater number of services and appointments using eg. 'Near Me'
- 31. Reduced cost of locally hosted servers

We will achieve these by the following projects:

- 28. Enable projects to retire specific clinical systems and migrate users onto others hence to reduce the total number of clinical systems and improve login and access procedures enhancing patient safety
- 29. Develop and implement a new digital voice business case
- 30. Expand the use of 'Near Me' home teleconference service to most health and care services in NHSFV in collaboration with national programmes
- 31. Switch to 'Cloud' technologies in preference to local where feasible, affordable and is service supported



Sub-theme 5: Building Workforce and leadership

Recruitment and retention is particularly challenging in certain technical specialisms (eg Cyber Security). We shall participate in national initiatives as well as carry out our own review of roles and grades within our workforce plans. We shall build on our university college partnership and continue to encourage use of modern apprenticeships and further education qualifications among our workforce as part of personal development.

We aim to provide the following

- 32. Ensure all staff have the devices and equipment they need to do their job
- 33. Enable relevant training for our staff to improve the ability to understand and interrogate data-driven recommendations and decision support tools, including those powered by Artificial Intelligence.
- 34. Further enable flexible remote working for health and care staff as required.

We will know we have done this by

- 32. Staff satisfaction surveys, numbers of devices available and supported of different types
- 33. Increased use of online training packages. Provision of relevant new packages related to decision support tools.
- 34. Consistent or increasing use of remote logins and home laptops for staff

We will achieve these by the following projects:

- 32. Continue to enable desktop, mobile and remote devices flexible provision and 24/7 support.
- 33. Continue to support personal development, the eHealth training team, engagement with NES and advance the number of qualifications and training packages available to relevant staff.
- 34. Continue to support remote logins, including e.g. the 'Akamai' system and support provision of home laptops where funded.



Sub-theme 6: Buildings for the future

A number of new builds or planned improvements to our estate are in planning, eg Falkirk Community Hospital, primary care premises, the National Treatment Centre (NTC).

Major initiatives include the Falkirk Masterplan, the national treatment centre, and development of a Facilities and Estates transformation plan. This latter will include supporting use of an Estates Management System.

We aim to provide the following

- 35. Successful support for the Falkirk masterplan for the digital components of the plan
- 36. Support for the new National Treatment Centre with all digital health components
- 37. Support the development and implementation of a new Facilities and Estates Digital transformation plan

We will know we have done this by

- 35. Dependent on measures in the published plan
- 36. Successful rollout and operation of the National Treatment Centre
- 37. Successful implementation of measures within the new plan

We will achieve these by the following projects:

- 35. Implement the digital components of the Falkirk Masterplan when published in collaboration with partners
- 36. Implement requirements for infrastructure for the National Treatment Centre
- 37. Work with Facilities and Estates directorate to create a new digital transformation plan and then implement it.



Cyber Resilience

Cyber security involves a necessary balance of robust, strict security measures conforming to national guidance and standards, while minimising inconvenience to users and assuring services backup and recovery potential to ensure service continuity.

In the previous Digital Health strategy 2018-22 cyber resilience was incorporated as a theme. This year we have developed a new stand-alone cyber resilience sub-strategy for 2022-25. This has now been approved, called '*Enabling the Future: A Cyber-Resilience Sub-Strategy for NHS Forth Valley 2022-25*'

That new cyber sub-strategy aligns with the Governments cyber resilience framework and with the Governments new Digital Health strategy 2022-25.

It gives 14 key commitments to deliver in the following areas:

- ✦ Awareness
- ✦ Prevention
- ✦ Protection
- ✦ Business continuity
- ✦ Evaluation

Financing the Strategy

The Strategy and associated Delivery Plan will be underpinned by an affordable financial plan which demonstrates best value and is fully aligned to 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).

It is recognised that digital innovation is a key element of our local sustainability and value programme and is essential to support the redesign and reform of service delivery, to enhance patient experience and to improve efficiency and productivity.

The proposed projects required to deliver the Strategy will be subject to approval via a business case. The business case process will ensure that all proposed projects support the vision and goals of the Strategy, are affordable and represent value for money. Prioritisation and approval of all business cases will ultimately be determined by the Performance and Resources Committee of the Board, with endorsement from both partnerships as appropriate. Approved business cases will be reflected in the Board's annual budgeting and financial planning cycle and are likely to include a combination of national and local funding arrangements.

The NHS Board provides funding (Revenue & Capital) to support Digital, eHealth & Information Services Operations. NHS Forth Valley's Digital, eHealth & Information Services employs circa 110 core staff.

In addition, a Strategic fund is also provided from the Scottish Government which is utilised to support various National, Regional, and local developments in line with agreed Strategic objectives and governance principles.

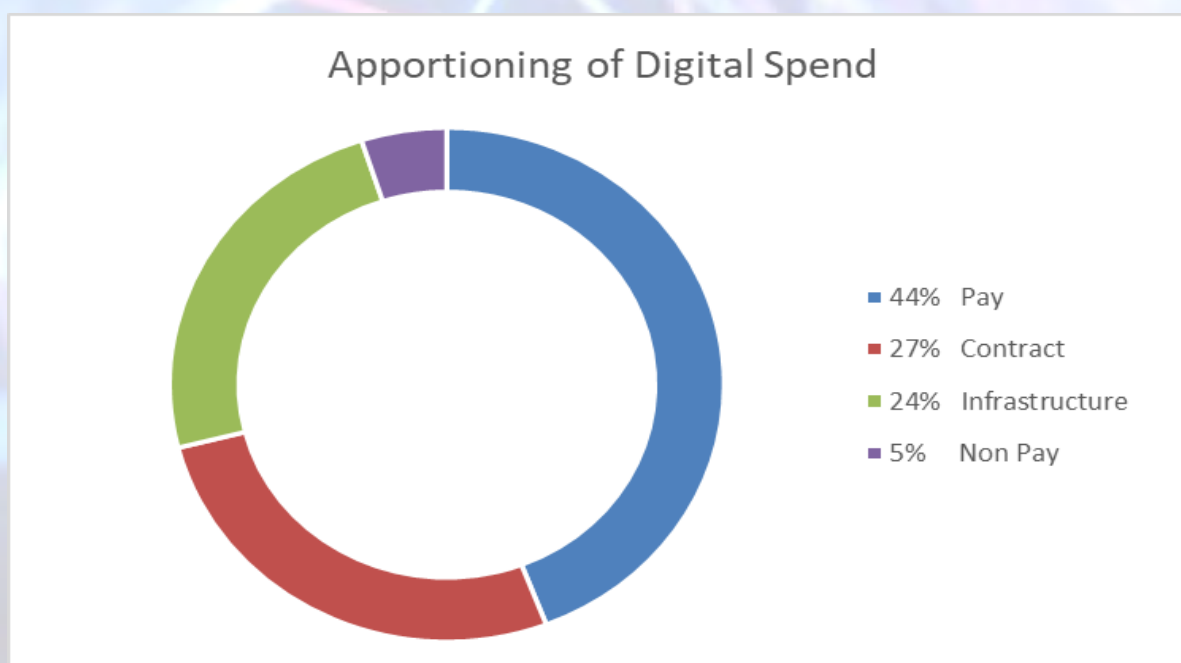
NHS Forth Valley Digital, eHealth & Information Services Funding		23/24
Recurring Funding		
NHS FV rollover pay budget		£4,36m
NHS FV rollover non-pay budget		£2.27m
Non-Recurring funding		
FV Capital plan		£3.18m
Scottish Government - eHealth Strategy		£0.91m
Cyber security		£0.10m
M365 (SG)		£1.85m
Total		£12.67m

The Strategic fund is allocated by the Scottish Government to delivery key strategic initiatives as set out by the National Digital Strategy.

The following National Digital Delivery plan for 2023/24 indicates spending plans.

Key Strategic Priorities	Revenue	Capital
Program for Government & Innovation	£24,300	£0
Significant National Initiatives	£2,131,000	£602,000
Local Priorities	£750,000	£882,000
Work in Partnership	£42,700	£75,000
Infrastructure	£0	£1,625,000
Total	£2,948,000	£3,184,000

The following chart gives a broad overview of the apportionment spend across Digital Services.



Annex 1 projects and timeline

Project	2023	2024	2025	2026	2027	SCALE
1. Work with the national programme and partnerships and Prisons to establish a project to replace all prisons systems						L
2. Continue working with national CHI programme						S
3. Enable Online mental health treatments						S
4. Work with the national programme and partnerships and primary care to establish a project to replace all GP systems						L
5. Support mental health partners in establishing a new mental health system						M
6. Develop a new inpatients EPR programme						M
7. Develop the Unified Care Record programme						L
8. Integrate medical devices data into the existing EPR						M
9. Digital Chronologies Project						M
10. Community Diagnostic Hub Project						M
11. Projects approved by the innovation board						M
12. Local WiFi infrastructure expansion project						M
13. Develop patient hub						L
14. Develop data access aspects of digital front door programme						S
15. Upgraded core national systems						S
16. Develop a cyber-resilience sub-strategy						S
17. Engage with SG standards and ensure local links						S
18. Specific projects to upgrade relevant local systems						M
19. Work with national digital exclusion projects						S
20. Develop better online dashboards and other methods						S
21. Develop a new data and information strategy						S
22. Enable digital services in the home as available						S
23. Continue programme to implement phase 3 of the Office 365 programme including use of national Sharepoint						L
24. Work with new university college partnership to enable innovations and research via defined projects						M
25. Build on partnerships with neighbouring health boards and national groups to develop approved innovation projects						M
26. Work with Forth Valley and Partners to develop 'living with Covid-19' and a contingency plan for a future pandemic.						S
27. Work with partnerships on selected digital initiatives based in community hospitals.						S
28. Retire specific clinical systems and improve login and access procedures						S
29. Develop and implement a new digital voice business case						S
30. Expand the use of 'Near Me' home teleconference service to most health and care services in NHSFV						S
31. Switch to 'Cloud' technologies in preference to local where feasible						S
32. Continue to enable desktop, mobile and remote devices provision						S
33. Continue to support eHealth training team and advance the number of online training packages relevant to staff.						S
34. Continue to support remote logins and home laptops.						S
35. Implement the digital components of the Falkirk Masterplan.						M
36. Implement requirements for infrastructure for the National Treatment Centre						M
37. Work with Facilities and Estates directorate to create a new digital transformation plan and then implement it.						S

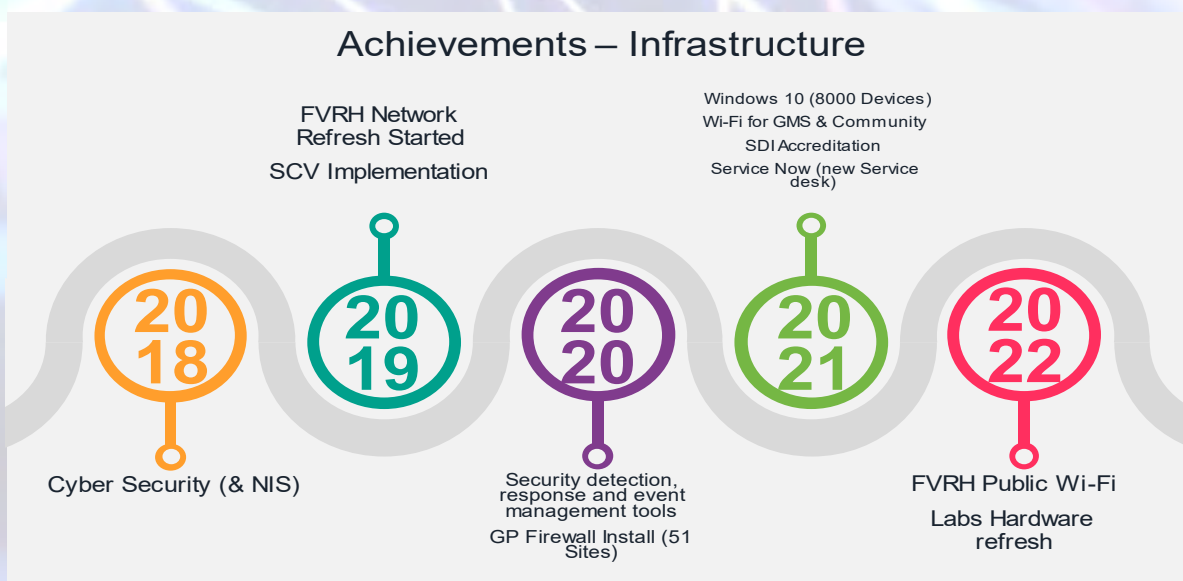
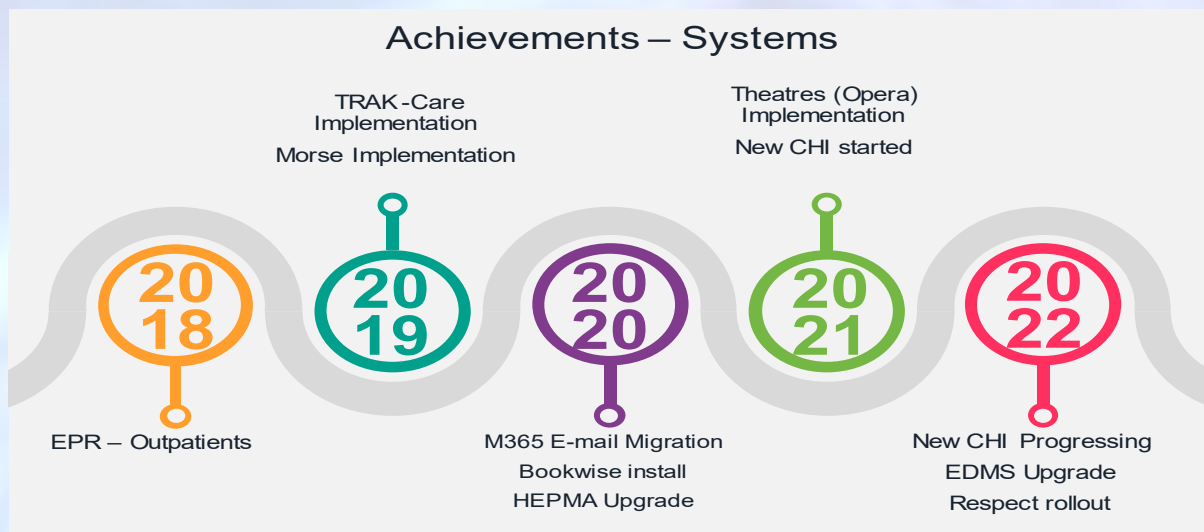
The colours indicate the location where the project will have the most impact as follows:

Green = Acute; Sky blue = Primary Care; Yellow = Community; Blue = National; Gray = Whole system wide; Orange = Corporate

The right hand column SCALE indicates approximately how 'large' the scale of the action will be in terms of local resources and finance. The letters indicate 'Large', 'Medium', 'Small'.

Annex 2 Achievements from the 2018-22 strategy

These illustrations detail the timeline of the last strategy and the bigger achievements



Annex 3 Cross Reference Local projects against SG strategy pillars

As a reminder the national strategy five pillars which are cross referenced in the table below are:
Access -A; Services -S; Foundations -F; Futures -U; Skills and Leadership – L

Project	A	S	F	U	L
1. Work with the national programme and partnerships and Prisons to establish a project to replace all prisons systems		X			
2. Continue working with national CHI programme		X			
3. Enable Online mental health treatments				X	
4. Work with the national programme and partnerships and primary care to establish a project to replace all GP systems		X			
5. Support mental health partners in establishing a new mental health system		X			
6. Develop a new inpatients EPR programme				X	
7. Develop the Unified Care Record programme				X	
8. Integrate medical devices data into the existing EPR				X	
9. Digital Chronologies Project				X	
10. Community Diagnostic Hub Project				X	
11. Projects approved by the innovation board				X	
12. Local WiFi infrastructure expansion project			X		
13. Develop patient hub	X				
14. Develop data access aspects of digital front door programme	X				
15. Upgraded core national systems		X			
16. Develop a cyber-resilience sub-strategy					X
17. Engage with SG standards and ensure links to all local projects			X		
18. Specific projects to upgrade relevant local clinical systems		X			
19. Work with national digital exclusion projects			X		
20. Develop better online dashboards and other methods		X			
21. Develop a new data and information strategy for Forth Valley					X
22. Enable digital services in the home as they become available	X				
23. Continue programme to implement phase 3 of the Office 365 programme including use of national Sharepoint		X			
24. Work with new university college partnership to enable innovations and research via defined programmes or projects				X	
25. Build on partnerships with neighbouring health boards eg West of Scotland and national groups to develop approved innovation projects				X	
26. Work with Forth Valley and Partners to develop 'living with Covid-19' and a contingency plan for a future pandemic.					X
27. Work with partnerships on selected digital initiatives based in community hospitals.				X	
28. Retire specific clinical systems and improve login and access procedures		X			
29. Develop and implement a new digital voice business case			X		
30. Expand the use of 'Near Me' home teleconference service to most health and care services in NHSFV		X			
31. Switch to 'Cloud' technologies in preference to local where feasible			X		
32. Continue to enable desktop, mobile and remote devices provision			X		
33. Continue to support eHealth training team, engagement with NES and advance the number of online training packages relevant to staff.					X
34. Continue to support remote logins and home laptops.			X		
35. Implement the digital components of the Falkirk Masterplan.			X		
36. Implement requirements for infrastructure for the National Treatment Centre			X		
37. Work with Facilities and Estates directorate to create a new digital transformation plan and then implement it.					X

Annex 4 Glossary

ANIA - Accelerated National Innovation Adoption: a national programme for proliferating innovations across Scotland

CHI – Community Health Index: the national patient identifier in Scotland

DSP – Data sharing partnership: between NHSFV and the two HSCP's

ED – Emergency Dept

ELT – Executive Leadership Team

EPR – Electronic Patient Record

Hepma – Hospital Electronic Prescribing and medicines administration: a system for prescribing and administering prescriptions

HSCP – Health and Social Care Partnership

LIMS – Laboratory Information Management System: a national system for use in laboratories

M365 – Microsoft Office 365: the national office product

MIU – Minor Injury Unit

PACS – Picture Archive and Communications System: for radiology images

PMS – Patient Management System: the national acute system is Trakcare

RIS – Radiology Imaging System: used in Radiology depts for imaging

P&R – Performance and Resources committee of NHSFV

SCV – Stirling Care Village

Snomed-CT – Systematised Nomenclature for Medicine Clinical Terms : an international coding terminology adopted as a standard in Scotland

Annex 5 Stakeholder consultations

The following groups have received at least two presentations, engaged in discussion and given feedback on the strategy requirements at one of their management team meetings. In addition the same groups have received earlier draft versions of this strategy for comment:

Executive Leadership Team
Digital and eHealth programme board
Acute Senior Management Team
GP and Primary care
Mental health Senior Management Team
Stirling&Clacks H&SC partnership Senior Management Team
W&C Senior Management Team
Pharmacy Senior Management Team
Forth Health-PPP partners representatives
Patient representatives- patient panel
Innovation Governance Group
Quality Programme Board
Falkirk H&SC partnership Senior Management Team

Annex 6 References

- ¹ *Enabling, Connecting & Empowering: Care in the Digital Age*: <https://www.gov.scot/publications/scotlands-digital-health-care-strategy/>
- ² Shaping the future: a supporting cyber resilience sub-strategy 2022-25. An internal document approved in March 2022.
- ³ *Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age*. Available at: <https://www.gov.scot/publications/data-strategy-health-social-care-2/>
- ⁴ Digital dermatology assessments see: <https://nhsforthvalley.com/health-services/az-of-services/dermatology/digital-assessments/>
- ⁵ Inhealthcare application see: <https://www.inhealthcare.co.uk/>
- ⁶ Heartflow FFRCT technology see NICE guidance: <https://www.nice.org.uk/guidance/mtg32/chapter/2-The-technology>
- ⁷ NHS Recovery plan available at: <https://www.gov.scot/publications/nhs-recovery-plan/>
- ⁸ A changing nation: how Scotland will thrive in a digital world available at: <https://www.gov.scot/publications/a-changing-nation-how-scotland-will-thrive-in-a-digital-world/pages/national-performance-framework-alignment/>
- ⁹ Scotland's Artificial Intelligence Strategy available at: <https://www.gov.scot/publications/scotlands-ai-strategy-trustworthy-ethical-inclusive/>
- ¹⁰ Mental Health Strategy available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/03/mental-health-strategy-2017-2027/documents/00516047-pdf/00516047-pdf/govscot%3Adocument/00516047.pdf>
- ¹¹ National workforce strategy available at: <https://www.gov.scot/publications/national-workforce-strategy-health-social-care/>
- ¹² Cyber resilience strategic framework available at: <https://www.gov.scot/publications/strategic-framework-cyber-resilient-scotland/>
- ¹³ Scotland's life sciences vision available at: <https://www.lifesciencesscotland.com/vision-for-2025>
- ¹⁴ Delivering value based health and care available at: <https://www.gov.scot/publications/delivering-value-based-health-care-vision-scotland/>
- ¹⁵ Clackmannanshire and Stirling strategic commissioning plan (in Draft)
- ¹⁶ Falkirk HSCP strategic plan (in Draft)
- ¹⁷ Forth Valley quality strategy available at: <https://nhsforthvalley.com/wp-content/uploads/2022/02/FV-Quality-Strategy-2021-2026.pdf>
- ¹⁸ ANIA introduction available at: <https://www.nhscfsd.co.uk/media/euil5qvw/introducing-the-ania-pathway-booklet-a5-1.pdf>



Better insight, improved outcomes: a Strategic Framework for data and information in NHS Forth Valley

2023-27

Foreword

Significant changes in the way we treat and care for our people have developed over the last five years, in part due to the pandemic response, but also because of advancing technologies and greater pressure on planning, public health and performance. Electronic patient records (EPR) have replaced thousands of paper records allowing meaningful data to be analysed and harnessed to improve systems and processes benefiting health care, research, and management. The use of data from digital technologies is now the norm. The introduction of new online statistical reports and dashboards in the last few years have increased these benefits.

The next steps will concentrate on moving the digital agenda further into the community and person facing setting. We will be refreshing GP and mental health electronic systems and working on regional and national developments in support of improved people's outcomes. Health and social care integration has also focused minds on data and information sharing and we will be working to improve the sharing of data and statistical reports between NHS and partnership colleagues.

From the hospital perspective, developments include the Falkirk Masterplan, the EPR into the hospital inpatient setting, medical devices data, enhanced sharing with local authorities and improved engagement with research and innovation communities.

Our Information and Data Strategic Framework has been modelled on the strands identified in NHS Forth Valley's evolving healthcare strategy. It groups actions into themes of the key service priorities: Better Health; Better Care; Better Value; and drives performance enhancements through the use of data.

Head of Information Services

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Introduction

As a local response to the national 'Digital and eHealth strategy' (2018) and the Forth Valley clinical strategy 'Shaping the future' (2016), NHS Forth Valley published 'Shaping the future – a supporting digital and eHealth strategy 2018-2022'. Information and data elements were included within the 2018-2022 strategy rather than for separate consideration.

In 2021, Scotland's Digital health and care strategy "Enabling, Connecting and Empowering: Care in the Digital Age" was published, and, in February 2023, the Scottish Government published their first health and care data and information strategy for Scotland: "Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age".

Following the national approach of separate digital and data strategies, we have separated the Digital from the information strategy. As such, during 2023 we produced 'Health and Care in the digital age: a digital strategy for NHS Forth Valley 2023-27' which deliberately excluded information and data aspects and signposted readers to this new stand-alone information sub-strategy: "Better insight, improved outcomes: a sub-strategy for data and information in NHS Forth Valley".

The Health and Social Care Partnerships have produced strategic plans, and Health Records have their own strategy all of which inform this document. The evolving National Care Service may bring changes or new developments that need to be incorporated into our strategy in the future.

In summary this strategy aims to specify current known actions over the next five years; leave options for future changes; create links between these actions, grouped into themes, and to other known strategies; and to do so following best practice strategy development and governance.

Benefits from the previous strategy

Information developments were contained within the previous ehealth strategy 'Shaping the future – a supporting digital and ehealth strategy 2018-22'. Two reviews of the previous strategy were undertaken: a mid-term review during 2020-21 and a final review in March 2022. Key benefits arising from previous developments include:

Benefit highlights

- **Developing a new delayed discharges information system and associated reports as well a pro-actively predicting delayed discharges on admission and identifying these to services.**
- **New patient management systems**
- **Developing new reports and online dashboards for major new patient management systems – Hepma, Trakcare and Morse**
- **Covid-19 developments, working with public health, care homes, partnerships, laboratories**
- **Numerous new reports and online dashboards on testing, care homes and vaccinations working with public health and national suppliers**
- **Refreshed nursing quality dashboard and new radiology dashboard**
- **Developed a new scheduled care business intelligence tool**

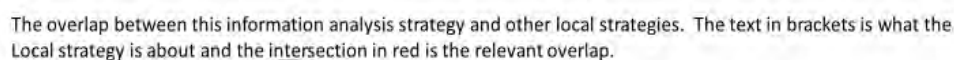
- Developing a new delayed discharges information system and associated reports as well a pro-actively predicting delayed discharges on admission and identifying these to services.
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- Refreshed nursing quality dashboard and new radiology dashboard
- Developed a new scheduled care business intelligence tool

[illegible]

An example of an existing care homes dashboard

Scope compared with other strategies.

This strategy is not the only one which has elements relevant to digital systems, information sharing, data quality, training, and usage of data analyses. Other strategies across Forth Valley also engage with similar elements. The following diagram aims to show the relevant overlap between these strategies to assist the reader in understanding the scope of this work compared with others.



‘Greater access, better insight...’ reminds us that Scottish Government wants to simplify the governance around data sharing to enhance using data for improved care at the same time as supporting innovation and research. Primary care data has been collected nationally for some years and now enhanced use of these data for statistics and research is envisaged. Local developments of use of primary care data are planned in this strategy. The practicalities of sharing data and systems with for example HSCP partners is covered by the digital health and care strategy and managed through our data sharing partnership with local authorities.

Size and scale

It is worth repeating this section on size and scale which is also in our new digital health strategy. In the next five years the numbers of staff and people inputting and making use of data will expand. The size and scale of digital health records will increase, and the corresponding demand for statistical reports and information on those records will increase. The following illustration highlights the scale of projects carried out over the course of the last strategy



What is behind our new strategic framework

Vision and Principles

“To improve the care and wellbeing of people in Forth Valley by making best and innovative use of information and data in the planning, design and delivery of services.”

Our Goals



People are well informed and enabled by information in achieving positive health and care outcomes



Our staff are supported with information to make effective decisions, deliver integrated services and work efficiently and safely regardless of organisational boundaries



Our organisation's performance is optimised and continuous improvement is enabled through effective sharing and use of information and data

Principles for future investment

- ✚ Prioritise best use of existing systems where possible
- ✚ Integrated care with the person's outcome at the centre
- ✚ Solutions delivering measurable improvement are affordable, implementable, sustainable, secure and compliant with the strategic approach.
- ✚ Principles of priorities, best value and business case are applied.
- ✚ Interoperable and collaborative approaches across NHS Scotland and partners
- ✚ Geared towards working with national standards
- ✚ Integrity and security of our 'business as usual' environment is maintained
- ✚ Meeting future people, health and social care professionals needs
- ✚ Increasing collaboration and innovation





Drivers for change

Some of the national drivers for change are set out in the following documents:

- ✚ NHS Recovery Planⁱ
- ✚ A changing nation: how Scotland will thrive in a digital worldⁱⁱ
- ✚ Scotland's Artificial Intelligence Strategyⁱⁱⁱ
- ✚ Mental Health Strategy 2017-27^{iv}
- ✚ National workforce strategy^v
- ✚ Enabling, Connecting & Empowering: Care in the Digital Age
- ✚ Scotland's life sciences vision^{vi}
- ✚ Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age³
- ✚ Delivering value-based health and care: a vision for Scotland^{vii}

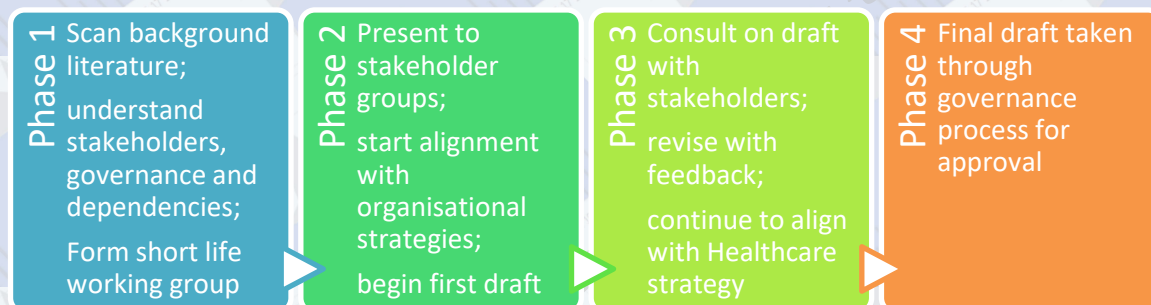
Local strategies

In addition to the national drivers mentioned above some local strategy developments have been drivers in the development of this local information strategy document. These include:

-  Clackmannanshire and Stirling HSCP Strategic Commissioning plan 2023-33^{viii}
-  Falkirk HSCP Strategic Plan 2023-26^{ix}
-  Forth Valley Quality Strategy 2021-26^x
-  Forth Valley Healthcare Strategy 2023 as its evolving

Approach to developing the strategic framework

Our approach followed that of the Forth Valley Quality Strategy 2021-26 and also the best practice blueprint governance guidelines. A small, focussed working group was formed to engage with stakeholders and develop the draft content. In doing so the phases of the innovation cycle were followed as below:



National Data Strategy

In February 2023 Scottish Government published “*Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age*”. Many of the actions in that document are contained within the national digital health strategy mentioned above. Hence, they are reflected within the body of our local digital health and care strategy.

There are however some aspects of the new data strategy which impact on health records, on information governance and on health and social care partnerships which are not contained within the local digital health strategy. In addition, improved technology and data for performance and business intelligence are drivers in the local HSCP strategic plans.

‘Greater Access, Better Insight.’ plans for a significant expansion of the national clinical data store and greater use of the national data platform for recording and viewing personal records. This will enable greater use of data for research and innovation. The consequent drive towards national standardisation for interoperability will reduce flexibility in local data configuration and recording for local needs. Part of this standardisation will be the move to SNOMED-CT from the older READ codes in primary care with consequent effects on local services and the need to revise statistical reporting for enhanced services which will be a major project in this strategy.

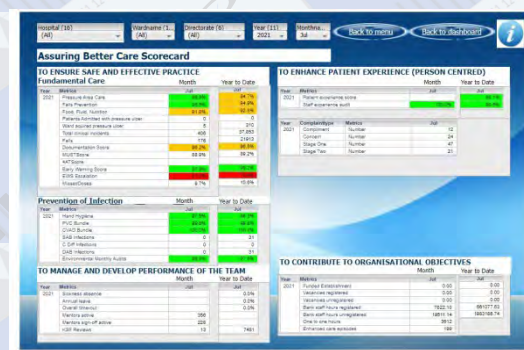
Strategy building with Stakeholders



In addition to the national drivers for change above, our local partners, staff and patient groups have been telling us about the things that will make their health and care services and experiences better. They have done this through presentations at local management groups and consultation on early drafts of this strategy during 2023. A list of groups consulted is given in an appendix.

New Requirements for Business Intelligence Products

While the above section illustrates the approach we shall use for delivering information products, the question of what products are needed is best answered by the Scottish Governments new data and information strategy; the evolving health and social care strategy and Partnership plans and those arising out of remobilisation and system pressures post-Covid19 pandemic. These new requirements have been analysed and drafted into the themes given later in this document.



Delivering the Strategic Framework

An annual delivery plan will form the detail of how specific elements will be progressed through individual project plans, governed through the eHealth programme board, and Senior Leadership Teams.

The impact on wider clinical and non-clinical services including resource implications and capability and capacity of wider services to implement changes will be included in detailed business cases and project plans for individual actions contained within this strategy.

The wide-ranging eHealth programmes are managed by the eHealth programme board which reports up to the NHS Forth Valley Board via a series of governance groups (see below).

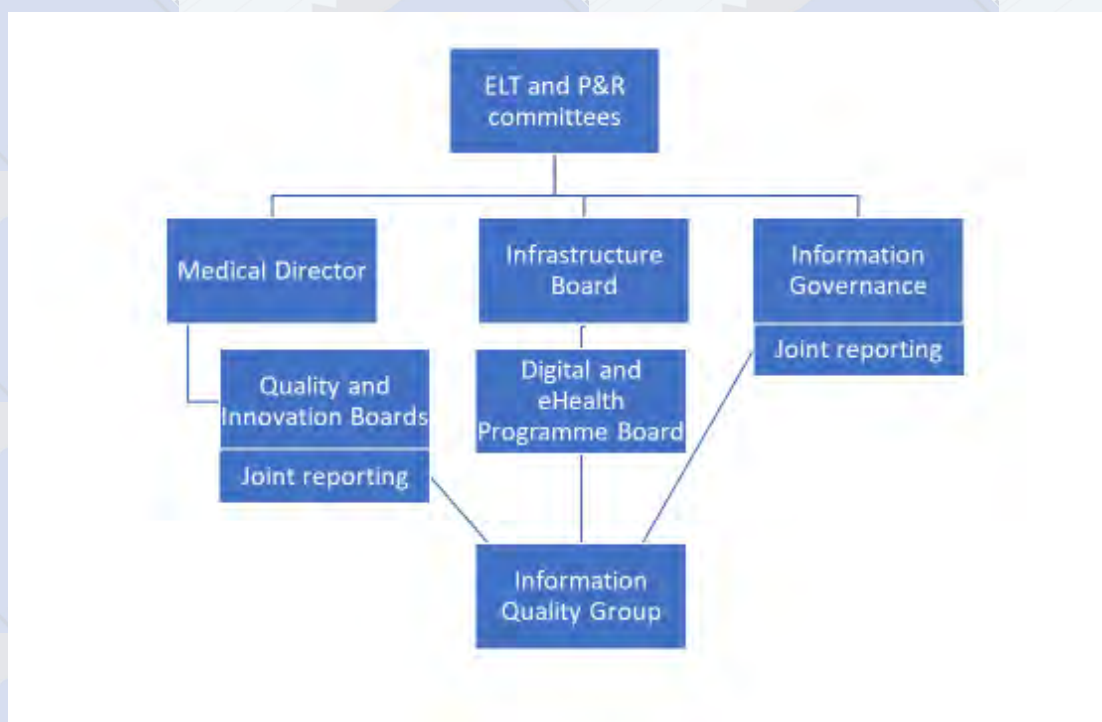
A draft timeline showing an approximate five-year timetable for delivering elements of the strategy is in an appendix.

A separate financial strategy statement is included before the concluding summary.

Finally, following publication by Scottish Government of the annual delivery plans digital and data strategies we will incorporate relevant elements of the national delivery plan within our annual plans as required.

Good Governance

Governance via the NHS route will be as follows. The strategy will inform annual delivery plans which will be owned and delivered by the Digital and eHealth Programme Board, Led by the Director of Facilities, and Infrastructure. This Board in turn reports to the Infrastructure Programme Board, Led by the Director of Finance and so up to the Executive Leadership Team and the NHS Board via the same directors as in the diagram below.



Monitoring of the delivery plans will be done by the relevant project boards reporting to the eHealth Programme Board, with quarterly reporting to the Infrastructure Programme Board and Performance and Resources committee. An Annual Delivery plan is drafted and then ratified and approved by the Infrastructure Programme board.

A mid-term review of the strategy will be carried out approx. 2025-26 and a final review after the life of the strategy looking at benefits and lessons learned.

While the above describes the governance via the NHS route. It must be recognised that many aims and actions link-across to the HSCP partnerships and relevant councils where dependencies may exist. Separate governance arrangements may be required to enable these dependencies.

Risks

Tactical risk assessment and management plans, relevant to individual projects will be prepared and reported on as part of the business case process for each action, then taken forward in the development of delivery project planning. Reporting will routinely be to the Information Quality Group with periodic reporting to linked Boards as in the diagram.

There are broad strategic risks relevant to many actions in this strategy. The most important strategic risks are as follows:

National programmes: several actions are linked to and dependent on national programmes over which we have little local control. Hence timelines can shift or actions may not go ahead as initially perceived in this strategy, dependent on national priorities.

Mitigated by: Local staff representation on relevant national project groups should partially mitigate against unforeseen risks and at least provide communication lines. Additionally reporting up to ELT, Finance and Chief Executive Officer will allow for adjustments within local delivery plans.

Financial resources: All actions contained in this strategy are dependent on doing the tasks in 'business as usual' with existing services, or on business cases for significant projects and obtaining the finance to carry them out. These workload and financial constraints are not able to be predicted at the time of writing the strategy and hence there is a risk that the finances may not be available to pursue a particular action.

Mitigated by: Annual delivery plans and the business case process should mitigate against unforeseen financial constraints.

Capability and Capacity of services: Many actions are dependent on support from services to undergo change in processes to make use of and benefit from the actions proposed. The capability and capacity of local services may not be sufficient to fully implement a particular action.

Mitigated by: This should be mitigated for in the relevant business case for that action and additional capacity provided as required in the business case.

ANIA Pathway and Research Projects: There is not enough Information resource to support the innovation work being introduced to NHS Forth Valley via the ANIA pathway and research projects.

Mitigated by: Work closely with the Innovation team to establish and understand the proposed innovation projects likely to come in via the ANIA pathway. Manage all new ANIA pathway projects via a New Innovation Request Process to allow for the evaluation and prioritisation of each request.

Equality Declaration

Due regard has been given to the Equality Act 2010 and compliance with the Equality Duty as part of the decision-making processes behind developing this strategy. Relevant aspects of equality are considered in the business case and project planning processes in which there are explicit defined sections to complete.

Our Strategic Themes

There follow three sections which reflect the main strategic themes from the Healthcare Strategy:

Better Health, Better Care; Better Value. Within each section there are sub- themes which bring together the aims, projects, and outcome measures for specific tasks that fit within each sub-theme. Each task, or project sits on a timeline given in an appendix.

BETTER HEALTH

Improving Public Health and Wellbeing, Prison services, Alcohol and Drug Partnerships, Children and family services

We shall enhance support for and collaboration with our HSCP partners and councils for various developments including Care Homes, Alcohol and Drug Partnership (ADP) and the wider mental health services. We shall improve working with public health and support development of a delivery plan. We shall review and enhance support for children's mental health services.

We aim to achieve the following

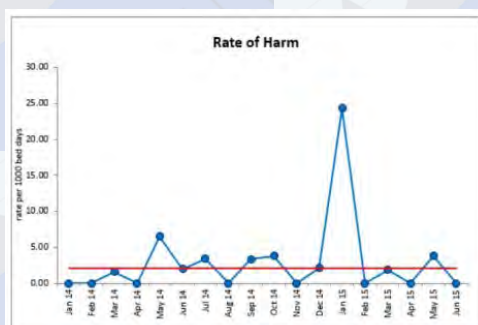
1. Better access to appropriate data and analyses, at different levels to better inform HSCP Partnerships, planning, public health and research data
2. A new public health delivery plan with analysts central to those ambitions.
3. Continued support for Alcohol and drug partnerships
4. CAMHS electronic reporting and self-service for information

We will know we have done this by

1. Existence of new dashboards and analyses and numbers of users particularly in partnerships.
2. Existence of new delivery plan for public health
3. ADP continued use of data in services
4. CAMHS online reports

We will achieve these by the following projects:

1. Information Services and others will develop better online dashboards and other methods of accessing and sharing appropriate data, including about Care Homes, mental health, ADP and other services .
2. Improved working with public health analysts in post
3. Improved Alcohol and Drug Partnership support
4. CAMHS reporting project and developments



BETTER CARE

Sub-theme 1: Improving Primary Care and Mental Health Services.

We shall support HSCP partners in the replacement of GP and mental health service information systems and the analyses of data derived from those systems. We will develop an enhanced relationship with primary care colleagues to provide improved information services depending on business case.

We aim to provide the following

5. Improved working with primary care including Enhanced Services reports and support for primary care analysis
6. Statistics about online access to mental health treatments as available
7. Support partners on information aspects of the forthcoming mental health strategy
8. Enhanced CAMHS and Psychological therapies information

We will know we have done this by

5. Availability of existing Enhanced Services reports from new system data
6. Availability of reports about online mental health
7. Engagement with mental health services
8. Enhanced online self-service reports available and in use

We will achieve these by the following projects:

5. Work with the national programme and partnerships and primary care to develop access and a business case for developing primary care analysis
6. Support online mental health information in line with national and local HSCP projects
7. Support projects to implement relevant aspects of new mental health strategy once published
8. Develop online self-service reports for CAMHS and Psychological therapies



Sub-Theme 2 Transforming unscheduled care

We shall grow our support relevant to the whole system transformation, including social care, the emergency department, Hospital @ Home, Urgent Care Centre, intermediate care, and person-centred long-term conditions management. Including progression of sharing various data with HSCP partners for enhanced analysis.

We aim to provide the following

9. Expansion of the EPR datasets and information by inclusion of Inpatient EPR data.
10. Information about patient record sharing across the West of Scotland
11. Support for out of hours and urgent care centre information
12. A refreshed and enhanced ED dashboard

We will know we have done this by

9. The functionality is available and in use and numbers of staff using it
10. Information on numbers of FV people and numbers of staff using a new Unified Care Record across WoS.
11. Existence of new BI tool and in use
12. Existence of new ED dashboard

We will achieve these by the following projects:

9. Develop new data and information related to the fuller EPR dependent on requirements and business case
10. Develop datasets and information reports alongside the Unified Care Record programme along with the West of Scotland depending on business case.
11. Develop a business intelligence tool to support all unscheduled care; progress sharing with HSCP partners
12. Migrate the existing ED dashboard onto a new platform



Sub-Theme 3 Transforming Scheduled care

Within scheduled care we aim to develop support for new diagnostic hub developments, digital chronologies, and the national treatment centre. Not forgetting the role of information within sustainable cancer services following the national cancer plan.

We aim to provide the following

13. Information related to provision of new digital chronologies
14. Information related to new community based diagnostic hubs.
15. Information aspects within a range of new innovation developments as governed by the Innovation Board.
16. Information for the new national treatment centre

We will know we have done this by

13. Statistics about usage and availability of chronologies
14. Availability of new reports
15. Projects will be monitored by the Innovation Board
16. New online reports and availability for new NTC users

We will achieve these by the following projects:

13. DSP Delivery plan (Chronology) subject to business case
14. Digital Diagnostic Hub Support project
15. Dependency on proposals approved by the innovation board, however known projects include:
 - InFix project to improve theatre performance
16. Enhanced business intelligence tool for new national treatment centre

Within the wider improvements in scheduled care we shall continue to work with the West of Scotland cancer network on digital aspects of the National Cancer Action Plan including the use of Power Apps and recognising the necessity to comply with Medical Device regulations.

BETTER VALUE

Sub-theme 1: Improving quality and the Personal Experience

Improving support for the services and programmes established to further the local NHSFV Quality Strategy will be important in all our projects. A number of initiatives throughout this strategy will enhance clinical safety and people's experience through quality, (eg online access to their own data, modernised clinical systems, improved login and access for locums). Organisational safety, the new 'Digital front door' and self-service information will bring new developments. Changes in information standards in line with government directives will support commonality with the rest of Scotland.

We aim to provide:

17. We shall provide an information analyst aligned to quality improvement.
18. We shall develop a new organisational safety dashboard incorporating key metrics from the Scottish Patient Safety Programme and including impact on patient care and pathways and the organisation as a whole.
19. Information about uptake of online appointment booking
20. Assist services in use of data from the new 'Digital Front Door' in line with national programmes
21. Improved compliance with national standards as required including migration towards Snomed-CT as enabled by national programmes
22. Upgrade to national coding system

We will measure by:

17. Provision of analyst support
18. Existence and usage of new dashboard
19. Patient user numbers
20. Usage of functionality
21. National audits of compliance with standards
22. New coding system in routine use

We will achieve these by the following projects:

17. Analyst recruitment and training
18. New safety dashboard project
19. Develop patient hub usage information and support outpatient booking project
20. Develop statistical aspects of digital front door programme
21. Engage with Government standards and ensure links to all local projects
22. Project with health records and others to carry out the coding upgrade

Sub-theme 2: Improving use of Data

Health improvement includes making the best use of data to transform our services. Training of the workforce is key to this and improved training resources and improved tools to draw out analyses from our data will help support improvements in health and care.

We aim to provide the following

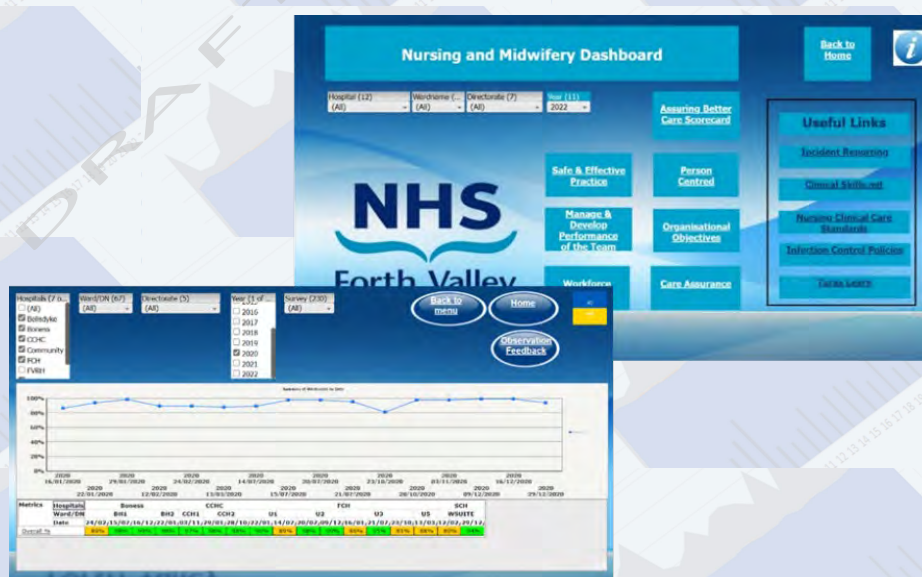
- 23. A programme of training workshops for users on making use of information tools including online reports and business intelligence tools. Open to HSCP partners.
- 24. Infrastructure to enable users to make use of data more effectively in line with the quality strategy

We will know we have done this by

- 23. Users making better use of information and data reports
- 24. Existence of better business intelligence tools

We will achieve these by the following projects:

- 23. Develop training tools and workshops and a resource suite to enable staff to use data more effectively
- 24. Project to develop and migrate to better business intelligence tools as business case allows



Sub-theme 3: Improving communities – NHSFV as an Anchor organisation.

NHS Forth Valley is recognised as an Anchor organisation within our community. It can assist wealth building, resilience, research and training through our university college health partnership. Making better use of our community facilities will require innovations in use of data.

Our Community Hospitals will expand their role into Community Treatment and Care Centres delivering a wider range of services.

We aim to provide the following

- 25. Information related to digital services in people homes
- 26. Innovations and research collaboration with the new University College Partnership
- 27. Data and health records aspects of local contingency plans for a future pandemic
- 28. Greater information about community hospitals as treatment and care centres in collaboration with local partnerships

We will know we have done this by

- 25. New technologies running and integrated into EPR
- 26. Dependent on individual project plans
- 27. Fully developed contingency plans
- 28. More information and statistics available to the services in community hospitals

We will achieve these by the following projects:

- 25. Work with partnerships on information from home based digital services
- 26. Work with new university college partnership on various innovations and research via defined programmes or projects as business cases allow
- 27. Work with Forth Valley and Partners in development of 'living with Covid-19' and contingency plans for future pandemics and other civil contingencies.
- 28. Work with partnerships on selected initiatives about services in community hospitals dependent on business case.

Sub-theme 4: Recognising Sustainability and climate change.

The climate emergency response, net zero targets and facilities and estates improvements are captured in an Estates masterplan. Patient facing remote services such as 'Near me' (or Connect-Me) are improving access to services while reducing our carbon footprint. The expansion of these services requires new information and data support.

We aim to provide the following

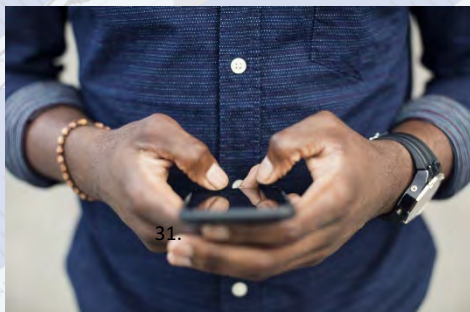
- 29. Information aspects of estates masterplan
- 30. Improved information about online outpatient services particularly 'Near Me'

We will know we have done this by

- 29. Dependent on the masterplan
- 30. Availability of reports for services about use of 'Near Me'

We will achieve these by the following projects:

- 29. Engagement with the estates masterplan on information and data aspects
- 30. 'Near Me' expansion project in line with eHealth



Sub-theme 5: Building Workforce and leadership.

Recruitment and retention is particularly challenging in certain technical specialisms (including data analysts). We shall participate in national initiatives to review roles and grades within our workforce plans. We shall build on our university college partnership and continue to encourage use of modern apprenticeships and further education qualifications among our workforce as part of personal development. The role of Artificial Intelligence enhancing or replacing certain tasks and roles is a fast changing field and will need to be developed continuously during the lifetime of this strategy.

We aim to provide the following

31. Ensure all staff have the information and statistical reports they need to improve services
32. Enable relevant training for our staff to improve the ability to understand and interrogate data-driven recommendations and decision support tools, including those powered by Artificial Intelligence.
33. Support use of Artificial Intelligence in selected projects (eg General Surgery)

We will know we have done this by

31. Access to reports and usage within senior management
32. Increased use of online training packages. Provision of relevant new packages related to decision support tools.
33. Project delivery and success

We will achieve these by the following projects:

31. Continue to work with services and widen the range of services with dedicated information analyst support
32. Broaden and enhance training and support for services and senior management in use of data and information to enhance services
33. Help departments seeking AI tools supporting healthcare delivery subject to business cases

Sub-theme 6: Buildings for the future

NHSFV is working on transforming some of our buildings to make them fit for the future. Major initiatives include the Falkirk Masterplan, the national treatment centre, and development of a Facilities and Estates transformation plan. This latter will include supporting use of an Estates Management System.

We aim to provide the following

- 34. Successful support for the Falkirk masterplan for the information and data components of the plan
- 35. Support for the new National Treatment Centre on sharing with national body
- 36. Support for the new Facilities and Estates Digital transformation plan

We will know we have done this by

- 34. Dependent on measures in the published plan
- 35. Suitable provision of information about the operation of the National Treatment Centre
- 36. Successful implementation of measures within the new plan

We will achieve these by the following projects:

- 34. Implement the information components of the Falkirk Masterplan when published in collaboration with partners
- 35. Development of data sharing system for sending NTC data to other boards and national body
- 36. Work with Facilities and Estates directorate on the provision of information aspects of the new plan.



Financing the Strategic Framework

The Strategic Framework and associated Delivery Plan will be underpinned by an affordable financial plan which demonstrates best value and is fully aligned to the four aims of the Sustainability and Value Framework.

It is recognised that best use of information is a key element of our local sustainability and value programme and is essential to support the redesign and reform of service delivery, to enhance people's experience and to improve efficiency and productivity.

The proposed actions will be delivered subject to approval via a business case, although some actions are achievable through existing resources. The business case process will ensure that all pertinent proposed actions support the vision and goals of the Strategic Framework, are affordable and represent value for money.

Annex Glossary

ANIA - Accelerated National Innovation Adoption: a national programme for proliferating innovations across Scotland

CHI – Community Health Index: the national personal identifier in Scotland

DSP – Data sharing partnership: between NHSFV and the two HSCP's

ED – Emergency Dept

ELT – Executive Leadership Team

EPR – Electronic Patient Record

Hepma – Hospital Electronic Prescribing and medicines administration: a system for prescribing and administering prescriptions

HSCP – Health and Social Care Partnership

LIMS – Laboratory Information Management System: a national system for use in laboratories

M365 – Microsoft Office 365: the national office product

MIU – Minor Injury Unit

PACS – Picture Archive and Communications System: for radiology images

PMS – Patient Management System: the national acute system is Trakcare

RIS – Radiology Imaging System: used in Radiology depts for imaging

P&R – Performance and Resources committee of NHSFV

SCV – Stirling Care Village

Snomed-CT – Systematised Nomenclature for Medicine Clinical Terms : an international coding terminology adopted as a standard in Scotland

Annex Stakeholder consultations

The following groups have received a presentation, engaged in discussion and given feedback on the strategy requirements at one of their management team meetings. In addition, the same groups have received earlier draft versions of this strategy for comment:

Executive Leadership Team
Digital and eHealth programme board
Acute Senior Management Team
GP and Primary care
Mental health Senior Management Team
Clackmannanshire & Stirling H&SC partnership Senior Leadership Team
W&C Senior Management Team
Pharmacy Senior Management Team
Information Services Dept
Patient representatives- patient panel
Innovation Governance Group
Quality Programme Board
Falkirk H&SC partnership Senior Leadership Team
Public health and Planning SMG
Information Governance Team
Whole system leadership group

Annex Actions List and Timeline

	Action	2023	2024	2025	2026	2027
1	Develop better online dashboards					
2	Better working with Public Health					
3	Imprved Alcohol and Drug Partnership support					
4	CAMHS reporting developments					
5	Enhance working with GPs and primary care					
6	Mental health reporting developments					
7	Support new mental health strategy					
8	Develop online CAMHS and Psych Therapy reports					
9	Enhance EPR datasets and analyses					
10	Develop Unified Care Record Data					
11	Develop new BI tool for unscheduled care					
12	Migrate ED dashboard to new platform					
13	Digital chronologies information project					
14	Diagnostic hub information support					
15	Support new innovations					
16	New information tools for national treatment centre					
17	Develop analyses for quality improvement					
18	Develop new safety dashboard					
19	Develop patient hub information					
20	Support digital front door data aspects					
21	Ensure links to and compliance with national standards					
22	Upgrade to use of ICD11					
23	Support rollout of 'Using Data Effectively-quality strategy'					
24	Upgrade and migrate to better BI tools					
25	Support HSCPs with data sharing					
26	Support university partnership on projects					
27	Support development of living with covid19 plans					
28	Support partners with community hospital developments					
29	Support estates masterplan data aspects					
30	Support 'Near Me' expansion information					
31	Continued support and expansion of services support					
32	Enhance training of staff					
33	Support use of Artificial Intelligence					
34	Support Falkirk Masterplan					
35	Implement NTC data sharing aspects					
36	Support Estates masterplan					

References

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- ⁱ NHS Recovery plan available at: <https://www.gov.scot/publications/nhs-recovery-plan/>
- ⁱⁱ A changing nation: how Scotland will thrive in a digital world available at: <https://www.gov.scot/publications/a-changing-nation-how-scotland-will-thrive-in-a-digital-world/pages/national-performance-framework-alignment/>
- ⁱⁱⁱ Scotland's Artificial Intelligence Strategy available at: <https://www.gov.scot/publications/scotlands-ai-strategy-trustworthy-ethical-inclusive/>
- ^{iv} Mental Health Strategy available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/03/mental-health-strategy-2017-2027/documents/00516047-pdf/00516047-pdf/govscot%3Adocument/00516047.pdf>
- ^v National workforce strategy available at: <https://www.gov.scot/publications/national-workforce-strategy-health-social-care/>
- ^{vi} Scotland's life sciences vision available at: <https://www.lifesciencesscotland.com/vision-for-2025>
- ^{vii} Delivering value based health and care available at: <https://www.gov.scot/publications/delivering-value-based-health-care-vision-scotland/>
- ^{viii} Clackmannanshire and Stirling HSCP strategic commissioning plan (in Draft)
- ^{ix} Falkirk HSCP strategic plan (in Draft)
- ^x Forth Valley quality strategy available at: <https://nhsforthvalley.com/wp-content/uploads/2022/02/FV-Quality-Strategy-2021-2026.pdf>

7.1 Healthcare Associated Infection (HAI) Reporting Template December 2023 For Assurance

Executive Sponsor: Prof Frances Dodd, HAI Executive Lead

Author: Mr Jonathan Horwood, Area Infection Control Manager

Executive Summary


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

Recommendation

The Forth Valley NHS Board is asked to: -

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

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.

- The report provides assurance that relevant published information is shared with the clinical teams for either information or action.
- Proposed assurance level is reasonable. The Infection Prevention and Control Team have provided assurance that the report has been shared and actioned appropriately.

Key Issues to be Considered

- Total SABS remain within control limits. There was one hospital acquired SAB in December.
- Total DABs remain within control limits. There were no hospital acquired DABs in December.
- Total CDIs remain within control limits. There were no hospital acquired CDIs in December.
- Total ECBs remain within control limits this month. There was one hospital acquired ECB in December.
- There have been no deaths with MRSA or *C.difficile* recorded on the death certificate.
- There were no surgical site infections in December.
- There was one COVID-19 outbreak and two norovirus outbreaks reported in December.

Implications

Financial Implications

None.

Workforce Implications

None.

Infrastructure Implications including Digital

None.

Sustainability Implications

None.

Sustainability Declaration

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

☐ Yes

☒ N/A

Quality / Patient Care Implications

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

Information Governance Implications

None.

Risk Assessment / Management

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

Relevance to Strategic Priorities

AOP Standards in respect of SABs, ECBs & CDIs.

The AOP target has now been extended to March 2024.

- Staph aureus bacteraemias (SABs)

It is anticipated target will be met by March 2024. NHSFVs national position remains within control limits.

- Clostridioides difficile infection (CDIs)

It is anticipated with the amended reporting to ARHAI target will be met by March 2024. NHSFVs national position remains within control limits.

- Escherichia coli bacteraemias (ECBs)

Continue to be off trajectory and unlikely to meet the target in March 2024. NHSFVs national position is within control limits for this period.

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

Infection Prevention & Control Team

Additional Information

None

Appendices

None



Healthcare Associated Infection Reporting Template (HAIRT)

December 2023

NHS Forth Valley



**Infection Prevention
& Control Team**

Glossary of abbreviations

Following feedback from stakeholders below is a list of abbreviations used within this report:

HAI	Healthcare Acquired Infection
SAB	<i>Staphylococcus aureus</i> Bacteraemia
DAB	Device Associated Bacteraemia
CDI	<i>Clostridioides</i> Infection
ECB	Escherichia Coli Bacteraemia
AOP	Annual Operational Plan
NES	National Education for Scotland
IPCT	Infection Prevention & Control Team
HEI	Healthcare Environment Inspectorate
SSI	Surgical Site Infection
SICPs	Standard Infection Control Precautions
PVC	Peripheral Vascular Catheter

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

Definition of a bacteraemia

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

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

Cause definitions for *Staph aureus* and device associated bacteraemia

Hospital acquired

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

Healthcare acquired

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

Nursing home acquired

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

Healthcare Associated Infection Reporting Template (HAIRT)

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 remained stable this month.
- Influenza inpatient case numbers have increased this month.
- There was one covid outbreak reported this month, Ward A22.
- There were two norovirus outbreaks reported this month, Ward A22 and Ward A12.
- There were no SSIs reported this month.

Performance at a glance:

***Staph aureus bacteraemia* - total number this month: 2**

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

Device associated bacteraemia – total number this month: 1

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

***Clostridioides difficile* infection – total number this month: 4**

- There were no hospital acquired CDIs this month.
- There were four healthcare acquired CDIs this month.
- Total CDI case numbers remained within control limits this month.

***E coli* bacteraemia – total number this month: 12**

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

Surgical site infection surveillance

- There were no surgical site infection reported this month.

HAI Recorded Deaths

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

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 2024 following a series of extensions due to the COVID-19 pandemic. 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 tables below highlight the targets for 2024 and the 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

Target Organism	Target Rate (per 100,000 total bed days)	Current Rate April 22 - date (per 100,000 total bed days)	Status
ECB	30.6	40.8	Above trajectory
SAB	14.9	15.4	Above trajectory
CDI	10.3	13.4	Above trajectory

SAB and CDI Target are anticipated to be met for March 2024. ECB target remains challenging despite reduction seen over the last two quarters. Targets are currently under nationally review.

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.

Total number of SABs this month; **2** compared to **6** last month.

There was no data exceedance for SABs this month.

Total number of SABs (April 2023 – date) = **33**

- Hospital acquired = **1**

- Wound (No attributed ward)

There was no data exceedance for hospital acquired SABs this month.

- Healthcare acquired = **1**

- Cellulitis

There was no data exceedance for healthcare acquired SABs this month.

- Nursing Home acquired = **0**

There was no data exceedance for nursing home acquired SABs this month.

Breakdown

There were 921 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 was one hospital acquired SAB this month, this accounts for 0.1% of all blood cultures taken this month.

NHS Forth Valley's approach to SAB prevention and reduction

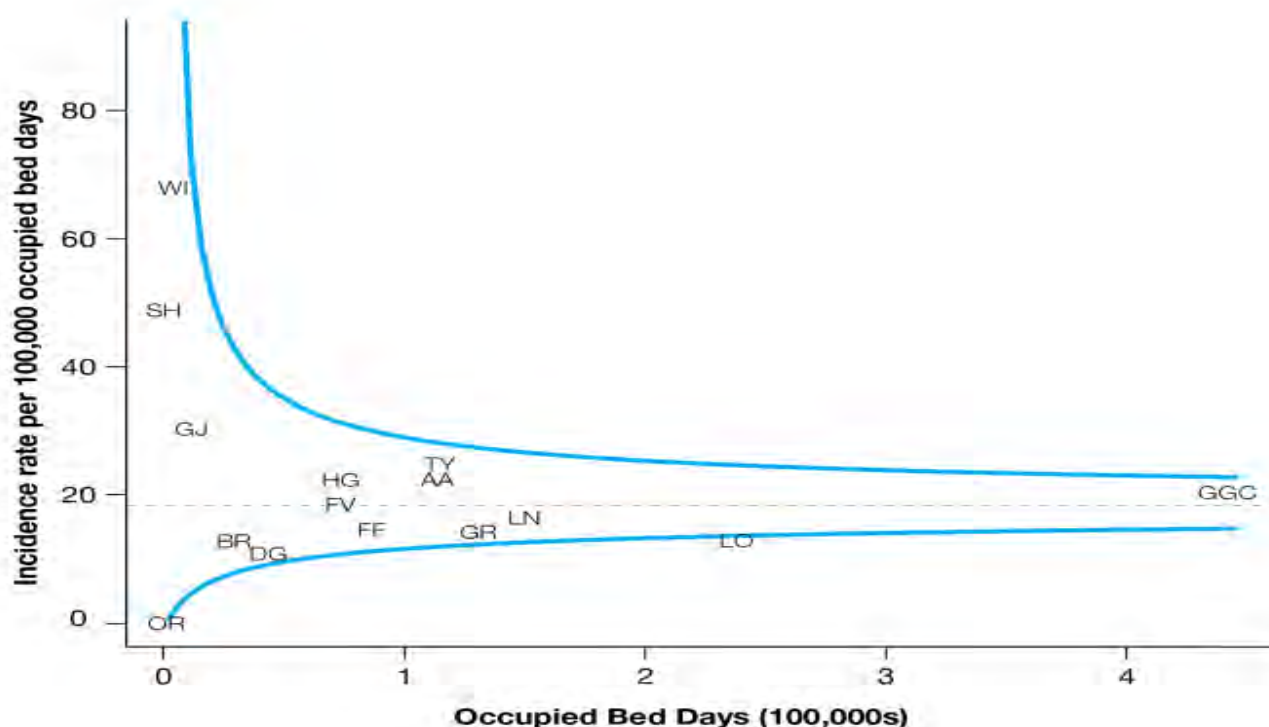
All *Staph aureus* bacteraemia are monitored and reported by the IPCT. Investigations to the cause of infection consist of examining the patients notes, microbiology, biochemistry and haematology reports to identify potential causes of the infection; from this, in most cases, a provisional cause is identified, 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.

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 FVs position nationally. Below is an extract from the ARHAI Quarter 2 report (April – June 2023) highlighting Forth Valley's position compared to all other boards in Scotland. NHSFV remains on 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.

Total number of DABs this month; **1** compared to **10** last month.
There was no data exceedance for DABs this month.

Total number of DABs (April 2023 – date) = **46**

- Hospital acquired = **0**
There was no data exceedance for hospital acquired DABs this month.
- Healthcare acquired = **1**
 - HickmanThere was no data exceedance for healthcare acquired DABs this month.
- Nursing Home acquired = **0**
There was no data exceedance for nursing home acquired DABs this month.

Breakdown

There were 921 blood cultures taken this month, of those there was in total 1 blood culture that was associated with devices. This accounts for 0.1% of all blood cultures taken this month. There were no hospital acquired DABs this month.

Escherichia coli Bacteraemia (ECB)

NHS Forth Valley's approach to ECB prevention and reduction

E coli is one of the most predominant organisms of the gut flora and for the last several years the incidence of Ecoli isolated from blood cultures 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 2024.

Total number of ECBs this month - **12** compared to **11** last month.
There was no data exceedance for ECBs this month.

Total number of ECBs (April 2023 – date) = **93**

- Hospital acquired = **1**
 - Respiratory tract (No attributed ward)

There was no data exceedance for hospital acquired ECBs this month.

- Healthcare acquired = **9**
 - Cellulitis x1
 - Hepatobiliary x 1
 - Respiratory tract x 1
 - UTI x 5
 - Pyelonephritis x 1

There was no data exceedance for healthcare acquired ECBs this month.

- Nursing Home acquired = **2**
 - Unknown
 - UTI

There was no data exceedance for nursing home acquired ECBs this month.

Breakdown

There were 921 blood cultures taken this month, of those there were in total 12 blood cultures that grew *E. coli*. This accounts for 1.3% of all blood cultures taken this month. There was one hospital ECBs this month, this accounted for 0.1% of all blood cultures taken.

Hospital ECBs

- Patient admitted due to fall and #NOF. Patient developed hospital acquired pneumonia during admission.

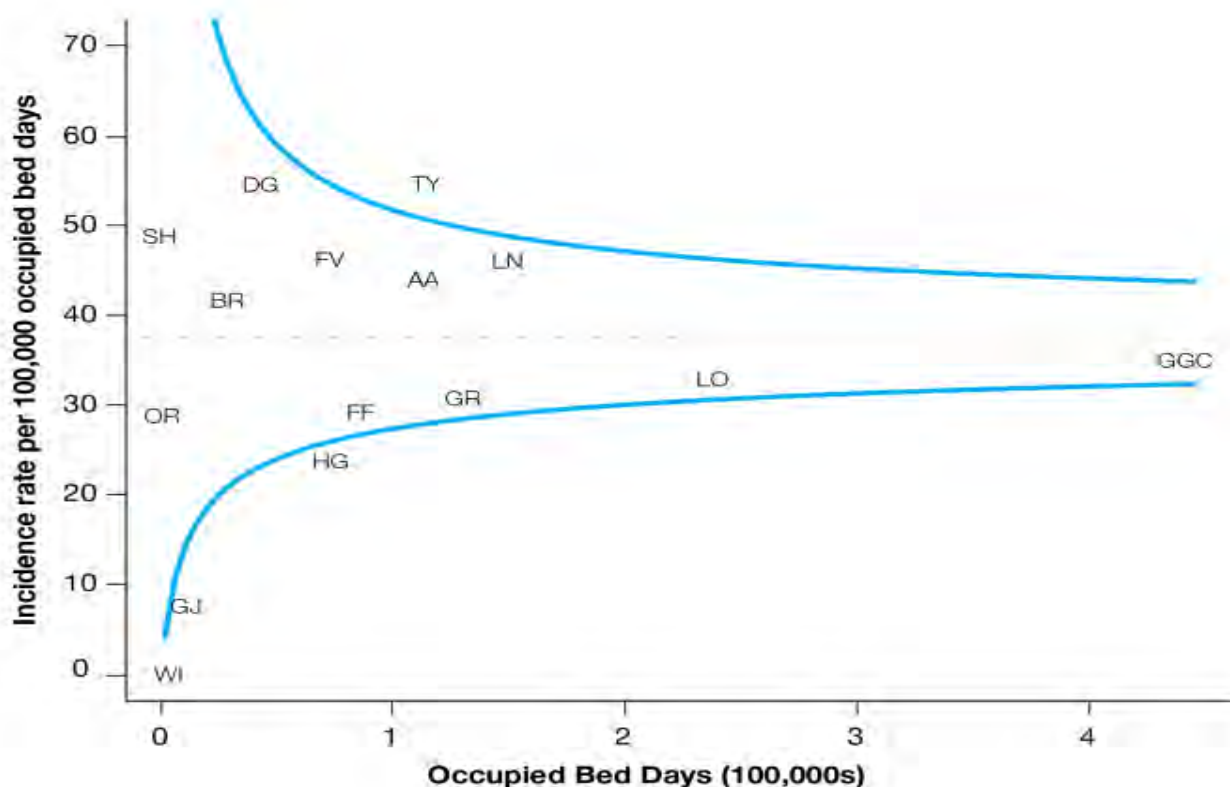
National Support Framework

Recent surveillance publication (April – June 2023) from ARHAI has highlighted that NHSFV ECB rate is now within national control limits. As a result of this, Scottish Government have informed NHS FV that the Support Framework has now been withdrawn due to this improvement in

infection rate. Based on our local analysis of the data, it is anticipated the next published report by ARHA will continue to show NHSFV remaining within national control limits.

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 FV's position nationally. Below is an extract from ARHA's Quarter 2 report (April – June 2023) highlighting Forth Valley's position compared to all other boards in Scotland.



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.

GP acquired

- GP associated CDI infections are not required to be reported nationally, however, locally it is considered important to monitor and report infections deriving from GP practices. All CDI infections from GPs are reviewed and investigated to the same standard as hospital infections to determine the cause of infection. In addition, data is shared with the Antimicrobial Management Group to allow the group to monitor overall antibiotic prescribing trends for individual GP practices.

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.

Total number of CDIs this month; **4** compared to **3** last month.
There was no data exceedance for CDIs this month.

Total number of CDIs (April 2023 – date) = **33**

- Hospital acquired = **0**
There was no data exceedance for hospital acquired CDIs this month.
- Healthcare acquired = **4**
There was no data exceedance for healthcare acquired CDIs this month.
- Nursing Home acquired = **0**
There was no data exceedance for nursing home acquired CDIs this month.
- GP acquired = **1**
(GP figures are not included in the total as it is not part of the AOP national target)

Hospital CDIs

- o There were no hospital acquired CDIs reported this month.

Healthcare CDIs

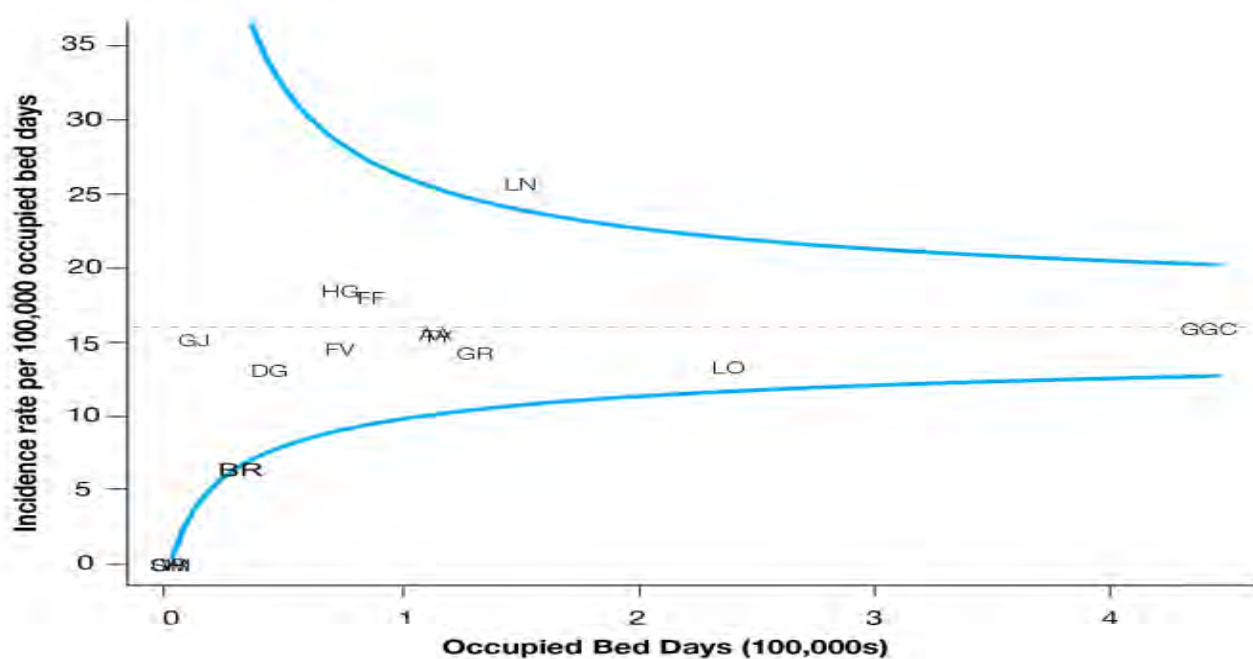
- o Reported cases this month were associated to antimicrobial therapy & PPIs.

GP CDIs

- o Graphical representation of GP associated CDIs will be included in future publications following a retrospective adjustment to the healthcare sourced infections. Reported case this month was due to a recurring infection.

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 published 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 2 report (April – June 2023) highlighting Forth Valley's position compared to all other boards in Scotland.



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.

Procedure	No of Procedures this month	No. of Confirmed SSIs this month
Abdominal Hysterectomy	7	0
Breast Surgery	29	0
Caesarean Section	79	0
Knee Arthroplasty	24	0
Hip Arthroplasty	26	0
Large Bowel Surgery	8	0

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

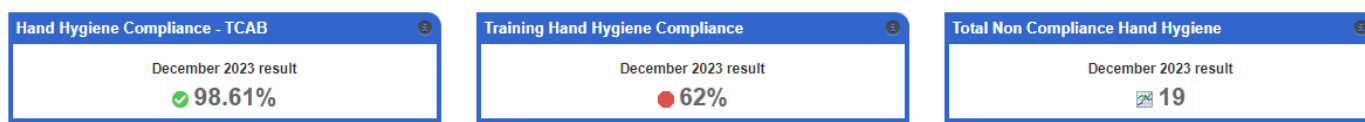
The National Records of Scotland monitor and report on a variety of deaths recorded on the death certificate. Two organisms are monitored and reported, MRSA and *C. difficile*. Please click on the link below for further information:

<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.



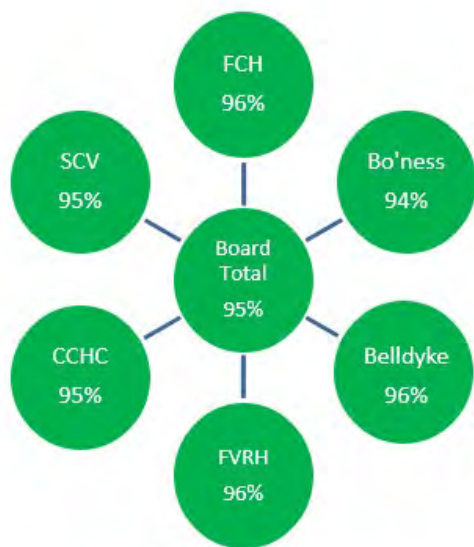
Estate and Cleaning Compliance (per hospital)

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.

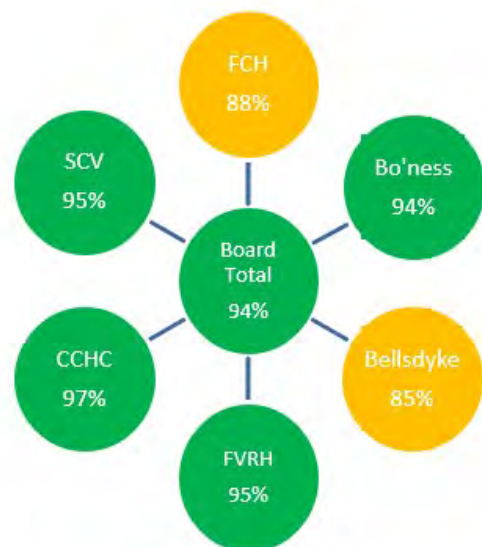
Falkirk Community Hospital and Bellsdyke Hospital Estate Scores

This quarter, the estate scores have remained relatively stable, Falkirk Community Hospital continues in amber with a compliance score of 88% compared to last quarter 87%. Bellsdyke Hospital also continues to be in amber with a compliance score of 85% compared to 85% the previous quarter.

Estates & Domestic Cleaning Scores from Cleaning Dashboard



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

Ward Visit Programme

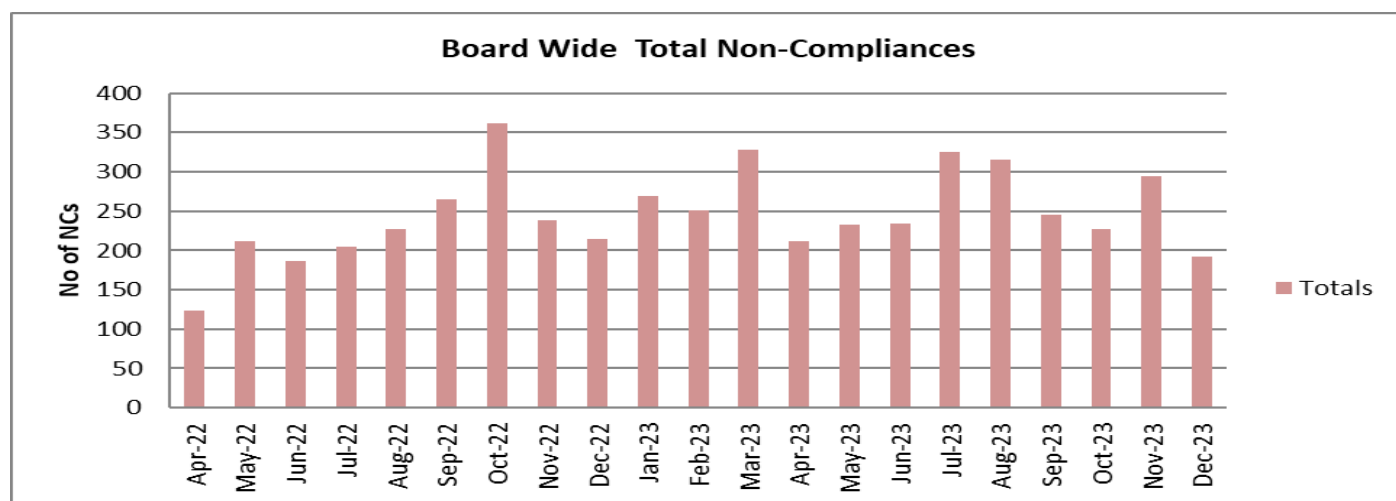
The purpose of these audits is to assess compliance to standard infection control precautions (SICPs); each aspect or SICP can be contributory factors to infection. All non-compliances are fed back to the nurse in charge immediately following the ward visit. A follow-up email is also sent to the ward and service manager. Details of each non-compliance are reported in the monthly HAI Service Reports.

The predominant non-compliance categories reported were Managing Patient Care Equipment category; non-compliances included equipment visibly dirty, items stored inappropriately, indicator tape/label missing. Control of the Environment, non-compliances included, area is not well maintained and in good state of repair, all stores are not above floor level and inappropriate items in clinical area (i.e. staff belongings / coffee cups).

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

Below is a table detailing the non-compliances identified during the ward visits.

	Patient Placement	Hand Hygiene	PPE	Managing Patient Care Equipment	Control of the Environment	Safe Management of Linen	Safe Disposal of Waste	Totals
Acute Services	4	19	28	39	29	27	27	173
Primary Care & Mental Health Services	0	0	0	3	10	0	2	15
WC&SH Directorate	0	0	1	0	1	1	1	4
Totals	4	19	29	42	40	28	30	192



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.

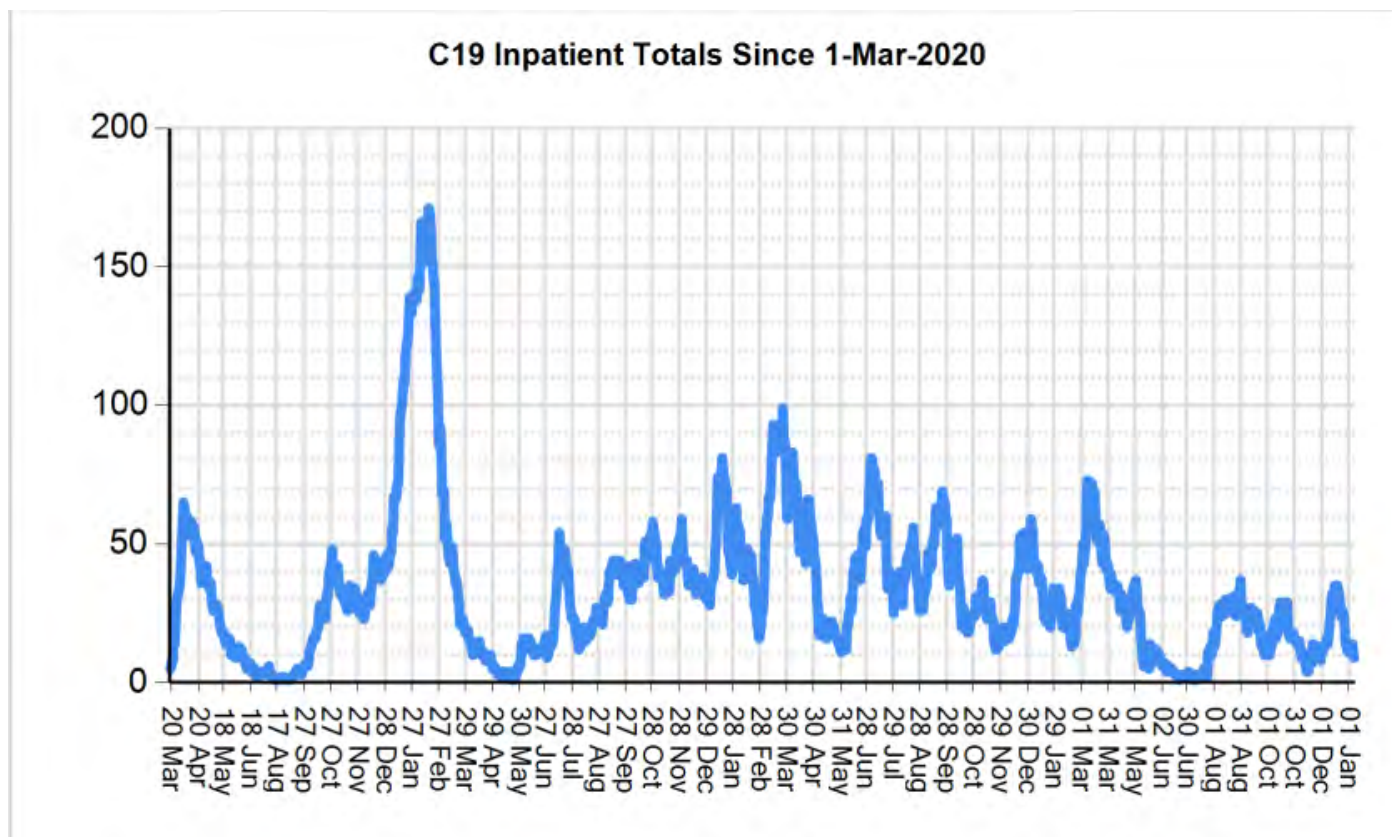
There were three outbreaks reported this month.

Month	Ward	Type of Outbreak	No of patients affected
December	Ward A22, FVRH	Covid	9
December	Ward A22, FVRH	Norovirus	14
December	Ward A12, FVRH	Norovirus	17

COVID-19

Covid-19 admissions and overall inpatient numbers have remained stable throughout the month reducing to approximately 10 inpatients.

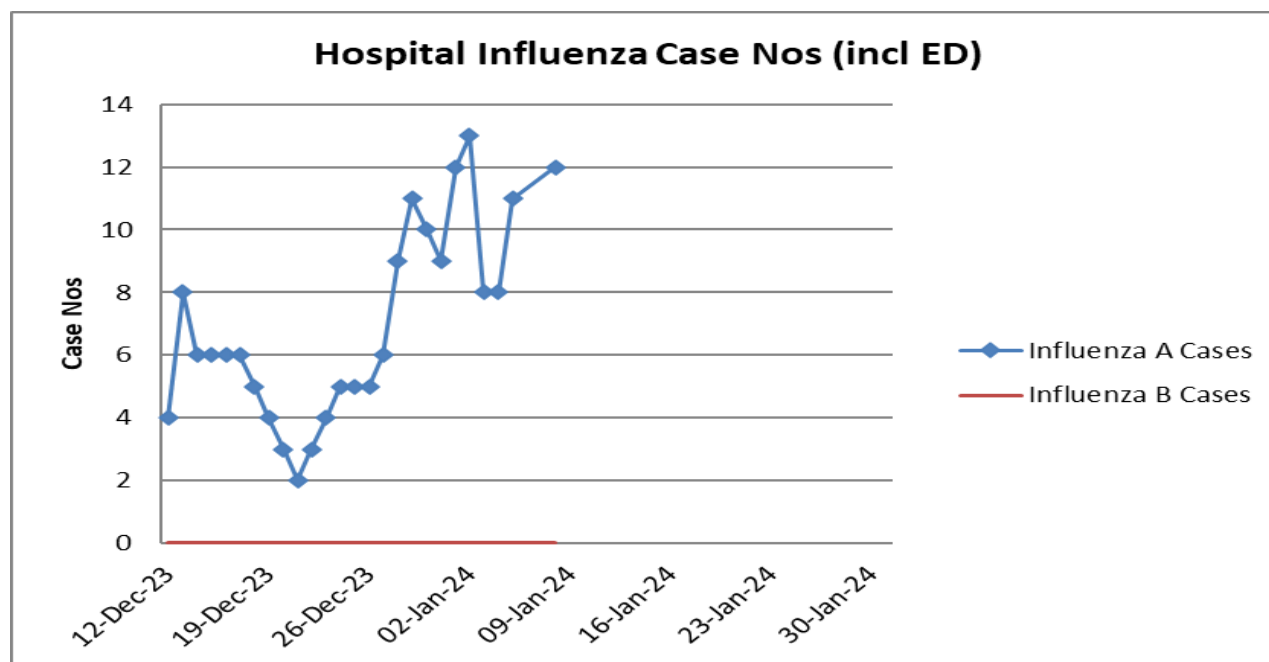
See graph below of the inpatient case numbers.



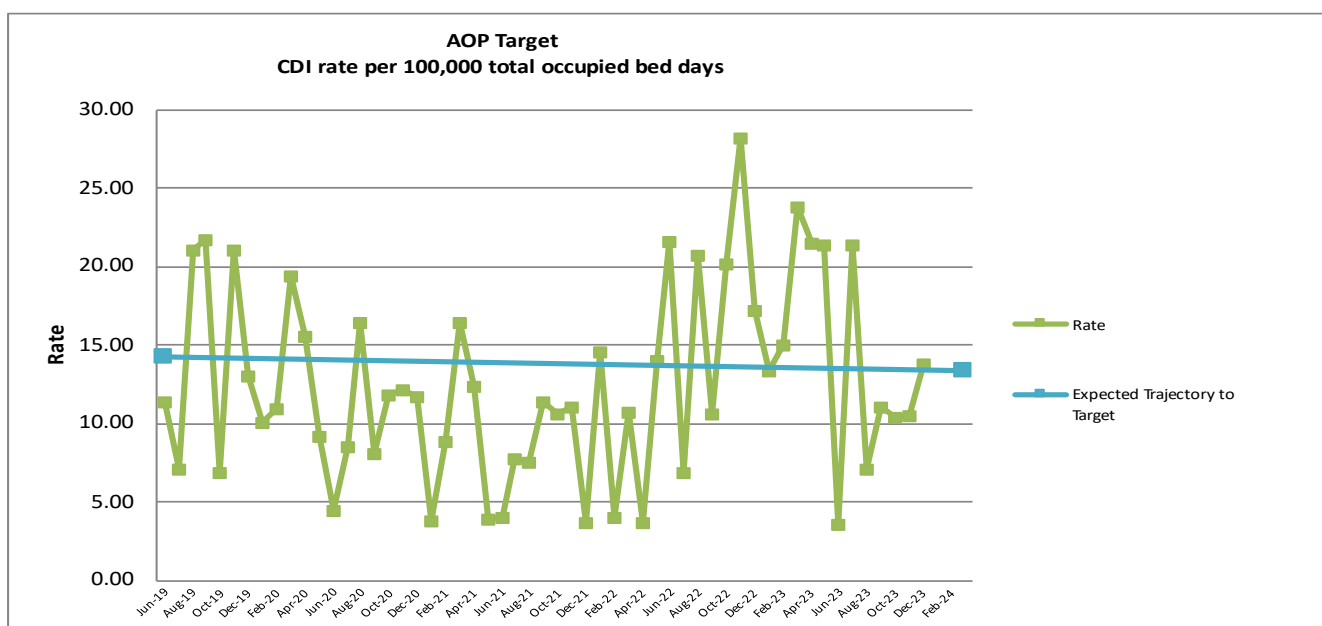
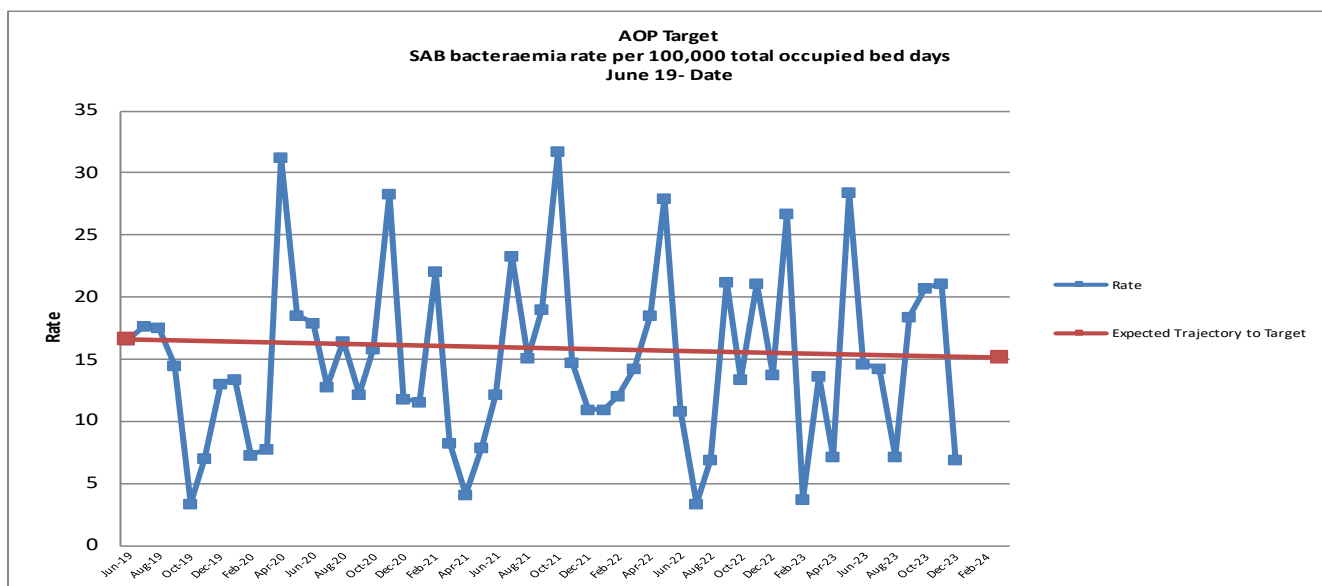
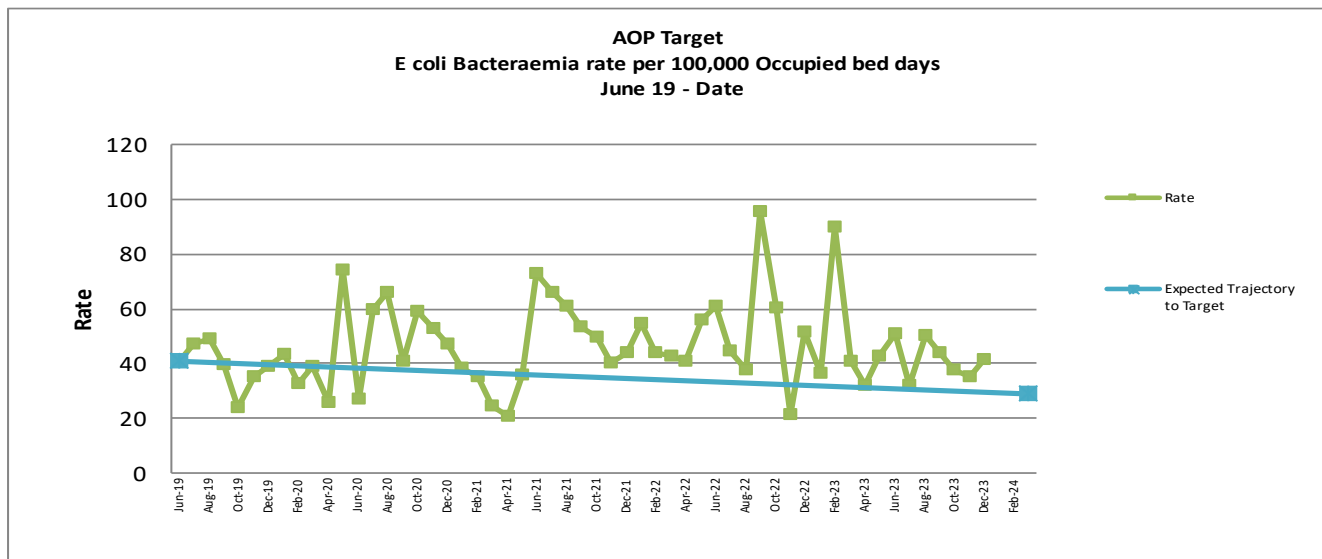
Influenza

Inpatient activity of influenza has been gradually increasing over the month with daily inpatient numbers of around 10 per day. The IPCT is routinely monitoring influenza rates nationally and increases are seen across Scotland with reports of moderate to high activity throughout the country.

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

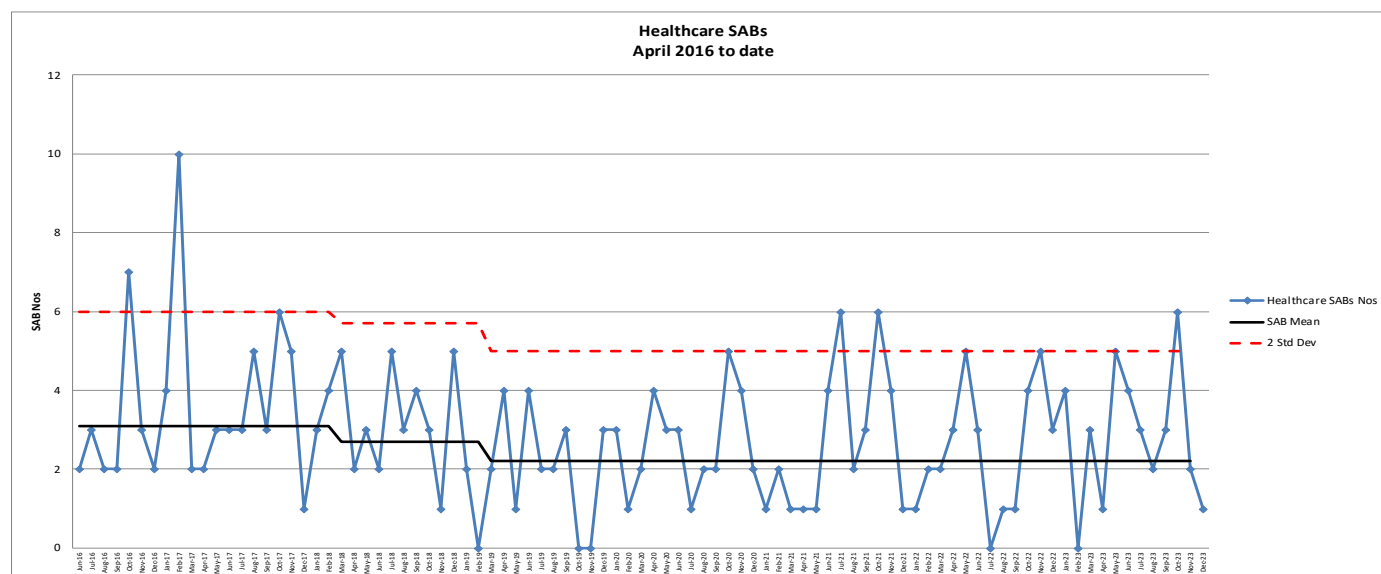
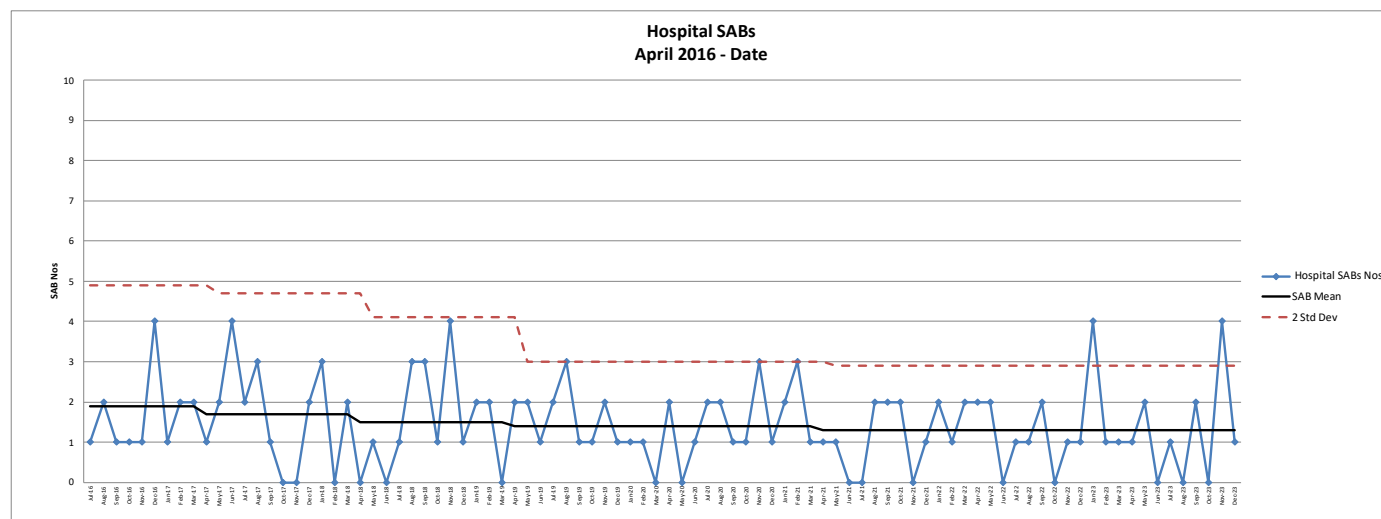
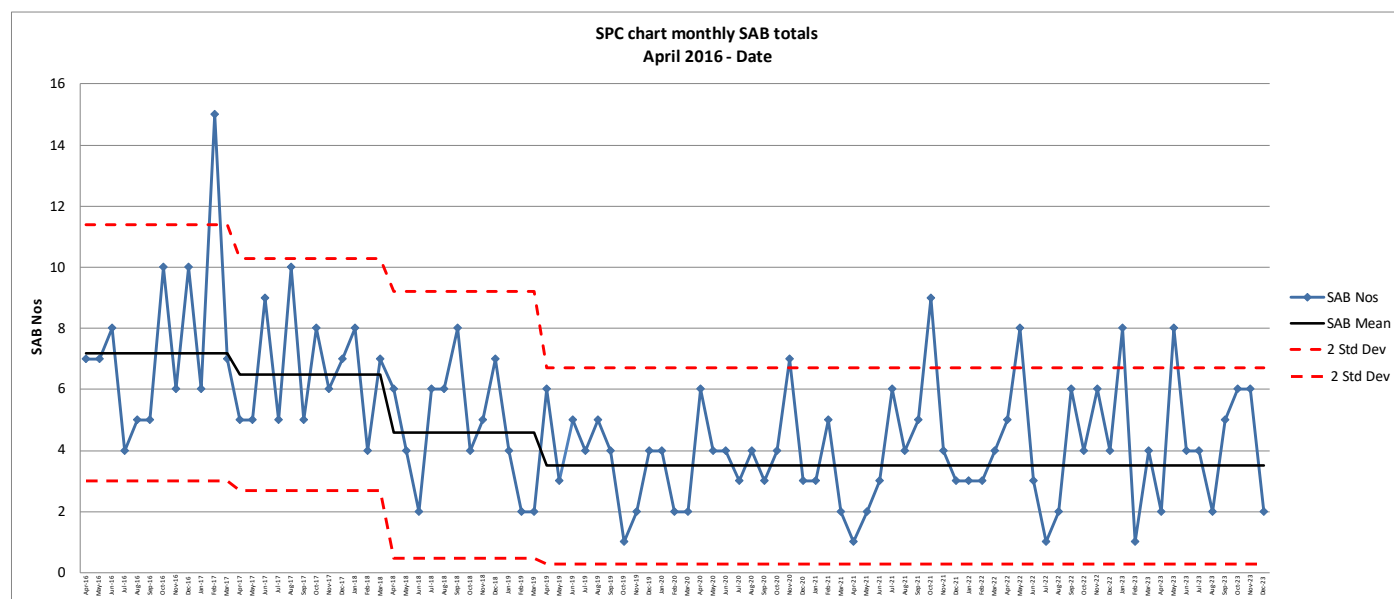


AOP Targets to date

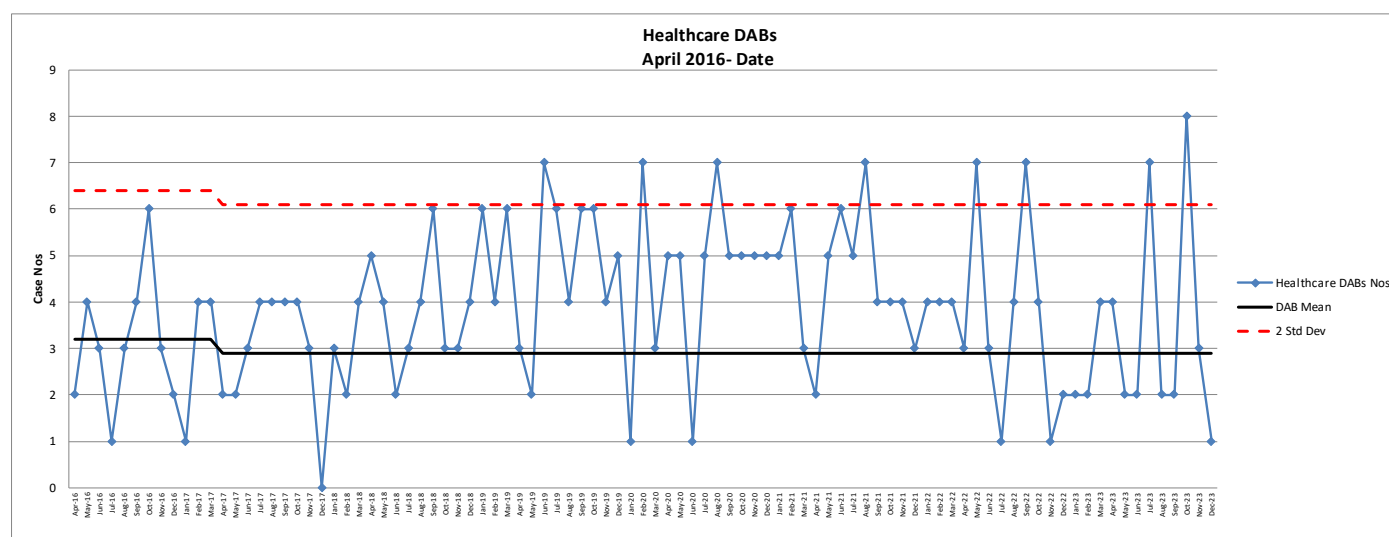
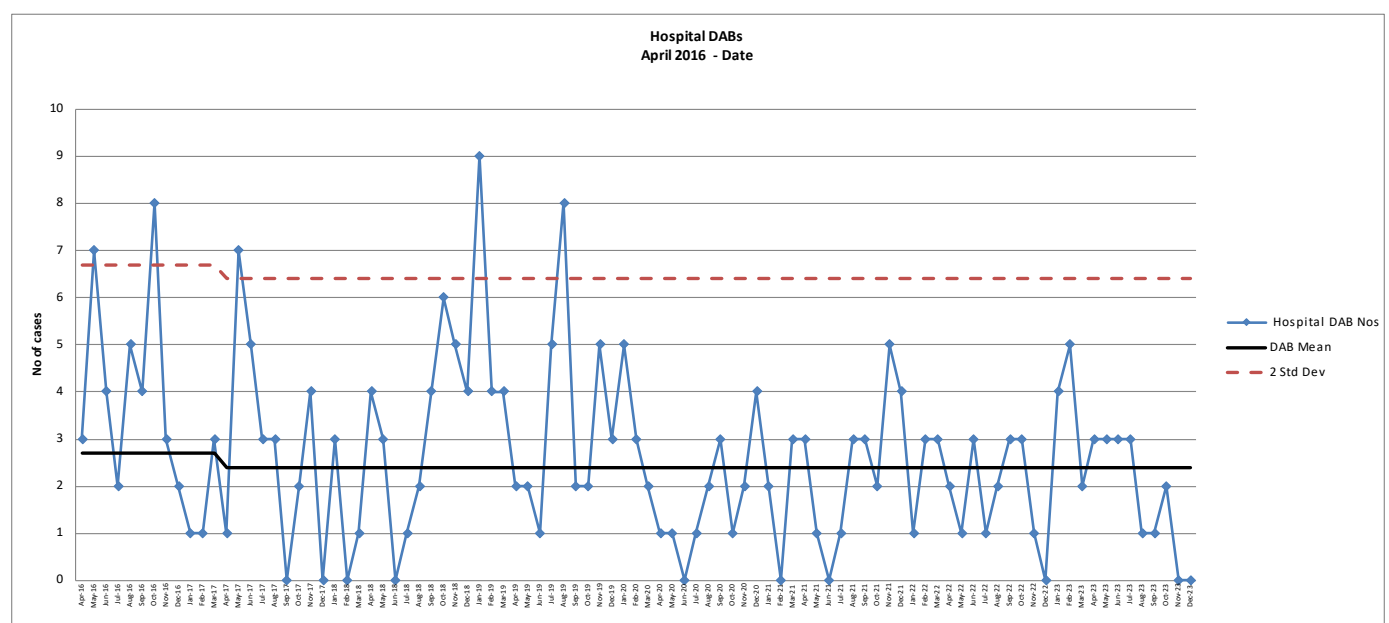
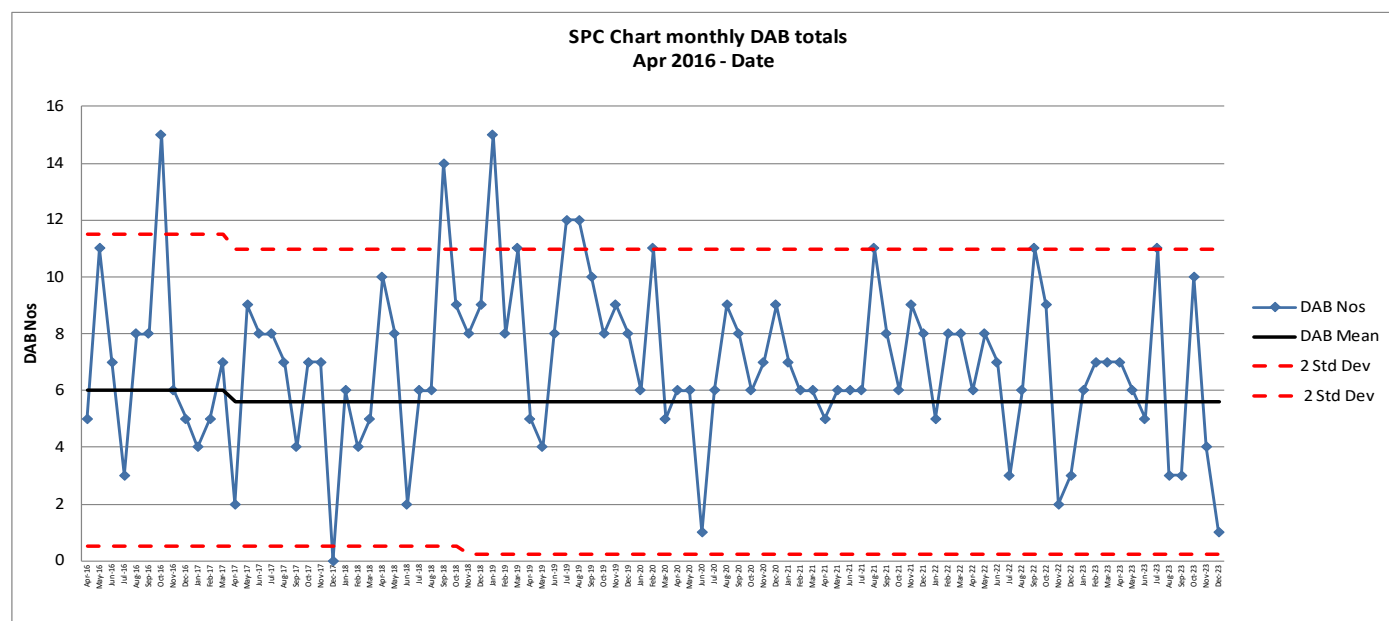


HAI Surveillance Statistical Processing Charts

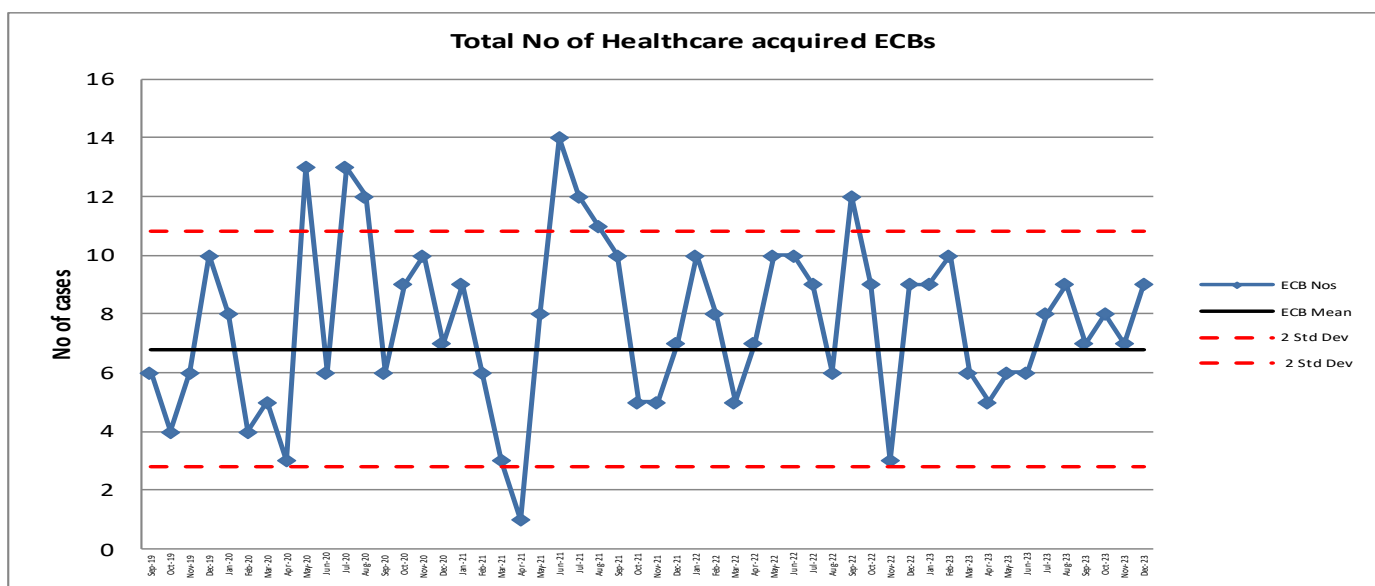
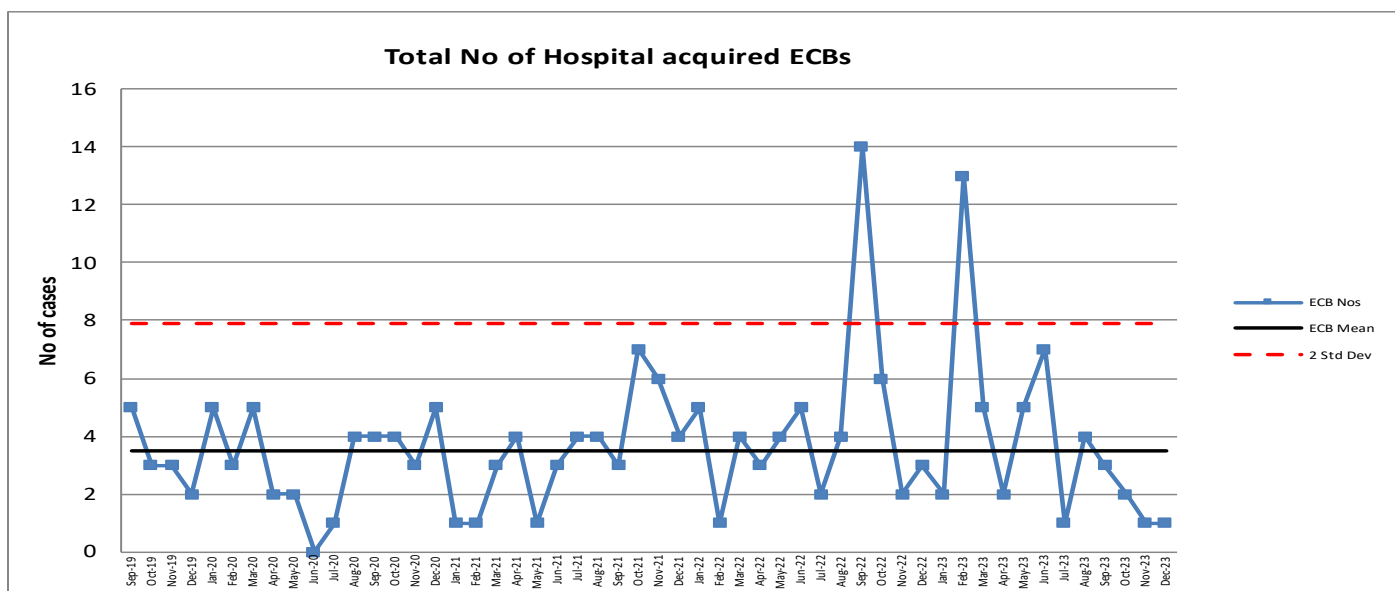
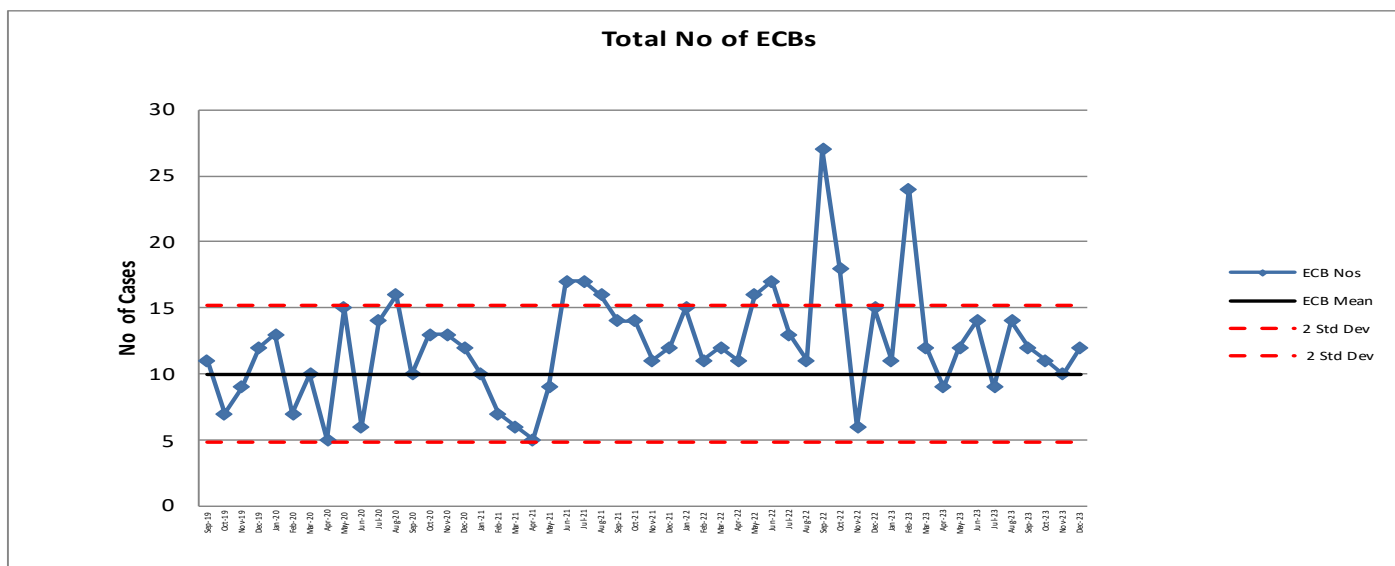
Staphylococcus aureus Bacteraemias (SABs)



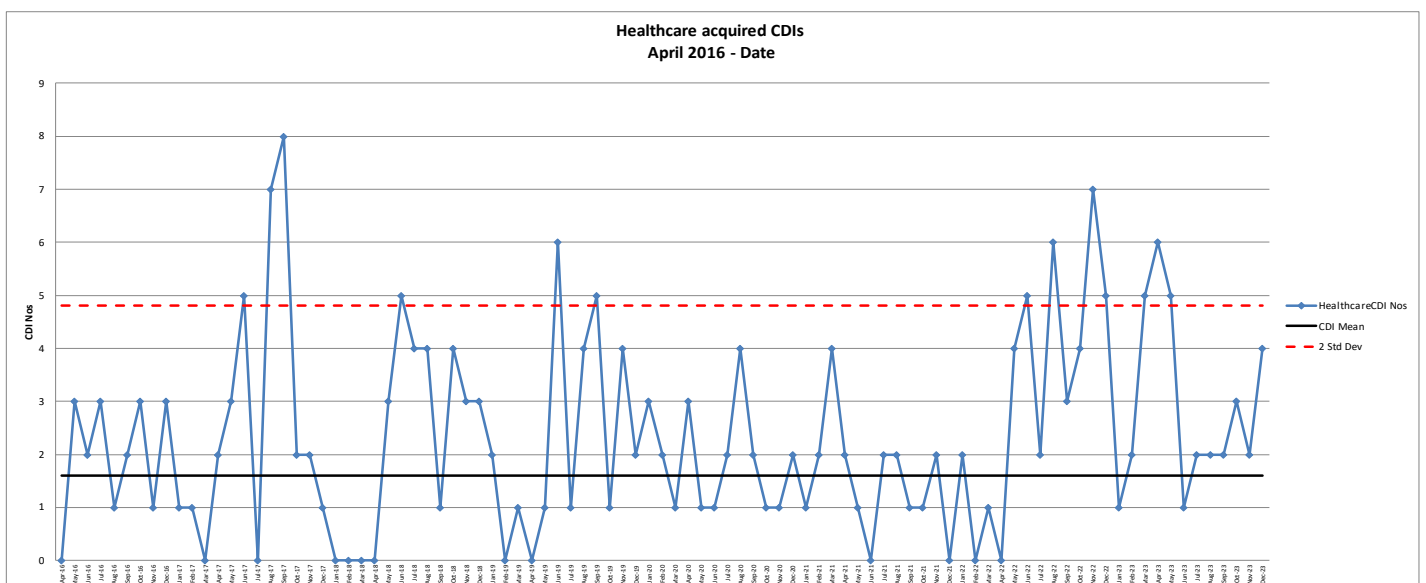
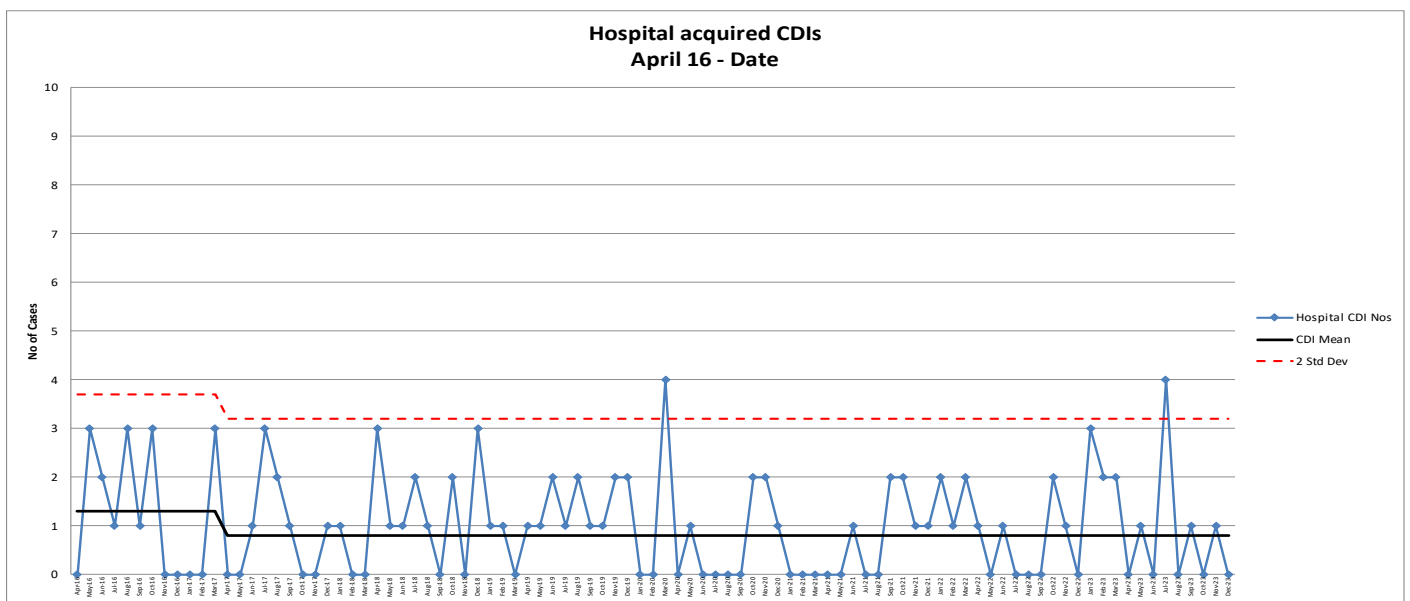
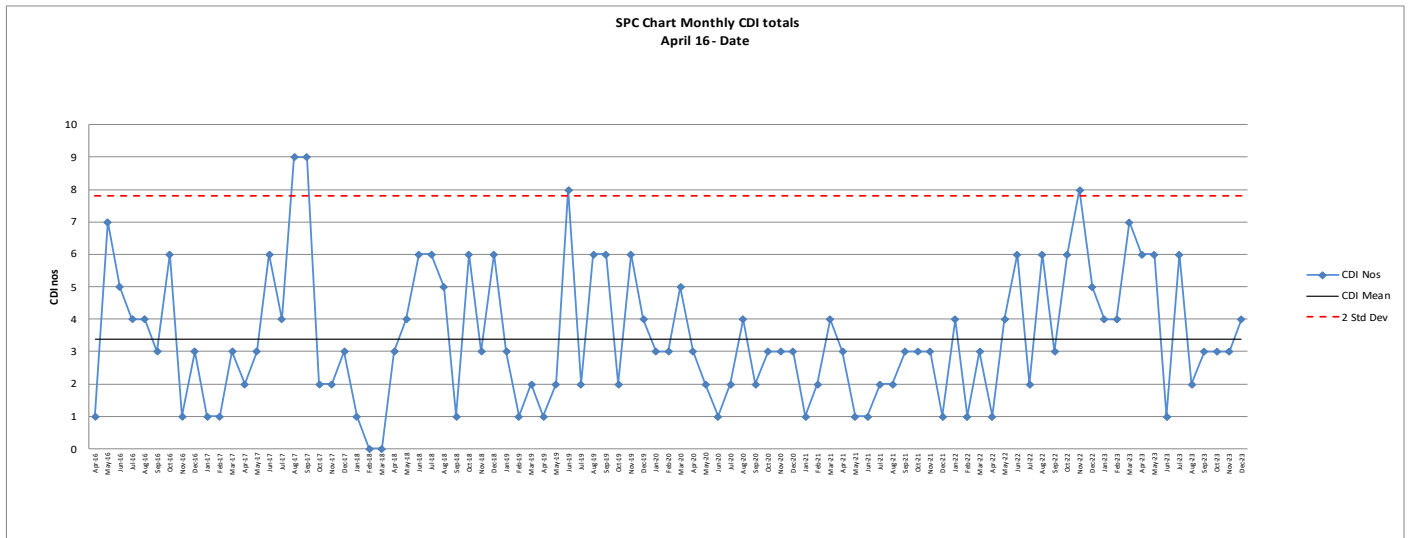
Device Associated Bacteraemias (DABs)



Escherichia coli Bacteraemias (ECBs)



Clostridioides difficile Infections (CDIs)



FORTH VALLEY NHS BOARD

TUESDAY 30 JANUARY 2024

7.2 Whistleblowing Standards and Activity Report For Assurance

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

Author: Ms 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 Whistleblowing activity in NHS Forth Valley during Quarters 1 and 2 (Q1) April-June and (Q2) July-Sept 2023.


Recommendation

The Forth Valley NHS Board is asked to:

- **note** Whistleblowing performance in NHS Forth Valley during Q1 and Q2 2023/24

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 Q1 and Q2 2023/24

2. Position

2.1 The whistleblowing infrastructure has been significantly strengthened as a direct result of staff using the process. The infrastructure includes administrative support for the processes, an increase in confidential contacts which improves access for concerned staff to advice, support and guidance. The whistleblowing investigations have also been enhanced with an increase in the number of lead investigators which will continue to strengthen overtime.

2.2 A Whistleblowing Network was established to ensure opportunities for all involved to share learning from the process of whistleblowing, particularly in relation to strengthening the processes, communication to reporters, the process of investigation, as well as the organisational learning from whistleblowing investigations.

Further training in addition to the TURAS training modules was undertaken by the Confidential Contacts and Lead Investigators in October 2023. The training included a combination of Whistleblowing Scenarios and a dedicated session on courageous conversations. Further training will be provided as the process evolves and there is an opportunity to share and learn from experiences.

2.3 The whistleblowing arrangements continue to evolve and strengthen using a continuous improvement approach. We have encouraged feedback from reporters to understand their experience of using the processes and to ensure we strengthen any areas identified. As a result of this feedback, we have strengthened our processes in relation to letters of communication with reporters, agreeing the scope and range of the investigation prior to commencement, as well as communication with other staff involved in whistleblowing investigations, with the sole purpose of strengthening the governance, providing assurance to the Board and providing a confidence in the whistleblowing processes for reporters within NHS Forth Valley.

2.4 NHS Forth Valley are in the process of updating the intranet page relating to Whistleblowing to inform the organisation of the details and profiles of the confidential contacts and also the lead investigators. This is designed to support people with concerns, giving them the opportunity to approach a confidential contact as early as they need to ensure the right level of support is available to them at the time of their concerns. This is hoped to support early intervention, visibility of staff who are providing this support and confidence in the Board's commitment to the whistleblowing process.

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 continues to capture and report performance against the KPI's using the performance management system Pentana.

Whistleblowing Key Performance Indicators Rag Status

The table (1) 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.

The process for organisational learning from whistleblowing concerns is led through the whistleblowing network, this continues to be an area of development to ensure organisational, and not just individual service, learning takes place.

As described earlier in the report the Whistleblowing Network gives an opportunity for all involved to share learning from the process and provide an ability to demonstrate improvements as a result.

Work progresses in relation to organisational learning from whistleblowing, this is being aligned with the work we are doing across the system looking at learning from complaints and SAERs, to ensure organisational learning is robust. This will be a focussed piece of work in the last quarter of 2023/24 and the first quarter of 2024/25.

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 Q1 and Q2 2023/24 from the investigations:

2023/24 INWO Outcomes	Total Number
Fully Upheld	1
Partly Upheld	0
Not Upheld	0
No Investigation Conducted	0
Withdrawn	0

Table 3 Provides detail of the outcomes overall from the investigations:

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.

Any individual wishing to have concerns considered under the Whistleblowing procedure is supported and followed up by the confidential contacts. We also encourage feedback from reporters to understand their experience of using the processes and to ensure we strengthen any areas identified. As a result of feedback, we have strengthened our processes in relation to letters of communication with reporters, agreeing the scope and range of the investigation prior to commencement, as well as communication with other staff involved in whistleblowing investigations with a purpose of providing a confidence in the whistleblowing processes for reporters within NHS Forth Valley.

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.

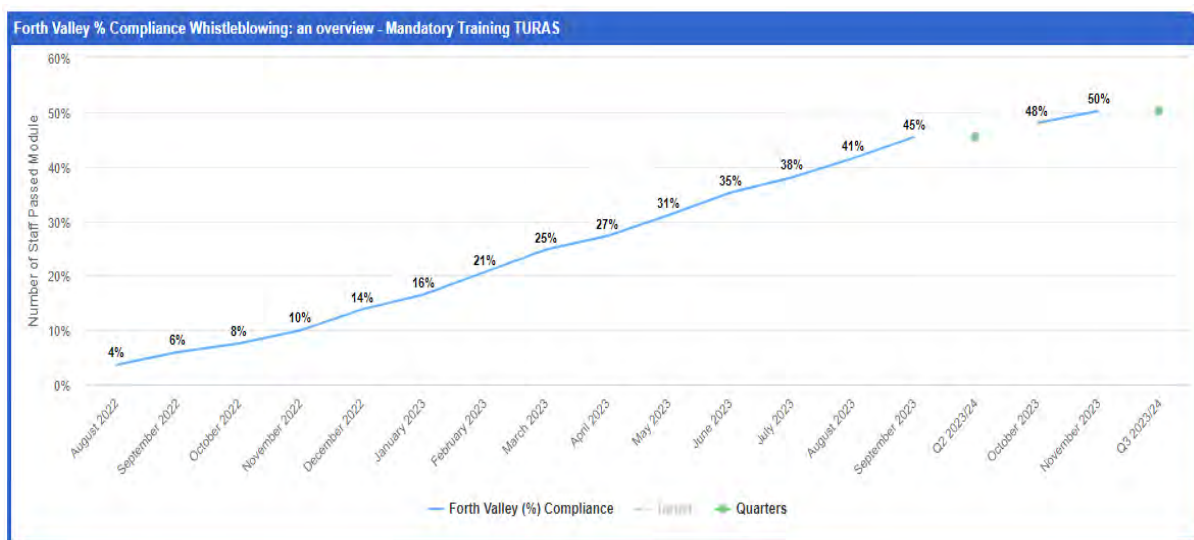


Table 4 - provides an overview of numbers of staff who have completed the training to date:

Whistleblowing Training	Completed Numbers	Eligible
All Staff "Overall"	3287	6552

It was recognised that there was 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. This trajectory is being followed up on a monthly basis with Directors to ensure the focus is maintained to reach the target.

Key Performance Indicator Four: Total number of Concerns Received

During this reporting period there were 0 cases received.

NHS Forth Valley have investigated a total number 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 5 – A breakdown of areas and total number of concerns received and investigated at each stage of the procedure:

	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

It may be worth noting that there have been occasions where individuals have raised concerns collectively. A breakdown of the number of reporters is provided below:

Area	Number of reporters raising concerns
Community	4
Mental Health/Learning Disabilities/Prisons	9

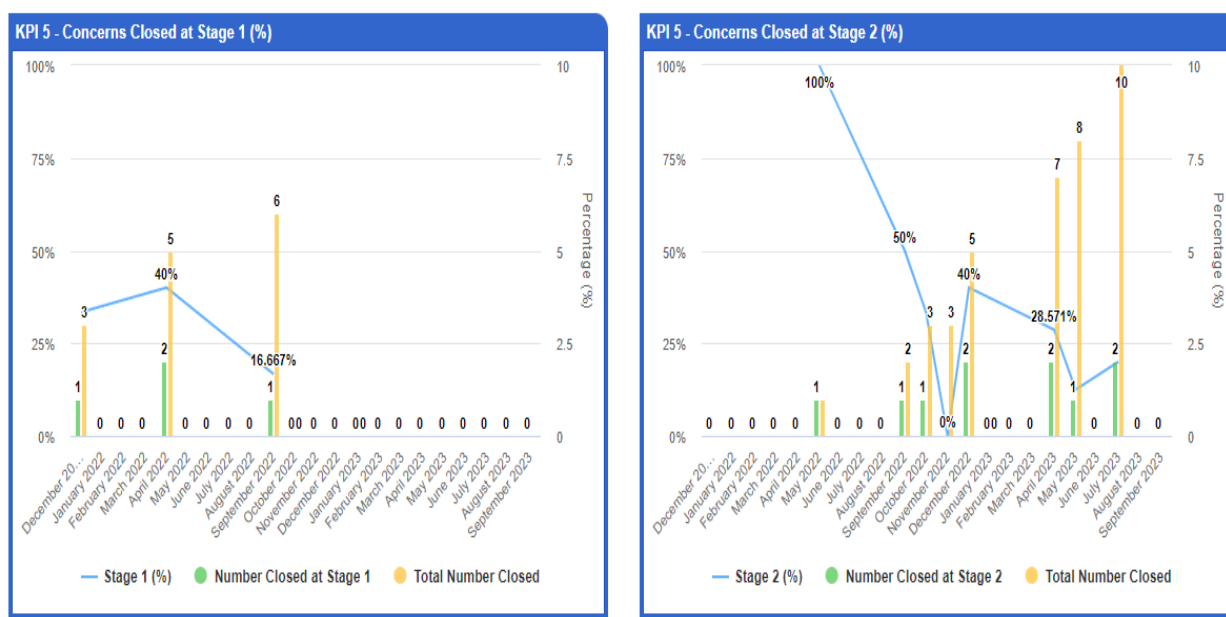
Key Performance Indicator Five: Concerns Closed at Each Stage

During this reporting period there were 0 cases received.

Table 6 - Provides the total number of concerns closed during each quarter of 2022/2023

	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Total
Total Number of concerns closed	3	3	5	2	0	0	13
Stage 1 (5 days)	1	1	0	1	0	0	3
Stage 2 (20 days)	1	2	5	2	0	0	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.

During this reporting period there were 0 cases received.

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:

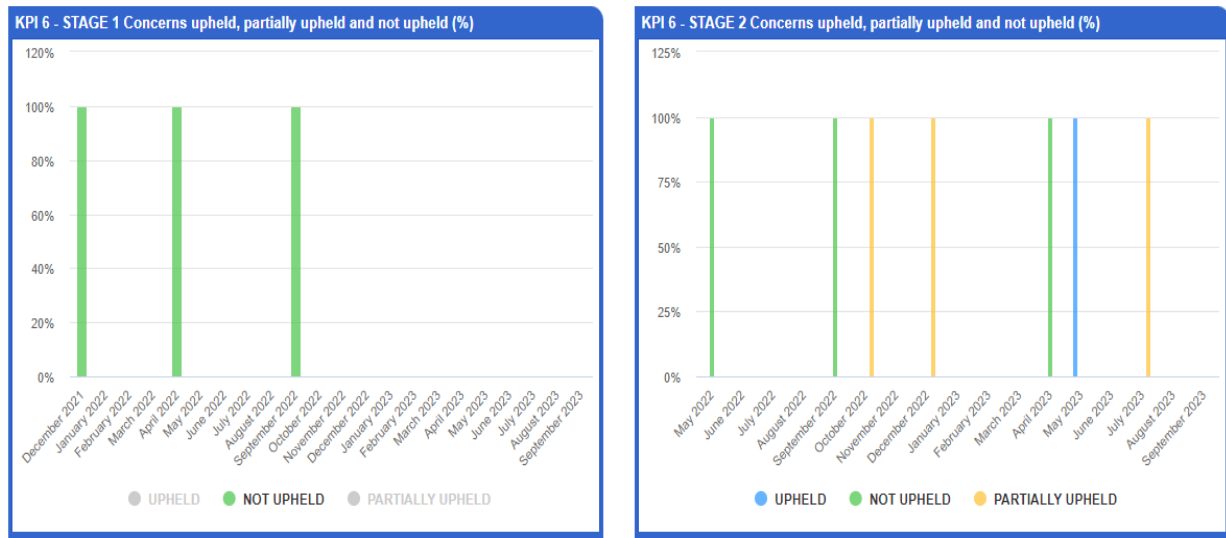


Table 8 Total breakdown of the total number of concerns closed at Stage 1 and Stage 2 of the Whistleblowing Procedure

	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. There were no Stage 1 or Stage 2 concerns to note during this reporting period.

A detailed breakdown of the total average time in working days for a full response to concerns at each stage of the Whistleblowing Procedure is demonstrated in the graph below:

Graph 5 – Total average times in working days



It was recognised that the timeframes for completion was an issue, however the increase in numbers of lead Investigators should improve this, and this will continue to be monitored as part of the process.

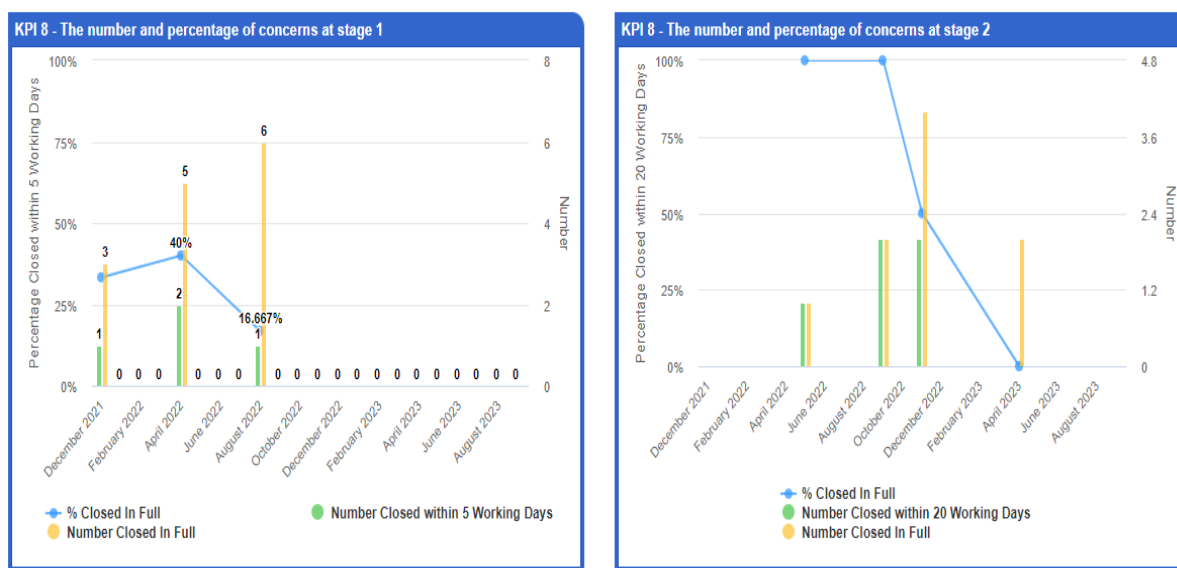
Key Performance Indicator Eight: Closed in Full within the Timescales

There were no concerns raised during this reporting period. It is worthwhile noting that timescales for completion may not always be 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 – provides the 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:



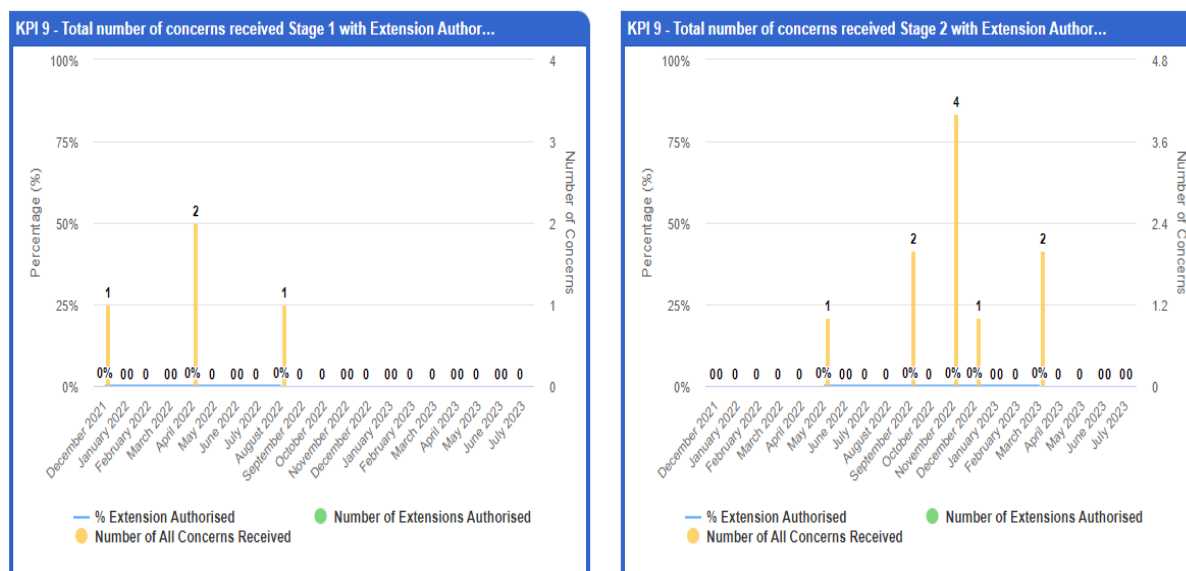
Key Performance Indicator Nine: Number of Cases where an Extension is Authorised

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. The executive lead has developed a system to monitor investigations with weekly check in with the investigator, by the administrator, to ensure progress and to alert to any challenges that require escalation. Furthermore, significant work has been undertaken to strengthen the processes in relation to letters of communication with reporters which includes regular updates on progress and authorisation of extensions to timescales.

The graph below demonstrates how this data will be displayed overtime:

Graph 7 – number of cases where an extension is authorised.



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 The whistleblowing arrangements are evolving and strengthening using a continuous improvement approach and we continue to strengthen the Whistleblowing processes based on feedback from reporters.

Financial Implications

No major impact other than the potential post noted in Workforce Implications below, and in addition a one-off cost of £4K and a recurring cost of approximately £300 per annum to support the further development of an additional incident page on 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 has been developed to request funding for additional admin support.

Infrastructure Implications including Digital

None

Sustainability Implications

None

Sustainability Declaration

None

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 organisational failings or personal detriment towards the reporter.

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

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.

Additional Information

None

Appendices

None

FORTH VALLEY NHS BOARD
TUESDAY 30 JANUARY 2024

7.3 Performance Report 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 Report 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 Report.

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 report supported by a scorecard, 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

The Performance Report 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 review, 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 Report namely unscheduled care, Child & Adolescent Mental Health Services and psychological therapies.

The scorecard 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.

The Performance Report is routinely presented to the scheduled meetings of the NHS Board and Performance & Resources Committee, and to members of the Executive Leadership Team.

1. Key Performance Issues

• *Unscheduled Care*

Overall compliance with the 4-hour emergency access standard (EAS) in December 2023 was 50.7%; Minor Injuries Unit 99.7%, Emergency Department 43.4%. A total of 2,755 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,466 waits longer than eight hours, 782 waits longer than 12 hours and 101 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 1,486 patients, noting this is an increase from 1,436 in December 2022. 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 637 patients waiting beyond 4 hours.

In December 2023 there were 492 new attendances to Rapid Assessment and Care Unit (RACU), 147 of which were via ED.

• *Scheduled Care*

At the end of December 2023, the number of patients on the waiting list for a first outpatient appointment was 15,877 compared with 18,952 in December 2022 with the number waiting beyond 12 weeks 7,049 compared to 8,503 in December 2022. Activity against the agreed activity trajectory highlights the cumulative position for the year April 2023 to December 2023 as 97% compliance.

The number of inpatients/daycases waiting increased to 5,188 with an increase in those waiting beyond 12 weeks. Activity against the agreed activity trajectory highlights the cumulative position for the year April 2023 to December 2023 as 116% compliance.

At the end of December 2023, 5,474 patients were waiting beyond the 6-week standard for imaging with 424 patients were waiting beyond 6 weeks for endoscopy. Activity against the remobilisation plan April to December 2023 is noted as 94% and 147% respectively.

Cancer target compliance in November 2023:

- 62-day target – 74.2% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is compared with the November 2022 position of 70.0%.
- 31-day target – 99.0%

The position for the July to September 2023 quarter is that 68.2% of patients were treated within 62 days of referral with a suspicion of cancer. This is an improvement from the previous

quarter. During the same period, 98.1% of patients were treated within 31 days of the decision to treat.

- **DNA**

The new outpatient DNA rate across acute services in December 2023 is noted as 6.5% which is an improvement from the position in December 2022 of 8.5%. The return outpatient DNA rate across acute services in December 2023 was 7.3%.

- **Psychological Therapies**

In December 2023, 74.6% of patients started treatment within 18 weeks of referral.

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

In December 2023, 76.8% of patients started treatment within 18 weeks of referral.

- **Workforce**

The sickness absence target is 4.0%. Absence remains above the target at 7.35% in November 2023 noting an improvement from 7.83% in November 2022.

Special leave absence for Coronavirus reasons is noted as 0.34% in November 2023, with the overall absence for November 2023, 7.69%.

- **Delayed Discharges**

The December 2023 census position in relation to standard delays (excluding Code 9 and guardianship) is 68 delays; this is comparable with December 2022. There was a total of 51 code 9 and guardianship delays 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 December 2023 census was 3,291, this is an increase from 2,109 in December 2022.

2. Report format

- The report 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.
- 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 report.

2.1. Performance Scorecard

KEY PERFORMANCE MEASURES												
BETTER CARE												
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL	SCOTLAND POSITION	SCOTLAND DATE	NOTES
HOSPITAL STANDARDISED MORTALITY RATE												
MR1	SG	Rolling 12 mth	Hospital Standardised Mortality Ratio (HSMR)	30-Jun-23	<= 1.00	0.92	0.93	-	▲	1.00	30-Jun-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-Dec-23	Reduction	5,109	5,138	-	▲	-	-	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-Dec-23	Reduction	4,867	4,859	-	▼	-	-	
US2	SG	Monthly	Emergency Department % compliance against 4 hour access target	31-Dec-23	95%	43.4%	43.6%	✓	▼	63.5%	30-Nov-23	
US3	S5	Monthly	Number that waited >4 hours in ED	31-Dec-23	Reduction	2,753	2,739	-	▼	-	-	
US4	SG	Monthly	Number that waited >8 hours in ED	31-Dec-23	Reduction	1,466	1,295	-	▼	-	-	
US5	SG	Monthly	Number that waited >12 hours in ED	31-Dec-23	Reduction	782	591	-	▼	-	-	
US6	SG	Monthly	Number that waited >23 hours in ED	31-Dec-23	Reduction	101	13		▼	-	-	
	FV	Monthly	Total Number of MIU Attendances	31-Dec-23	Reduction	1,436	1,673	-	▲	-	-	
US7	SG	Monthly	Number of MIU Attendances (4 hour access target)	31-Dec-23	Reduction	720	734	-	▲	-	-	
US8	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	31-Dec-23	95%	99.7%	99.5%	-	▲	-	-	
US9	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	31-Dec-23	95%	50.7%	51.0%	✓	▼	67.0%	30-Nov-23	
US10	FV	Monthly	Number of ED attendances - Mental Health (4 hour access target)	31-Dec-23	Reduction	48	48	-	-	-	-	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-Dec-23	95%	20.8%	29.2%	-	▼	-	-	
US12	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	31-Dec-23	-	492	544	-	-	-	-	
US13	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	31-Dec-23	-	87	122	-	-	-	-	
US14	FV	Monthly	Number of Re-directions from ED	31-Dec-23	-	497	589	-	-	-	-	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-Dec-23	-	9.7%	11.5%	-	-	-	-	
US16	FV	Monthly	Number of Emergency Admissions	31-Dec-23	Reduction	3,173	3,188	-	▲	-	-	Admission to a hospital bed following an attendance at an A&E service.
SCHEDULED CARE												
OUTPATIENTS												
SC1	SG	Monthly	Total Number of New Outpatients Waiting	31-Dec-23	Reduction	15,877	16,566	✓	▲	-	-	An outpatient is categorised as a new outpatient at his first meeting with a consultant or his representative following an outpatient referral. Outpatients whose first clinical interaction follows an inpatient episode are excluded. Scotland position quarterly
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	31-Dec-23	Reduction	7,049	7,133	✓	▲	-	-	
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	31-Dec-23	95%	55.6%	56.9%		▼	42.4%	30-Sep-23	
SC4	SG	Monthly	Compliance with Annual Delivery Plan trajectories - New Outpatients	31-Dec-23	100%	99%	104%	-	▼	-	-	
SC5	SG	FYTD	Compliance with Annual Delivery Plan trajectories - New Outpatients	31-Dec-23	100%	97%	97%	-	◀▶	-	-	
SC6	Audit	Monthly	Outpatient Unavailability	31-Dec-23	Monitor	0.9%	1.1%	✓	▲	0.7%	30-Sep-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-Dec-23	5%	6.5%	5.9%	-	▼	6.7%	30-Sep-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-Dec-23	5%	7.3%	7.3%	-	◀▶	-	-	Scotland position quarterly

DIAGNOSTICS - Imaging											
SC10	SG	Monthly	Total number waiting - Imaging	31-Dec-23	Reduction	8,855	8,716		▼	-	-
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	31-Dec-23	0	5,474	4,631	-	▼	-	-
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	31-Dec-23	100%	38.2%	46.9%	✓	▼	56.7%	30-Sep-23
SC13	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Imaging	31-Dec-23	100%	82%	105%	-	▼	-	-
SC14	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Imaging	31-Dec-23	100%	94%	95%	-	▼	-	-
DIAGNOSTICS - Endoscopy											
SC15	SG	Monthly	Total number waiting - Endoscopy	31-Dec-23	Reduction	1025	940		▼	-	-
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	31-Dec-23	0	424	340	-	▼	-	-
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	31-Dec-23	100%	58.6%	63.8%	✓	▼	40.3%	30-Sep-23
SC18	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Endoscopy	31-Dec-23	100%	131%	155%	-	▲	-	-
SC19	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Endoscopy	31-Dec-23	100%	147%	149%	-	▲	-	-
CANCER											
SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	30-Nov-23	95%	74.2%	77.1%	✓	▼	69.0%	30-Nov-23
SC21	SG	Monthly	62 Day Cancer - Number seen within target against total	30-Nov-23	-	72/97	64/83	-	-	-	-
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	30-Nov-23	95%	99.0%	99.0%	✓	◄►	93.8%	30-Nov-23
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	30-Nov-23	-	104/105	100/101	-	-	-	-
SC24	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	30-Sep-23	95%	68.2%	67.1%	✓	▲	70.9%	30-Sep-23
SC25	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	30-Sep-23	95%	98.1%	97.4%	✓	▲	94.7%	30-Sep-23
INPATIENTS & DAYCASES											
SC26	SG	Quarterly	Number of patients that waited >12 weeks - Completed Wait	31-Dec-23	0	1167	1244	-	-	-	-
SC27	SG	Quarterly	% Compliance with 12 week TTG Standard	31-Dec-23	100%	53.6%	48.6%	-	▲	56.1%	30-Sep-23
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	31-Dec-23	Reduction	5,188	5,107	✓	▼	-	-
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	31-Dec-23	Reduction	2,837	2,549	✓	▼	-	-
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	31-Dec-23	100%	45.3%	50.1%	✓	▼	31.8%	30-Sep-23
SC31	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	31-Dec-23	100%	100%	140%	-	▼	-	-
SC32	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	31-Dec-23	100%	116%	118%	-	▼	-	-
SC33	Audit	Monthly	Inpatient/Day case Unavailability	31-Dec-23	Monitor	4.8%	5.7%	✓	▲	3.1%	30-Sep-23
READMISSIONS											
R1	FV	Monthly	Readmissions - Surgical 7 day	31-Dec-23	Reduction	2.4%	4.5%	-	▲	-	-
R2	FV	Monthly	Readmissions - Surgical 28 day	31-Dec-23	Reduction	4.9%	7.4%	-	▲	-	-
R3	FV	Monthly	Readmissions - Medical 7 day	31-Dec-23	Reduction	1.5%	0.8%	-	▼	-	-
R4	FV	Monthly	Readmissions - Medical 28 day	31-Dec-23	Reduction	4.3%	3.4%	-	▼	-	-
MENTAL HEALTH											
PSYCHOLOGICAL THERAPIES											
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	31-Dec-23	90%	74.6%	64.9%	✓	▲	-	-
MH2	FV	Monthly	Total Number Waiting for Psychological Therapies Initial Assessment	31-Dec-23	Reduction	703	626	-	▼	-	-
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	30-Sep-23	90%	70.7%	74.0%		▼	79.4%	30-Sep-23
CHILD & ADOLESCENT MENTAL HEALTH SERVICES											
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Dec-23	90%	76.8%	68.9%	✓	▲	-	-
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	31-Dec-23	Reduction	172	156	-	▼	-	-
MH6	SG	Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Sep-23	90%	37.2%	33.4%		▲	75.6%	30-Sep-23
SUBSTANCE USE											
SM1	SG	Quarterly	% Compliance with the 3 Week target - ADP (excluding Prisons)	30-Sep-23	90%	87.2%	96.5%	✓	▼	92.3%	30-Sep-23
SM2	SG	Quarterly	% Compliance with the 3 Week target - Prisons	30-Sep-23	90%	100.0%	100.0%	✓	◄►	92.2%	30-Sep-23
COMPLAINTS											
C1		Monthly	% Compliance Forth Valley (inc. prisons)	30-Nov-23	100%	57.6%	56.0%	✓	▲	-	-
C2		Monthly	% Compliance Stage 1 (inc. prisons)	30-Nov-23	100%	63.1%	82.8%	✓	▼	-	-
C3		Monthly	% Compliance Stage 2 (inc. prisons)	30-Nov-23	100%	8.0%	8.6%	✓	▼	-	-

Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations - X-ray, Ultrasound, CT, MRI, Colonoscopy, Upper Endoscopy, Lower Endoscopy, Cystoscopy
Scotland position monthly, available quarterly

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.

The 62-day standard states that 95% of eligible patients should wait no

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.
Scotland position quarterly

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

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.

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.

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.

Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda

BETTER WORKFORCE												
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL	SCOTLAND POSITION	SCOTLAND DATE	
WF1	FV	Monthly	COVID-19 Special Leave - number of employees	30-Nov-23	-	139	193	-	▲	-	-	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 sickness absence lasting over 28 days Absence Management is a standing item on the Staff Governance Committee
WF2	FV	Monthly	COVID-19 Special Leave	30-Nov-23	-	0.34%	0.47%	✓	▲	-	-	
WF3	SG	Monthly	Overall Absence (excluding Covid Special Leave)	30-Nov-23	4.0%	7.35%	6.80%	✓	▼	6.36%	30-Nov-23	
WF4	FV	Monthly	Short Term Absence	30-Nov-23	-	2.77%	2.49%	-	▼	-	-	
WF5	FV	Monthly	Long Term Absence	30-Nov-23	-	4.58%	4.30%	-	▼	-	-	
WF6	FV	Rolling 12 mth	Overall Absence (excluding Covid Special Leave)	30-Nov-23	-	7.11%	7.25%	-	▲	6.19%	30-Nov-23	
BETTER VALUE												
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL	SCOTLAND POSITION	SCOTLAND DATE	
DELAYED DISCHARGES												
VA1	FV	Monthly	Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays)	31-Dec-23	Reduction	68	78	✓	▲	-	-	A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date
			Falkirk	31-Dec-23	Reduction	48	49	✓	▲	-	-	
			Clackmannanshire	31-Dec-23	Reduction	11	9	✓	▼	-	-	
			Stirling	31-Dec-23	Reduction	8	16	✓	▲	-	-	
			Outwith Forth Valley	31-Dec-23	Reduction	1	4	✓	▲	-	-	
VA2	FV		Code 9 & Guardianship Delays	31-Dec-23	Reduction	51	57	✓	▲	-	-	
			Falkirk	31-Dec-23	Reduction	25	28	✓	▲	-	-	
			Clackmannanshire	31-Dec-23	Reduction	6	6	✓	◀▶	-	-	
			Stirling	31-Dec-23	Reduction	16	20	✓	▲	-	-	
			Outwith Forth Valley	31-Dec-23	Reduction	4	3	✓	▼	-	-	
VA3	FV		Total Bed Days Occupied by Delayed Discharges	31-Dec-23	Reduction	3,291	2,710	✓	▼	-	-	
			Falkirk	31-Dec-23	Reduction	2,037	1,646	✓	▼	-	-	
			Clackmannanshire	31-Dec-23	Reduction	310	123	✓	▼	-	-	
			Stirling	31-Dec-23	Reduction	341	294	✓	▼	-	-	
			Outwith Forth Valley	31-Dec-23	Reduction	603	647	✓	▲	-	-	
VA4	FV	Daily	Number waiting for a Community Bed	31-Dec-23	Reduction	56	62	-	▲	-	-	
AVERAGE LENGTH OF STAY												
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	31-Dec-23	Reduction	6.49	7.77	-	▲	7.70	30-Sep-23	
EFFICIENCY												
E1	FV	Monthly	ED Attendances per 100,000 of the population - Forth Valley	31-Dec-23	Reduction	1,592	1,589	-	▼	-	-	
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	30-Nov-23	Reduction	829	814	-	▼	-	-	
E3	FV	Monthly	% Bed Occupancy - FVRH	31-Dec-23	Reduction	112.0%	113.4%	-	▲	-	-	
E4	FV	Monthly	% Bed Occupancy - Assessment Units	31-Dec-23	Reduction	111.2%	112.8%	-	▲	-	-	
E5	FV	Monthly	% Bed Occupancy - ICU	31-Dec-23	Reduction	82.7%	86.0%	-	▲	-	-	
EQUITABLE												
EQ1		Rolling 3 year	Scottish Breast Screening Programme	2019/22	70%	74.4%	73.3%	-	▲	74.5%	2019/22	Percentage uptake (three-year rolling periods), females aged 50-70 years
EQ2		Annually	Scottish Cervical Screening Programme	2021/22	-	72.5%	73.2%	-	▼	68.7%	2021/22	The percentage of eligible women who are up-to-date with their screening participation
EQ3		Rolling 2 year	Scottish Bowel Screening Programme	2020/22	60%	67.3%	65.8%	-	▲	66.7%	2020/22	Overall uptake of screening - percentage of people with a final outright screening test result, out of those invited (2 year reporting period)
EQ4		Annually	Scottish Abdominal Aortic Aneurysm (AAA) sreening programme	2021/22	75%	80.8%	85.1%	-	▼	72.6%	2021/22	Percentage of eligible population who are tested before age 66 and 3 months
		Annually	Surveillance AAA scan (quarterly)	2021/22	90%	94.2%	54.8%	-	▲	93.9%	2021/22	Due to attend quarterly surveillance and tested within 4 weeks of due date
		Annually	Surveillance AAA scan (annually)	2021/22	90%	97.6%	33.3%	-	▲	95.5%	2021/22	Due to attend annual surveillance and tested within 6 weeks of due date
EQ5		Quarterly	NHS stop smoking services: Local Delivery Plan (LDP) - Number of 12-week quits	31-Dec-22	86.75	48	71	-	▼	-	-	The LDP Standard for NHS Scotland in 2022/23 is to achieve at least 7,026 self-reported successful twelve-week quits through smoking cessation services in the 40% most deprived areas
EQ6		Quarterly	NHS stop smoking services: 12-week quits as a % of the LDP Quarterly Target	31-Dec-22	100%	55.3%	81.8%	-	▼	58.9%	31-Dec-22	
FINANCE												
F1	SG	FYTD	Year to date revenue position	31-Dec-23	Breakeven	-£7.7m	-£10.0m	-	▲	-	-	

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	

3. Performance Exceptions Report

3.1 Unscheduled Care

Percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment - 95% standard.

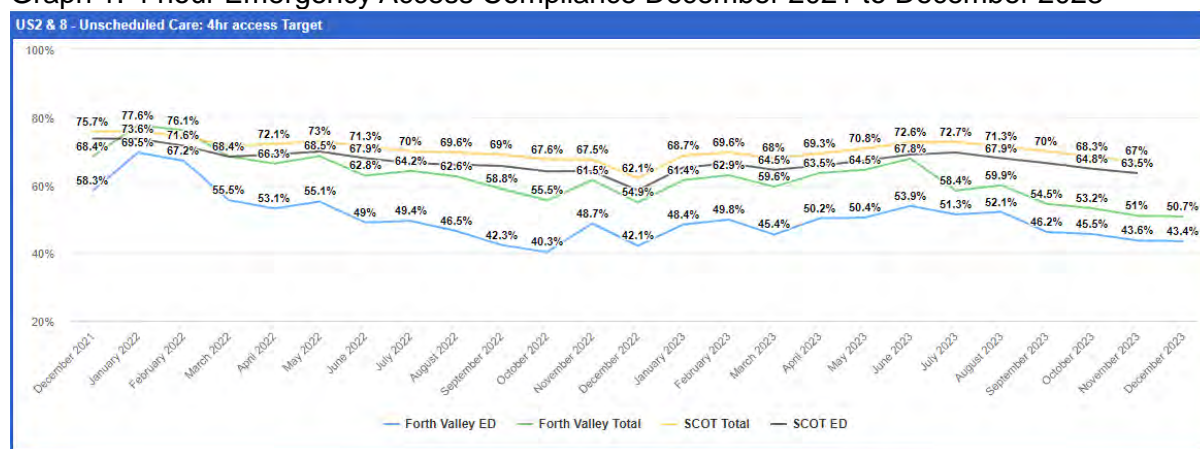
Current Performance

- December 2023 ED Compliance 50.7% - Forth Valley Total.
- December 2023 ED Compliance 43.4% - ED Only.

Scotland Performance

- November 2023 ED Compliance 67.0% - Scotland Total.
- November 2023 ED Compliance 63.5% - Scotland ED Only.

Graph 1: 4 hour Emergency Access Compliance December 2021 to December 2023



Overall compliance with the 4-hour emergency access standard (EAS) in December 2023 was 50.7%; Minor Injuries Unit 99.7%, Emergency Department 43.4%. A total of 2,755 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,466 waits longer than eight hours, 782 waits longer than 12 hours and 101 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 1,486 patients, noting this is an increase from 1,436 in December 2022. Wait for a bed accounted for 637 patients waiting beyond 4 hours with Clinical reasons accounting for 159 breaches.

In accordance with Scottish Government guidance, from July, we no longer report 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 December 2023 there were 492 new attendances to Rapid Assessment and Care Unit (RACU), 147 of which were via ED. This is compared to 488 new attendances in December 2022, 157 of which presented via ED. There were 87 scheduled returns in December 2023 compared with 69 in December 2022. 492 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 9.7% of all ED attendances in December.

Forth Valley has undertaken a 'firebreak' or system reset aiming to decompress the Forth Valley Royal Hospital site, increase understanding of system constraints, capture areas of good practice that support safe, timely coordinated discharge and improve the focus on patient flow to improve productivity and quality of care. A refreshed action plan has been developed that aligns to the national unscheduled care work streams and also addresses the local

requirements for improvement. The detail of each work stream is underpinned by data and evidence collated through the work of the firebreak, the Centre for Sustainable Delivery (CfSD) review and evidence obtained, and the management teams' experience of improving the system.

NHS Forth Valley continues to work to improve the delivery of Out of Hours services supported by a comprehensive action plan.

Scheduled Care

3.2 Outpatients

The percentage of patients waiting less than 12 weeks from referral to a first outpatient appointment – 95% Target.

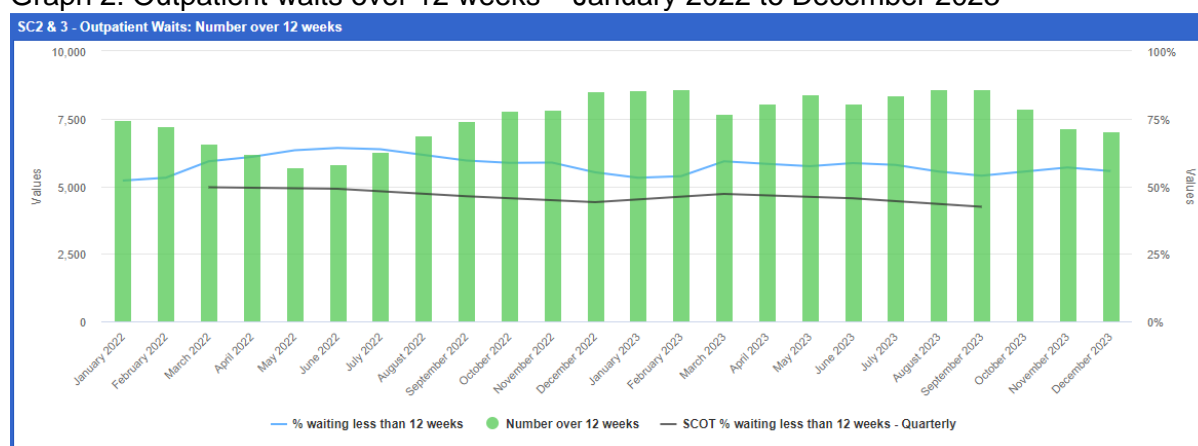
Current Performance

- 8,828 patients were waiting within 12 weeks for new outpatient appointment at the end of December 2023 – 55.6% compliance.

Scotland Performance

- 42.4% of patients were waiting less than 12xweeks for a first outpatient appointment.

Graph 2: Outpatient waits over 12 weeks – January 2022 to December 2023



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 December 2023, the number of patients on the waiting list for a first outpatient appointment was 15,877 compared with 18,952 in December 2022 with the number waiting beyond 12 weeks 7,049 compared to 8,503 in December 2022. Note 55.6% of patients were waiting less than 12 weeks for a first appointment; a slight improvement in performance from 55.1% the same period the previous year. Performance against the agreed activity trajectory highlights the cumulative position for the year April 2023 to December 2023 as 97% compliance.

3.3 Inpatients

Treatment Time Guarantee (TTG) - Eligible patients who start to receive their day case or inpatient treatment within 12 weeks of the agreement to treat – 100% Target.

Current Performance

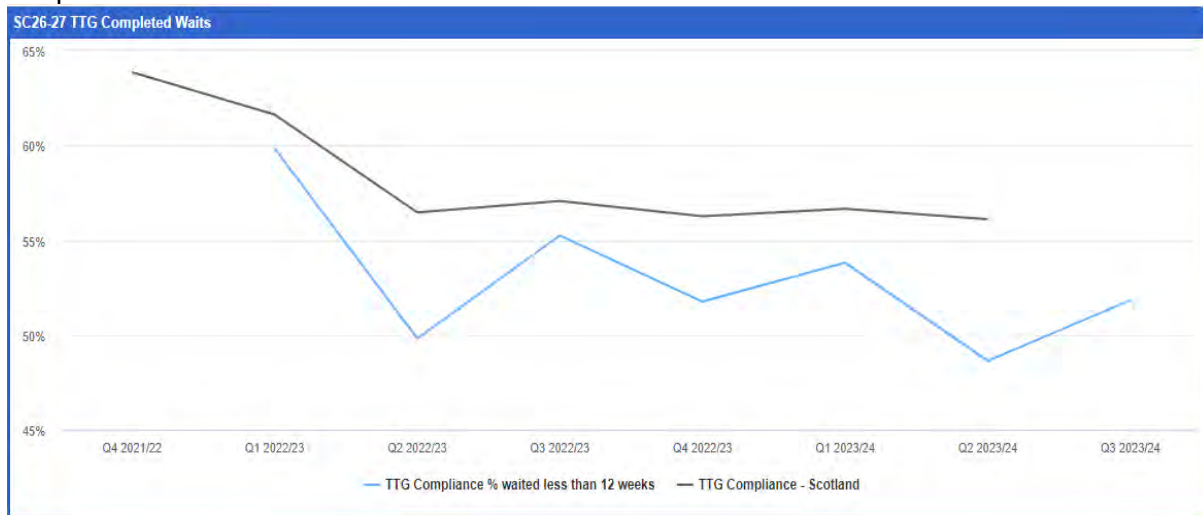
- Inpatient/Daycase treatment time guarantee compliance for quarter 2 - 48.6%.

- December 2023 – 5,188 patients waiting on an inpatient/daycase treatment – 45.3% waiting under 12 weeks.

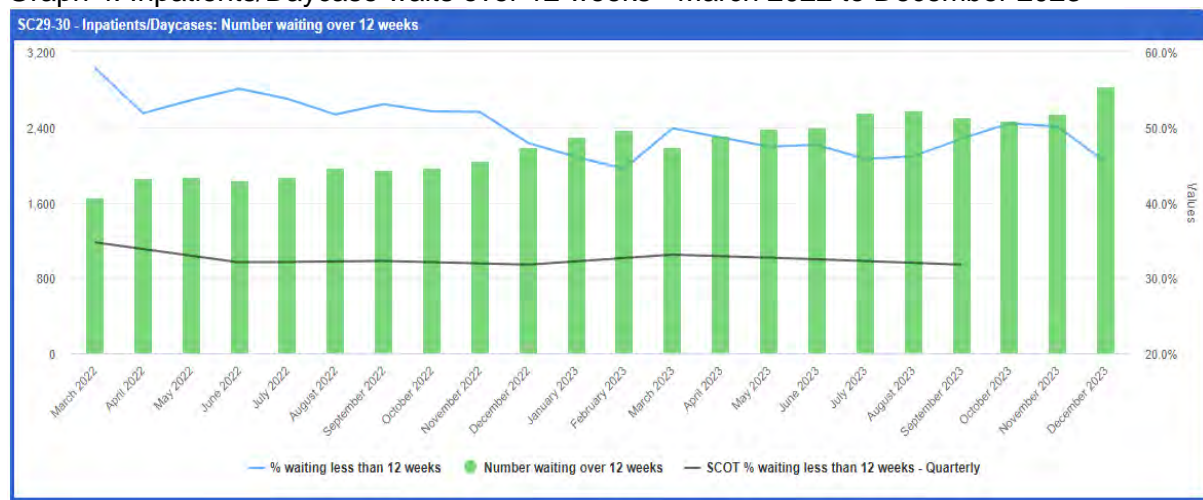
Scotland Performance

- Inpatient/Daycase treatment time guarantee compliance for quarter 2 - 56.1%.
- Inpatient/Daycase On-going waits under 12 weeks quarter 2 - 31.8%.

Graph 3: 12 Week Treatment Time Guarantee



Graph 4: Inpatients/Daycase waits over 12 weeks - March 2022 to December 2023



In December 2023, the number of inpatients/daycases waiting increased to 5,188 from 5,107 the previous month and 4,198 in December 2022. An increase in those waiting beyond 12 weeks was also noted. Performance against the agreed activity trajectory highlights the cumulative position for the year April 2023 to December 2023 as 116% compliance.

3.4 Unavailability

Monitoring of patient unavailability is an Audit Scotland recommendation and refers to the percentage of outpatient or inpatient/daycase unavailability as a proportion of the total waiting list size.

- Outpatient unavailability in December 2023 was 0.9% of the total waiting list.

- Inpatient/daycase unavailability in December 2023 was 4.8% compared to 5.7% in December 2022. The unavailability rate is less than 10% for all specialties except for Cardiology 19.1% (4 patients). This position is monitored on an ongoing basis.

3.5 Did Not Attend (DNA)

The new outpatient DNA rate across acute services in December 2023 is noted as 6.5% which is an improvement from the position in December 2022 of 8.8%. Variation across specialties continues with rates ranging from 32.6% to 0%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 8.8% (43 patients) and Dermatology 5.7% (41 patients). New acute outpatient DNAs are detailed in table 1.

The return outpatient DNA rate across acute services in December 2023 was 7.3%. There continues to be a high number of DNAs in Diabetes with 319 patients (18.4%), Ophthalmology 196 patients (6.9%), Diabetes with 155 patients (14.3%), Dermatology 117 patients (6.4%) and Orthodontics 103 patients (11.4%).

The Performance & Resources Committee received an update in respect of the DNA position in April 2023. At that time the Committee noted the significant actions underway and the continuation of monitoring of the work ongoing to drive and support improvements in the position. Return acute outpatient DNAs are detailed in table 2.

3.6 Diagnostics

Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations.

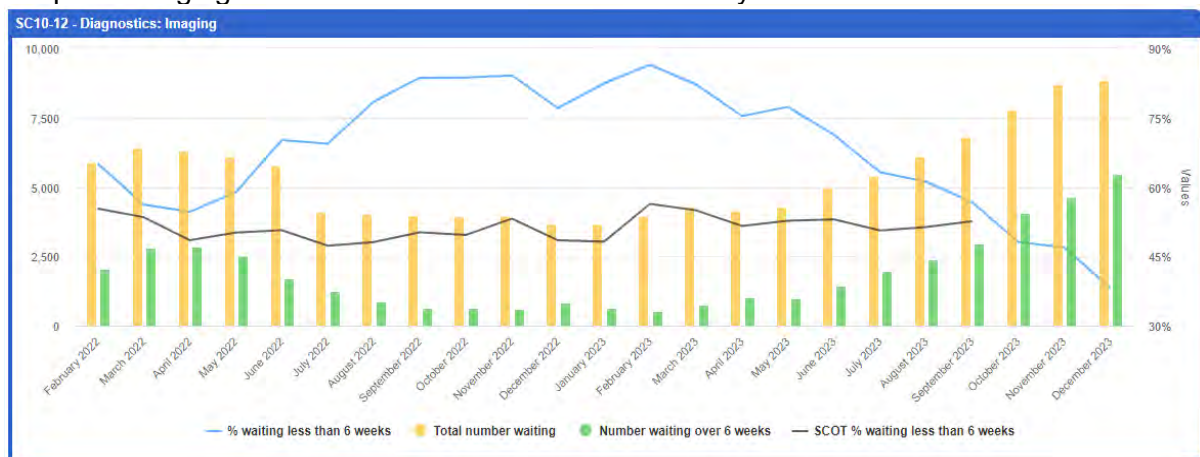
Current Performance

- December 2023 - Imaging – 5,474 patients waiting beyond 6 weeks; 38.2% were waiting less than 6 weeks.
- December 2023 - Endoscopy - 424 patients waiting beyond 6 weeks; 58.6% were waiting less than 6 weeks.

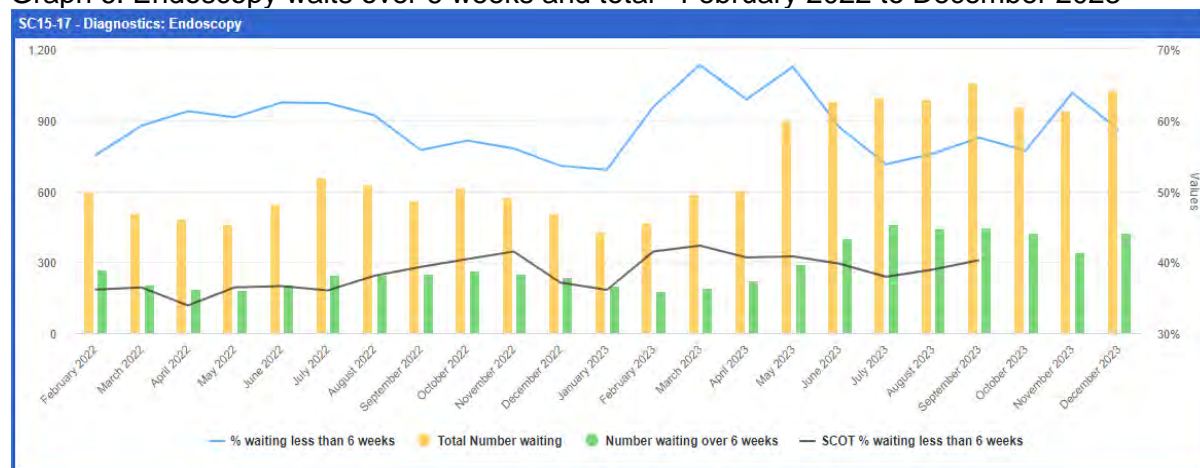
Scotland Performance

- Imaging – 56.7% of patients were waiting less than 6 weeks in quarter 2.
- Endoscopy – 40.3% of patients were waiting less than 6 weeks in quarter 2.

Graph 5: Imaging waits over 6 weeks and total - February 2022 to December 2023



Graph 6: Endoscopy waits over 6 weeks and total - February 2022 to December 2023



3.6.1 Imaging

At the end of December 2023, 5,474 patients were waiting beyond the 6-week standard for imaging, an increase from 844 in December 2022. Noting 38.2% of patients were waiting less than the standard. Performance against the agreed activity trajectory highlights the cumulative position for the year April 2023 to December 2023 as 94% compliance. Patients continue to be seen on a priority basis with waiting lists actively monitored and managed on an ongoing basis. The total number of patients waiting for imaging in December 2023 was 8,855; an increase from 3,675 in December 2022.

Note that scan requests for urgent suspicion of cancer are prioritised however this can have an impact on routine waits. As previously highlighted the Executive Leadership Team 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. Staff are now being recruited however we are yet to see the impact.

3.6.2 Endoscopy

At the end of December 2023, 424 patients were waiting beyond 6 weeks for endoscopy compared to 235 in December 2022, with 58.6% of patients waiting less than the 6-week standard. Performance against the agreed activity trajectory remains better than plan. The cumulative position for the year April 2023 to December 2023 is noted as 147% compliance with December 2023 compliance against plan, 131%. Despite this level of activity, the total number of patients waiting for endoscopy remains significant with 1,025 patients in December 2023 noting an increase from 506 in December 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.

3.7 Cancer

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.

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.

Current Performance

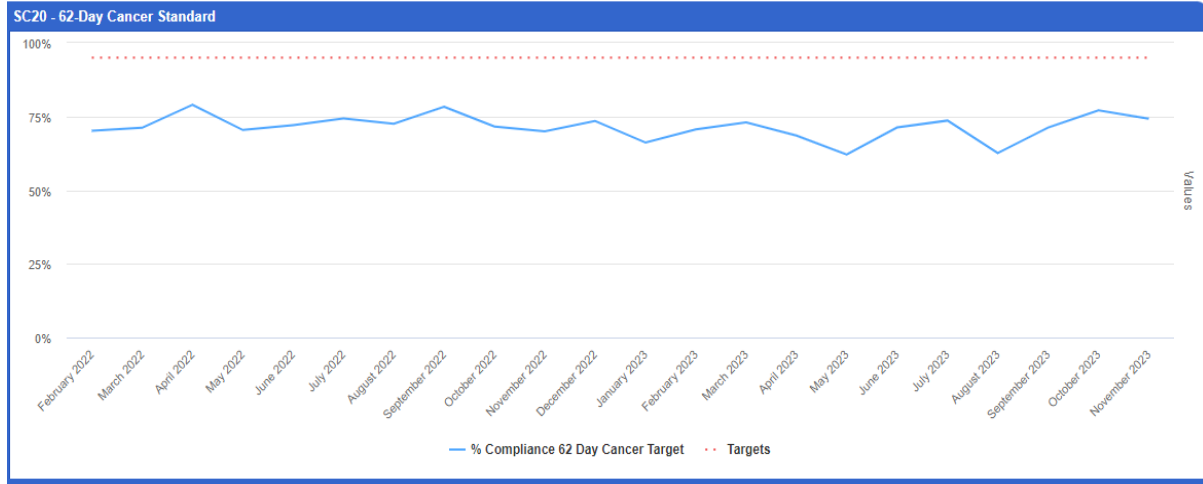
- November 2023 62-day target – 74.2% compliance.
- November 2023 31-day target – 99.0% compliance.

- 62-day target quarter 2 compliance – 68.2%
- 31-day target quarter 2 compliance – 98.1%

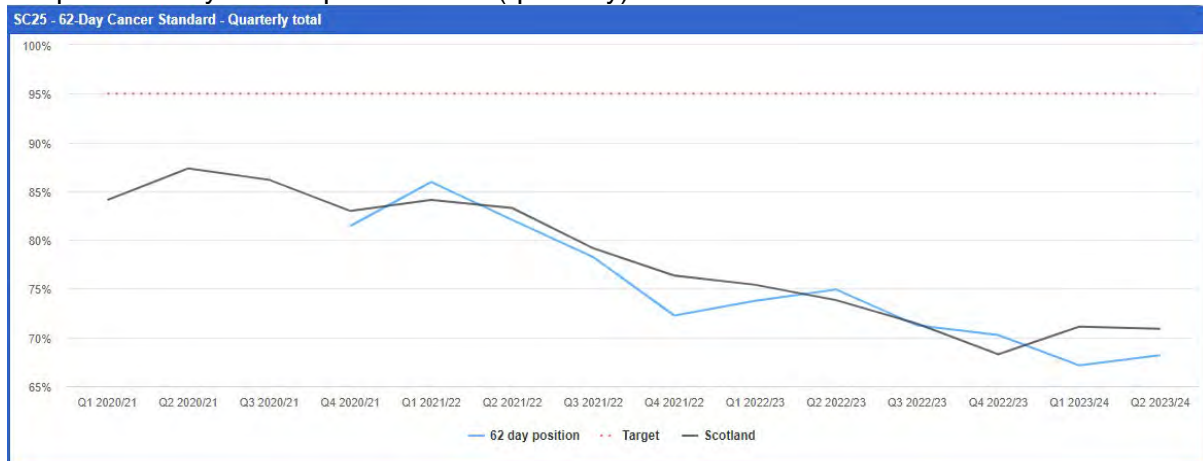
Scotland Performance

- 62-day target quarter 2 compliance – 70.9%
- 31 Day – 94.7% Quarter 2 compliance

Graph 7: 62-day cancer performance (monthly) – February 2022 to November 2023



Graph 8: 62-day cancer performance (quarterly)



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

The number of patients being tracked on the 62-day cancer pathway is approximately 840 of which 11% are confirmed cancer patients.

Four of the 10 cancer pathways achieved 100%. Improved in-month performance was noted in the lung (84.6%) and colorectal (64.7%) pathways however there was a reduction in performance in the upper GI (80%), head and neck (75%), urology (58.1%) and lymphoma (50%) pathways. The highest number of breaches are within the urology pathway with 18 out of 31 patients meeting the standard.

Pressure remains within the urology pathway with work continuing 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 national Cancer Strategy for Scotland 2023-2026 was published in June 2023. This is informing NHS Forth Valley's short and medium term planning.

3.8 Psychological Therapies

The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.

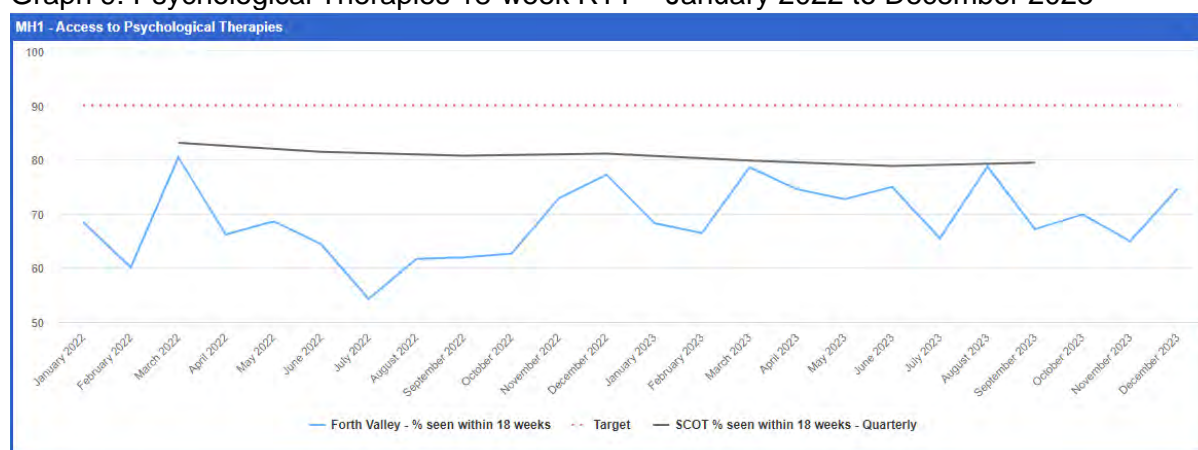
Current Performance

- December 2023 – 74.6% of patients were treated within 18 weeks.

Scotland Performance

- Quarter 2 Compliance – 79.4% of patients were treated within 18 weeks.

Graph 9: Psychological Therapies 18-week RTT – January 2022 to December 2023



In December 2023, 74.6% of patients started treatment within 18 weeks of referral. This is an increase in performance from the previous month position of 64.9% however a reduction from 77.2% in December 2022.

The RTT dipped to 65.4% in July which seemed to reflect the usual seasonal reduction in appointments due to peak leave periods for staff and many patients being unavailable during school holiday periods. The August RTT at 78.7% was the highest since March 2022. September, October and November RTTs were again below 70% likely to be due to two factors. Firstly, those patients waiting a long time started therapy as a result of new clinicians taking up caseloads and groups starting. Secondly, fewer people were being referred for IESO digital therapy which always starts within 8 weeks. After an initially high referral rate (6-7 patients per day) following IESO's expansion in early 2023, the rate has reduced to 1-2 patients referred per day. December's RTT has risen to 74.6%.

From May 2022 to June 2023 both the total number of people awaiting initial assessment and the number of people waiting a very long time for initial assessment had reduced. This was largely due to redesign of the largest specialty within the service which included the

introduction of triage appointments as standard. The number of people awaiting assessment has however generally been increasing since July 2023 with 703 people waiting in December. The increase in referrals since quarter 1 of 2023/2024 is now impacting on the number of patients waiting within the 19 to 52 week time band for assessment. This will continue to be monitored.

3.9 Child and Adolescent Mental Health Services

The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.

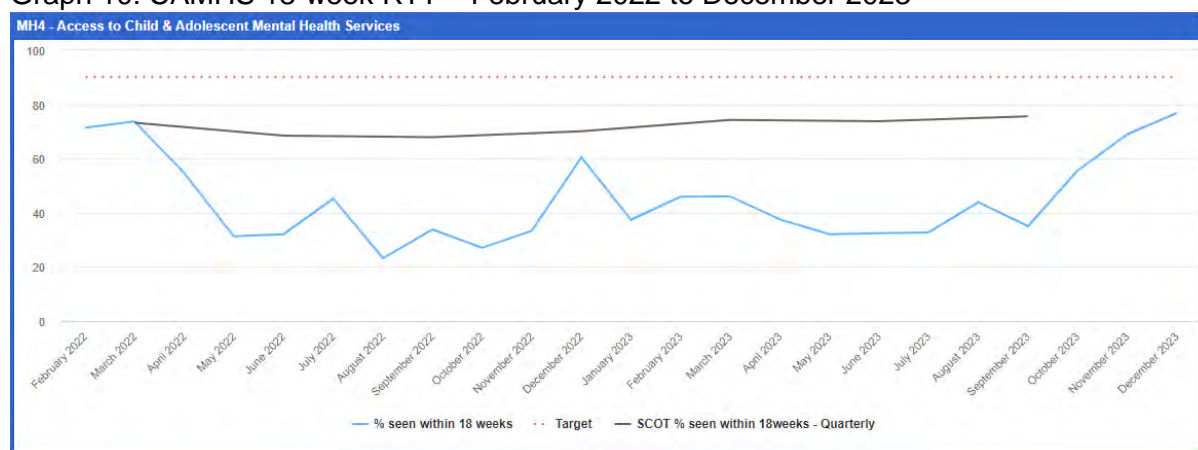
Current Performance

- December 2023 – 76.8% of patients were treated within 18 weeks.

Scotland Performance

- Quarter 2 Compliance – 75.6% of patients were treated within 18 weeks.

Graph 10: CAMHS 18-week RTT – February 2022 to December 2023



Performance against the 18-week RTT standard indicates an improved position of 76.8% in December which is an increase of 7.9% when compared to the previous reporting period. RTT percentage has exceeded the projection of 60% at the end of quarter 3 and remains on track to achieve full compliance within quarter 4. This will continue to be monitored closely and is dependent on new and increased capacity, steady demand, workforce with no unpredicted changes in workforce.

Significant progress has been made in reducing long waits for first assessment. In June 2022, 152 patients had been waiting for assessment for over a year, as of December 2023 there are no patients waiting over a year. The full waiting list for assessment has decreased from 591 patients in June 2022 to 172 patients as of December 2023, a decrease of 71%.

Continued significant progress has been made in reducing long waits for treatment. In June 2022, 294 patients had been waiting for treatment for over a year, as of December 2023 these long waits have decreased to 1. The total waiting list for treatment has decreased from 765 patients as of June 2022 to 224 patients as of December 2023, a decrease of 71%.

3.10 Delayed Discharge

- Number of patients waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete.
- Number of Bed Days Occupied by delayed discharges.
- Number of Guardianship, Code 9 and Code 100.

Current Performance

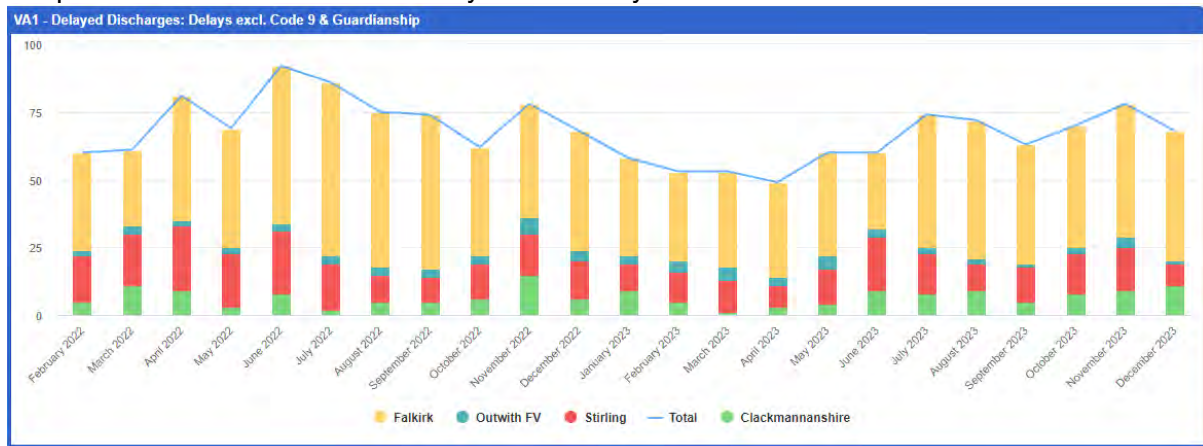
At the December 2023 census:

- 51 patients were delayed in their discharge for more than 14 days.
- 17 patients delayed less than 14 days.
- 39 guardianship delays.
- 12 code 9 delays.
- 119 delays in total.
- 3 code 100 delays.
- 3,291 bed days were lost due to delays in discharge.

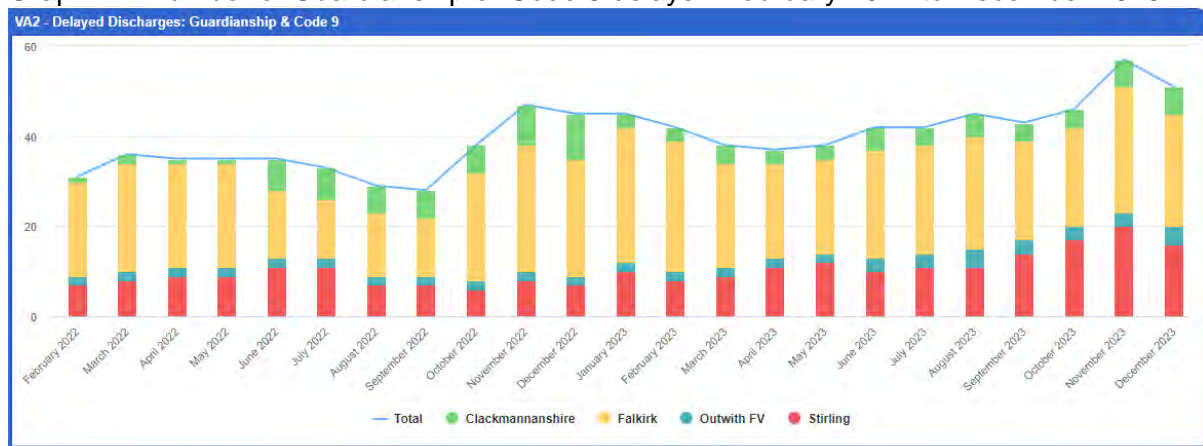
Scotland Performance

- There is no direct Scotland comparison.

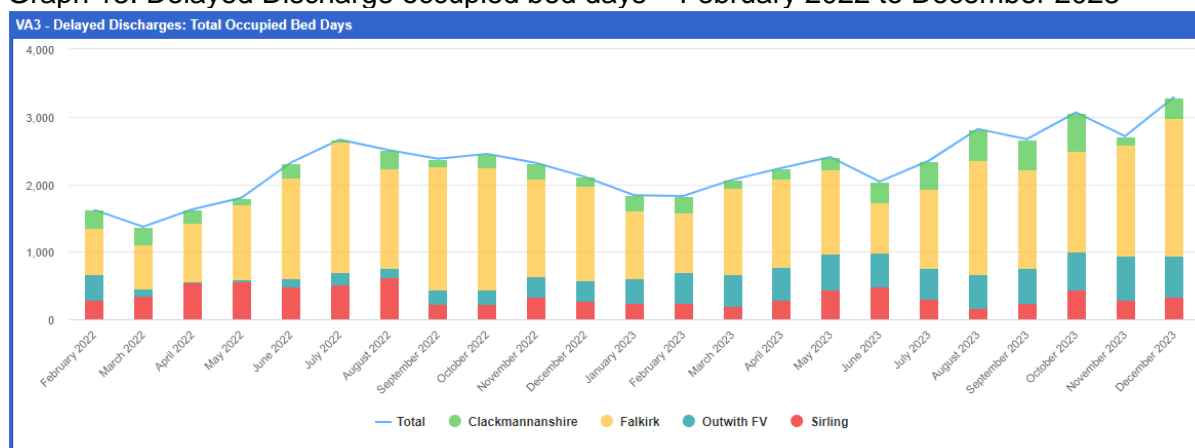
Graph 11: Number of standard delays – February 2022 to December 2023



Graph 12: Number of Guardianship or Code 9 delays - February 2022 to December 2023



Graph 13: Delayed Discharge occupied bed days – February 2022 to December 2023



The December 2023 census position in relation to standard delays (excluding Code 9 and guardianship) is 68 delays; this is compared to 68 in December 2022. There was a total of 51 code 9 and guardianship delays and no 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 December 2023 census was 3,291, this is an increase from 2,109 in December 2022. Local authority breakdown is noted as Clackmannanshire 310, Falkirk 2,037, and Stirling 341. There were a further 603 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

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. This will be supported through the action plan following developed following the work in respect of the system reset.

Actions continue around ensuring the right short-term supports are in place 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.

3.11 Workforce

To reduce sickness absence to 4%

Current Performance

- 7.35% absence rate in November 2023

Scotland Performance

- 6.36% absence rate in November 2023

The sickness absence target is 4.0%. Absence remains above the target at 7.35% in November 2023 noting a reduction from 7.83% in November 2022. The 12-month rolling average November 2022 to October 2023 is noted as, NHS Forth Valley 7.11%; Scotland 6.36%.

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 0.34% in November 2023 compared with 0.39% in November 2022.

Total absence for November 2023 is 7.69%.

The management of absence and the improvement of staff wellbeing remain key priorities for NHS Forth Valley noting that this 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.

4. 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 – Psychological Therapies and CAMHS and the 62-day cancer target.

These risks are updated accordingly by responsible risk owners with Strategic Risk Register update presented on a quarterly basis to NHS Board Assurance Committees and the NHS Board.

Relevance to Strategic Priorities

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

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

Cognisance has been taken of feedback and comments from Non-Executive and Executive Director colleagues.

Additional Information

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

FORTH VALLEY NHS BOARD
TUESDAY 30 JANUARY 2024

**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 9-month period ending 31 December 2023.


Recommendations

The NHS Board is asked to:

- **note** the ongoing significant level of financial pressure experienced across the system arising from continued temporary workforce demand and surge capacity, cost and volume increases in medicines, wider inflationary pressures and Covid-19 legacy issues.
- **note** that the 2023/24 **forecast overspend** for the year has reduced from £15.6m to £10.3m following further non-recurring action taken in year (including a £4m capital to revenue transfer relating to banked capital funds from prior years).
- **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 December 2023 with a forecast break even against the capital resource limit.
- **note** that the **financial planning** process for 2024/25 is underway and a draft 5-year financial plan will be presented to the P&R committee in February.
- **note** the actions taken during December and January to support **engagement and awareness** of the recent Scottish Budget implications and the significant level of financial challenge ahead.

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. The current forecast deficit is estimated at £10.3m (an improvement of £5.3m compared to the original financial plan). The improved forecast reflects a range of further actions designed to reduce the deficit as far as possible in year, including a capital to revenue transfer relating to banked capital funds from prior years (note that this will require the capital plan to be reprioritised), additional targeted work on area wide supplementary staffing costs, a review of financial planning assumptions (eg in relation to likely CNORIS contributions) and identification of other areas of potential financial flexibility including further balance sheet opportunities.

A summary of the forecast outturn by Directorate is summarised in table A below:

TABLE 1: NHS Forth Valley 2023/24 Financial performance	Annual Budget	Annual Budget	Forecast expenditure	Underspend/ (Overspend)
	£m	£m	£m	£m
<u>Set Aside & Non-Delegated Functions</u>				
Acute Services	238.216	238.216	255.929	(17.713)
Women & Children's	58.312	58.312	58.909	(0.597)
Cross Boundary Flow/External SLAs	64.310	64.310	64.816	(0.506)
Non-delegated Community Services	36.364	36.364	38.755	(2.391)
Facilities and Infrastructure	125.457	125.457	127.166	(1.709)
Corporate Functions	27.968	27.968	27.812	0.156
Ringfenced and Contingency Budgets	9.948	9.948	9.948	0.000
Banked capital (transferred to revenue)			(4.000)	4.000
Balance sheet opportunities & other savings			(7.431)	7.431
Income	(37.877)	(37.877)	(38.896)	1.019
Sub total	522.698	522.698	533.008	(10.310)
<u>Delegated Functions</u>				
Operational Services	135.944	135.944	130.193	5.751
Universal Services	175.174	175.174	183.751	(8.577)
IJB reserves	9.900	9.900	7.074	2.826
Sub total	321.018	321.018	321.018	(0.000)
TOTAL	843.716	843.716	854.026	(10.310)

It is highly unlikely that breakeven can be achieved without additional funding from the Scottish Government and/or a significant improvement in the Acute Services Division financial performance between now and the end of the year. The ongoing use of unfunded contingency areas is a key cost driver in the Acute Services Division with a significant number of non-core patient spaces currently in use throughout Forth Valley Royal Hospital. It is recognised that targeted and urgent action is required to safely reduce the use of unfunded beds and to bring workforce levels back to approved budgeted establishment levels, and discussions aligned to the Urgent and Unscheduled Care delivery plan are underway to consider this.

We continue meet regularly with the Scottish Government to discuss our position and to consider wider options to reduce expenditure. This is being informed by the choices programme which sets out a range of potential changes to the delivery of services (alongside the associated impact on

performance measures) to optimise workforce, innovation and infrastructure. The outcome of the choices programme will feed into our financial planning work and the “path to balance” for 2024/25.

2024/25 Financial Planning

Work continues in preparation of a 5-year financial plan commencing 2024/25 - an initial draft will be presented to the P&R committee in February which will incorporate strategic scenario planning/“what if” analysis.

Initial financial planning guidance has been issued by the Scottish Government, with expectations that the plan will set out:

- A programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets (which equates to £19.8m for 2024/25).
- An improved forecast outturn position compared to the forecast position reported at the start of 2023/24.
- The impact of the choices programme.
- The impact of actions flowing from the “15-point grid” as summarised in the table below:

Prescribing	Workforce	Productivity / Other
1. Transition to regional formularies	6. Further agency reduction / bank optimisation	11. Theatre optimisation – to agree approach to investment and roll out
2. Digital prescribing to be accelerated	7. Clear reduction in sickness absence by end of 24/25	12. Remote outpatient apportionments – to agree national targets
3. To establish targets to complete a number of polypharmacy reviews by end of 24/25 using a person centred approach	8. Review of national cost of pay protection and options on changes to this – to be completed by March 24	13. Review of integration schemes – to set out review process and what common changes could be considered
4. All Boards to work to reduce medicines of low clinical value	9. Agreed trajectory of decreasing headcount in administrative and support services job family as part of wider work on business systems transformation	14. Procedures of low clinical value – agree how to work with SG to reduce spend for these areas
5. Further work on affordability of new medicines	10. Medical locums – to provide similar support to that of nurse agency to drive down high cost locums	15. PLICS – to work across Boards to update costing data through PLICS or similar to allow better decision making and identifying variation

The 15-point grid was presented to and approved by NHS Board Chief Executives on 14 November 2023 and will form a key part of our financial sustainability action plan. Director Leads and Finance Leads have been assigned to each of the 15 improvement areas.

Development of the financial plan will also be supplemented by a whole system collaborative financial planning presentation to ELT on 29 January 2024 as the Board and IJBs work together to achieve the 3% recurring savings target for 2024/25. Wider engagement with staff is also being progressed (staff side reps now attend weekly Executive Leadership Team (ELT) finance sessions and initial communications have been issued to all staff describing the financial challenges ahead).

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: 2023/24 savings delivery

1.0 OVERVIEW OF MONTH 9 FINANCIAL RESULTS

1.1 Revenue year to date (YTD) results as at 31 December 2023

An overspend of £7.7m is reported for the first 9 months of the financial year as summarised in Table 1 below.

TABLE 1: NHS Forth Valley 2023/24 Financial performance	Annual Budget	Apr - Dec Budget	Apr - Dec Expenditure	Underspend/ (Overspend)
	£m	£m	£m	£m
<u>Set Aside & Non-Delegated Functions*</u>				
Acute Services	238.216	176.636	191.017	(14.381)
Women & Children's	58.312	43.912	45.037	(1.125)
Cross Boundary Flow/External SLAs	64.310	48.271	48.532	(0.261)
Non-delegated Community Services	36.364	27.132	28.926	(1.794)
Facilities and Infrastructure	125.457	92.963	94.033	(1.070)
Corporate Functions	27.968	18.511	17.652	0.859
Ringfenced and Contingency Budgets	9.948	11.325	0.000	11.325
Income	(37.877)	(29.488)	(30.201)	0.713
Sub total	522.698	389.262	394.996	(5.734)
<u>Delegated Functions</u>				
Operational Services	135.944	101.150	97.397	3.753
Universal Services	175.174	132.529	138.206	(5.677)
IJB reserves	9.900	0.000	0.000	0.000
Sub total	321.018	233.679	235.603	(1.924)
TOTAL	843.716	622.941	630.599	(7.658)

* 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 £522.698m above is £78.922m. An overspend of £9.292m is reported at month 9.

In arriving at the month 9 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. We are currently in discussion with the Scottish Government to clarify a number of outstanding allocations and funding assumptions in the final quarter of the financial year.

A £7.7m YTD overspend position is reported at the end of December which represents a favourable movement of £2.3m compared to the position reported in November. This reflects the benefit of non-recurring savings delivered during December linked to technical adjustments (release of system generated accruals) and confirmation of funding arrangements in relation to unscheduled care and oncology services. However, ongoing capacity and staffing issues, combined with increases in medicines costs and the impact of inflation on energy, premises and IT contracts continue to give cause for concern.

Expenditure on total supplementary staffing amounted to £35.5m at end December (up £11.1m or 45.3% on the same period in the previous year). The majority of this total (69.3%) relates to nurse bank and agency. Whilst an element of this relates to cover for funded vacancies, the vast majority relates to sickness absence, ongoing use of contingency/unfunded areas and requirements for special observations in certain ward areas.

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 £5.7m YTD overspend reported against universal services in table 1 above. This is offset by non-recurring underspends in operational budgets largely due to slippage in service developments and ongoing vacancies in a range of community healthcare services.

Based on the detailed review of the month 9 results, together with the expected outcome from number of additional actions to reduce the deficit, the forecast outturn has been reassessed and is now estimated at £10.3m. This position remains subject to change pending receipt of outstanding funding allocations, the ongoing impact of winter and potential year-end IJB risk-share arrangements which have not been factored in to the position.

1.2 Efficiency savings

As previously reported, delivery of the savings programme is broadly on track with expectations however this is largely non-recurring and further work is required to accelerate delivery of recurring savings schemes. To date savings of £21.5m have been achieved as summarised in table 2 below (further detail, including progress against the 3% area wide Scottish Government target, is provided in appendix 2).

Table 2: Savings category (Set Aside & non-delegated services only)	Annual Target £m	Apr - Dec Target £m	Apr - Dec Actual £m	Variance £m
Workforce	4.586	3.267	1.326	(1.941)
Procurement & Contracts	0.405	0.300	0.048	(0.252)
Prescribing	4.372	3.279	2.719	(0.561)
Estates & Infrastructure	1.497	1.302	0.938	(0.364)
Income Generation	3.421	3.048	2.566	(0.482)
Non-recurring actions	10.300	8.183	13.980	5.797
Other	0.419	0.314	0.000	(0.314)
Total	25.000	19.692	21.576	1.884
Recurring	10.000	6.393	2.417	(3.976)
Non-Recurring	15.000	13.299	19.159	5.860
Total	25.000	19.692	21.576	1.884

The vast majority (88%) of the savings delivered at end of December are non-recurring including Bellsdyke income, return of revenue funding banked with the Scottish Government in 22/23, PPP/PFI contractual arrangements and Hep C drug rebates.

With respect to recurring savings, good progress has now been made in relation to oncology drug switches, including the delayed Lenalidomide switch which has now been fully implemented following approval of the national Data Protection Impact Assessment. Note that reporting of recurring energy efficiency initiatives remains behind schedule (for example in relation to LED lighting replacement and solar panels).

2.0 SET ASIDE & NON- DELAGATED FUNCTIONS - CLINICAL DIRECTORATES

Clinical Directorates reported a combined overspend of £5.5m as at 31 December 2023 as summarised in Table 3 below.

TABLE 3: Clinical Directorates*	Annual Budget £m	Apr - Dec Budget £m	Apr - Dec Expenditure £m	Underspend/ (Overspend) £m
Acute Services	238.216	176.636	191.017	(14.381)
Women & Children's	58.312	43.912	45.037	(1.125)
Cross Boundary Flow/External SLAs	64.310	48.271	48.532	(0.261)
Non-delegated Community Services	36.364	27.132	28.926	(1.794)
Ringfenced and Contingency Budgets	9.948	11.325	0.000	11.325
Income	(37.877)	(29.488)	(30.201)	0.713
Sub total	369.273	277.788	283.311	(5.523)

* 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 £78.922m. An overspend of £9.292m is reported at month 9.

Acute services – an overspend of £14.381m is reported at the end of December. 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, sickness absence and ongoing use of contingency beds (with over 100 additional beds currently in place across Forth Valley Royal Hospital, including in planned care areas). £21.2m of additional temporary staffing costs have been incurred to date within the Acute Services Directorate. Of this total, £13.2m (69%) relates to nurse bank and agency use. Key service areas where bank and agency staff are being deployed include Acute Assessment, the Emergency Department and wards A11, A32, B11, B23, B31 and B32.

The adverse year to date position is also exacerbated by ongoing staffing challenges across other parts of the health and care system which is impacting on an element of the planned discharge profile from the hospital. Unachieved historic recurring savings targets is also a key factor together with a number of ongoing Covid legacy costs arising from previous gold command decisions and Scottish Government directives. Clear exit strategies are required in relation to these costs alongside closure of contingency areas.

Women & children's – an overspend of £1.125m is reported at end of December. 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 (including slippage in planned recruitment, off patent benefits in Antiretroviral drug costs and follow up with Scottish Government in relation to outstanding CAMHS funding allocations). This is expected to improve the position between now and the end of the financial year.

Cross boundary flow/external SLAs – an overspend of £0.261m is reported at the end of December largely due to Out of Area Treatments, unplanned activity and SLA exclusions.

Non-delegated community services – an overspend of £1.794m is reported at the end of December. This reflects increased nurse agency usage in Prison healthcare settings (particularly Glenochil) and additional costs associated with surgical sundries, wound management products and the new 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 – £11.325m of funding has been released from central budgets at the end of November to offset costs in respect of key service developments pending funding allocations being processed. This includes £9.4m in respect of NHS core and set side services and £1.925m in respect of HSCPs.

Income – income received to the end December was £0.713m higher than planned levels. This is largely due to income from externals.

3.0 SET ASIDE & NON- DELAGATED FUNCTIONS - CORPORATE DIRECTORATES

A combined underspend of £0.2m is reported for Corporate Services and Facilities & Infrastructure as at 31 December 2023 as summarised in table 4 below.

TABLE 4: Corporate Functions and Facilities & Infrastructure	Annual Budget £m	Apr - Dec Budget £m	Apr - Dec Expenditure £m	Underspend/ (Overspend) £m
Facilities and Infrastructure	125.457	92.963	94.033	(1.070)
Corporate Functions				
Director of Finance	4.322	3.229	3.175	0.054
Area Wide Services	(5.654)	(6.923)	(6.665)	(0.258)
Medical Director	11.763	8.518	7.729	0.789
Director of Public Health	3.609	2.585	2.615	(0.030)
Director of HR	6.016	4.498	4.480	0.018
Director of Nursing	3.954	2.955	2.940	0.015
Chief Executive	2.255	1.689	1.733	(0.044)
Portfolio Management Office	0.591	0.434	0.318	0.116
Immunisation / Other	1.112	1.526	1.327	0.199
Corporate Functions sub total	27.968	18.511	17.652	0.859
Sub total	153.425	111.474	111.685	(0.211)

Facilities and Infrastructure – an overspend of £1.07m is reported at the end of December. 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 to reflect the most recent consumption data. Acceleration of the roll out of a number of energy efficiency initiatives is being progressed at pace to reduce consumption as far as possible in year. A number of immediate actions have also been identified to strengthen financial controls around postage and transport, however an element of the transport costs are reliant on the outcome of discussions with Scottish Ambulance Service colleagues.

Corporate Functions – a combined underspend of £0.86m is reported at the end of December. This is largely driven by vacancies in Medical Director budgets which are offset by legal fees in Area Wide Controls.

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 December 2023 as summarised in table 5 below.

TABLE 5: Health & Social Care Partnerships	Annual Budget £m	Apr - Dec Budget £m	Apr - Dec Expenditure £m	Underspend/ (Overspend) £m
<i>Clackmannanshire and Stirling HSCP</i>				
Operational Services	61.299	45.196	44.624	0.572
Universal Services	89.304	67.494	70.725	(3.231)
Ringfenced and Contingency Budgets	4.195	0.000	0.000	0.000
Subtotal	154.798	112.690	115.349	(2.659)
<i>Falkirk HSCP</i>				
Operational Services	74.645	55.953	52.773	3.180
Universal Services	85.870	65.036	67.481	(2.445)
Ringfenced and Contingency Budgets	5.705	0.000	0.000	0.000
Subtotal	166.220	120.989	120.254	0.735
TOTAL	321.018	233.679	235.603	(1.924)

The HSCP budgets summarised in table 5 exclude budgets in respect of large hospital services, also referred to as set aside, which amount to £78.9m. 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). Wider discussion is required on how this will impact on the financial management arrangements for set aside Mental Health services going forward. This will be considered as part of the review of the Integration Schemes for both IJBs.

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 5. Volume growth in the number of items prescribed and the average cost per item are expected to remain higher than original planning assumptions for the remainder of the financial year due to ongoing demand, short supply issues and uptake of new drugs (including the transfer of Buvidal costs which were previously funded through Alcohol and Drug Partnership budgets in prior years). Note that due to delays in the processing of actual prescribing costs, the month 9 results reflect actual costs for the month of April to August only. Estimates have been applied for the 4 month period covering September to December 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). Cost estimates for September to December 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.

As reported in table 5, the pressure on the primary care prescribing budget is partially offset by non-recurring underspends on operational services in Clackmannanshire and Stirling HSCP due to vacancies and slippage in recruitment within community Mental Health services and community based AHP services.

Similarly, Falkirk HSCP are also experiencing ongoing vacancies and associated non-recurring underspends in community Mental Health services, community based AHP services, community Learning Disability services and Health Improvement. In addition, there is slippage in service

developments, including the new slow stream rehab service which was funded by re-purposing part of the FCH closed ward 1 to 4 budgets.

Initial discussion has taken place with both CFOs in relation to risk share arrangements and it is 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

The total annual net capital budget for 2023/24 is currently estimated at £12.0m. This reflects the core Capital Resource Limit (CRL) of £6.4m as advised by the Scottish Government, together with £8.6m of anticipated allocations and other adjustments which are expected to be applied to the CRL during the remainder of the year.

TABLE 6: 2023/24 NHS Forth Valley Capital position	Annual Budget £m	April - Dec Budget £m	April - Dec Expenditure £m	Underspend/ (Overspend) £m
Elective Care	3.382	2.079	2.079	0.000
Information Management & Technology	3.118	1.595	1.595	0.000
Medical Equipment	2.340	1.493	1.493	0.000
Facilities & Infrastructure	3.343	1.157	1.157	0.000
Energy Efficiency Capital Grants	3.162	0.000	0.000	0.000
NHS Board corporate projects	0.097	0.157	0.157	0.000
Right of Use Assets IFRS16	0.700	0.542	0.542	0.000
Indirect Capital Charged to Revenue	(4.095)	0.000	0.000	0.000
Total	12.047	7.023	7.023	0.000

As reported in table 6 above, a balanced position is reported for the 9-month period ending 31 December 2023. To date expenditure of £7.02m has been incurred, leaving a net balance of £9.1m to be spent in the remainder of the financial year. Specific commentary on each budget line is provided below.

Elective Care – the Modular Build element of the Elective Care project is nearing completion and expenditure in the current financial year now equates to £2.0m, in addition to the £9.2m already capitalised in previous financial years. The risk in relation to technical specification issues remains unresolved and continues to be discussed with Forth Health, Contractors and NHS Assure. A go live operational date has therefore not been confirmed as yet.

Information Management & Technology – to date the sum of £1.6m has been spent on Information Management & Technology projects. During December 2023 the increase in expenditure equated to £0.1m, primarily relating to staff costs (£0.092m) with a small balance (£0.043m) incurred on Network Infrastructure refresh projects.

Medical Equipment – As at 31st December 2023 expenditure committed on Medical Equipment items equates to £1.5m, with spend during the month of December relating to staff costs and a replacement Probe.

Facilities & Infrastructure – total expenditure to date amounts to £1.2m as at 31st December 2023 this includes new expenditure or committed orders during December for Anti-Ligature works at Bellsdyke Hospital and the Mental Health Unit in Forth Valley Royal Hospital and various Compliance Requirements throughout the Forth Valley estate.

Capital Grants - two projects have been added to the Capital Plan during December, the planning stages of which have been progressing during the past few months. Funding for these projects will be recognised as Capital Grant income awarded by the Scottish Government Directorate for Energy and Climate Change. Photovoltaics (PV) Panels and LED Lighting are being installed at Forth Valley Royal Hospital and Green Public Sector Estate Decarbonisation works are being progressed at various properties within the NHS Forth Valley estate.

NHS Board and Property Sales – within the NHS Board managed section of the Capital Plan to date a Capital Grant has been paid to Strathcarron Hospice to the value of £0.140m and Fleet Cars to the value of £0.542m have been added to the Board's Balance Sheet in line with accounting standard IFRS16 Leases. In addition, there has been minor expenditure incurred to the value of £0.017m for a bed at Bo'ness Hospital and Washer Racks at the Area Sterilisation & Disinfection Unit at Falkirk Community Hospital. The sale of Bracklinn Road in Callander is anticipated to be complete before 31st March 2024, and the sale of Barnton Street is progressing however now anticipated to complete during the first quarter of 2024/25.

Appendix 1 – 2023/24 savings delivery

Category (Set Aside & non-delegated services only)	Annual Target £000s	Apr - Dec Plan £000s	Apr - Dec Actual £000s	Variance £000s	RAG status
<u>Workforce</u>					
Reduction in supplementary staff costs	3,454	2,418	576	(1842)	AMBER
Retinue fees & charges	132	99	0	(99)	RED
Turnover/incremental progression	1,000	750	750	0	GREEN
	4,586	3,267	1,326	(1941)	
<u>Procurement & Contracts</u>					
VAT advisory services	5	4	0	(4)	RED
Hand Towels	35	25	21	(4)	GREEN
Gloves	33	24	5	(19)	GREEN
Reducing non-contract spend	23	15	0	(15)	AMBER
Carriage charges	3	2	2	0	GREEN
Change of Tourniquet Supplier Via NDC	20	15	15	0	GREEN
Catering (plastic spoons to wooden spoons)	6	5	5	0	GREEN
Complex Care Education Provision Review	72	54	0	(54)	RED
Review of Complex Care Third Party Provision	208	156	0	(156)	RED
	405	300	48	(252)	
<u>Prescribing</u>					
Abiraterone switch	730	548	548	0	GREEN
Lenalidomide switch	415	311	71	(240)	GREEN
Fingolimod switch	201	151	0	(151)	RED
Patient Access Scheme rebates	2,800	2,100	2,100	0	GREEN
Cold chain/reduction in waste	66	50	0	(50)	RED
Complex rebates/review of contracts	150	113	0	(113)	RED
Review of homecare arrangements	10	8	0	(8)	RED
	4,372	3,279	2,719	(561)	
<u>Estates & Infrastructure</u>					
PPP/DBFM review of contractual arrangements	900	875	938	63	GREEN
Energy efficiency	255	170	0	(170)	RED
Review of order comms	40	30	0	(30)	RED
Review of desk top assets (incl mobiles)	50	38	0	(38)	RED
Patient hub/postages	250	188	0	(188)	RED
Waste	2	2	0	(2)	RED
	1,497	1,302	938	(364)	
<u>Income Generation</u>					
Overseas visitors	135	101	44	(57)	AMBER
Electric Vehicle charging income	300	218	24	(194)	GREEN
Mutual aid/capacity support to other NHS Boards	1,000	750	500	(250)	AMBER
Bellsdyke income	1,956	1,956	1,956	0	GREEN
Provision of training by Women & Children's service	10	8	0	(8)	RED
Travel vaccinations	20	15	42	27	GREEN
	3,421	3,048	2,566	(482)	
<u>Non-recurring actions</u>					
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	3,425	1996	GREEN
Unplanned financial benefits	3,851	2,567	3,051	484	GREEN
Balance sheet opportunities	1,320	1,187	4,504	3317	GREEN
	10,300	8,183	13,980	5,797	
<u>Other</u>					
Reducing unwarranted variation	209	157	0	(157)	RED
Whole system integration opportunities	210	158	0	(158)	RED
	419	314	0	(314)	
Total	25,000	19,692	21,576	1,884	

2023/24: progress against 3% recurring target	Plan £m	Actual £m	Balance £m
<u>Set Aside & non-delegated services</u>			
Workforce	3.586	0.576	3.010
Procurement & Contracts	0.400	0.048	0.352
Prescribing	1.572	0.619	0.954
Estates & Infrastructure	0.697	0.000	0.697
Income Generation	1.465	0.610	0.855
Slippage on developments/unplanned financial benefits	2.280	0.565	1.715
Total Set Aside & non-delegated services	10.000	2.417	7.582
<u>Delegated services (IJBs)</u>			
<u>Clacks/Stirling IJB</u>			
Primary Care Prescribing	1.700	0.671	1.029
Community Healthcare Services	1.001	0.200	0.801
	2.701	0.871	1.830
<u>Falkirk IJB</u>			
Primary Care Prescribing	1.863	0.050	1.813
Community Healthcare Services	0.150	0.071	0.079
	2.013	0.121	1.892
Total Delegated services (IJBs)	4.714	0.992	3.722
Grand Total	14.714	3.409	11.304
Scottish Government 3% total recurring target	18.932		
Variance from target	(4.218)		

FORTH VALLEY NHS BOARD

TUESDAY 30 JANUARY 2024

**9.1 NHS Forth Valley Annual Review Letter
For Assurance**

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Author: Ms Kerry Mackenzie, Head of Policy & Performance

Executive Summary

The NHS Forth Valley Annual Review was held on Monday 20 November 2023 at NHS Forth Valley headquarters in Stirling. The review was led by Michael Matheson, Cabinet Secretary for NHS Recovery, Health and Social Care. Discussions were supported by Caroline Lamb, Director General of Health & Social Care, and Chief Executive of NHS Scotland; and Christine McLaughlin, Director of Population Health at the Scottish Government and Chair of the Forth Valley Assurance Board, linked to NHS Forth Valley's escalation on the NHS Support & Intervention Framework.

Following the Annual Review, the Cabinet Secretary wrote to the Chair summarising the main points discussed.

Assurance

Not applicable

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the key points contained in the NHS Forth Valley Annual Review Letter at Appendix 1.

Key Issues to be considered

Annual Reviews continue to be a key part of how NHS Boards are held to account for the significant public investment made in them. Given the restrictions and pressures associated with the Covid-19 pandemic, and the need to maintain the focus on the response to it, the most recent two rounds of Annual Reviews were limited to the private session with just the Chair and Chief Executive from each NHS Board; conducted via video conference; and chaired by a Health Minister, supported by a Scottish Government Director. This year it was felt to be safe and practicable to return to on site Ministerial Reviews.

To encourage attendance and participation, and to support those who may have been precluded from attending due to the need to travel, or those with vulnerabilities who remain nervous about attending potentially large public events, all meetings were hybrid.

The Cabinet Secretary had separate meetings with representatives from the Area Clinical Forum, Area Partnership Forum and local patients/carers on the mornings of the Review. This was followed by a public session then a private meeting with the NHS Forth Valley Chair and Chief Executive.

The public session began with a brief introduction from the Cabinet Secretary before the Board Chair delivered a presentation on the Board's key achievements and challenges, as well as reflections on the pandemic response from local staff across Health and Social Care.

The private sessions focussed on issues in relation to:

- Escalation: NHS Support & Intervention Framework
- Finance
- Workforce
- Resilience and winter planning
- Unscheduled Care & Delayed Discharge
- Planned Care Waiting Times
- Cancer Waiting Times
- Mental Health including Child & Adolescent Mental Health Services and Psychological Therapies
- National Drugs Mission

The core purpose of the Annual Review is for Boards to be held to account for their performance.

A detailed letter, Appendix 1, has been received by the NHS ForthValley Chair which will be published on the Board website.

Implications

Financial Implications

There are no financial implications in respect of this paper.

Workforce Implications

There are no workforce implications in respect of this paper.

Infrastructure Implications including Digital

There are no direct infrastructure implications as a result of this report.

Sustainability Implications

There are no sustainability implications as a result of this report.

Sustainability Declaration

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

√ N/A

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

Quality / Patient Care Implications

There are no direct quality or patient care implications raised by this report.

Risk Assessment / Management

There has been no risk assessment undertaken in respect of this report.

Relevance to Strategic Priorities

As one of 14 territorial NHS Boards, NHS Forth Valley is accountable to Scottish Ministers supported by the Scottish Government Health and Social Care Directorates. NHS Forth Valley is responsible for the protection and the improvement of the population's health and for the delivery of frontline healthcare services.

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

For wider circulation and for publication on the NHS Forth Valley website.

Additional Information

Nil

Appendices

- Appendix 1: NHS Forth Valley Annual Review letter: 20 November 2023

Cabinet Secretary for NHS Recovery, Health and
Social Care
Rùnaire a' Chaibineit airson Ath-shlànachadh NHS,
Slàinte agus Cùram Sòisealta
Michael Matheson MSP/BPA



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Janie McCusker
Chair
NHS Forth Valley

Via: kerry.mackenzie@nhs.scot

23 January 2024

Dear Janie

NHS FORTH VALLEY ANNUAL REVIEW: 20 NOVEMBER 2023

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings in Stirling on 20 November. I was supported by Caroline Lamb, Director General of Health & Social Care and Chief Executive of NHS Scotland; and by Christine McLaughlin, Director of Population Health at the Scottish Government and Chair of the Forth Valley Assurance Board, linked to NHS Forth Valley's escalation on the NHS Support & Intervention Framework. The focus of the day was the resilience and recovery of local services as we emerge from the Covid-19 pandemic, and I am writing to summarise the key discussion points.

2. This round of Annual Reviews marks the first safe and practicable opportunity since the pandemic began to visit and meet with colleagues and stakeholders in the local area. The key addition to the format this year has been, wherever possible, to include digital access. This hybrid approach has been taken to maximise attendance and participation, including those stakeholders who may have been precluded from attending due to the need to travel, such as those with care/treatment commitments; or those with vulnerabilities who remain nervous about attending potentially large public events.

3. We would like to record our thanks to you and everyone who was involved in the preparations for the day; not least the local estates staff who had worked round the clock to ensure the Review went ahead as planned, despite significant flooding at the Board HQ in the preceding days. I am also grateful to those who attended the various Review meetings; both in-person and by virtual means. We found it a very informative day and hope everyone who participated also found it worthwhile.

Meeting with the Area Clinical Forum

4. We had an interesting and constructive discussion with the Area Clinical Forum. We firstly reiterated our sincere thanks to local staff for their sustained professionalism and commitment, in the face of unprecedented and unrelenting pressures over recent years, for the benefit of local people. It was clear that the Forum continues to make a meaningful contribution to the Board's work, and that the group has effective links to the senior management team. It was reassuring to hear that the Forum felt it had been fully involved in the Board's determined focus on contributing to effective clinical governance and patient safety.

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5. In addition, the Forum has played an important role in terms of informing the Board's approach to other key areas, including performance management and improvement work related to the Board's escalation, financial sustainability/management and workforce recruitment/retention, alongside staff wellbeing. It was fascinating to hear the various clinical teams' presentations: there is clearly no shortage of commitment and enthusiasm amongst clinicians to consistently redesign, improve and innovate, in the best interests of local communities. We were assured that the impressive local work and learning around medicines safety was informing the national realistic medicine action plan. Of particular note was the outstanding work of the local audiology team, which had deservedly been recognised with a UK-wide 'team of the year' award.

6. We had very interesting discussions with the representatives from the various professional committees and undertook to consider some of the points raised: for instance, how new technology and the advent of reliable video-conferencing is helping to facilitate ACF and professions' meetings within busy clinical schedules, as well as improving accessibility by offering other routes to engaging with patients, where appropriate; the importance of new professions and a truly multi-disciplinary healthcare team in addressing the prevalent demand and sustainability challenges facing the NHS; the need to retain as many 'home grown', trained staff as possible, not least through effective partnerships with local educational providers, third sector organisations and others; the need for more focused IT development and integration, whilst investing appropriately in early intervention, health improvement and in primary/community care settings, alongside the focus on acute services; and the need for consistent public messaging around accessing the right services, in the right place and at the right time. We agreed that, as far as possible, there should be consistent attendance at the ACF and its sub-groups from the various professions, to ensure effective representation and continued progress. We were grateful to the Forum members for taking time out of their busy schedules to share their views with us.

Meeting With the Area Partnership Forum

7. We were pleased to meet with the Area Partnership Forum. It was clear that most local relationships have been strengthened by the significant pressures of the pandemic experience, which we recognised had accelerated pre-existing challenges facing local staff and the system. Indeed, the on-going commitment of local staff in the face of unprecedented pressures will have been fundamental to a number of developments and improvements that have been delivered locally over the last year. We also acknowledged that, whilst we hope to be over the most acute phase of the pandemic, very many pressures remain on staff throughout the NHS and with planning partners.

8. Once again, it was reassuring to hear that the Forum continues to meaningfully inform and engage with the Board on the development of the local system strategies and associated workforce plans, alongside key work on staff wellbeing, including the successful introduction of hydration stations for staff at FVRH, and the bullying and harassment/dignity at work agenda; whilst recognising the need for clarity and consistency, as far as possible, with whistleblowing policies and protocols. We noted the view that effective partnership working was not consistent throughout the organisation and agreed that the culture change required through the Board's improvement plan, as part of its escalation on the NHS Support and Improvement Framework, would take time to embed across the wider organisation; and would require consistent, meaningful commitment, trust and support across both the management and staff-side of the partnership.

Patients' Meeting

9. We would like to extend our sincere thanks to all the patients, volunteers and young people who took the time to come and meet with us. We very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services.

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10. We greatly appreciated the openness and willingness of the patients present to share their experiences and noted the specific issues raised, including: the importance of appropriate, local facilities and systems to support patient care/access that were effectively joined up, including better continuity of care and face-to-face treatment options; the need for appropriate and adaptable services to effectively meet the needs of local people suffering from long-Covid; the importance of investing appropriately in early intervention, health improvement and in primary/community care settings; and to ensure that communications with patients take place in a way which is appropriate to their needs; the importance of embracing new technologies and ways of working to ensure the NHS is sustainable; accessibility of local services for both the physically disabled and those with learning impairments; the huge importance of volunteers in supporting health and social care services, alongside the vital role played by community link workers in GP practices; as well as the need for an effective, accessible and responsive NHS complaints procedure. There were some outstanding concerns raised about local treatment that were going to be taken forward by the NHS Board representatives, who were also in attendance.

Annual Review: Public Session

11. The full public session was recorded for online access and began with your presentation on the Board's key achievements and challenges, looking both back and forward. As this round of Ministerial Reviews are the first in public since the necessary limitations of Covid-19, you firstly summarised the extraordinary pandemic response from NHS staff in the area before moving to the key themes of resilience (including winter planning), recovery and renewal, in line with national and local priorities. We then took questions from members of the public: both those that had been submitted in advance and also a number from the floor. We are grateful to you and the Board/local Partnership teams for your efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

Annual Review: Private Session

12. We then moved into private session with yourself and the Interim Board Chief Executive to discuss local performance in more detail.

Escalation: NHS Support & Intervention Framework

13. In late November 2022 my predecessor as Cabinet Secretary announced the Board's escalation for governance, leadership and culture on the advice of the Government's Health & Social Care Management Board. For improvement in NHS Forth Valley to be sustained, the Improvement Plan and its implementation must be owned and led locally, and you provided assurances that local governance arrangements are in place to do this. An Assurance Board was established by the Scottish Government to bring direct oversight of the escalation and scrutinise NHS Forth Valley's progress against the agreed improvement plan.

14. The Assurance Board meets regularly and is chaired by Christine McLaughlin who was in attendance. It was helpful to have an update on progress from the new leadership of the Board and, in particular, we noted that the Board was due to discuss Professor John Brown's associated governance paper at its meeting on 29 November. Christine confirmed that the Board's improvement plan had been in place since December 2022, that it was reviewed and updated regularly and that progress is being made; in particular, the Board's response to the HIS recommendations. At the last Assurance Board meeting at the end of October the Interim Chief Executive had presented the latest version of the improvement plan, which focussed more clearly on outcomes, delivery and strengthening relationships with Local Authority partners. The plan now contains a more focussed set of actions that should support delivery of substantive change.

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15. Christine confirmed that, as the recovery work continues within NHS Forth Valley, the Assurance Board will maintain close scrutiny of progress, including the outcomes of a development session on the outcome of the Board self-assessment against the national *Blueprint for Good Governance*.

16. We were assured that the Board's leadership remains completely committed to delivering the required change within the timescales set in the improvement plan. It is important that staff, local people and their representatives are kept informed and meaningfully engaged as this work progresses. The Board's focus must be on demonstrable, sustained progress that enables us to consider de-escalation in due course.

17. Whilst NHS Forth Valley had not been escalated on the grounds of poor performance, the concerns related to governance, leadership and culture have been evident in poor performance particularly in relation to unscheduled care, out of hours services, mental health services and integration. These areas were covered under their substantive agenda items below.

Finance

18. You confirmed that, in 2022-23, the Board had delivered a balanced financial outturn.

19. For 2023-24, as at month 6, the Board was forecasting a revised, full year deficit of £15.6 million; this is a minor deterioration from the outturn forecast in the original financial plan, despite additional Scottish Government funding of £12 million (e.g. sustainability and new medicines funding), as this has been offset by further pressures.

20. We noted that key pressures continued to be ongoing capacity and staffing issues, with significant supplementary staffing costs, combined with increases in medicines costs and the impact of inflation on energy, premises and IT contracts. In addition, we noted that significant risks carried over into future years include pay and workforce pressures. We agreed that the Board's delivery of recurring efficiencies will be crucial to this and future year budget challenges, whilst recognising that NHS Forth Valley must absorb a range of inflationary and demand-related pressures. The Government will continue to work with the Board to monitor your financial position and assist with longer term planning.

Workforce

21. We would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication and commitment, under largely unrelenting pressures since March 2020; and to give them an assurance that we will continue to do all we can to support them.

22. You confirmed that the Board has continued to experience challenges across both planned and unplanned activity, with staffing issues across the system directly impacting on admission and discharge. We noted that, as at June 2023, the Board had reported a significantly higher vacancy rate for consultant staff than the national average (15.5% vs 8.0%); you nonetheless assured us that workforce capacity is stable and reiterated that most pressures are emanating from overall demand and high patient acuity. We were further assured that the Board continues to consider the development of new roles to help mitigate vacancy rates; whilst working with your planning partners, educational providers and the third sector to identify mutual opportunities to maximise workforce capacity. We were also pleased to note that the Board had issued offers for 129 Newly Qualified Nurses and 46 Mental Health Nurses; the latter very important in terms of the Board's workforce-related waiting times issues in mental health. We also welcomed the international recruitment activity: with the Board offering positions to 30 candidates across nursing, midwifery and AHPs in 2022/23; and recruitment underway for 14 more nurses from the 2023/24 Government funding allocation.

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23. As recognised in our earlier meetings with the local Area Clinical and Partnership Forums, we remain very conscious of the cumulative pressures on the health and social care workforce; and recognise the range of actions NHS Forth Valley is taking in terms of the wellbeing and resilience of local staff, as part of the Board's Strategic Workforce Wellbeing Plan. You confirmed that the Board has established a range of support measures for staff in order to promote personal resilience, help prevent mental health issues developing and to promote overall wellbeing in the workplace; not least in light of the cost-of-living crisis, including the establishment of the Wellbeing website and associated management toolkit. Such measures will also be material in terms of the local staff recruitment and retention efforts; maximising staff support and engagement through winter and into the longer-term recovery and renewal phases.

Resilience and winter planning

24. Given the scale of the cost-of-living crisis, combined with the continued challenge posed by Covid-19, and a possible resurgence of seasonal flu and other respiratory illness, this winter is again likely to be one of the most difficult our NHS has faced. We also remain conscious that most NHS Boards, including NHS Forth Valley, have already been confronted with a sustained period of unprecedented pressures on local services, particularly at the main acute sites. As noted above, there have been high attendances coupled with increased acuity, alongside limited staffing and bed capacity.

25. It was therefore reassuring to hear the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to these challenges; ensuring the safe management of local demand and capacity, as far as possible. You provided assurances that good practice and lessons learned from last winter have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning, whilst protecting elective capacity, as far as possible.

26. Nationally, we have again jointly agreed a number of overarching priorities with COSLA which will help guide our services this winter, and these measures will support resilience across our health and care system; ensuring people get the right care they need at the right time and in the most appropriate setting. One of our key lines of defence again this winter, protecting both vulnerable individuals and the system against further pressures, will be the vaccination programme for seasonal flu and Covid-19. A £50 million funding boost for Ambulance Service recruitment and up to £12 million to expand *Hospital at Home* are among other national measures to support health and care this winter.

Unscheduled Care & Delayed Discharge

27. You confirmed that, given the sustained pressures experienced across services, bed capacity at FVRH remains the key issue, with the hospital regularly experiencing occupancy above 95% in recent times. As noted previously, pressure on services include: workforce constraints, wait for first assessment, delayed discharges and increased patient acuity.

28. Whilst acknowledging the consistent and cumulative pressures on services and staff, the Board's performance against the national 4-hour A&E standard in recent weeks had been deteriorating further and was regularly the lowest performance in Scotland: in the week ending 5 November, the Board was at 47.3% against a national average of 61.1%, with 127 over 12-hour delays. You agreed that this level of performance is unacceptable and assured us that the Board remains fully committed to sustainably addressing this, as a matter of priority. To that end, the Board has been learning from what has been successful in other areas, such as NHS Tayside's frailty work, and the whole Forth Valley system was undergoing a three week 'system reset'; with the focus on sustainably improving patient flow, e.g. by increasing *Hospital at Home* provision, directing people to the most appropriate urgent care settings: this model has been utilised in other Health Boards across Scotland with positive results, in terms of reducing reliance on contingency beds.

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29. As noted above, and despite significant combined efforts on the part of the Board and its planning partners, some challenges persist with delayed discharges. You assured us that the Board has robust governance and scrutiny arrangements in place to monitor and mitigate delays alongside its planning partners, as far as possible; and that making sustained progress remains a key priority. These arrangements have facilitated improved understanding of the data around delayed discharges and associated actions, and a more integrated approach to this work. Actions underway include enabling the right short-term support at home through responsive community care and support, coordination of community support with less duplication; and a more efficient support model, care home multi agency working, interim placements to care homes and third sector link worker based on the acute site. Additional capacity has been created in community and home settings since January 2023 in order to support increased numbers of patients in their discharge.

30. The Board is also looking at updating local IT systems, to ensure plans and activities are as robustly informed as possible and you explained that significant recent changes in senior clinical leadership roles had also started to have a marked positive influence on staff morale and motivation. We were assured that the Board would remain in close contact with the Government teams supporting the key urgent and unscheduled care improvement programmes, such as the *Redesign of Urgent Care*, *Discharge Without Delay* and *Flow Navigation*, alongside other actions. We will keep local progress against this key priority area under close review.

Planned Care Waiting Times

31. We recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care. We continue to assist NHS Boards with plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our Recovery Plan, announced in August 2021. Further to this, in October we announced that an additional £100 million will be provided nationally in each of the next three years to accelerate treatment for patients and reduce inpatient and day case waiting lists by an estimated 100,000 patients across Scotland.

32. You confirmed that the Board is prioritising improvement activity on the specialties with the biggest pressures. We recognised that, in terms of recovery planning, local teams implemented a series of key actions throughout 2022/23 and into the first six months of 2023/24; with the Board exceeding most agreed elective plan trajectories. You also confirmed that NHS Forth Valley is working with the National Elective Co-ordination Unit and others to support delivery of the long wait targets, including opportunities for insourcing, outsourcing and accelerating planned improvements. We were pleased to note that the Board continues to recover planned care services with a key focus on the reduction of the longest waits; with only 82 outstanding outpatient waits over 52 weeks as at the end of September, and 26 inpatient/day cases over 78 weeks at the same point. The Board is also delivering around 75% of diagnostic tests under 6 weeks, against a national benchmark closer to 50%; though we noted waits for CT scans is increasing. You confirmed that the Board is planning to address this by pursuing a business case for a third scanner which would provide valuable additional capacity alongside the new, modular National Treatment Centre resource at FVRH which should be fully operational next year; for the benefit of local people, as well as those from neighbouring Board areas.

33. At the strategic level, the Centre for Sustainable Delivery continues to work with NHS Boards to introduce new and innovative ways of delivering care that will create additional capacity for inpatient, day case and outpatients; building on the success of initiatives, such as the *Near Me* programme. Whilst recognising that the current pressures are significant across the local health and care system, we were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance; particularly as relates to the longest waits, which we will keep under close review.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot



Cancer Waiting Times

34. The management of cancer patients and vital cancer services has remained a clinical priority during the pandemic and local performance against the 31-day target has been consistently met and maintained. As with most NHS Boards, local performance against the 62-day target has been more challenged (62.6% as at August). We recognised a key pressure in this area had been the significant year on year increase in the volume of urgent suspicion of cancer referrals since the pandemic started, with the main cancer types challenged on waits for first assessment and diagnostic tests. We noted the largest pressure pathways areas include colorectal, urology, prostate, and head and neck; and that is where the Board is focusing improvement efforts and investment. The Board submits regular progress reports and the Government will continue to provide support.

Mental Health

35. On the face of it, the Board's performance against the national CAMHS waiting standard of 35% is significantly below expected levels. However, we understand this is a consequence of the Board addressing the overall waiting list and the backlog of longest waits; with the total waiting list decreasing by 57% from June 2022 to September 2023; and those waiting longest (over 52 weeks) decreasing by 99%: from 294 to three. For Psychological Therapies patients, 74.0% had started treatment within 18 weeks of referral in the quarter ending June 2023, an improvement from 71.1% in quarter ending March 2023. 1,693 patients were waiting to start treatment at the end of June 2023; of these, 373 had been waiting longer than 52 weeks; a 23.6% decrease from the number at the end of June 2022.

36. As in other Board areas, the high turnover in workforce can impact on progress against the mental health national waiting standards. In order to mitigate against this, you assured us that the local service is redesigning posts to attract a higher recruitment rate. As part of this drive, NHS Forth Valley will highlight the continued focus on staff wellbeing initiatives and scheduled professional development which will enhance opportunities for career progression and succession planning. The local service continues with active recruitment plans for all specialities; and further nursing and psychology staff have been successfully recruited, with provisional start dates before this December. The Government's Mental Health Performance Team will continue to keep in close contact with the Board to monitor progress and provide support.

National Drugs Mission

37. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment by the end of the current Parliamentary session. The harms caused by use of illicit drugs and excessive consumption of alcohol remain significant public health issues. Although annual drug death numbers across Scotland have shown small falls in recent years, the national rate of alcohol related deaths continues to rise and both remain higher than comparable European countries. More positively, the recently published number of drug deaths shows a 32% decrease in the Board area from 2021 to 2022 (from 69 to 47 and the lowest total since 2017); though the number of alcohol specific deaths in the Board area was slightly up to 65 in 2022 from 57 the previous year (and from a peak of 70 in 2020).

38. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards; to enable the consistent delivery of safe, accessible, high-quality drug treatment everywhere in Scotland. As such, we were pleased to note an improving position with the local commitments for the MAT standards, and in relation to the targets for waiting times for access to alcohol and drug treatment services.

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Local Strategies

39. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. It was therefore pleasing to note the progress the Board is making via its local strategic planning. Clearly, the scale of the challenge faced in effectively planning and delivering health and social care services to meet ever-increasing need is very significant. This makes it all the more important that the Board and its planning partners innovate and adapt; whilst continuing to meaningfully involve and engage local people at every stage, as this vital work progresses.

Conclusion

40. I hope that by the time of the Board's next Ministerial Review we will be free of some of the more extreme pressures of recent years and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most difficult periods in its history and remain grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and to provide as much support as possible.

41. I want to conclude by reiterating my sincere thanks to local staff for their sustained professionalism and commitment, in the face of a period of unprecedented and unremitting pressures, for the benefit of local people.

Yours sincerely



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

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

INVESTORS IN PEOPLE
We invest in people Silver



FORTH VALLEY NHS BOARD
TUESDAY 30 JANUARY 2024

9.2 Communications Update October 2023 – January 2024 For Assurance

Executive Sponsor: Amanda Croft, Chief Executive

Author: Elsbeth Campbell, Head of Communications

Executive Summary

This paper provides an update on the communications work undertaken to raise aware of new service developments and improvements during the period October 2023 - January 2024. It also highlights some of the key media issues, health campaigns and digital developments managed over the last four month period.


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

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.

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.

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 patient care and experience. These included the creation of a new centre at Falkirk Community Hospital to provide information and support to local people living

with diabetes, the introduction of new pilot clinic at Forth Valley Royal Hospital for a rare heart condition which mainly affects women and the launch of a new service to support people experiencing symptoms of long Covid.

Detailed communication plans were developed as part of wider planning and preparation for the Winter period, to raise awareness of the Board's Annual Review and to promote the NHS Forth Valley Staff Awards.

Work continued to highlight our response to escalation, including updates on our Culture Change and Compassionate Leadership programme and the development of a new Assurance and Improvement Plan.

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 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 job, training and development opportunities across the organisation.

Infrastructure Implications including Digital

A number of digital developments and improvements are highlighted in the report including the development of a new referral portal for clinical staff working across primary and acute services.

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). This included plans to improve the energy efficiency of a number of GP Practice buildings across Forth Valley.

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, including the expansion of prison healthcare services and the development of new services to support people with diabetes, long Covid and cardiac conditions. 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, colleges and universities.

Communications Update Report

October 2023 - January 2024

OVERVIEW

Detailed communication plans were developed as part of the wider **Winter Planning** work to raise awareness of health services and support. This included the development of a Winter Zone on the NHS Forth Valley website, targeted communications to local schools, community groups and businesses and a social media campaign to help people access the right care, in the right place, as quickly as possibly.



Work was undertaken during the last quarter to promote a wide range of service developments and improvements. These included the creation of a new diabetes educational centre at Falkirk Community Hospital, the introduction of a new service to support people experiencing symptoms of long Covid and the launch of a new pilot scheme to speed up testing for women with potential breast cancer.

The Board's ongoing commitment to reducing carbon emissions was also highlighted with the unveiling of new plans to improve the energy efficiency of a number of local GP premises. Work continued to raise awareness of progress to respond to escalation, including the development of a new Assurance and Improvement Plan.



OVERVIEW

NHS Forth Valley's Staff Awards took place in November 2023, the first local awards ceremony in three years, to recognise the outstanding achievements of local staff. Two special awards were also made to mark the 75th Anniversary of the NHS.



The Board's Annual Review for 2022/23, which also took place in November 2023, included a public session, the first one to be held since the end of the Covid-19 pandemic. This was chaired by Michael Matheson, Cabinet Secretary for Health and Social Care and was attended by a range of staff, service users, community groups and members of the public from across Forth Valley



The Communications Team continued to work with HR to promote a wide range of vacancies, training and development opportunities and work was also undertaken with BBC Scotland to highlight career opportunities within local prison healthcare services. Internally, Amanda Croft, NHS Forth Valley's Chief Executive, and other members of the Executive Leadership Team, recorded a series of short video clips to update staff on current plans and priorities.

KEY HIGHLIGHTS

Fast-track Scheme for Breast Cancer Diagnosis

A new scheme, which aims to speed up the diagnosis of breast cancer was launched in October 2023, in partnership with Cancer Research UK.



The initiative, which is part of a new programme called Test, Evidence, Transition, hopes to enable patients to access treatment more quickly – providing the best chance of tackling the disease successfully. The pilot scheme means patients who contact a GP in Forth Valley after finding a lump in their breast, are now referred directly to a breast assessment clinic at Forth Valley Royal Hospital without the need for an initial GP appointment and subsequent wait for a referral.

Care Hub for People with Diabetes Opens

Work was undertaken to promote a new Care Hub at Falkirk Community Hospital which has been developed to support local people with diabetes across the Forth Valley area who require insulin or GLP1 injections.

It provides a range of group sessions in a bright, airy space, away from an acute hospital setting. These include groups for young adults with diabetes, people starting to take insulin and those already on insulin who may require support with using new equipment and technology, including insulin pumps. Attendees can discuss any problems they have, receive support and advice and share their experiences with others.

NHS Forth Valley has also developed a new diabetes section on its website which contains a wide range of information and resources. People with diabetes can also request to speak to a member of the diabetes team and choose to attend face-to-face, video or telephone appointments as well as attend a number of different group sessions.

Special services for people with Type 1 diabetes are also provided. These include a peer support and a Facebook community group. Plans to offer an exercise class to help people with Type 1 diabetes learn techniques to manage their insulin when exercising are also being explored.



KEY HIGHLIGHTS

Specialist Heart Clinic Piloted

A media briefing was arranged to promote a new specialist heart clinic which is currently being piloted at Forth Valley Royal Hospital.

The clinic aims to improve treatment for a condition called Spontaneous Coronary Artery Dissection (SCAD) a relatively rare condition which mainly affects women. It is estimated that around 50 people a year in Scotland will experience a heart attack caused by SCAD, many of them younger women with no previous health issues.



The new clinic is being trialled over a two-year period with the support of a number of leading researchers and clinicians. Work was undertaken with Edinburgh Napier University to help promote the new clinic which attracted widespread local and national media coverage. This featured interviews with Dr Anne Scott, a Consultant Cardiologist who is the new monthly SCAD clinics with her colleague Dr Claire Murphy, Jackie Turnbull, one of the first patients to attend the new SCAD clinic and Professor Lis Neubeck, Head of the Centre for Cardiovascular Health Research at Edinburgh Napier University, whose research was instrumental in highlighting the need for a new SCAD clinic in Scotland.

Long Covid Service Launched

A new service was launched in January 2024 to help people in Forth Valley affected by the long-term impact of Covid-19. The Communications Team worked closely with NHS Forth Valley's Long Covid Co-ordinator to promote the new service and develop a new section on the NHS Forth Valley website with details of additional advice and support.



The long Covid Service provides a range of advice and specialist support to help people affected manage their symptoms and improve their health and wellbeing. It offers a range of one-to-one clinics and group sessions where people can access support from a wide range of healthcare professionals including a physiotherapist, a psychologist, dieticians, speech and language therapists. The team can also refer people to other specialist services, if required, for further assessment or support, depending on their individual needs. People can be referred by their GP, practice nurse or other healthcare professionals involved in their care.

KEY HIGHLIGHTS

GP Premises Go Green

Work to improve the energy efficiency of number of GP Practices and community premises across Forth Valley were unveiled as part of wider plans to reduce carbon emissions and support the delivery of the Board's net-zero targets.

Almost £2m of funding from the Green Public Sector Estate De-Carbonisation Scheme (GPSEDS) will be used to improve the energy efficiency of 13 primary care premises across Forth Valley.



The work will include the installation of more thermally efficient glazing, solar roof panels, insulation, LED lighting and electric boilers. Financial savings are expecting to be around £59k each year, underpinned by an additional £30k/year of income from electricity generated by the new on-site solar panels. Lifetime carbon savings of around 1,595 tonnes of carbon dioxide are also anticipated. It will also contribute to the delivery of targets set out in NHS Scotland's Climate Emergency & Sustainability Strategy.

Welcoming Our First International Midwives

The first two midwives from overseas recently arrived at Forth Valley Royal Hospital, bringing with them a wealth of knowledge and experience. They have been recruited as part of a national initiative to increase international recruitment and support the delivery of health services across Scotland.



The midwives, Aino Lindstrom from Finland and Sarah Paeth from America, have a wide range of experience and each has been assigned an NHS Forth Valley midwife who, along with other team members, will support them as they adapt to their new lives in Scotland and the NHS.

The midwives are following in the footsteps of a number of nursing and physiotherapy colleagues recruited from overseas. To date, 34 nurses and three physiotherapists have been recruited through the international scheme and there are plans to recruit a further 18 nurses over the next six months. The Communications continues to work closely with our International Recruitment leads to raise awareness of our new recruits and highlight the positive benefits they bring to NHS Forth Valley.

AWARDS & ACHIEVEMENTS

Recognising Local Staff

The winners of NHS Forth Valley's local Staff Awards for 2023 were unveiled at an awards ceremony in Stirling in November 2023. The awards, which were paused for three years during the Covid-19 pandemic, highlighted the outstanding contribution made by healthcare staff across the organisation.

Six winners were selected from more than 800 nominations put forward along with a Chair's Award and two special awards to celebrate the 75th anniversary of the NHS.



Positive Feedback from Medical Trainees

The educational experience provided by our Obstetrics & Gynaecology and Ophthalmology Teams at Forth Valley Royal Hospital was singled out for particular praise by medical trainees.

Each year, the medical student feedback relating to hundreds of clinical placements is reviewed by an undergraduate panel. As a result, both teams were praised for their excellent work by the University of Glasgow.

NHS Forth Valley's Gynaecology Team was also praised by Healthcare Improvement Scotland for their work to improve the post-menopausal bleeding pathway. Their work was described as "truly amazing" and a "textbook example of quality improvement that will lead to safe, sustainable change."

AWARDS & ACHIEVEMENTS

Top Team Award

Ward 4 at Forth Valley Royal Hospital was named the winner of the Top Team Award at the 2023 Scottish Health Awards.

The Team was praised for their work with dementia patients who require high levels of care as this requires exceptional levels of complexity and skills to manage both physical and mental health conditions.



Staff strive to improve patients' quality of life and are working to achieve even bigger goals by transforming the ward to further improve the experience of local patients.

Accolade for Audiology Services

NHS Forth Valley's Audiology Team also won the Audiology Team of the Year Award which was presented to staff at the British Academy of Audiology's Annual conference in Coventry.

The prestigious prize is awarded to a team that has worked together to improve the quality of audiology services in their area, showing innovative and original ideas.



In NHS Forth Valley, a wide range of work has been taken forward to reduce waiting times, improve communication across services and support local patients and their families.

Prestigious Queen's Nurse Award

A nurse from Larbert was among a group of 24 extraordinary community nurses and midwives to receive the prestigious title of Queen's Nurse.

Chloe Richardson, a Community Learning Disability Charge Nurse, was selected to take part in a 9 month development programme run by The Queen's Nursing Institute Scotland. She received her award at a ceremony in Edinburgh on 24 November 2023.



AWARDS & ACHIEVEMENTS

University Honours for Local Healthcare staff

Three senior healthcare staff have been recognised by the University of Stirling for their contribution to the development of new training programmes, research and innovation.

NHS Forth Valley's Director of Allied Health Professions, Pauline Beirne has been appointed as an Honorary Professor for her work to development of new training programmes for Allied Health Professionals at the University.



Breast surgeon and Deputy Medical Director for Acute Services was also appointed as an Honorary Professor in recognition of her contribution to the work of the Faculty of Health Sciences and Sport.

Juliette Murray, is currently working on a range of projects with the University, including a new initiative, funded by Cancer Research UK, which aims to speed up the diagnosis and treatment of breast cancer.



She is also closely involved in the development of a number of Advanced Practice training courses for healthcare staff at the University, including a new course for Surgical Care Practitioners.

Susan Bishop, NHS Forth Valley's Head of Efficiency, Improvement and Innovation, has been appointed as an Associate Professor for her work to develop the new Forth Valley University College NHS Partnership.

This unique partnership between NHS Forth Valley, the University of Stirling and Forth Valley College aims to deliver new learning and development opportunities for students and staff, drive forward world-class research and innovation and improve patient care and treatment.



AWARDS & ACHIEVEMENTS

Celebrating Success in our Women & Children's Unit

A number of staff from across our Women and Children's Unit received awards in recognition of their outstanding care, commitment and expertise. These included Healthcare Support Worker of the Year, Staff Nurse of the Year and the Gillian McMillan Inspirational Midwife of the Year Award.

The number of nominations for these awards increased again in 2023 which is testament to the hard work and expertise of local staff.



Talented Technicians

Three of our Area Services Decontamination Unit (ASDU) trainee technicians recently received their Technical Certificates from the Institution of Decontamination Sciences (IDSc) - the professional body for decontamination services.

The programme is designed to introduce trainee technicians to best practice in decontamination services, in line with national policy and guidance.

Achieving this certificate is part of a rigorous training programme, combined with competency training and continuous professional development opportunities.

The three trainees are now working towards finishing their inhouse training and becoming fully trained technicians.



Highlighting the Work of Our Prison Healthcare Teams

Throughout the period, 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.

With responsibility for providing healthcare services for the three national prisons in the Forth Valley area, recruiting and training staff to work in our prison healthcare centres is a key priority.

The Communications Team recently worked with BBC Scotland to highlight the range of roles and opportunities within prison healthcare services and share the positive experiences of three local staff -

Eilish McBeth, Chronic Disease Lead Nurse (pictured), Jacqueline Smith, Specialist Speech and Language Therapist and Jon Henshall, Advanced Practice Mental Health Occupational Therapist.



Footage from the feature can be viewed on the video section of the NHS Forth website. The latest inspection report on Polmont HMP YOI, which was published on 14th December 2023, also highlights the considerable progress made by both NHS Forth Valley's prison healthcare teams since the previous report.

Work was also undertaken in partnership with the University of Edinburgh to promote a new cardiac clinic which is currently being piloted at Forth Valley Royal Hospital. This attracted local and national broadcast coverage of the STV footage can be viewed on the video section of the NHS Forth Valley website.





SOCIAL MEDIA ACTIVITY

31,500

FACEBOOK FOLLOWERS

New Facebook page followers is 72,7% higher than it was from previous quarter

297,200

FACEBOOK REACH

The number of unique users who have seen our posts or page this quarter

28.7%

FACEBOOK REACH COMPARISON

Facebook reach from Oct - Jan is 28.7% higher then it was from Jun - Sept

49,671

FACEBOOK REACTIONS, COMMENTS AND SHARES

The number of reactions, comments and shares on our Facebook posts.

5,319

INSTAGRAM FOLLOWERS

Followers on Instagram

34.4%

INSTAGRAM REACH COMPARISON

Reach from Oct - Jan was 34.4% higher then it was from Jun - Sept

18,144

X FOLLOWERS

Followers on X (formerly Twitter)

269.6K

X IMPRESSIONS

The total number of times our tweets have been seen by users (242.5K impressions previous quarter)



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, volunteers and fundraisers and signpost people to local services and support. Audience and reach figures continued to grow during the period.

Over the last quarter, the Communications Department worked closely with colleagues from the Scottish Government, Public Health Scotland and NHS 24 to support a number of national health campaigns. These included winter, school and shingles vaccinations, mental health support and NHS 24's winter campaign.

Help keep your little ones well with a bit of healthy know how
Healthier Scotland Scottish Government NHS 24
nhsinform.scot

Know how to stay on top of your repeat prescriptions
1/4

Frontline health and social care worker? Don't let your protection fade ahead of this festive season.
NHS Healthier Scotland Public Health Scotland

Know how to get the right care, in the right place
NHS Inform

Know how to treat common illnesses at home

Symptom Checkers
Get advice now NHS 24

Our symptom checkers don't replace help from a healthcare professional.

But they can save you time on the way to feeling better. They will direct you to the best service for your needs.
NHS 24

Get advice now visit nhsinform.scot

Flu can be serious, even for healthy children.
NHS Scotland Healthier Scotland Mind to Mind

Drop in now if you're eligible for the flu and COVID-19 vaccines.

The risk of shingles and its complications is high for older people and those who have a severely weakened immune system.

Got a vaccine consent form from school.
Dad What for?
Meningitis and other diseases I've not heard of
Dad Sounds like they could save your life! Sign when I'm home?

Chat. Sign. Protect.
nhsinform.scot/chat-sign-protect

DON'T KNOW WHERE TO TURN IF YOU'VE BEEN RAPED OR SEXUALLY ASSAULTED? TURN TO SARCS.
Healthier Scotland NHS Scotland

HOME FIRST: WHEN YOUR TREATMENT IS COMPLETE, THE BEST PLACE TO RECOVER IS AT HOME.
NHS Scotland Healthier Scotland

STIGMA IS MORE HARMFUL THAN HIV
HIV Positive
Ur a joke

Symptom Checkers
Get advice now NHS 24



SOCIAL MEDIA

Local information and updates shared across our social media platforms included advice on how to access healthcare services and support over the festive period, details of how to cancel or reschedule appointments and information on local drop-in vaccination clinics.

Weekly 'Feedback Friday' posts continued to be shared to highlight positive feedback along with regular posts to promote local job opportunities and recruitment events. Work was also undertaken to mark Nursing Support Worker's Day, promote the NHS Forth Valley Staff Award winners and highlight a wide range of events and donations over the festive period.

Know Where to Get the Right Care Right Place

For practical advice on common health conditions visit nhs.uk and information on where to access the right care visit nhs.uk

NHS Inform

- Tooth Pain
- Swellings to your mouth
- Injury to your mouth
- Painful or bleeding gums
- Advice on oral hygiene

Dentist

Call NHS 24 on 111, 24/7, 365 days a year

- Cuts and minor burns
- Sprains and strains
- Suspected broken bones

MIU

A range of health professionals: nurses, doctors, mental health nurses, physiotherapists and pharmacists to help you with both physical and mental health issues.

GP Practice Team

When your GP practice and pharmacy are closed, and you are too ill to wait or you have a minor injury, call NHS 24 on 111.

NHS 24

GET THE MOST FROM YOUR MEDICINES

Talk to your doctor, nurse or pharmacist who can:

- Explain what the medicine is for and how to take it.
- Discuss how long you should take it for, how to safely stop taking it and update your records.
- Answer any questions about the medication and potential side effects.
- Provide health advice, including lifestyle changes, that could help.

NHS Forth Valley

PRISON HEALTHCARE

Open Day

HMP YOI POLMONT
TUESDAY 24TH OCTOBER
2.00PM - 4.00 PM

GET THE MOST FROM YOUR MEDICINES

If you need to go into hospital

- Bring your medicines with you so that they can be reviewed and you can take them during your stay.
- Talk to the medical, nursing or pharmacy staff and let them know if you no longer need or take any of the medicines you have brought with you.
- Remind the nurse you have your own medicines - so that if you move ward they can ensure they move with you.
- Remember to take your medicines home when you leave hospital, if they are still needed.

NHS Forth Valley

Macmillan One to One Team

Drop-in for Coffee

1.30pm to 3.30pm

Golden Lion Hotel, 10 King Street, FK8 1DQ

Leapark Hotel, 130 Bo'ness Road, Grangemouth, FK3 9BX

nhsforthvalley.com/events

PHARMACIES OPEN CHRISTMAS DAY 2023

NHS Forth Valley

Visit Your Pharmacy First

Your local pharmacist can provide expert healthcare advice and free treatment for many common health conditions without the need for a prescription.

[www.nhsforthvalley.com/winter](https://nhsforthvalley.com/winter)

PHARMACY

What is a Minor Injury?

Right Care Right Place

NHS Forth Valley

For Urgent Health Advice

- Visit nhsinform.scot for health advice, including symptom checkers
- Visit your local pharmacy, dentist or optician for advice and treatment
- Call NHS 24 at any time if you think you may need to attend ED or have a minor injury

In an emergency always call 999

www.nhsforthvalley.com/rightcare

PHARMACIES OPEN 2ND JANUARY 2024

NHS Forth Valley

Bosley the Chemist, 30-32 Kings Head, Theatre Centre, Striving
9.00am - 5.00pm
01764 475458

Bosley the Chemist, 80-82 High Street, Striving
11.00am - 5.00pm
01324 420535

Striving Pharmacy, 17 King Street, Striving
9.00am - 5.00pm
01324 553323

Over the festive period, local GP Practices will be closed.

Monday 25 & Tuesday 26 Dec
&
Monday 1 & Tuesday 2 January

NHS Forth Valley

Winter Zone

www.nhsforthvalley.com/winter

COVID-19 VACCINATION DROP-IN CLINICS

5 - 11 YEAR OLDS

Saturday 9th December 2023
10am to 4pm

- Falkirk Community Hospital
- Stirling Health & Care Village
- Clackmannanshire Community Healthcare Centre

NO APPOINTMENT NEEDED

www.nhsforthvalley.com/covidvaccine

Let's Get Vaccinated

Drop-in Covid-19 & Flu Vaccination Clinics

- Falkirk Community Hospital
- Clackmannanshire Community Healthcare Centre
- Stirling Health & Care Village

NO APPOINTMENT NEEDED

www.nhsforthvalley.com/covidvaccine

ANNUAL REVIEW

SUBMIT YOUR QUESTIONS IN ADVANCE

Our Annual Review meeting for 2022/23 takes place on **Mon 20 Nov 2023**.

You can submit questions about local healthcare services in advance.

Email fv.corporate.servicesassistants@nhs.scot by Friday 3rd Nov 2023.

For more information visit our website.

www.nhsforthvalley.com/annualreview

Rural Drop-in Clinics

No appointment needed

Wednesday 2nd January 2024	Friday 4th January 2024
Callander Medical Practice, Geisler Rd, Callander, FK27 4LX (10.30am - 12.00pm)	Balfour Medical Practice, 41 Buchanan St, Balfour, G63 0TS (1.2pm - 3.30pm)
Monday 8th January 2024	Monday 8th January 2024
Drymen Medical Practice, 2 Old Calder Rd, Drymen, G63 6DP (9.30am - 4.00pm)	Kilfin Medical Practice, Balaichroisk, Kilfin FK21 8TQ (10.30am - 1.30pm)
Tuesday 9th January 2024	Tuesday 9th January 2024
Kipker Health Centre, 240-241 Loan, Kipker, Striving FK8 0JZ (9.30am - 4.00pm)	Callander Medical Practice, Geisler Rd, Callander FK17 4LX (9.30am - 4.00pm)
Thursday 11th January	Friday 12th January
Buchan Health Centre, Station Rd, Stirling FK8 3NH (9.30am - 12.00pm)	Balfour Medical Practice, 41 Buchanan St, Balfour, G63 0TS (9.30am - 4.00pm)

www.nhsforthvalley.com/covidvaccine



Celebrating our Nursing Support Workers





SOCIAL MEDIA

Highlighting Festive Events & Donations

Big thanks to everyone who donated presents for patients in our local hospitals over the festive period, including the many gifts donated to the Children's Ward at Forth Valley Royal Hospital. We really appreciate the support of everyone who has fundraised or volunteered to support local patients and families over the last year.



Our Children's Ward had some very special visitors yesterday at their Christmas Party 🎅



NHS Forth Valley
Posted by Julie Wilson
24 Dec 2023 · 🌐

Huge thanks to our person-centred care team who took on the mammoth task of arranging the Christmas presents for the patients who... See more



[See Insights and Ads](#)

[Boost post](#)

👍❤️ 312

14 comments 12 shares

NHS Forth Valley
Posted by Julie Wilson
12 Dec 2023 · 🌐

A big thank you to [Denny Warriors F.C](#) for their very kind donation of selection boxes to the Children's Ward at Forth Valley Royal Hospital 💙🎄📺



[See Insights and Ads](#)

[Boost post](#)

👍❤️ 270

7 comments 12 shares

A big thank you to Marlyn Bingham and the [Knit and Knatter at Larbert Old Church](#), for knitting and donating these amazing festive baby hats to the maternity unit at Forth Valley Royal Hospital 🎄👶

The group has donated hundreds of knitted items over the years, thank you for all the amazing support 💙



Bringing some festive cheer to our restaurant 🎄 Our Serco staff had a Christmas menu last week and a Christmas Jumper day to raise money for Maggie's 🌟



[See Insights and Ads](#)

[Boost post](#)

👍❤️ 346

16 comments 2 shares

The Macmillan One to One Team held their Christmas coffee drop-ins recently at the Golden Lion Hotel, Stirling, and the Leapark Hotel, Grangemouth. Various companies and suppliers donated products to the team so that they could be passed on to people attending the events. These were gratefully received by all.

Special thanks to Macmillan One to One volunteer Liz Neilson for all her hard work contacting companies and suppliers, and also for the tremendous effort making up the goody bags 🎄💙



A big thank you to Ava Alexander and Ava's Heart Foundation who donated all these amazing gifts for the children's ward Christmas party 💙🎄



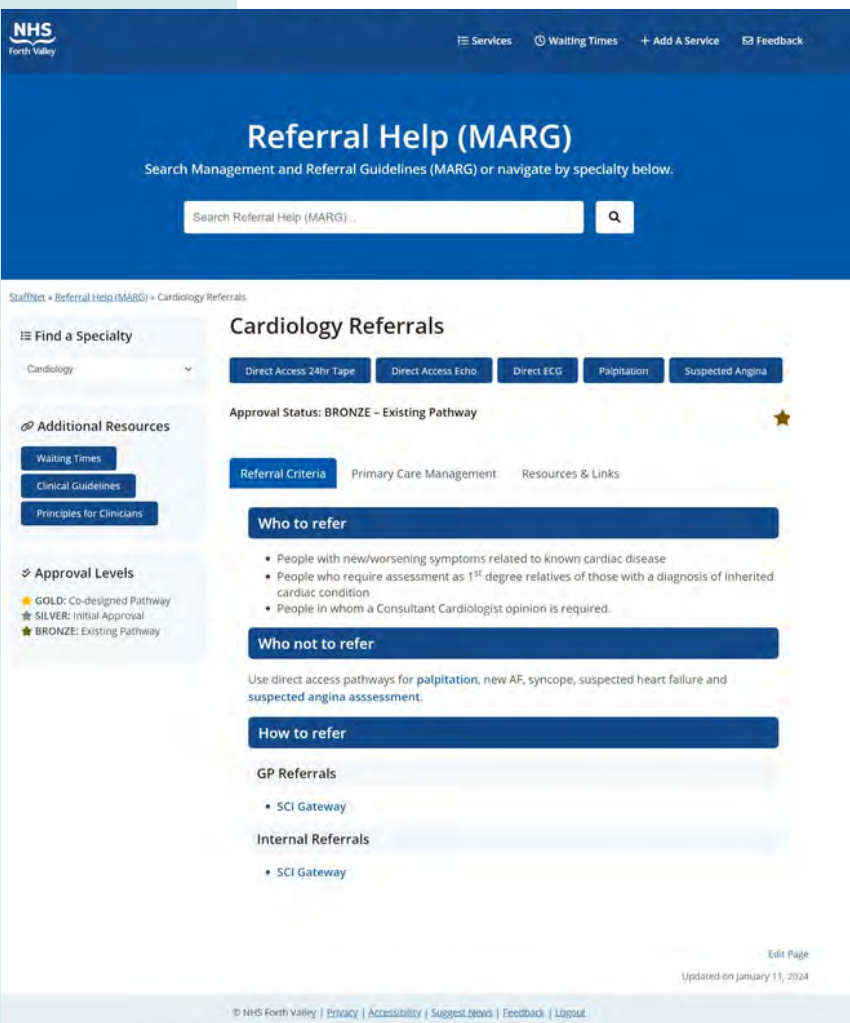


NHS FORTH VALLEY WEBSITES

Between 1st October 2023 and 17th January 2024, there were 463,714 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 opt out of online tracking. Contact details, jobs, appointment cancellations and the Minor Injuries Unit were among the top sections visited.

A new Referral Help intranet site has been developed to support the referral of patients from primary care to specialist acute services as well as intra-hospital referrals. Some of the content and referral guidance/pathways are still going through the necessary approval processes and this work is being taken forward by GP and acute service colleagues.

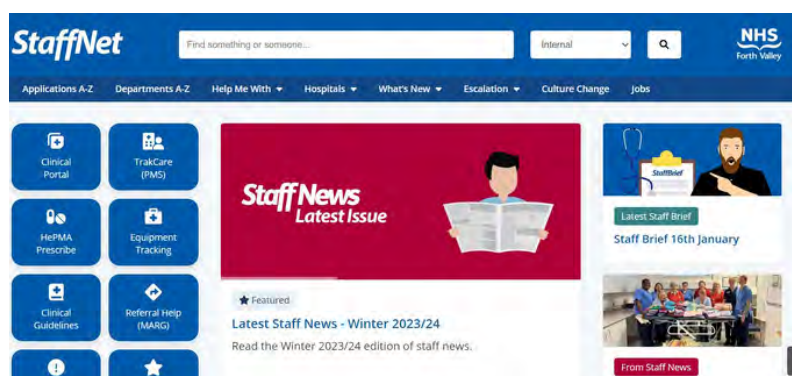
Work was completed to meet the requirements of an accessibility audit in late 2023 and arrangements are in place to check documents and content prior to publication to remain compliant.



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 regular updates from the Chief Executive & members of the Executive Leadership Team. These include a range of video messages and updates which are emailed out to all staff and posted on a dedicated section of the staff intranet.



FORTH VALLEY NHS BOARD
TUESDAY 30 JANUARY 2024

**9.3.1 Audit and Risk Committee Draft Minute: 20/10/2023
For Assurance**

Committee Chair: Cllr Fiona Collie, Non-Executive Director

Executive Summary

Update highlights key issues, key risks or other matters which should be the focus of the Board's attention, and any matters which are being formally escalated following the Audit and Risk Committee held on 20 October 2023.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the key issues being highlighted to the Board following the Audit and Risk Committee on 20 October 2023.
- **note** the draft minute of the Audit and Risk Committee held on 20 October 2023 at Appendix 1.

Key Issues to be Considered

The key issues considered by the Committee were:

- National Shared Services – Payroll
- Audit Follow Up Report
- Strategic Risk Register
- Governance Issues

The payroll service for NHS Forth Valley is now directly operated and managed by NHS National Services Scotland as part of the South East Payroll Consortium (SEPC) (effective 1 February 2023). As part of this, a quality Board has been established to provide governance and assurance to the SEPC. Going forward, ongoing monitoring of the payroll service will be reported to the Performance and Resources Committee.

The Committee received an overview of the Audit Follow-Up (AFU) report, which is reviewed and approved by the Committee and sets out the escalation process triggered when timely management responses are not provided. The report provided Reasonable Assurance and reported that, of the 71 recommendations from live reports, 47 were complete and the remaining 24 were not yet due to be actioned. There were 18 actions without extended due dates and two outstanding recommendations had been risk assessed as Red.

It was proposed that the Committee review the current format of the AFU report for the benefit of Internal Audit and decide whether the current status of the follow-up process was acceptable. It was agreed that the importance of addressing recommendations would be raised within Audit Reports at the next ELT meeting.

An update was given on the 'Quarters 1 & 2 2023/24 Strategic Risk Register Update', with amendments made to risks SRR003, SRR004 and SRR017. If approved, there will be 13 risks in total (6 Very High, 7 High). Four Deep Dive Assurance Reviews were

also highlighted as taking place in the Quarters 1 and 2 review period (see section 8.1).

An update was provided on the external Review of Governance and the completion of the Governance Self-Assessment in September 2023. The final report will be presented to the NHS Board on 28 November 2023. It was clarified that the NHS Board would monitor the progress in addressing recommendations from the report and theses would be managed through the Assurance & Improvement Plan.

AUDIT and RISK COMMITTEE

DRAFT Minute of the NHS Forth Valley Audit and Risk Committee meeting held on Microsoft Teams on Friday 20th October 2023.

Present: Cllr Fiona Collie (Chair)
Mr John Stuart
Mr Robert Clark

In Attendance: Mr Scott Urquhart, Director of Finance
Mrs Amanda Croft, Interim Chief Executive
Mr Barry Hudson, Regional Manager, FTF Audit Services
Ms Shona Slayford, Principal Auditor, FTF Audit Services
Ms Karlyn Watt, Deloitte LLP, External Auditors
Ms Vicky Webb, Corporate Risk Manager
Mrs Kerry Mackenzie, Head of Policy & Performance
Mrs Jillian Thomson, Deputy Director of Finance
Mr Graeme Bowden, Capital Accountant

1/ APOLOGIES

Apologies for absence were intimated for Cllr Gerry McGarvey.

2/ DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3/ MINUTES OF PREVIOUS MEETING

The Minute of the Audit and Risk Committee meeting held on 20th June 2023 was approved as a correct record.

4/ ACTION LOG & MATTERS ARISING

4.1 Action Log

Cllr Collie presented the Audit and Risk Committee Action Log and highlighted that there were currently two items in progress and one now complete. Mr Stuart queried point three within the Action Log regarding the dissemination of actions within the Internal Audit Annual Report for 2022/23 to the appropriate Governance Committee, and Mr Hudson advised that this would be something Internal Audit would review during the Interim Control Evaluation (ICE) review.

The Committee noted the Audit and Risk Committee Action Log.

4.2 National Shared Services – Payroll

Mrs Thomson presented a paper on National Shared Services – Payroll and indicated that the paper provided an update on the payroll service for NHS Forth Valley that it is now directly operated and managed by NHS National Services Scotland as part of the Southeast Payroll Consortium effective from 1st February 2023. Mrs Thomson confirmed that performance monitoring of the service, along with the terms of the Service Level Agreement (SLA) once

finalised, would be regularly reported to the Performance and Resources Committee going forward. Mrs Thomson summarised progress to date on recruitment, workload/capacity, the SLA, and also the establishment of a Quality Board to provide governance, quality accountability and assurance to the Southeast Payroll Consortium members. Mr Stuart queried if there were any issues causing concern with Staff Side, and Mr Clark confirmed that NSS had their own Staff Side in place as part of their Partnership structure.

The Committee noted the progress update on the Southeast to date, and noted the ongoing monitoring of the payroll service would be reported to the Performance and Resources Committee going forward.

5/ INTERNAL AUDIT

5.1 Internal Audit Progress Report

Mr Hudson presented the Internal Audit Progress Report and highlighted that over the summer months long term sickness absence within the Forth Valley Internal Audit team and across the wider FTF team has adversely impacted on scheduled delivery of the audit plan. All staff had however now returned, providing the capacity to deliver both the outstanding and current year work.

Mr Hudson advised that the Regional Audit Manager (NHS Forth Valley and NHS Tayside) succeeded the Chief Internal Auditor who retired on 31 August 2023. Following a robust selection process, the new Regional Audit Manager is expected to take up post at the start of December 2023.

Because of these resource issues, Mr Hudson highlighted that whilst assurance at year-end will be sufficient to allow the Chief Internal Auditor to be able to conclude on the adequacy and effectiveness of the systems of Internal Control, reports will be heavily weighted towards the final half of the year. Between the October 2023 and the January 2024 Audit and Risk Committee, the primary focus of the internal audit department would be the 2023/24 Internal Control Evaluation (ICE). Mr Hudson indicated that this was a key piece of work within the Internal Audit Plan and provides a midyear position statement for NHS Forth Valley, highlighting any concerns to allow remedial work to be undertaken by year end. Mr Urquhart intimated that NHS Forth Valley would support the Internal Audit team through these unprecedented challenges and would also need to take stock of the Internal Audit Plan to see what was actually deliverable.

The Committee noted that the Internal Audit Progress Report provided Reasonable Assurance on progress with the 2023/24 and 2022/23 Annual Internal Audit Plans.

6/ EXTERNAL AUDIT

6.1 External Audit Progress Report

Ms Watt provided a verbal update to the Committee on the work being progressed by Deloitte LLP since the last Audit and Risk Committee meeting in June 2023. Ms Watt indicated that planning was underway for the 2023/24 systems work envisaged to commence in January 2024 and also for the 2023/24 Annual Accounts review. The External Audit Plan for 2023/24 would be presented to the Committee at the March 2024 meeting. In addition, Ms Watt advised that the Deloitte LLP External Audit team were working with Audit Scotland to produce the Section 22 reports due for publication in December 2023.

The Committee noted the External Audit Progress update provided by Ms Watt.

6.2 Section 22 Report

Mr Urquhart asked the Committee to note that the Auditor General for Scotland had requested that a Section 22 report be drafted resulting from some significant issues reported within NHS Forth Valley's External Audit Annual Report for 2022/23. Mr Urquhart advised that guidance on the process had been provided to the NHS Board and members of the Executive Leadership Team and the Section 22 report that would be drafted in partnership between Deloitte LLP and Audit Scotland was anticipated to be issued in December 2023. In reply to a query from Mr Stuart, Mr Urquhart confirmed that the Section 22 report would be made public.

The Committee noted the verbal update on the Section 22 process.

7/ AUDIT FOLLOW-UP

7.1 Audit Follow-Up Report

Mr Hudson presented the Audit Follow-Up (AFU) Report and indicated that the AFU protocol is reviewed and approved annually by the Audit and Risk Committee and sets out the escalation process triggered when timely management responses are not provided. The AFU position is regularly reported to the Audit and Risk Committee to provide assurance that timely action has been taken to address identified control weaknesses as expected. The reporting format continues to evolve to meet the needs of members. Mr Hudson advised the Committee that the report provided Reasonable Assurance and the current status was that of the seventy one recommendations from live reports, forty seven were complete and the remaining twenty four were not yet due to be actioned. Mr Hudson did however ask the Committee to note that eighteen of the actions not yet due had had their due dates extended, the majority on more than one occasion. The Committee were also asked to note the two outstanding recommendations that had been risk assessed as Red.

Mr Hudson indicated that it would be helpful to Internal Audit if the Committee could review the current format of the Audit Follow Up report and provide suggestions for reformatting if they felt it would improve reporting. Mr Hudson also suggested the Committee had to decide whether they felt the current status of the Follow Up process was acceptable. The Pentana system was not being updated as it should be. Mrs Croft indicated that she and the Director of Finance would highlight the importance of addressing recommendations raised within Audit Reports at the next Executive Leadership Team meeting yet again.

The Committee noted the Audit Follow-Up report.

8/ RISK MANAGEMENT

8.1 Strategic Risk Register – Quarters 1 & 2 2023/24 Updates

Ms Webb presented the Quarters 1 & 2 2023/24 Strategic Risk Register Update and highlighted that there had been three amendments to the Strategic Risk Register as follows:

- SRR003 Information Governance – reduced from 16 to 12 and is now within risk tolerance
- SRR004 Scheduled Care – reduced from 20 to 15, and has moved from being out of risk tolerance to within risk tolerance
- SRR017 Environmental Sustainability and Climate Change – reduced from 20 to 16, and has moved from being within risk tolerance to within risk appetite

Ms Watt advised that should these amendments be endorsed, the Strategic Risk Register would still comprise thirteen Risks, six rated as being Very High, and seven rated High. In addition, Ms Mackenzie highlighted that Deep Dive assurance reviews had been carried out during the Quarters 1 and 2 review period:

- **SRR010 Estates and Supporting Infrastructure** – presented to the Performance and Resources Committee with an assessment of reasonable assurance
- **SRR004 Scheduled Care** – presented to the Clinical Governance Committee with an assessment of reasonable assurance
- **SRR017 Environmental Sustainability and Climate Change** – presented to the Performance and Resources Committee with an assessment of reasonable assurance
- **SRR009 Workforce Plans** – a revisit of the deep dive originally conducted in March was presented to the September Staff Governance Committee. There was no change to the initial assessment of Limited Assurance, however there was some progress with controls, and one of the internal controls was assessed to have increased in effectiveness from partially to mostly.

Mr Stuart queried if the deep dive in to SRR009 Workforce Plans had captured peaks in winter pressures and Mrs Croft indicated that plans would be in place with Integration Joint Board input.

The Committee endorsed the proposed amendments to the Strategic Risk Register and noted the Quarters 1 and 2 2023/24 Strategic Risk Register Report.

8.2 Risk Management Annual Report 2022/23

Ms Watt presented the Corporate Risk Management Annual Performance Report for 2022/23 and highlighted that the report sets out a summary of the management of risk within NHS Forth Valley for 2022/23. Ms Watt highlighted that the information is arranged by an overview of the Risk Management framework which had been developed through the work of the Corporate Risk function during the year, and an analysis of the management of the Board's Strategic risks and the overall corporate risk profile. The report concluded with a summary of Risk Management objectives for the forthcoming year, 2023/24.

Ms Watt indicated that the Corporate Risk Team had developed the risk management activities within NHS Forth Valley through the following developments:

- Recruitment of Risk Management Advisors
- Risk Appetite statements
- Revised risk assessment matrix
- Increased utilisation of the Pentana Risk Software
- Programme of strategic risk deep dives
- Establishment of a network of risk champions
- Training packages
- Corporate Risk Management intranet site

Ms Watt also summarised the movement within the Strategic Risk Register during 2022/23.

The Committee considered the assurance provided within the report regarding the effective management of Strategic risks throughout 2022/23 and the performance of the Corporate Risk Management function during the same

period and approved the Corporate Risk Management Annual Performance Report for 2022/23 subject to one minor amendment.

9/ GOVERNANCE ISSUES

9.1 External Review of Governance

9.2 Governance Self-Assessment

Mr Urquhart provide a combined verbal update on the External Review of Governance and the Governance Self-Assessment. Mr Urquhart highlighted that the draft report relating to the independent review of the effectiveness of governance arrangements within the Board being undertaken by Professor John Brown, Chair of NHS Greater Glasgow and Clyde, was being discussed and the final report would be presented to the NHS Board at their meeting being held on 28th November 2023. Mr Urquhart also indicated that the Governance Self-Assessment had been completed at the end of September 2023. Mr Stuart queried whether the Audit and Risk Committee would have any input to monitoring the progress in addressing recommendations made within the External Review of Corporate Governance report, and Mr Urquhart confirmed that this would be performed by the NHS Board.

The Committee noted the verbal updates on the External Review of Governance and Governance Self-Assessment.

10/ COUNTER FRAUD SERVICES

10.1 Counter Fraud Services Quarterly Report ~ Quarter ending 30th June 2023

Ms Slayford presented the Counter Fraud Services (CFS) Quarterly Report for the period ending 30th June 2023 and highlighted that there had been two new referrals made relating to NHS Forth Valley during the quarter. One referral related to an allegation of an employee working whilst on sick leave, and the second was in relation to an allegation that a staff bank member was suspected of stealing NHS drugs. The second referral had been upgraded to an investigation names Operation Lea.

Ms Slayford advised that the Fraud Standards were implemented on 1 April 2022 and an incremental approach to achievement of the Standards from 2022-2025 had been agreed. The self-assessment on each of the twelve components of the standards were submitted to CFS on 14 March 2023 by the Director of Finance with the assistance of the Fraud Liaison Officer (FLO). The NHS Forth Valley self-assessment concluded that of the 12 standards, six were complete and six were partially complete. A draft Fraud Annual Action Plan (FAAP) is currently being developed and will be agreed with the Director of Finance and presented to the next Audit & Risk Committee in January 2024.

Ms Slayford highlighted that the CFS fraud training and awareness page was live on the TURAS site, where a suite of awareness and guidance products were accessible to NHS Scotland employees and a revised fraud awareness model would be introduced on TURAS soon. NHS Forth Valley would be promoting International Fraud Awareness Week commencing 13 November 2023.

Ms Slayford summarised the outcomes of the Patient Exemption Programme undertaken by CGS during 2022/23, and regards Patient Exemption Checking, Ms Slayford highlighted that cumulative recoveries for NHS Forth Valley for the period 1 April 2023 to 30 June 2023 were £11,396 for Dental and £3,1330 for Ophthalmic. This total of £14,528 in patient recoveries represents approximately 4.98% of the Scotland wide value of £934,682.

Cllr Collie queried whether there was a criterion in place with CFS for Fraud cases being written off and Ms Slayford indicated that she would check and report back.

The Committee noted the Counter Fraud Services Quarterly Report for period ending 30th June 2023.

11/ ANY OTHER COMPETENT BUSINESS

11.1 Property Transaction Monitoring

Mr Urquhart advised the Committee that to comply with the NHS Scotland Property Transaction Handbook, NHS Forth Valley are required to draft an annual report on property transactions completed during the previous financial year and present it to the Audit Committee. Mr Urquhart highlighted that during 2022/23 there had been one property sale transacted, the detail of which was attached to the report. Following review by the Audit and Risk Committee, a monitoring report summarising the property transaction made during the year, would be submitted to the Scottish Government Health Department by 31st October 2023. Internal Audit's A23/24 Post Transaction Monitoring report was also appended for information.

The Committee noted the Post Transaction Monitoring Reports

There being no further business the meeting closed at 10.24am.

15/ DATE OF NEXT MEETING

The next meeting of the NHS Forth Valley Audit Committee will take place on Friday 26 January 2024 commencing at 9.00am.

CLINICAL GOVERNANCE COMMITTEE

Minute of the Clinical Governance Committee meeting held on Tuesday 14 November 2023 at 9.00am via Microsoft (MS) Teams

Present: Mrs Margo Biggs
Mrs Kirstin Cassels
Mr Robert Clark
Mr Gordon Johnston
Cllr Wendy Hamilton
Dr Michele McClung (Chair)
Mrs Helen McGuire
Mr John Stuart

In Attendance:	Mrs Lynda Bennie	Prof Frances Dodd
	Mr Peter Bramley (Item 8.1)	Mr Jonathan Horwood (Item 7.4)
	Miss Jennifer Brisbane (Minute)	Ms Eilidh Gallagher (Item 9.1)
	Ms Laura Byrne	Mr Andrew Murray
	Dr Jennifer Champion	Ms Nicola Wood (Item 7.3)
	Ms Amanda Croft	

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Ms Janie McCusker and Mr Kevin Reith. The Chair confirmed the meeting was quorate.

The Chair welcomed Ms Amanda Croft to her first Clinical Governance Committee as Interim Chief Executive of NHS Forth Valley.

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 5 September 2023

The draft minute of Clinical Governance Committee meeting held on Tuesday 5 September 2023 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

The Clinical Governance Committee noted the below updates from the action log:

- Action 1: Work was ongoing to review risks and the demand of Significant Adverse Event Reviews (SAERs).
- Action 2: Colleagues agreed that minutes of the Chief Officers Group (COG) would not be taken to future Clinical Governance Committee meetings due to concerns regarding data protection. Reassurance was provided regarding a potential gap in Public Protection assurance following the establishment of a Public Protection Assurance Group, where it was noted that minutes would be provided to the Clinical Governance Committee.
- Action 4: Timescale was extended due to the complexity of the action.
- Action 5: It was advised that general dentistry complaints were addressed by NHS Forth Valley and concerns regarding contractors were addressed by the practice.

The Cancer Update and Risk Management Update outlined on the forward planner were deferred to a future meeting due to there being no presenter available.

Action: Defer Cancer Update and Risk Management Update to a future meeting.

5. Clinical Governance Committee Planner

The Clinical Governance Committee **noted** the Clinical Governance Committee Planner.

It was agreed that the committee planner for 2024/25 was to include professional assurance updates.

6. In Our Services, Is Care Safe Today?

6.1 Escalation Update

The Clinical Governance Committee received the 'Escalation Update'.

The Clinical Governance Committee:

- ***Noted the update regarding escalation processes.***
- ***Noted the ceasing of Putting Patients First report and the piloting of the Well Led Framework assessment.***
- ***Agreed a level of assurance for the Escalation P&R Committee.***

The purpose of the report was to highlight changes in the escalation process.

Key points considered:

- The Executive Leadership Team (ELT) discussed how to assess leadership, culture, and governance in relation to outcomes and agreed that the format for reporting in the Improvement and Assurance Plan would not be carried forward. Alternatively, the Well Led Framework would be tested as an objective assessment framework of leadership and governance.
- Version 3 of the NHS Forth Valley Escalation Improvement Plan was developed by ELT and shared with the Escalation Performance & Resources Committee and Assurance Board (Appendix 1).
- Discussions regarding the format of oversight structures were ongoing.
- Colleagues were assured that updates on the progress of the Well Led Framework would be provided at a future Clinical Governance Committee meeting.
- An Out of Hours Update was not provided due to there being no concern. However, reassurance was provided that an update would be presented at a future Clinical Governance Committee meeting.

6.2 Safe Delivery of Care Oversight Update

The Clinical Governance Committee received the 'Safe Delivery of Care Oversight Update'.

The Clinical Governance Committee:

- ***Noted progress across areas for improvement.***

The purpose of the paper was to give an update on the progress of the continued Safe Delivery of Care work and provide a level of assurance following a continued focus on Mock Inspections and use of feedback mechanisms.

Key points considered:

- All inpatient clinical areas within Forth Valley Royal Hospital received a mock inspection during August 2023 and was visited by a senior member of nursing staff out with their area's professional or line management structure. The inspected areas were scored against standards and feedback was provided to the respective Senior Charge Nurses, or appropriate equivalent. Completed

inspection tools were then submitted to the Practice Development Team where the data was analysed for themes.

- Following several identified themes, the below next steps were noted and updates on progress were provided:
 - Exploring methods of improving Care & Comfort (C&C) engagement across the Acute Directorate and enact plans.
 - Safe and secure use of medicines being included in senior leader/ Clinical Nurse Manager visits to clinical areas across the Acute Directorate.
 - Practice Development Unit (PDU) linking with key specialists to facilitate organisational improvement work in relation to Malnutrition Universal Screening Tool (MUST) and 4AT compliance.
 - Nursing Workforce Lead Nurse developing educational resources in relation to Health and Care (Staffing) (Scotland) Act 2019.
 - Improvement work regarding IPC procedures across Mental Health and Women & Children Directorates.
 - Chief Nurses and Directors of Midwifery shared findings with their teams and developed local improvement plans.
 - PDU, Organisational Development and Senior Leaders facilitated Senior Charge Nurses, Team Leads and Band 6 development sessions in relation to standards and accountability.
 - Review care assurance templates to include mock Healthcare Improvement Scotland question set.
 - Explore volunteers supporting user feedback mechanisms.
- An area of focus remained on the use of feedback mechanisms. The inspection report detailed concerns in relation to patient experience through the receiving areas of the acute site, therefore resulted in a focus on understanding patient experience using patient experience questionnaires. To gain further patient feedback on their experience, all inpatient ward areas were to ask 5 patients to complete the local in-patient experience survey each week.
- Following discussion regarding the Firebreak, it was noted that there had been a significant reduction of patients present at nurse stations however wards were still heavily reliant on contingency beds and acute flow remained a concern.
- Work was ongoing to inform staff members of the nature of questions asked at mock inspections.
- Colleagues were reassured that mechanisms were in place if further support was required within the Emergency Department (ED) during the winter period.

Action: Provide feedback on the Safe Medicine Group Deep Dive for additional assurance.

7. In Our Services, Was Care Safe in the Past?

7.1 Safety and Assurance Report

The Clinical Governance Committee received the 'Safety and Assurance Report'.

The Clinical Governance Committee:

- ***Noted the current position, challenges and quality improvements being made in relation to the specific Scottish Patient Safety Programme (SPSP) measures and compliance with national targets.***
- ***Noted that the Directorates were meeting to discuss clinical governance using the domains of the Vincent Framework to structure the agenda and topics at Clinical Governance Meetings.***

The purpose of the report was to support discussion, scrutiny and provide assurance of robust clinical governance within the Directorates.

Key points considered:

- Hospital Standardised Mortality Ratio remained at 0.93, which was noted as positive direction for NHS Forth Valley.
- Cardiac Arrest Rate had improved from the last report of 2.32 to 1.65 per 1,000 adult admissions. Reassurance was provided that NHS Forth Valley were regarded as being in an 'acceptable' position in the National Cardiac Arrest Audit.
- Overall Stroke Bundle compliance had reduced to 33% in September 2023 due to onsite capacity pressures.
- Hospital Acquired Pressure Ulcer (HAPU) rate was 0.3 per 1000 occupied bed days for Grades 2-4 reportable compared to the previous months rate of 0.6.
- Falls with harm rate was 6.1% per 1000 occupied bed days which had seen a reduction from 6.7% in the previous report.
- There was no completed directorate template for the Mental Health & Learning Disabilities directorate due to the cancellation of their clinical governance meeting.
- Following discussion, it was noted that further work was required to maintain oversight of services that had transferred to the Health and Social Care Partnership (HSCP).

Actions:

- Liaise with David Williams (Interim Chief Officer of HSCP) regarding HSCP assurance.
- Bring the National Cardiac Arrest Audit to future Clinical Governance Committee meeting for assurance.

7.2 Hospital Standardised Mortality Ratio (HSMR) Detailed Review

The Clinical Governance Committee received the 'Hospital Standardised Mortality Ratio Detailed Update'.

The Clinical Governance Committee:

- ***Noted the information provided from the casenote review.***
- ***Noted the level of assurance provided.***

The purpose of the report was to provide the outcomes from the review of Hospital Standardised Mortality Ratio (HSMR) casenotes for 9 patients undertaken by the Deputy Medical Director and Associate Medical Directors within the Acute Services Directorate.

Key issues considered:

- The HSMR rate had reduced back the desired position, following a spike in previous quarters.
- Following a review of case notes it was identified that:
 - In all cases death was a likely outcome and all appropriate management was undertaken, where the death certificate accurately described the diagnosis.
 - There was no evidence of any futile treatment.
 - There were no patients boarded out of speciality, however 1 form had no response.
 - Discharge summaries were present in all casenotes.
 - The question regarding evidence of the death certificate being reviewed by a Medical Reviewer resulted in issues as reviewers could not find a record within the casenotes.
 - In all cases the resuscitation status was discussed with the patient and/or family and a DNACPR decision was documented. However, in 2 of the cases the DNACPR form was not completed correctly.
 - In 7 of the cases there had been adequate discussion with the family regarding the outcome.
 - 2 of the cases had been discussed with the Procurator Fiscal.
 - In 8 of the cases there was evidence of anticipatory care planning however only 1 case had a completed ceiling of treatment form.
 - The Palliative Care Team saw patients in 3 of the cases and one reviewer commented that pathways for patients receiving end of life care could be improved.
 - In 8 of the cases the patients were not boarded out of speciality and the other case was unknown.

7.3 Mental Health Update

The Clinical Governance Committee received the 'Mental Health Update'.

The Clinical Governance Committee:

- ***Noted the quality improvement activities being undertaken within the Mental Health service in NHS Forth Valley.***

The purpose of the update was to provide the Clinical Governance Committee with an update on the work undertaken by the Mental Health Directorate to achieve the Scottish Patient Safety Programme (SPSP) priorities.

Key points considered:

- Whilst the national work was experiencing a pause, local work in relation to Scottish Patient Safety Programme (SPSP) priorities and other safety indicators continued within NHS Forth Valley.
- Ward 1 was successful in their application to be part of the SPSP Mental Health focussing on Improving Observation Practice (IOP) and implemented a Broset Violence Indicator within the Intensive Psychiatric Care Unit, where it was hoped that it would be used in other inpatient areas in early 2024. It was noted that such work resulted in better early intervention.
- There had been a reduction in the administration of intramuscular medication in Ward 1 since the introduction of the Broset Indicator.
- Vacancy challenges within the service impacted the anticipated progression of SPSP Mental Health work therefore Ward 1 was unable to continue using the team-based approach to achieve SPSP improvements but continued to attend the national learning system events.
- All Mental Health inpatient areas had IOP hourly rounds in place which aimed to proactively identify and respond to the psychiatrically deteriorating patient using a traffic light system.
- A mandatory Turas module and assessment for IOP was developed to provide all Mental Health and Learning Disability staff with access to resources.
- IOP Champions were identified in all inpatient areas to support senior nursing staff in raising awareness, audit, and improvement.
- Engagement in reducing restraints had declined therefore opportunities were being explored to include a holistic approach of including patients in post-restraint debriefs.
- Staffing levels remained a challenge for the Mental Health wards.
- Work was ongoing to explore if a local seclusion policy was required within NHS Forth Valley.
- Following a reduction of intramuscular injections, work regarding post administration observations was ongoing.
- All areas continued to achieve 100% of follow-up review of patients discharged home within 7 days.
- Two of the Mental Health wards had achieved the Standards for Inpatient Mental Health Services accreditation from the Royal College of Psychiatrists, with other wards working towards obtaining the recognition.

Action: Provide committee with further information on Naloxone training within NHS Forth Valley.

7.4 Healthcare Associated Infection (HAI) Quarterly Report

The Clinical Governance Committee received the 'Healthcare Associated Infection (HAI) Quarterly Report'.

The Clinical Governance Committee:

- ***Noted the HAI 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 Healthcare Associated Infection.***
- ***Noted the detailed activity in support of the prevention and control of Healthcare Associated Infection.***

The purpose of the report was to provide oversight of the HAI targets SABs, CDIs, DABs, incidents and outbreaks and all other HAI activities across NHS Forth Valley.

Key points considered:

- Total SAB, DAB and ECB reported cases remained within control limits and stable within the quarter.
- Total CDI reported cases remained stable, however control limits had exceeded in July.
- Within the reported month there were:
 - No recorded MRSA or C.difficile associated deaths
 - 1 surgical site infection
 - 6 outbreaks recorded (all associated with Covid-19)
- Assurance was provided that Covid-19 outbreaks had been managed locally and therefore wasn't of significant concern.
- The Scottish Government's Support Framework implemented to reduce ECB infections would be ceased following reductions in the last two quarters.
- Reassurance was provided regarding the robust daily reviews undertaken in wards by the infection control team.
- Following discussion, focus was placed on the accountability of clinical teams, domestic staff members and estates to mitigate spread of infectious diseases.

Action: Liaise with David Williams regarding whole system accountability of infection control.

8. In Our Services, Will Care Be Safe in the Future?

8.1 Public Health Update

The Clinical Governance Committee received the 'Public Health SHBBV MCN Hepatitis-C Elimination Update'.

The Clinical Governance Committee:

- ***Noted that there was a significant time pressure to treat the number of Hepatitis-C individuals still infected in Forth Valley, and a major key to achieving the task is for all drug treatment services to fulfil the guidelines and targets set by MAT 4 standard: Harm Reduction.***
- ***Noted that the Sexual Health & Blood Borne Virus Managed Care Network would continue to work with all partner agencies to encourage widespread testing of all at risk groups, as well as developing innovative methods for targeting those hard to engage groups to increase testing.***

The purpose of the paper was to highlight the pressures experienced in relation to Hepatitis-C (HCV) Elimination.

Key points considered:

- NHS Forth Valley in collaboration with the Scottish Government agreed to give priority to achieve HCV Elimination by March 2025.
- As of April 2023, Public Health Scotland estimated that the number of HCV patients in Scotland who still required treatment was approximately 5,000, of which an estimated 350–450 resided in Forth Valley.

- Colleagues were made aware of the highly transmissible nature of HCV, its mode of transmission and the deteriorating health impacts it had on those infected.
- To achieve HCV elimination, it was noted that Harm Reduction counselling, Injecting Equipment Provision (IEP) and regular opt-out testing were key to preventing Blood Borne Viruses (BBV).
- 45% of the Scottish population infected with Chronic HCV were undiagnosed therefore resulting in potential risk to the organisation.
- Following discussion, it was suggested that the Clinical Governance Committee could support detection of those diagnosed with HCV by supporting networking with primary care services, healthcare partnerships, recovery communities and provide equipment to assist testing those in shelters and homeless accommodation.

Item 9.1 was presented earlier in the agenda due to time constraints.

9. Is Our Care Person Centred?

9.1 Person Centred Complaints and Feedback

The Clinical Governance Committee received the 'NHS FV 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, whilst 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.

Key points considered:

- The April 2023- August 2023 20-day performance target was 59%, with the August performance at 56.7%.
- The performance for Stage 1 was 80.7%, and Stage 2 performance at 18.4% from 1 April 2023- 31 August 2023.
- Colleagues were made aware of systematic challenges faced in relation to accountability of complaints.
- A short life working group would be initiated in January 2024 to address the backlog of complaints.
- Weekly targets for the complaints team were to be implemented to provide a robust form of assurance going forward.
- There were less than 200 active complaints.
- The key themes and learning identified from complaints were:
 - Lack of empathy when responding to complaints.
 - Staff attitude and behaviour
 - Problems with medication
- Work was ongoing to improve the sign off of complaints to ensure they were addressed in a timely manner.
- Clarity was provided in relation to the response time when addressing positive comments on Care Opinion, where it was noted that complaints were held by Care Opinion to review, resulting in a delayed response in comparison to positive comments.
- Assurance was provided that although there was a theme in complaints regarding the prescription of medication, there were no clinical patient safety concerns associated with such complaints.
- Improvements were made following the introduction of the NHS Education for Scotland (NES) reflection training module which endorsed medical staff to practice reflection in their response to complaints.

8.2 Clinical Governance Strategic Implementation Plan

The Clinical Governance Committee received the 'Clinical Governance Strategic Implementation Plan'

The Clinical Governance Committee:

- ***Noted the progress of the Clinical Governance Strategic Implementation Plan.***

The purpose of the paper was to provide an update on the progress of the Strategic Implementation Plan in relation to the clinical governance priorities.

Key points considered:

- Following the approval, committee members were assured that a 6-month update on the Clinical Governance Strategic Implementation Plan would be provided at a future meeting.
- The adapted Vincent Framework used to structure the Clinical Governance meetings was being implemented widely across NHS Forth Valley and work was ongoing to introduce the framework to the Health and Social Care Partnerships.
- A programme of Patient Safety Conversation Visits (PSCVs) commenced in April 2022, to support an open and honest culture for Board members and staff to discuss patient safety.
- A Clinical Governance webpage was developed on the staff intranet, containing clinical governance information, documents, and training resources.
- Clinical Governance Managers, who facilitate Significant Adverse Event Reports, took part in a Compassionate Communication Skills course to assist with supporting patients and families involved a SAER process.
- The third annual Safety Culture Event took place on 15 August 2023, which included presentations designed to help raise awareness of clinical governance and patient safety across the wider organisation.
- Clinical Governance Managers and SAER Lead Reviewers undertook a Healthcare Safety Investigation Branch programme of safety education and training to support the SAER process.
- A more robust process was achieved following the implementation of briefing notes to facilitate the process of identifying and managing adverse events, Significant Adverse Events (SAE) and Duty of Candour (DoC).
- The Clinical Policy and Guidelines Governance Group assisted in supporting the accessibility, development and approval process of clinical policies and guidelines.
- Collaborative work with the Corporate Risk Management team was in place to ensure clinical risks were identified and aligned to the appropriate risk registers.
- Assurance was provided that a clinical governance overarching risk register was in the process of being developed.

Action:

- Bring oversight of Clinical Governance strategic Implementation Plan to the Clinical Governance Committee meeting.

10. Are We Learning and Improving?

10.1 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 Significant Adverse Event Reports (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 report was to provide the Clinical Governance Committee with information on Significant Adverse Events (SAEs) in relation to the requirements specified by the Scottish Government.

Key points considered:

- Timescales of SAERs remained a challenge due to the increased number of SAERs being commissioned following the introduction of an updated process.
- There were 51 SAERs at various stages of the process:
 - 2 newly commissioned
 - 14 previously commissioned still to commence
 - 3 reports submitted
 - 6 ongoing
 - 5 commenced
 - 21 learning summaries progressing via local clinical governance groups
- The development of a learning summary after the SAER report has been accepted was being undertaken by the Corporate Clinical Governance team to support early identification and communication of shared learning from significant adverse events.
- It was reported that there was a backlog of SAERs due to a lack of capacity within the team. However, it was noted that SAER Reviewers had been employed and a business case was being developed for an increase in facilitators and administrators to address the backlog.
- Following discussion, colleagues were advised that SAEs regarding Primary care were addressed and accounted for by the general practice.

11. Are Our Systems Reliable?

11.1 Internal Audit Annual Report

The Clinical Governance Committee received the 'Internal Audit Annual Report'.

The Clinical Governance Committee:

- ***Noted the outcomes of the 2022/23 internal audit.***
- ***Noted the action points of specific concern to the Clinical Governance Committee.***

The purpose of the report was to provide details on the Board's internal control framework for the financial year 2022/23.

Key points considered:

- Based on work undertaken following the Annual Internal Audit Report 2022/23, it was concluded that:
 - NHS Forth Valley Board had adequate and effective internal controls in place.
 - The Accountable Officer implemented a governance framework in line with required guidance sufficient to discharge responsibilities of their role.
- The Annual Internal Audit Report 2022/23 contained 13 action points, intended to embed good governance principles and to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance.
- Committee members were asked to focus on the below key sections of the Annual Internal Audit Report relevant to the Clinical Governance Committee's Terms of Reference:
 - Executive Summary (pg. 3-12)
 - Clinical Governance (pg. 29-36)
 - Action Point Reference 5 (pg. 37)

12. For Noting

12.1 The Clinical Governance Committee **noted** Standards and Reviews Report.

12.2 The Clinical Governance Committee **noted** the Deanery Visit Update.

- 12.3** The Clinical Governance Committee **noted** the Draft Organ & Tissue Donation Committee Terms of Reference.
- 12.4** The Clinical Governance Committee **noted** the below reports from Associated Clinical Governance Groups:
- 12.4.1** Clinical Governance Working Group Minute 310823
 - 12.4.2** Draft Organ Donation Committee Minute 140623
 - 12.4.3** Area Prevention & Control of Infection Minute 020823
 - 12.4.4** Child Protection Assurance Group Minute 250423

13. Any Other Competent Business

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

14. Date of Next Meeting

Tuesday 16 January 2024 at 09:00, in the Boardroom, Carseview House.

FORTH VALLEY NHS BOARD
TUESDAY 30 JANUARY 2024

**9.3.3 Escalation Performance & Resources Committee Ratified Minutes: 15/12/2023 & 14/11/2023
For Assurance**

Committee Chair: Mr Martin Fairbairn, Non-Executive Director

ESCALATION PERFORMANCE & RESOURCES COMMITTEE

Minute of the Escalation Performance & Resources Committee meeting held on Friday 15 December 2023 at 1.00pm.

Present: Cllr Fiona Collie
Mr Martin Fairbairn (Chair)
Dr Michele McClung
Mrs Janie McCusker
Mr Allan Rennie

Attendance: Ms Amanda Croft	Dr John Ratcliffe
Prof Frances Dodds	Ms Rebecca Reid (Minute)
Mrs Morag Farquhar	Mr Kevin Reith
Dr Jacqui Hepburn	Mr Scott Urquhart
Ms Kerry Mackenzie	Mr David Williams
Mr Andrew Murray	

1. Welcome

Mr Martin Fairbairn welcomed everyone to the meeting and confirmed the meeting was quorate.

2. Apologies for Absence

Apologies were received from Mr Robert Clark and Mrs Kirstin Cassells.

3. Declarations of Interest

There were no declarations of interests.

4. Minute of the meeting held on Thursday 14 November 2023

The minute of the meeting held on Thursday 14 November 2023 was approved as an accurate record.

5. Matters Arising / Action Log

There were no matters arising. Confirmation was provided that an update reflecting the change of approach in relation to the measurement framework was detailed in the cover paper of agenda item 6 as referenced in action point 32.

6. Assurance and Improvement Plan v3 – Progress Update

The Escalation Performance & Resources Committee considered the 'Assurance and Improvement Plan v3 – Progress Update' presented by Ms Amanda Croft.

The Escalation Performance & Resources Committee:

- **Considered the Assurance & Improvement Plan at Appendix 2.**
- **Was assured that actions are being progressed and are appropriate.**
- **Noted the progress to date against those actions set out in the Action Plan.**
- **Noted the detail within the Highlight Report at Appendix 1.**
- **Considered the proposed level assurance.**
- **Agreed it was content with the detail within the plan and noted the progress recognising the actions required to continue with improvements.**

Key Points:

- The Escalation & Improvement Plan remained a live and interactive document with evidence and progress aligned to updates on individual actions. Acknowledgment was given to the fact that timelines of actions may change as the plan continues to develop and areas of work progress and become business as usual.
- The work within the Executive Leadership Team (ELT) was recognised and detailed within the plan. Work continued to progress with sufficient evidence being provided to demonstrate the impact of implementation.
- Following the Staff Governance Committee meeting that took place prior to this meeting, Mr Rennie shared that committee members had an in-depth conversation regarding iMatter with particular focus on the questions related to the board visibility across the organisation and how staff felt visibility required to be improved. The Staff Governance Committee had also considered how the significance of grievances could be reported, in addition to their numerical frequency.
- The communications team would publish weekly updates on the staff intranet in relation to the Assurance & Improvement plan detailing actions being carried out in specific areas to ensure full transparency and awareness for staff.
- With the level of functionality within the Assurance & Improvement Plan a stand-alone Measurement Framework was not deemed necessary as the plan itself contained sufficient evidence of progress. It was agreed that this needed to be described in a more meaningful way.
- Following a question around the long-term work being carried out with the aim of de-escalation Ms Amada Croft confirmed that consideration was already being given how best to articulate this work within the plan.
- There was an ask that the executive clearly articulates the story in relation to the 3 key domains of leadership, culture and governance to highlight progress towards de-escalation.
- Positive feedback was provided against the structure of the plan and the actions although it was noted that the detail of the actions and the broader outcomes expected could be refined to be clearer.
- Concerns were raised on timelines of specific actions in which Dr Hepburn advised that although some dates may be challenging, deadlines were produced based upon the evidence available. Should timelines require to be adjusted the detail would be documented within the issue log for transparency.
- Following receipt of the Review of Corporate Governance, recommendations not already captured would be incorporated in the Assurance & Improvement plan which would be drafted for the Escalation Performance & Resources Committee taking place on 19 January.

Actions:

- Consideration to be given to the style of the summary report and clear linkage to detail within the plan.
- Executive to clearly articulate progress in relation to the 3 domains of culture, leadership and governance.
- Recommendations from the review of Corporate Governance to be included within the Plan for presentation at the next Escalation Performance & Resources Committee.
- Strengthen the wording of the actions within the plan.
- Focus on integration to be undertaken at the next meeting of the Escalation Performance & Resources Committee.

7. Escalation Performance & Resources Committee – Next Step

The Escalation Performance & Resources received an oral update of 'Escalation Performance & Resources Committee- Next Step'.

The Escalation Performance & Resources Committee:

- **Agreed to wait for feedback from the Assurance Board to determine the frequency of the Escalation Performance & Resources Committee which would be discussed at next committee meeting taking place on 19 January 2024.**

Key Points:

- Dr John Ratcliffe referred to section 3 of the Terms of Reference noting that the NHS Forth Valley Board may consider dissolving the Escalation Performance & Resources Committee once reporting of issues relating to escalation are considered business as usual.
- Consideration would be required on how assurance that all areas of escalation were being discussed and monitored efficiently would continue to be provided if this committee were to be dissolved. The agreement was reached to seek feedback from the Assurance Board of their continuation and frequency of meetings which would influence the decision regarding the Escalation Performance & Resources Committee.

Actions:

- A paper would be provided to the committee to discuss the options available regarding dissolving the committee or to determine whether there is a requirement to continue with regular meetings.

8. Any Other Competent Business

There being no other competent business the chair closed the meeting.

9. Date of Next Meeting

Friday 19 January, 10am.

ESCALATION PERFORMANCE & RESOURCES COMMITTEE

Minute of the Escalation Performance & Resources Committee meeting held on Thursday 14 November 2023 at 2.00pm.

Present: Mr Martin Fairbairn (Chair)
Dr Michele McClung
Mr Allan Rennie
Mr Robert Clark
Mrs Janie McCusker
Mrs Kirstin Cassells

Attendance: Ms Val Arbuckle	Ms Jackie McEwan
Ms Jennifer Champion	Mrs Gillian Morton
Ms Amanda Croft	Mr Andrew Murray
Prof Frances Dodd	Mr Kevin Reith
Mr Scott Jaffray	Mrs Sarah Smith (minute)
Ms Kerry Mackenzie	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 Fiona Collie, Ms Annemargaret Black, Ms Patricia Cassidy and Mr Jim Cannon.

3. Declarations of Interest

There were no declarations of interests.

4. Minute of the meeting held on Tuesday 19 October 2023

The minute of the meeting held on Tuesday 19 October 2023 was approved as an accurate record.

5. Matters Arising / Action Log

There were no matters arising.

The action log was reviewed, noting that actions point 024, 026 and 034 were complete. 033 would be presented to Staff Governance and would be removed from this action log. 035 was discussed with Ms Janie McCusker confirming discussion with Ms Amanda Croft, with a proposal made for the P&R Escalation Committee to remain in place until there was confidence in handing work over to the relevant Assurance Committees. Appropriate allocation would then be reflected within V3 of the Assurance and Improvement Plan. Mr Fairbairn proposed this discussion be taken under Item 7.

6. Escalation and Improvement Plan v2 Close Out

The Escalation Performance & Resources Committee considered the 'Escalation and Improvement Plan v2 Close Out' presented by Ms Amanda Croft.

The Escalation Performance & Resources Committee:

- **Noted the Escalation and Improvement Plan v2 recognising requested amendments had been made. Comments had also been taken from the Assurance Board.**
- **Approval of the Plan had been granted at the October meeting subject to above.**

Actions:

- Page 1 referred to the Governance Self Assessment being reviewed by the Board in November. Ms Croft confirmed this would be updated.

10. Draft Assurance and Improvement Plan V3

The Escalation Performance & Resources received a presentation on the 'Draft Assurance and Improvement Plan' introduced by Ms Amanda Croft.

The Escalation Performance & Resources Committee:

- **Approved V3 of the Assurance and Improvement Plan subject to the below actions being completed/reflected within V3.**

Key Points:

- Utilisation of the Corporate Programme Management Office (CPMO) Software was noted, with this being recognised throughout the organisation. A number of elements were available which could be selected during creation and utilisation of the Plan. The commitment of the Executive Leadership Team was recognised with significant involvement in development, thus ensuring clear ownership.
- As the organisation moved out of escalation it was proposed that this plan continued to be used as a rolling workplan. This would enable reflection of ELT's priorities aligned with the priorities of the Board and the wider organisation.
- Ms Croft reflected on the level of trust developed within the Executive Leadership Team, with members working on different elements of the plan.
- Along with the plan, Ms Arbuckle and the CPMO Team would work on a monthly highlight report which would outline progress. Proposals were made for presentation to this Committee and the Assurance Board.
- The Plan would also be published on the website, with the caveat that the format may change to ensure alignment with accessibility requirements. A glossary would be included to ensure understanding around specialised key terms and references.
- Mr Fairbairn confirmed the benefit of coherent and common presentation across all aspects of the plan.
- Mr Rennie reflected that this was a specialised internal document and 'translation' would be required for staff and members of the public, including the creation of some sort of 'executive summary' which provides a balanced account of achievement, work-in-progress and challenges. The Assurance Board focus was on evidence of improvement and actions, noting the latter was well reflected within the Plan. However, there was a need to ensure clear reflection of evidence around progress made, which was significant. Ms Croft recognised this requirement and advised work would now commence on population of the evidence and impact, with anticipation this would be reflected within the first highlight report in four weeks time.
- Communication to staff was recognised as a key factor noting the focus on an iterative process. Ms Croft outlined current consideration around the role of the Whole System Leadership Team and the Area Partnership Forum, recognising the need for this to be a

two-way process. Mr Clark reflected the Trade Unions were the conduit with staff and the Executive.

- Worked examples were provided by Professor Dodd and Mr Clark outlining practical mechanisms being used to deliver aspects of the plan within their areas.
- On referencing the previous plan discussed at Item 6, Mr Fairbairn confirmed the need for clarity around outstanding actions and appropriate conclusion. If actions were replaced, the Committee would require details to ensure clarity around future work.
- Due dates for a significant number of actions were end of February 2024. Ms Croft confirmed these were early allocation dates and review would be undertaken during 4 weekly cycle of progress updates.

Actions:

- Consideration of how best to present the plan to a more general audience, which will probably require creation of some sort of summary.
- Outstanding actions from Version 2 to be concluded, specifically:
 - Page 3 - Draft 2023/24 objectives to June Remuneration Committee for approval
 - Page 3 - Define ELT Measurement Framework
 - Page 5 – Appoint Deputy CEO. Committee were assured work was underway
 - Page 14 - Agree a Measurement Framework which tracks progress across a number of areas
 - Page 14 – Approve updated list of strategies. Mr Rennie advised this was covered within 6.2 of the Assurance Framework. The Committee agreed this item was now complete.

11. Any Other Competent Business

A schedule of the John Brown recommendations had been provided and the Committee noted these.

Ms Croft highlighted the Self Assessment and surrounding Plan. Mr Scott Urquhart provided an update around the External Review of Governance. In terms of the 53 recommendations, work had been undertaken to theme and streamline these with presentation to be made to the NHS Board on 27 November 2023 for approval. Thereafter, the recommendations would be incorporated into the Assurance and Improvement Plan. Mapping work had been undertaken to avoid duplication and Ms Mackenzie confirmed this work had now been undertaken as far as currently possible.

In terms of the Self-Assessment of Governance, meetings had been held with Ms Neena Mahal, where the findings from the self assessment process were being mapped against the external review recommendations to determine both alignment and disparity. Two further sessions had been arranged, with a development session on 5 December 2023. This would focus on the 'well' and 'very well' scores with a review of evidence to support.

A provisional date had been arranged for 1 February 2024 for a wider look at outcomes and findings of the self assessment process. The format aim was to enable a prioritisation of external review and self assessment recommendations. Also to provide assurance findings from both were reflected within the Assurance and Improvement Plan without duplication and in a format that would ensure appropriate ownership.

Mr Reith outlined work undertaken with Jo Tolland, Programme Director, Culture Change & Compassionate Leadership, to facilitate an initial reaction to the John Brown report and capturing of key themes. A further wrap up session would be organised to provide an opportunity for those who had been unable to attend. This would also enable a finalisation of reactions and reflections to ensure incorporation into the work going forward.

Mr Fairbairn sought clarification around the Forum that would receive the output of the self assessment and when this would be available. It was agreed a timeline would be compiled that would map out key actions and dates up to February 2024. This would ensure clarity for the Committee. Mr Robert Clark supported the need for disaggregation of actions to ensure staff wellbeing recognising the significant work undertaken to date. Ms Croft confirmed detailed discussions had taken place around the potential for fatigue, recognising the commitment of the ELT. Clarity was provided that the Governance and Self-Assessment work were being reviewed together to ensure avoidance of duplication.

Action: Timeline mapping key dates and Committee presentations from November 2023 to February 2024.

Mr Fairbairn asked the Executive to reflect on the nature of the Committee, noting change around areas of focus. Ms Croft confirmed mapping work was being undertaken, noting a number of areas could be aligned within other Committees. Following discussion, it was agreed a P&R Escalation Committee would be arranged before the end of the calendar year and for January in the New Year. At this time an analysis would be provided with a view from the Executive around future proposals, meeting frequency and role. An update would also be provided around V3 of the Plan with review around action dates.

Action: Committee mapping work to be undertaken with a view around future proposals, meeting frequency and role.

12. Date of Next Meeting – date to be confirmed.

FORTH VALLEY NHS BOARD
TUESDAY 30 JANUARY 2024

**9.3.4 Performance & Resources Committee Draft Minute: 19/12/2023
For Assurance**

Committee Chair: Mr Martin Fairbairn, Non-Executive Director

Executive Summary

Update highlights key issues, key risks or other matters which should be the focus of the Board's attention, and any matters which are being formally escalated following the Performance & Resources Committee held on 19 December 2023.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the key issues being highlighted to the Board following the Performance & Resources Committee on 19 December 2023.
- **note** the draft minute of the Performance & Resources Committee held on 19 December 2023 at Appendix 1.

Key Issues Considered

The key issues considered by the Committee were:

- Child & Adolescent Mental Health Services (CAMHS) performance.
- Psychological Therapies performance.
- Urgent and Unscheduled Care performance.
- National Treatment Centre modular ward.
- The ongoing significant financial pressures.

Child & Adolescent Mental Health Services (CAMHS) performance has improved however it remains challenging with sustainability dependent on workforce and the ability to recruit and retain staff. This is a significant risk for the service.

Psychological Therapies performance remains relatively stable however as with CAMHS workforce stability is a significant risk for the services in terms of maintaining and improving performance.

Urgent and Unscheduled Care performance remains challenging however an action plan has been developed and informed by the firebreak exercise undertaken in November / December 2023 along with business as usual and the work with the Centre for Sustainable Delivery. This will be the subject of the Board Seminar on 13 February 2024.

As previously highlighted to the NHS Board there have been a number of technical compliance issues associated with the construction of the National Treatment Centre modular ward with work undertaken that highlighted a potential risk in relation to fire compliance measures. This requires mitigation action to be taken.

Construction phase Key Stage Assurance Review report was received on 7 November 2023, confirming an 'unsupported' status based on actions which remained outstanding. A 'supported' status from NHS Assure, confirming compliance and safety, is required for the facility to open. The construction KSAR process was undertaken between October 2022 and January 2023 and a number of actions detailed in the report have subsequently been closed off. The Committee expressed concern at the apparently strong negative assessment in the report about the control of the project compared to a previous direct assurance provided to the Committee by a Scottish Government official that NHS Forth Valley was doing everything expected of it to properly oversee the project. The Committee therefore requested a paper for its next meeting on the response to the NHS Assure report and on how the Committee can be satisfied that all the identified issues have been addressed. Final plans for the opening of the new ward will be confirmed following a risk assessment of options supported by guidance from technical advisors and NHS Assure.

Ongoing significant financial pressures are being experienced across the system arising from continued temporary workforce demand resulting from the high number of contingency beds in use. The position is further impacted by cost and volume increases in medicines, wider inflationary pressures and Covid-19 legacy issues. The Committee wished to highlight to the Board the extreme risk of a deficit despite mitigating actions being undertaken.

The Performance & Resources Committee was conducted in line with the Terms of Reference and the Committee work plan was considered and agreed per the minute of the meeting.

PERFORMANCE & RESOURCES COMMITTEE

DRAFT Minute of the Performance & Resources Committee meeting held on Tuesday 19 December 2023 at 9.30am, Boardroom Carseview House/MS Teams

Present: Mrs Kirstin Cassells
Cllr Fiona Collie
Mr Martin Fairbairn (Chair)

In Attendance:	Ms Amanda Croft	Mrs Gillian Morton
	Prof Frances Dodd	Mr Andrew Murray
	Mrs Morag Farquhar	Dr John Ratcliffe
	Mr Garry Fraser	Ms Rebecca Reid (Minute)
	Mrs Sarah Hughes-Jones	Mr Kevin Reith
	Mr Alastair Jack	Mr Thomas Rodger (Item 9.1)
	Mr Scott Jaffray	Mrs Jillian Thompson
	Ms Kerry Mackenzie	Mr Scott Urquhart

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Mr Robert Clark and Ms Janie McCusker.

2. Declaration (s) of Interest (s)

There were no declarations of interest.

3. Minute of Performance & Resources Committee meeting held on 31 October 2023

The minute of the meeting held on 31 October 2023 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

There were no matters arising from the meeting. The action log was reviewed and agreed.

5. Performance & Resources Committee Planner

The Performance & Resources Committee received the Performance & Resources Committee Planner.

The Performance & Resources Committee:

- Noted the detail within the Performance & Resources Committee planner.
- Agreed the content of the planner reflected the remit of the committee.
- Noted that due to the substantial number of items expected to be presented at the February meeting items may need to be rescheduled.

6. FOR APPROVAL

6.1 Strategic Risk Register

The Performance & Resources Committee considered the 'Strategic Risk Register'.

The Performance and Resources Committee:

- **Considered the assurance provided regarding the effective management and escalation of risks aligned to the Performance and Resources Committee.**
- **Endorsed the Performance and Resources Strategic risks for Quarter 3 2023/24 for onward reporting to the Forth Valley NHS Board.**

Key Points:

- The risks aligned to the Performance and Resources Committee had been reviewed during quarter 3 and assessed that all risks remained static.
- SRR017 Environmental Sustainability & Climate Change was reviewed as static despite difficulty in obtaining funding from Scottish Government due to changes to the qualifying criteria. This may have an impact on NHS Forth Valley's ability to progress areas of work and this will be considered in the next review of the risk.
- There were 64 internal controls in place for the risks aligned to the Performance & Resources Committee with 14 actions having been completed in the last 12 months.
- It was highlighted that the Internal Audit review of financial controls field work had been completed. This would be reported through the Audit and Risk Committee in January then back to Performance & Resources Committee in February.
- Following a question around the Estates and Supporting Infrastructure risk the committee was advised that guidance had not yet been received from Scottish Government colleagues with regard to taking forward the required plan. A DL was anticipated pre-Christmas. This work would also need to align to the Healthcare Strategy.

Action:

- Internal audit review of financial controls to be reported to P&R Committee in February.

6.2 Pharmacy Lease Proposal, Callander Health Centre

The Performance & Resources Committee considered the 'Pharmacy Lease Proposal, Callander Health Centre'.

The Performance & Resources Committee:

- **Approved the establishment of a new lease to the Pharmacy, M Farren Ltd, in Callander Health Centre: for a period of 20 years with a rent of £16,000 per annum (to be reviewed at set times).**
- **Approved remit be delegated to the Director of Finance and colleagues as appropriate to finalise the lease arrangements.**
- **Agreed the proposed level of assurance.**

Key Points:

- The pharmacy, M Farren Ltd, currently resided within Callander Health Centre applied to relocate within the premises to allow for expansion of their current operation.
- Refurbishment of the new premises would be the responsibility of the pharmacy causing no financial consequences to NHS Forth Valley. Although work would be reviewed by NHS Forth Valley to ensure the pharmacy were fully compliant and meet all necessary standards.
- The Performance & Resources Committee has the remit to approve this proposal as stated within section 4 of the committee terms of reference (ToR).

6.3 Dental Practice Lease Proposal, Callander Health Centre

The Performance & Resources Committee considered the 'Dental Practice Lease, Callander Health Centre'.

The Performance & Resources Committee:

- **Approved the granting of a 20-year lease to River Teith Dental Care Ltd.**
- **Agreed the proposed level of assurance.**

Key Points:

- Callander Health Centre is an NHS Board owned property that accommodates a number of operational services including the GP Practice, Pharmacy, Health & Social Care Partnership and NHS Allied Health Professional Services.
- There are currently no adult NHS dental services available within Callander and the surrounding area. An established dental practice in Callander registers private adult patients and NHS child patients.
- It was proposed that a new dental practice, River Teith Dental Care Ltd, be established within the west wing of the property.
- The area where the Practice will be located within the building requires to be fully refurbished, the cost of which will be met by the new Dental Practice.
- All work undertaken within the building would be reviewed by NHS Forth Valley to ensure the company are fully compliant and meeting all required standards. The finances for refurbishment of the building would be the responsibility of the dental practice.
- Rental price was confirmed appropriate through the District Valuer.
- The Chief Executive confirmed that appropriate community engagement has been undertaken.
- The Performance & Resources Committee has the remit to approve this proposal as stated within section 4 of the committee terms of reference (ToR).

6.4 Disposal of 46 Barnton Street, Stirling

The Performance & Resources Committee considered the 'Disposal of 46 Barnton Street, Stirling'.

The Performance & Resources Committee:

- **Approved the disposal of the 46 Barnton Street to Rocc Property as recommended by the NHS Board's Property Advisor.**
- **Noted that the process as laid out in the Property Transactions Handbook has been followed, with Property and Legal Advice obtained.**
- **Agreed the proposed level of assurance.**

Key Points:

- Through the formal processes detailed within the Property Transactions Handbook 46 Barnton Street, Stirling was previously declared surplus by the NHS Board via the Performance & Resources Committee in October 2022. Remit to declare properties surplus lies with this committee as stated within the ToR.
- The Trawl was carried out in relation to the property however, no interest was expressed by the public sector. The property was subsequently taken to the open market by the Board's Property Advisors in June 2023 which was marketed at £140,000.
- As of the closing date 17 November 2023 3 offers had been received which were subject to a change of use back to residential requiring planning permission.
- The Performance & Resources Committee has the remit to approve this proposal as stated within section 4 of the committee terms of reference (ToR).

6.5 Forth Valley Royal Hospital, Photovoltaic Panel Variation

The Performance & Resources Committee considered the 'Forth Valley Royal Hospital, Photovoltaic Panel Variation'.

The Performance & Resources Committee:

- **Noted the progress to date with securing funding to improve the energy performance of FVRH and developing the proposed Variation.**
- **Approved the proposed Variation to the contract with Forth Health (and Forth Health will contract with the preferred bidder to deliver the energy opportunity, in accordance with the indicative costs presented in the Variation Response).**
- **Remitted to the Director of Finance and colleagues as appropriate the finalisation of the Variation and any contractual arrangements arising.**
- **Agreed the proposed level of assurance.**

Key Points:

- NHS Forth Valley received £1.2m from the Scottish Government to invest in improving the energy performance of Forth valley Royal Hospital (FVRH). This is a pathfinder project to inform the process of shifting PPP/PFI sites onto a net-zero trajectory, which is a complex process with contractual implications.
- After extensive investigations to identify opportunities at FVRH that would reduce energy consumption and return savings to the Board, a suite of Energy Conservation Measures (ECMs) was identified.
- A key ECM identified was the installation of Photo-voltaic (PV) panels on the roof of the energy centre to facilitate on-site generation of electricity.
- As stated within the ToR of the Performance & Resources Committee and the Scheme of Delegation variations with a value greater than £20,000 are required to be presented to the committee for approval.

Action:

- Following discussion about how the existing Terms of Reference and Scheme of Delegation empower the Committee to make the sort of decisions covered by Items 6.2 to 6.5, Executive to review the Terms of Reference and Scheme of Delegation to ensure they are fit for purpose in relation to such matters going forward.

7. BETTER GOVERNANCE

7.1 Escalation Update

The Performance & Resources Committee received an 'Escalation Update'.

The Performance & Resources Committee:

- **Considered the Assurance & Improvement Plan at Appendix 2.**
- **Noted the progress to date against those actions set out in the Action Plan.**
- **Noted the detail within the Highlight Report at Appendix 1.**
- **Considered the proposed level assurance.**

Key Points:

- The Executive Leadership Team (ELT) had been working on the third iteration of the Improvement Plan, titled the 'NHS Forth Valley Assurance and Improvement Plan'. This plan incorporated the work already undertaken in the previous versions whilst providing a detailed overview of the key actions and priorities for the next four months along with details of specific outcomes, leads and timescales.

- This plan would be updated to reflect the recommendations from the Corporate Governance review report and Board self-assessment outputs to ensure that any further actions were addressed.
- Conversations were ongoing with both Health and Social Care partnerships to consider how to align the work from the Assurance and Improvement Plan across the partnerships to allow for a whole system approach. Work to review the Integration Scheme was underway.
- Mr Garry Fraser confirmed that work was being carried out with the acute services team around the system reset including evaluating the data available and monitoring the processes in the hope to provide sustainable improvement within this service and increase performance.
- Committee members were assured that the detail of work being carried out within Unscheduled Care would be a topic discussed at a future Board Seminar in February 2024.
- Key areas of performance aligned to escalation i.e., psychological therapies, CAMHS, unscheduled care, along with integration and governance, would continue to be scrutinised at the Performance and Resources Committee.

Action:

- Key areas of performance aligned to escalation to be scheduled in Performance & Resources Committee planner for 2024/2025.
- The planned February board seminar on Urgent & Unscheduled Care will be an assessment of the whole system (and not just Accident & Emergency).
- The Centre for Sustainable Delivery will be invited to attend and contribute its perspective to that seminar.

8. BETTER CARE

8.1 Performance Report

The Performance & Resources Committee received the 'Performance Report'.

The Performance & Resources Committee:

- **Noted the current key performance issues.**
- **Noted the detail within the Performance Report.**
- **Considered the proposed level of Assurance.**
- **Noted that the Board were aware of areas performing well whilst recognising that challenges still arise within the areas.**

Key points:

- Challenges remain in a number of areas with regard to performance however it was noted that there are areas where performance is consistently good, particularly with regard to scheduled care and levels of activity against our agreed plans.
- Overall compliance with the 4-hour target in November 2023 was 51.0%; Minor Injuries Unit 99.5%, Emergency Department 43.6%, with variability in performance.
- Challenges continue in imaging services despite the high levels of Activity.
- Recognition was given to the improvement being seen within Child & Adolescent Mental Health Services (CAMHS) noting that as of November 2023, draft numbers indicated 68.9% of patients started treatment within 18 weeks of referral.
- Although performance within Psychological Therapies had dipped it was confirmed that draft numbers indicated 64.9% of patients started treatment within 18 weeks of referral.

- It was confirmed that the term remobilisation plan with regard to the agreed elective activity was accurate. Not all NHS Boards were performing as well as Forth Valley following Covid and this was the terminology used by Scottish Government colleagues.

8.2 Cyber Resilience Focussed Review

The Performance & Resources Committee received the 'Cyber Resilience Focussed Review'.

The Performance and Resources Committee:

- **Noted the progress made in managing Cyber Resilience risk across NHS Forth Valley.**
- **Endorsed the Cyber Resilience risk deep dive, the direction of travel, and the assurance evaluation.**

Key Points:

- This risk aimed to minimise exposure to NHS Forth Valley from a highly complex and dynamic threat environment. Considerable work is conducted on a daily basis to ensure that the organisation would be protected to a reasonable level against a cyber event which could be potentially catastrophic to the organisation.
- At present there were 4 controls in place, 3 of which were assessed as very important with the other being absolutely critical. All current controls were noted as preventative and contingency in nature with the aim to reduce both likelihood and impact of a cyber attack.
- Monitoring the current controls in place was recognised as a considerable piece of work given that one control referred to the Cyber Resilience Framework which contained 427 sub actions to support faster recovery, lower disruption and reduce data loss. The framework was noted to be under continuous development. Due to the zero-day vulnerability in response to cyber threats the control assurance assessment was amended too very important.
- The Digital and eHealth Strategy which formed a further current control had recently been refreshed and was due to be presented to NHS Forth Valley Board for approval.
- Committee Business continuity plans were being embedded as an outcome of the NIS Audit recommendation.
- An internal Audit of cyber resilience was underway with a business continuity focus split into 2 categories. First being internal actions, which would be possible to mitigate whilst the second would be external actions in which there would be control over.
- The completed audit will be taken through Audit & Risk Committee for consideration.

Action:

- When next reviewing the wording of the risk definition, the Executive to consider the apparently circular nature of the current wording.

9. BETTER VALUE

9.1 National Treatment Centre

The Performance & Resources Committee received an update on the 'National Treatment Centre'.

The Performance & Resources Committee:

- **Noted the Forth Valley NTC progress update and proposed assurance level.**
- **Noted the Construction key stage assurance review (KSAR) Report.**
- **Noted the current status of NHS Assure actions.**

- **Noted the timeline for Ward completion and associated Commissioning and Handover KSAR processes is not confirmed and will require resolution of outstanding compliance issues as advised by NHS Assure.**
- **Expressed concerns with the current state of play however acknowledged that actions were required with external contractors to mitigate all risks.**
- **Highlighted that the executive should do everything possible to ensure completion of the project.**

Key Points:

- Mr Scott Urquhart confirmed that to date two additional theatres were operational supporting the National Treatment Centre (NTC) and additional car park spaces had been created through expansion. The purchase of an MRI scanner within the NTC allowed for additional diagnostic capacity.
- As the project progressed through the latter stages of construction, the Board continued to work closely with NHS Assure, and with Forth Health as the body responsible for delivering the programme to NHS Forth Valley through the contract variation process (PPP), to ensure that the building meets the required standards.
- As previously reported to the NHS Forth Valley Board the opening of the NTC ward had been delayed due to a number of building compliance issues. A main concern was the potential risk identified in regard to fire compliance measures in which a timeline to rectify these risks had yet to be confirmed. Final plans for the opening of the new ward would be confirmed following a risk assessment of options supported by guidance from technical advisors and NHS Assure.
- Status remained as unsupported but to allow the facility to open a supported status from NHS Assure must be obtained. There were a number of actions to be completed, however the committee asked if any of the outstanding actions could wait until the NTC was open or did all actions need to be closed off prior to opening.
- The Committee noted that NHS Scotland Assure came into existence after the Forth Valley NTC project had commenced with the KSAR report referencing a point in time following its introduction.
- Positive assurances on the controls and oversight applied by the NHS Forth Valley team have been given by both Scottish Government and NHS Assure, acknowledging improvements made since the period relating to the KSAR report.
- Positive assurances continue to be received at ongoing meetings with both SG and NHS Assure.
- Mr Thomas Rodgers from NHS Assure joined the meeting to discuss the journey and progress towards the opening of the NTC ward. NHS Forth Valley was commended for its openness and transparency during this process noting that concerns of achieving completion were with external parties and not NHS Forth Valley.

Action:

- Establish with NHS Scotland Assure if it is a requirement that all outstanding actions were closed off prior to sign off and opening of the NTC.
- Paper to be provided to the next meeting of the Committee on the response to the NHS Assure report and on how the Committee can be satisfied that all the identified issues have been addressed.

9.2 Finance Report

The Performance & Resources Committee received the 'Finance Update'.

The Performance & Resources Committee:

- **Noted the ongoing significant level of financial pressure experienced across the system arising from continued temporary workforce demand, cost and volume**

increases in medicines, wider inflationary pressures and Covid-19 legacy issues.

- Noted that the 2023/24 forecast overspend for the year remains at £15.6m. This will be reassessed on receipt of the December results and updated to reflect the expected outcomes from a range of further actions designed to reduce the deficit as far as possible in year.
- Noted Scottish Government expectations for an improvement in the 2023/24 outturn forecast at Quarter 3 and we are liaising with Scottish Government colleagues on a range of potential options, including a capital to revenue transfer relating to banked capital funds from prior years.
- Noted 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.
- Noted a balanced capital position as at 30 November 2023 with a forecast break even against the capital resource limit.
- Noted that the financial planning process for 2024/25 is underway and a draft 5 year financial plan will be presented to the P&R committee in February.
- Noted that an adequate framework was in place but remained concerned of achieving anticipated savings targets.
- Highlighted the extreme risk of a deficit despite mitigating actions.
- Noted the proposed level of assurance however the committee noted that this was increasingly challenging.

Key Points:

- The current forecast deficit for the year remained at £15.6m, with £14m being driven by capacity and workload pressures within the Acute Services Directorate. The overall forecast outturn would be reassessed as part of an in-depth review of the quarter 3 financial results at end December, with every effort being made to reduce the deficit as far as possible in year.
- A Financial Recovery Acute Action Group (FRAAG) had been established to lead the development and practical implementation of the financial recovery plan in Acute services. The financial recovery plan was developed as an urgent action to reduce the deficit.
- Scottish Government had set clear expectations that an improvement within the Quarter 3 financial results and overall forecast for the year must be delivered. To assist with the savings target discussions had taken place to consider the potential transfer of capital funds to revenue from prior years which was estimated at £4M.
- Financial planning guidance issued by Scottish Government set expectations that plans would create a body of work which would assist with achieving the targeted 3% of recurring savings on baseline budgets. These plans will be informed on a “15-point grid” which had been presented to Board Chief Executives.
- Confirmation was given that discussions were ongoing with the Acute Services team to consider all possible options to mitigate the use of contingency beds being a root cause of the financial issues in the directorate.
- Committee members shared their concerns on the deficit being faced and about the likelihood of achieving the anticipated targets as set out by Scottish Government.

9.3 Meeks Road GP Practice Sustainability Loan

The Performance & Resources Committee received the ‘Meeks Road GP Practice Sustainability Loan’.

The Performance & Resources Committee:

- **Noted the content of the paper and that the NHS Board has met its obligations under the terms of the GP Sustainability Loan Scheme**
- **Noted that the Loan applications meet the relevant criteria per DL 2018 (22).**
- **Noted that Scottish Government has approved the Practice's exceptional circumstance application for an increased borrowing value.**
- **Agreed the proposed assurance level as set in the paper.**
- **Is assured that the appropriate papers have been completed and are in order in relation to this loan application.**

Key points:

- As Meeks Road GP Practice met the criteria of the GP Sustainability Loan Scheme the practice subsequently applied for an Exceptional Circumstances loan, which was approved by the Scottish Government. This scheme allows for an applicant to apply for up to 60% of the Existing Use Valuation.
- A significant percentage of this loan will be used to cover the cost of departing partners and should assist in the recruitment and retention of new and existing Partners.
- The current amount of secured lending on the property is £222,425.52.

9.4 NHS Forth Valley Estate, Backlog Maintenance Update

The Performance & Resources Committee received the 'NHS Forth Valley Estate, Backlog Maintenance Update'.

The Performance & Resources Committee:

- **Noted the content of the report and ongoing work to improve the quality of data in relation to the estate, including the implementation of the new Strategic Asset Management System (SAMS).**
- **Noted the increase in the NHS Board's Backlog Maintenance figure to c£22m, for the reasons explained in the report and that there are no 'high risk' items.**
- **Noted the ongoing requirement for funding, both capital and revenue both in relation to monitoring the estate and also to rectify Backlog Maintenance issues.**
- **Agreed the proposed level of assurance.**

Key points:

- The recently procured national Strategic Asset Management System (SAMS) was in the process of being rolled out across the whole of NHS Scotland to replace the EAMS system. Following the transfer of NHS Forth Valleys data to the new system the backlog maintenance figure was reported as £22,849,370.
- There had been ongoing dialogue with NHSS Assure/Health Facilities Scotland in relation to the reported position for Backlog Maintenance and clarity sought on the inclusion or exclusion of certain categories of work items.
- A direct link was established to Strategic Risk SRR.010 as well as a risk of sourcing available funding. Consideration would be given to a whole system approach in relation to the maintenance and development of the NHS Forth Valley estate to best support the delivery of care services.
- At present there were no 'high risk' items identified within the NHS Board's Backlog Maintenance profile however an increase in the back log was being seen as a consequence of reduced funding streams and levels of investment.

10. FOR NOTING

10.1 Emergency Planning & Resilience Group Approved Minute 28/08/23

The Performance & Resources Committee **noted** the Emergency Planning & Resilience Group Minute.

11. ANY OTHER COMPETENT BUSINESS

Following discussions, it was agreed that an email would be circulated to committee members detailing the update posted on the staff intranet of the recent Firebreak.

12. DATE OF NEXT MEETING

Tuesday 27 February 2024 at 9:30am in the Boardroom, Carseview House

FORTH VALLEY NHS BOARD

TUESDAY 30 JANUARY 2024

9.3.5 Staff Governance Committee Draft Minute: 15/12/2023 For Assurance

Committee Chair: Mr Allan Rennie, Non-Executive Director

Executive Summary

Update highlights key issues, key risks or other matters which should be the focus of the Board's attention, and any matters which are being formally escalated following the Staff Governance Committee held on 15 December 2023.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the key issues being highlighted to the Board following the Staff Governance Committee on 15 December 2023.
- **note** the draft minute of the Staff Governance Committee held on 15 December 2023 at Appendix 1.

Key Issues to be Considered

The key issues considered by the Committee were:

- Staff Governance report
- Safe Staffing
- Whistleblowing
- NTC Staffing Update
- iMatter

Concerns were raised over the mixture of attendees present and the quorum of the meeting, with suggestions that the quorate could be defined further to have two non-executive members and two Staff Side colleagues. Also raised was the time taken for completing investigations and addressing staff absences via an Attendance Management Plan.

It was noted that 50.1% of staff had completed the Whistleblowing Standards mandatory training through TURAS. Work is ongoing to mitigate concerns around not achieving the expected timeframes when dealing with Whistleblowing cases, and to inform the organisation of confidential contacts and lead investigators when needed via the staff intranet page.

A more in-depth paper on NTC staffing will be provided at the March 2024 meeting, however the Interim Director of Acute Services highlighted that all staff were in place with backfill being identified, and no concerns were being seen at present. Staff side colleagues were keen to ensure that they could support this project and requested that they were sighted on key papers relating to staffing issues within the NTC. Wider discussions are needed to ensure inclusion across the organisation and further define partnership working in this area.

The annual Internal Audit Report recommended that the Committee improves the formatting of papers and considers how key items for inclusion on future agendas are determined. This work has progressed with improvements seem however it was noted that work continues in this area. In addition, performance reporting to Staff Governance Committee will be refined to ensure adherence to the Blueprint for Good Governance.

61% of staff completed the iMatter questionnaire with response rates and action plan target above the NHS Scotland average. Key themes for improvement (see section 8.6 of Appendix 1) have been incorporated into relevant action plans.

The Staff Governance Committee was conducted in line with the Terms of Reference and the Committee work plan was considered and agreed per the minute of the meeting.

STAFF GOVERNANCE COMMITTEE

DRAFT Minute of the Staff Governance Committee meeting held on Friday 15 December 2023 in the Boardroom, Carseview House and via MS Teams.

Present: Mr Nicholas Hill
Mr Gordon Johnston
Mr Stephen McAllister
Ms Janie McCusker
Mrs Karren Morrison
Mrs Hilary Nelson
Mr Allan Rennie (Chair)
Ms Janet Sneddon

In Attendance:	Mrs Elaine Bell	Mr John Ratcliffe
	Prof Frances Dodd	Miss Rebecca Reid (minute)
	Mrs Morag Farquhar	Mr Kevin Reith
	Mr Garry Fraser	Mrs Linda Robertson
	Mr Cameron Raeburn	Miss Vicky Webb

1. Apologies for Absence / Confirmation of Quorum

Apologies were received from Mr Micheal Brown, Ms Amanda Croft, Mrs Margaret Kerr, and Mr Scott Urquhart.

2. Declaration (s) of Interest (s)

There were no declarations of interest.

3. Draft Minute of Staff Governance Committee meeting held on 15 September 2023

The minute of the Staff Governance Committee meeting held on 15 September 2023 was approved as an accurate record.

4. Matters Arising from the Minute / Action Log

There were no matter arising from the minute. The action log was reviewed, and details of progress against each area were shared with committee members.

5. Staff Governance Committee Workplan

The Staff Governance Committee received the 'Staff Governance Committee Workplan.'

The Staff Governance Committee:

- Noted the contents of the Staff Governance Workplan.
- Noted that a workplan for 2024/2025 would be presented at the meeting taking place on 15 March 2024.

Key Points:

- Mr Kevin Reith advised committee members that the Staff Governance Annual Report would be presented at the March meeting to align with previous reporting timeframes.

- The Strategic Healthcare Strategy, Well Informed Report and the Public Sector Equalities Duty Report had all been rescheduled to March 2024.
- Further rationalisation of the papers presented to the committee would be carried out to provide smoother more streamlined reporting.

6. ESCALATION

6.1 Assurance & Improvement Update: Leadership and Culture

The Staff Governance Committee received a verbal update on the 'Assurance & Improvement Update: Leadership and Culture'.

The Staff Governance Committee:

- **Noted the verbal update of the Assurance & improvement Plan.**

Key points:

- Mr Kevin Reith informed committee members that the previous version of the Assurance & Improvement plan had been closed out by the Escalation Performance & Resources Committee and version 3 of the plan was in progress.
- Following further implementation of version 3 a more in-depth progress update would be provided at the next Staff Governance meeting to provide committee members with assurance of the actions being taken.
- Evidence of the work being carried out across the organisation in relation to the plan would be highlighted weekly on the staff intranet.
- Work was underway to consider how staff feedback could be incorporated within the plan.

7. FOR APPROVAL

7.1 Staff Governance Terms of Reference

The Staff Governance Committee considered the 'Staff Governance Terms of Reference'.

The Staff Governance Committee:

- **Noted the updates to the Staff Governance Committee Terms of Reference as detailed below with additional wording highlighted.**
- **Endorsed the Terms of Reference for inclusion in the Code of Corporate Governance ahead of presentation to the NHS Board for approval.**
- **Approved the Terms of Reference subject to the changes highlighted below.**
- **Approved they were content with the request of amending the definition of quorate.**

Key Points:

- Mr Kevin Reith highlighted there had been an error within the paper which stated that a review of the Terms of Reference since 2018 which required to be amended.
- Highlighted within the paper were the two minor amendments that had been made.
- A typo on page 6 of the Terms of References under 5.2 should be amended to Chair rather than Chairman.
- Requests were shared by committee members on whether the mixture of attendees in which allow the meeting to be quorate could be defined further to ensure that 2 non-executive members as well as 2 staff side colleagues must be present to allow quorum to be accomplished.

Action:

- Amend the date of the last review on the cover paper.
- Amend Chairman to Chair.

8. STAFF GOVERNANCE STANDARD ACTIVITY

8.1 Staff Governance Report

The Staff Governance Committee received the 'Staff Governance Report'.

The Staff Governance Committee:

- **Noted and discuss the content of the paper and appendices.**

On specific issues the Staff Governance Committee:

- **Noted the latest position reported on staff absence against target.**
- **Noted the current priorities for Occupational Health.**
- **Noted the progress of the Once for Scotland Policies.**
- **Noted the current priorities on employee relations work including HR connect, ER portal within eEES and Absence Audit.**
- **Noted the current priorities of Equality & Diversity Team.**
- **Noted the current priorities of the Staff & Wellbeing Group.**
- **Noted HR resourcing update with the progress on the international recruitment program, moving forward with 18 offers to overseas nurses from 2024.**
- **Noted the reduction in use of off framework agency nursing within NHS FV.**
- **Noted support for the implementation of erostering programme with the plan to meet the milestone of 50% of nursing staff by April 2024.**
- **Noted the progress of Job Evaluation.**

Key points:

- The Staff Governance report remained an iterative document which would continue to be streamlined to allow for a refined report to be provided. Reporting would continue to evolve to allow full assurances to be provided to committee members.
- Noted was that it would be beneficial if the detail provided against investigations and grievances showed true data on the number of staff involved within each case and not just an overarching figure of how many investigations took place.
- Concerns were raised against the timeframe for completing investigations and that timescales should be reflected within the report.
- To maintain the reduction in absence rates an attendance management plan was being produced which would incorporate the finer detail available from pentana.
- Questions were raised on whether it would be possible for reasonings to be provided for the length of time it was taking to have new candidates being their post. Advised was that work could be done to look in to this further, but a partial reason could be the number of people involved with the process.

8.2 Safe Staffing

The Staff Governance received the 'Safe Staffing' update.

The Staff Governance Committee:

- **Noted the update and the confirmed timeline for the implementation of the Health and Care (Staffing) (Scotland) Act 2019. (*Appendix 1*)**
- **Noted the requirements for the Q3 report to the Scottish government for March 2024. Q2 report was submitted in October and NHS FV are now awaiting feedback from the Scottish Government (*Appendix 2*)**

- **Noted the introduction of a whole system governance structure (*Appendix 3*)**
- **Confirmed they were content with the level of assurance shared.**

Key points:

- Detail of how NHS Forth Valley were taking a whole system approach to the implementation of the act was shared with committee members.
- Quarterly reporting to the Scottish Government remained ongoing. Output from the governance processes will inform reports moving forward ensuring a multi-disciplinary, Forth Valley wide approach is reflected in future returns.
- A governance structure across the whole organisation to assist with implementation was commenced in September 2023.
- Following a question on how the Staff Governance Committee could feed into the process of the reporting of the Act, Prof Frances Dodds confirmed that the governance of how Staff Governance could feedback to NHS Forth Valley Board members would be picked up offline.

Action:

- Prof Frances Dodds and Mr Kevin Reith to discuss the governance of how Staff Governance can provide feedback to NHs Forth Valley Board.

8.3 Whistleblowing Update

The Staff Governance Committee received the 'Whistleblowing Update'.

The Staff Governance Committee:

- **Noted Whistleblowing performance in NHS Forth Valley during Q1 and Q2 2023.**

Key points:

- The Whistleblowing infrastructure continued to be developed and strengthened as a direct result of staff using the process.
- As part of the Whistleblowing Standards staff were required to complete mandatory training which would be accessible through TURAS. Noted to date that 50.1% of staff had completed the training module.
- Recognition was given to the fact that concerns had been raised previously to achieving the expected timeframes when dealing with cases, but work was ongoing to mitigate these concerns.
- NHS Forth Valley were in the process of updating the staff intranet page for Whistleblowing to inform the organisation of confidential contacts and lead investigators should they need this information,

8.4 NTC Staffing Update

The Staff Governance Committee received the verbal update of the 'NTC Staffing'.

The Staff Governance Committee:

- **Requested that a paper for the NTC Staffing Update be presented at the meeting taking place in March 2024.**

Key points:

- Unfortunately, due to a conflict in diaries Mr Garry Fraser was unable to provide a verbal update but did share the comment that all staff were in place with backfill being identified and no concerns were being seen at present.
- Mr Rennie expressed his frustration of this update having to be rescheduled but noted that the committee would hope to have site of a more in-depth paper at the meeting scheduled for March 2024.

- Staff side colleagues expressed that significant papers relating to staffing issues within NTC were not shared with colleagues which caused issues when dealing with partnership working. Identified was that wider discussions could be had to ensure inclusion across the organisation and further define partnership working in this area.

8.5 Annual Internal Audit Report 2022/2023

The Staff Governance Committee received the 'Annual Internal Audit Report 2022/2023'.

The Staff Governance Committee:

- **Noted the outcomes of the 2022/2023 internal audit.**
- **Noted the action points of specific concern to the Staff Governance Committee.**

Key points:

- The internal audit report had been shared with all the appropriate Governance committees.
- A recommendation for the Staff Governance committee included improving the formatting of papers presented and consider the principles to determine key items for inclusion on future agendas.
- Performance reporting to Staff Governance was being further refined to ensure the information presented aligned with the requirements of the Blueprint for Good Governance.
- The workplan for 2024/25 would be refined to ensure all necessary areas to be reviewed by the committee were monitored on a regular basis.

8.6 iMatter Update

The Staff Governance Committee received a presentation of the 'iMatter Update'.

Key Points:

- 4172 staff members completed the iMatter questionnaire which was response rate of 61%. Findings from the questionnaires were collated into team action plans to continue working towards improvement.
- Response rates and the action plan target were both noted to be above the NHS Scotland average.
- A series of gradual themes for improvement that were identified from the results included managers approachability, role clarity and job satisfaction and appreciation. Themes that were noted to require monitoring for improvement relating to NHS Forth Valley Board specifically included visibility of Board members and building confidence and trust in Board members.
- An additional two questions were incorporated to the cycle related to raising concerns which most respondents completed. Results were good for the most part, but answers did highlight that work could be done to improve staff confidence of raising concerns.
- iMatter cycle dates for 2024 were shared with committee members recognising that deadlines had been brought forward to align with final report submission dates.
- Discussions were taking place amongst the Executive Leadership Team (ELT) on how to improve confidence in Board members and their visibility to all staff. ELT and Non-Executive Board members had recognised the high priority required with this work.

8.7 Staff Governance Monitoring Return 2022-2023

The Staff Governance Committee considered the 'Staff Governance Monitoring Return 2022-2023'.

The Staff Governance committee:

- **Noted the content of the Staff Governance Annual Monitoring Return.**

Key Points:

- Mrs Robertson advised committee members that the Staff Governance Monitoring Report was submitted annually for review to Scottish Government. This work was a fundamental element and legislative focus for NHS Scotland employers to ensure that they work towards achieving and maintaining exemplary employer status.
- A streamlined approach was adopted by Scottish Government to obtain assurance from Boards that they had a continued focus on outcomes aligned to the 5 strands of the Staff Governance Standard, as well as culture, values, and staff experience.

9. RISK MANAGEMENT

9.1 Strategic Risk Register

The Staff Governance Committee received the 'Strategic Risk Register'.

The Staff Governance Committee:

- **Considered the assurance provided regarding the effective management and escalation of Staff Governance risks.**
- **Endorsed the Staff Governance Strategic risks for Quarter 3 2023-24, for onward reporting to the Audit and Risk Committee and NHS Board.**

Key Points:

- The three strategic risks aligned to the Staff Governance Committee were reviewed using the revised risk assessment matrix and remained static. Despite quarter 3 not being complete there were no indication of any changes to the risks.
- Noted was that there were 6 actions to be completed in quarter 4 with 11 actions due to be completed within the next 12 months.
- Committee members were advised that a focused review against SRR018 Primary Care Sustainability would be report at the meeting due to take place on 15 March 2024.

9.2 Health & Safety Quarterly Report

The Staff Governance Committee received the 'Health & Safety Quarterly Report'.

The Staff Governance Committee:

- **Noted the contents of the report as providing assurance regarding health and safety issues for NHS Forth Valley**

Key points:

- 10 events had been reported under RIDDOR, an increase of 4 from Q1 and an increase from the same period of 2022/23.
- 3,033 adverse events had been reported in Q2 which was an increase from the same quarter of 2022/23. However, the increase was within tolerance.
- 1,955 non-clinical adverse events were reported in Q2 which accounted for 64% of the total events reported. Reporting remained within expected norms indicated by the control chart.

- A total of 88% of adverse events were reported within 3 days of occurring with 66% of adverse events being reviewed within the 9-day KPI. Although this is a slight increase the percentages remained below anticipated targets. Work was continuing to reduce the number of outstanding events which had waited longer than 4 weeks to be reviewed. There were now 19 outstanding events from 2020/2021 which awaited the Managers Form to be submitted which was a reduction from 33.
- Adverse events relating to Violence & Aggression had decreased slightly in Q2 but remained within the upper limits of tolerance.
- Work was underway to increase training compliance as the 90% compliance target was yet to be achieved.
- 8 control book audits were carried out in Q2 with an average compliance score of 52%. Policy Implementation Audits were incorporated within the control book audit programme in Q1 of this year.
- Environmental Ligature Risks assessment processes were ongoing within Mental Health and Learning Disabilities inpatient areas. Implementation groups would review and monitor progress of actions identified.

10. For Noting

10.1 Area Partnership Forum Minute 22/08/23,19/09/2023 & 24/10/23

The Staff Governance Committee **noted** each of the Area Partnership Forum Minutes.

10.2 Acute Services Partnership Forum Minute 13/06/23

The Staff Governance Committee **noted** the Acute Services Partnership Forum Minute.

10.3 Facilities and Infrastructure Partnership Forum Minute 01/06/23

The Staff Governance Committee **noted** the Estates and Infrastructure Partnership Forum Minute.

10.4 Joint Staff Forum Clackmannanshire & Stirling HSCP Minute 05/07/23

The Staff Governance Committee **noted** the Joint Staff Forum Clackmannanshire & Stirling HSCP Minute.

10.5 Joint Staff Forum Falkirk HSCP Minute 12/01/23

The Staff Governance Committee **noted** the Joint Staff Forum Falkirk HSCP minute.

10.6 Health and Safety Committee Minute 16/08/23

The Staff Governance Committee **noted** the Health and Safety Committee Minute.

11. ANY OTHER COMPETENT BUSINESS

There being no other competent business the chair closed the meeting.

12. DATE OF NEXT MEETING

Friday 15 March 2024 in the Boardroom, Carseview House (hybrid)

FORTH VALLEY NHS BOARD

TUESDAY 30 JANUARY 2024

**9.4.1 Area Clinical Forum Ratified Minute 06/07/2023
For Assurance**

Committee Chair: Mrs Kirstin Cassells, Non-Executive Director

Minute of the **Area Clinical Forum** meeting held on **Thursday 6 July 2023 at 6.15pm** via MS Teams

Present:	Kirstin Cassells (Chair)	Clare Neil	David Herron
	Geraldine Law	James King	Liz Kilgour
	Rhona McNab		

In Attendance: Sarah Smith, Corporate Services Assistant/PA (*Minute Taker*)

1. Apologies for Absence/Confirmation of Quorum

The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted on behalf of Gillian Lennox and Andrew Murray.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft minute of Area Clinical Forum meeting held on 20 April 2023

The note of the meeting held on 20 April 2023 was approved as an accurate record, subject to the following amendment: James King to be added to attendance.

4. Matters Arising from the minute/action log

The action log was discussed and both actions were now complete.

5. ACF Committee Planner

The Committee Planner was discussed and the following noted:

Rhona provided an update around the Shared Care paper noting input from Secondary Care required. No date was available for presentation to ACF.

Mandatory 'Safe Staffing Legislation' to be added to Planner noting impact on a wide range of areas.

6. FOR DISCUSSION

6.1 Culture Change and Compassionate Leadership

The Presentation had been shared with reporting groups and feedback was provided from each Chair. A commonality of themes was noted, with challenges identified

around workload and time. Limited engagement of staff groups was also noted with need for information to be filtered down to front-line staff.

7. FOR NOTING

7.1 Area Optical Committee 24 April 2023

The minute from 24 April 2023 had been shared with the Forum. Rhona also confirmed a meeting had taken place last week.

The Shared Care paper was discussed, a less than positive move forward outwith Community Optometry. At the last meeting however a more positive approach was noted. Particularly around anterior eye conditions which Community Optometry were in a good position to assist with, thus lessening the burden in hospital.

NESGAT qualification for Optometrists was discussed, which enabled Independent prescribers to take an additional qualification to manage low risk Glaucoma patients in the community. This was a national scheme but there was currently only 1 qualified in Forth Valley. A new cohort was in place for the next module with active recruitment of Optometrists in Forth Valley. Current trials were ongoing with Lanarkshire and Glasgow with progression to Forth Valley later next year.

Rhona outlined her aim to have a short meeting with the Optometric Advisor every few months. This would enable improved interface and increase communication.

7.2 Psychology Advisory Committee 10 May 2023

The minute from 10 May 2023 had been shared with colleagues. Clare Neil highlighted the 2 main themes that were linked to pressures around waiting list and meeting of demand and the impact on staff wellbeing.

A lack of therapeutic room space was also noted with challenge identified around staff unable to find space for belongings. Some services were looking at options around hot desking which was causing additional anxiety.

The recording of Individual Clinician level data was noted. The narrative being issued was positive however there was a level of staff uncertainty.

It was anticipated that a new Chair would be nominated at next week's meeting. The proposed person was on the Psychological Services Management Group which would be helpful to the Committee.

7.3 GP Sub Committee 18 April 2023 & 16 May 2023

The minutes from 18 April 2023 and 16 May 2023 had been circulated to the Forum.

At the May meeting a Guideline for Dietetics had been approved this was in relation to patients being able to self-refer. A trial was currently underway with full commencement from September 2023.

A Saxenda Pathway was also supported by the Committee however it was noted that the access was extremely small at around 50 patients.

An update was also provided around the Primary Care Programme Board noting after 5 years the proposed point had not been reached.

The Committee had received a proposal around Gynaecology however there had been no agreement reached. Andrew Murray, Medical Director had agreed to undertake additional conversations, however it was highlighted there was a lack of senior ELT support, specifically around interface between Primary and Secondary Care.

7.4 Allied Health Professionals - Flash Report

A Flash Report had been circulated to the Forum.

Geraldine Law noted aim to reconvene formal meetings from September. Recruitment remained an ongoing challenge with 5 International Recruitments were noted with mixed feedback noting significant additional support required. Formal feedback would be provided in September.

HSCP based on work-based competencies and some staff were not safe to work yet. Vacancy within Adult Physiotherapy was 40% with newly qualified requiring significant support.

In terms of other AHP services work was around redesign services in term of universal/specialist/targeted in line with self-referral and self-management and easy access to services. This required to be balanced with recruitment issues.

Pathways work across different care groups and interfaces was noted.

A paper would be brought to the Area Clinical Forum around International Recruitment.

7.5 HCS National Leads meeting - Flash Report

Liz Kilgour circulation a Flash Report from the National Leads meeting, noting the last internal HSC meeting was not quorate with challenges around engagement noted. Diagnostic Strategic Network outcome was awaited.

Mandatory Safe Staffing Legislation was highlighted, noting the tool did not work well for the Healthcare Science disciplines. This was being progressed with a level of self-assessment required. It was noted that some groups had particularly small numbers. The need for engagement was highlighted noting there was no recognised post in FV around HCS Leadership. HSC currently fed into the Medical Director.

Linkage was underway with NES around transforming roles with pieces of work underway in Audiology and Pathology. A new Healthcare Science Policy Lead was in place at SG.

It was agreed that Safe Staffing impacted on all groups and this would be kept on the Agenda. An action would be taken forward by ACF members to find out who was identified leads for individual disciplines. Katrina Robertson, Nursing and Midwifery Workforce Planning Lead had ownership for allocation. Frances Dodd was Chair of the Oversight Board, with dissemination then to Professional Groups.

7.6 Area Dental Committee - 25 April 2023

Circulated minutes from the Forum were noted.

7.7 Area Pharmaceutical Committee 19 April 2023

Circulated minutes were to be disregarded.

Kirstin provided verbal feedback from the last meeting, noting Workforce Plans that had been done looking at Pharmacist, Technician and workforce numbers across both Primary Care, Acute and Community Pharmacy. Increasing gaps were being seen and further discussion was requested. Clare Colligan, Associate Director of Pharmacy Community and Primary Care attended to discuss the Report. This led to discussions around sustainability of services and future of Pharmacy. This would be taken into the next meeting with a 'round the table' discussion with Questions and discussion points with potential break out into smaller groups. Linkage had been undertaken with a colleagues around potential learning.

Within Community Pharmacy Lloyds Pharmacy were selling their branches and due to staff uncertainty, many have moved to other posts. The sales were felt to have further destabilised the network. Therefore, some branches were operating with reduced staffing.

7.8 Area Medical Committee

James King confirmed a lack of progress and it was agreed both he and Kirstin would feed back to Andrew Murray. **Action: Kirstin Cassells/James King**

7.9 Changes to S15 Agenda for Change Handbook

This paper was circulated for information and noted by the Forum members.

8 BETTER GOVERNANCE

8.1 Review of NHS Board Agenda

A Draft Board Agenda had been circulated to the Forum. Kirstin confirmed the aim was link with the Executive Leadership Team around topics and invite relevant presenters to future ACF meetings for discussion.

At the next ACF meeting in September, it was proposed an update be provided around the Annual Delivery Plan.

An update would also be requested from Cathie Cowan around the Governance Review and next steps.

Geraldine Law highlighted the Board Escalation being Escalated to Level 4 and feedback around how the Board would exit from this. Recruitment impact on Senior Staff was noted, with position worsening within Physiotherapy. Kirstin noted an Escalation Plan with a number of metrics noted. It was agreed it would be helpful for this to come to the next meeting, with narrative provided.

David Herron requested feedback from the Board around the impact from Advisory Committee minutes and what changes had been instituted as a result. Kirstin advised she would take this forward. **Action: Kirstin Cassells**

James King highlighted the Performance Report that was presented to the Board and it was felt it would be useful for this to come to the ACF.

It was agreed that a 'check out' would be added to the Agenda, this would allow Forum members to advise of any issues or potential items.

9. AOCB

There were no areas of AOCB raised.

10. Date of next meeting: Thursday 14 September 2023 @ 6.15 pm

FORTH VALLEY NHS BOARD

TUESDAY 30 JANUARY 2024

**9.4.2: Area Partnership Forum Ratified Minutes: 19/12/2023 & 21/11/2023
For Assurance**

Committee Chair: Mr Robert Clark, Employee Director

RATIFIED Minute of the Area Partnership Forum meeting held on Tuesday 19 December at 3 pm, within the Boardroom, Carseview and via MS Teams.

Present: Robert Clark, Employee Director (Chair)
Amanda Croft, Interim Chief Executive (Co-Chair)
Jennifer Borthwick, Head of Psychology Services
Frances Dodd, Executive Nurse Director
Margaret Kerr, Head of Organisational Development
Karren Morrison, UNISON
Gillian Morton, Director of Women & Children Services
Hilary Nelson, RCN
Scott Urquhart, Director of Finance
Elaine Bell, Associate Director of HR
Linda Robertson, HR Service Manager
Morag Farquhar, Associate Director of Facilities & Infrastructure
Kevin Reith, Interim Director of Human Resources
Lynsey Walker, British Dietetic Society
Elaine Macdonald, HR Service Manager

In Attendance: Phyllis Wilkieson, Chief Nurse (for Garry Fraser)
Sarah Smith, Corporate Services Assistant/PA (minute)

1. Apologies for Absence/Confirmation of Quorum

Apologies for absence were noted on behalf of: David O'Connor; Gail Woodcock; Garry Fraser (Phyllis Wilkieson attending); Janet Sneddon; Julie McIlwaine; Karen Goudie; Laura Byrne; Oriane Johnston; Patricia Cassidy; Sacha Brown

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft Minute of Area Partnership Forum meeting held on 21 November 2023

The note of the meeting held on 21 November 2023 was approved as an accurate record subject to the following amendments:

- Page 2 – Julie McIlwaine to be amended to Mitchell.

4. Action Log

The action log was reviewed and would be updated as follows:

19 Job Evaluation - Frances Dodd confirmed she had met with Robert Clark and Kevin Reith to determine a process in advance of progression to Job Evaluation Panel. This would provide professional verification. Logistics work was currently being undertaken.

22 Performance Report - Robert Clark advised he had met with Kerry Mackenzie, Head of Policy and Performance. It was confirmed she was not the correct person to attend meetings and provide a performance update to the APF.

25 Sturrock - Kevin Reith advised of the ongoing work and confirmed return would be made to the APF in January 2023.

29 Attendance Management – action was complete

30 Attendance Management Action Plan – Item was on the Agenda.

32 APF Section on staff intranet - Robert Clark advised APF of wider discussions around appropriate information being provided to staff around meetings and decisions. He agreed to take this forward with Elsbeth Campbell, Head of Communication.

5. Matters arising from the minute/action log

Ms Karen Morrison referenced Page 6 of the minute which noted the Attendance Management Action Plan would be returned to the APF with a Partnership meeting to be arranged to ensure clarity around roles and responsibilities. It was agreed this item would be discussed under the substantive Agenda item.

5.1 Escalation Update

The APF were provided with a verbal update from Ms Amanda Croft, Interim Chief Executive. Ms Croft advised that the Assurance and Improvement Plan, incorporating the Governance Review, had been taken to the NHS Board in November. Both were approved.

A similarity in themes was noted around the recommendations within the governance Review and the Self Assessment. Therefore, mapping work was ongoing with incorporation within the Assurance and Improvement Plan in advance of presentation to Escalation Performance & Resources on 19/01/24.

The significant work undertaken around the Plan was noted, noting a focus around evidence and impact. It was agreed the Assurance and Improvement Plan should be a standing Agenda item on the APF.

Ms Croft provided feedback from the recent Performance and Resources Escalation Committee, noting members were impressed with the volume of work and how the evidence was progression. The ongoing focus was noted around large areas of improvement that would assist the organisation in leaving escalation.

Reassurance was provided to the APF that every Committee was provided with an update on escalation. The APF praised the recent videos added to the Intranet by Ms Croft and Mr Scott Urquhart, Finance Director. It was felt this provided a tangible update and positive feedback had also been received from staff.

5.2 Celebrating Success

Ms Croft highlighted the recent Staff Awards and proposed that a team be identified to explore within teams and departments throughout the organisation how success was celebrated. Discussion had taken place with Mr Kevin Reith, Interim HR Director and his team would provide support. A request for a staff side rep was proposed.

There was discussion around potential options to recognise the ongoing achievements of staff. The APF recognised that staff needed to feel appreciated and recognised.

It was agreed that Amanda Croft, Kevin Reith would reach out to teams to confirm volunteers. **Action: Amanda Croft/Kevin Reith**

8. BETTER CARE

8.1 Culture Change and Compassionate Leadership Programme

The Area Partnership Forum received a verbal update on the Culture Change and Compassionate Leadership Programme by Mr Kevin Reith, Interim Director of HR.

Mr Reith outlined recent feedback sessions and noted a joint meeting was held yesterday with the Executive Leadership Team and staff side colleagues. The aim of being to clarify the next phase of work.

Early identification of themes had been undertaken, with the honesty of staff acknowledged. A consistency of experience was also seen, with a commitment to ensure the Programme was co-created with staff. Roll out would be undertaken with output shared via regular Comms updates to ensure the organisation was kept fully informed.

9. FOR NOTING

9.1 Update on Organisational Development Priorities including Learning, Education and iMatter

The APF received a paper on Organisational Development Priorities including Learning, Education and iMatter, presented by Ms Margaret Kerr, Head of Organisation Development.

Ms Kerr noted the work focussed on culture with wellbeing remaining a high priority for the organisation. An increase in requests for coaching was highlighted.

The National Report for iMatter 2023 had been published with a presentation compiled outlining findings and trends. This had been made to the Staff Governance Committee and it was agreed it would be added to a future APF Agenda.

The timeline for the 2024 iMatter cycle was noted as similar, however reminders for action plans for 2023 were still being issued. It was requested that APF colleagues highlight this within their teams. OD support can be provided if required.

A steady flow of requests is being received for mediation, with increased demand for group mediation. CPD support for mediators which was being scheduled for 2024. A regional approach was being undertaken within NHS Forth Valley working with the West of Scotland.

The mentoring pilot was progressing, again with a regional approach. 4 mentors and 4 mentees have been identified for NHSFV and meetings would take place with OD Leads this week to finalise materials.

The PDR/PDP performance for NHS Forth Valley remained an area of significant challenge. Again, support was requested from colleagues in encouraging teams to complete.

Ms Kerr noted the excellent progress being made by the newly appointed Employability Manager, Noelle McKay.

The APF expressed concern around the lack of group mediation within the Board when there was a clear demand. Ms Kerr advised that previously trained mediators were being provided with the opportunity to undertake group mediation training. Meetings have taken place with a company and costs obtained. Currently, departments were having to seek external mediation support.

9.2 Public Holidays 2024/25

The Area Partnership Forum considered the Public Holidays for 2024/5 presented by Ms Linda Robertson, HR Service Manager.

The APF were advised that the dates followed the normal cycle, however the Easter dates straddled leave years. Confirmation was made that the dates would be taken from the 2024/25 allocation.

Mr Clark requested that the DL clarifying the position around the Easter dates should also be circulated. This was agreed and the APF then approved the proposed dates.

9.3 APF Circulars and Policies

The APF noted the circulars and policies as presented.

10. FOR APPROVAL

No papers.

11. BETTER VALUE

11.1 Finance Report (Taken after Item 7)

The Area Partnership Forum received a paper presented by Mr Scott Urquhart, Finance Director.

Mr Urquhart advised APF members that the financial position had not changed significantly since the last update. It was also noted several colleagues had been present at the earlier Performance and Resources Committee where the Finance Report was also discussed.

The APF were advised that the current year financial outturn was a £15.5m overspend. This was around 2% of the budget. The most significant areas of challenge remained around supplementary staff; medicines and contracts, with the impact of inflation recognised.

Both Ms Croft as Interim Chief Executive and Ms Janie McCusker as Board Chair, had received a number of communications from Scottish Government. These re-emphasised the expectation that the Board would reduce the overspend to just under £4m. The significant challenge was noted.

Reassurance however was provided that there were a number of actions in place. These included non-recurring areas of focus such as opportunities around contracts NHS Forth Valley had with other Boards. Mr Urquhart advised that an improved financial position was anticipated for January 2024, however it was not believed the reduction of overspend to £4m was possible.

Mr Urquhart confirmed work was ongoing to review the Financial Plan. A letter had been received today which outlined parameters for funding with some costs going into next year. A 4.3% uplift was highlighted with review required to ascertain the particulars of the settlement.

The proposal was for the Draft Financial Plan to be taken to the Performance and Resources Committee in February and then onto the NHS Board in March.

Scottish Government had outlined their expectations for a 3% recurring saving, which would be £19m for NHS Forth Valley. A 3-year plan had been requested, however Auditors have asked for 5 year savings plan.

A further expectation was that the Board's projected deficit to be less than this year's deficit (£15.5m). The challenge around this was recognised noting competing expectations.

A financial recovery plan was in place which focused on reducing unfunded beds across the system. Pressures on the Acute site was recognised, with an increase in supplementary staffing costs. Mr Urquhart did advise of the need for realism around the proposed savings options.

Within the circulated finance report, the table on page 3 was highlighted, which was based on a 15-point grid presented to the Board Chief Executives. Clarification was sought around a number of the items and whether the work was being undertaken locally or nationally. Mr Urquhart outlined the background to the work and noted many areas would require having a local, regional and national focus.

Ms Karen Morrison, UNISON highlighted the role of the SPRIG (Strategic Prioritisation Review and Implementation Group) noting there were no Partnership colleagues in the attendance. Concern was raised around this recognising workforce was part of the Group's remit. Mr Urquhart confirmed he would feed this back to Jillian Thomson. **Action: Scott Urquhart.**

Mr Clark highlighted the need for focus around Partnership Funding. The APF had a requirement to know how facilities time was being spend and where funding was originating. It was agreed Mr Clark would meet with Mr Urquhart to discuss. **Action: Robert Clark/Scott Urquhart**

12. BETTER WORKFORCE

12.1 Attendance Management Action Plan

The Area Partnership Forum received a paper outlining the Sickness Absence position for November 2023 by Ms Linda Robertson, HR Service Manager. It was reported that the overall absence position was 7.35% this was an increase from 6.80% in October. Anxiety, stress and depression remained the top reason. For unknown causes, return was being made to Managers for update.

Ms Robertson noted the attendance action plan was discussed at the last APF in November. This was now being circulated for APF information, noting the majority of actions were complete.

The APF recognised the significant amount of information within the plan, however expressed a lack of clarity around what the information was showing.

Ms Elaine Bell outlined potential options and it was agreed that a meeting would be arranged in the New Year for Partnership colleagues to meet and discuss the report. This would ensure clarity around the findings.

12.2 SG Press Statement 'non pay' elements of the 23-24 pay deal

Mr Reith advised that the recent Scottish Government Press Statement on the non-pay elements from this year's pay deal updated on the partnership working groups activity on the four work strands which presented back their findings in October. It was noted that there had been some immediate actions progressed including the issue of the Pay & Conditions circular noted under the previous item but that further work to consider implementation proposals for the main elements of the agreement would be subject to further updates. The APF noted the receipt of requests to Boards for early adopter sites in relation to the implementation of the 36-hour working week which was intended to be phased over a three-year period.

12.3 Job Evaluation

The Area Partnership Forum received a verbal update led by Hilary Nelson, RCN.

Ms Nelson advised that National Job Matching training had been held last week. This had been extremely successful. National feedback received confirmed that NHSFV were now in advance of most other Boards with an increased number of job matchers.

The diversity of the group was recognised, with a mop up being undertaken through a reserve list.

Job Evaluation and Job Description training was also being held.

A plan was in place for 2 intensive weeks of job matching panels. These were now populated with newly trained staff alongside a more experienced matcher.

Mr Kevin Reith confirmed he was impressed by the work undertaken and thanked all involved for putting themselves forward.

Mr Robert Clark confirmed he had attended the training noting it was a great example of Partnership working. Thanks were expressed to all for NHS Forth Valley being in such a positive position.

13. BETTER GOVERNANCE

No papers

14. ANY OTHER COMPETENT BUSINESS

Ms Karren Morrison, UNISON, highlighted that a number of staff were becoming aware of a number of moves and changes being made within the Acute. Specifically, around Ward 6 and Surgical Assessment Unit Department. Ms Morrison highlighted limited engagement and noted press coverage and anxiety of staff.

Thomas French, Aging and Health Consultant, had joined the meeting for this item. He highlighted concerns raised by the LMC noting medical staff were angry around the lack of communication. A disconnect in information being escalated and de-escalated within the system was noted. He further advised that staff did not feel aware of changes being made and the circulated Staff Brief was insufficient.

Mr French highlighted a recent circulated document titled 'Working across the Interface'. He advised that not one physician out with the AMC's had been consulted in its preparation. The Obstetrics Department have highlighted concern the document could result in a significant retention and recruitment challenge with an additionality of workload.

The recent Fire Break was also discussed, with Ms Morrison advising that Staff Side had no involvement. Mr French advised that Medical Staff were advised 2 days prior to the Fire Break commencing.

Ms Croft provided reassurance to Staff Side that the information within the media around Ward 6 was totally inaccurate and expressed her disappointment that this information was published.

It was discussed that the Acute Partnership Forum was a more appropriate fora for this discussion. However, Ms Morrison highlighted that this group had not been meeting.

Ms Croft then advised she would take an action to follow up with the Triumvirate to ensure appropriate messaging provided to staff around any changes being made. Ms Phylis Wilkieson confirmed she would feedback to Mr Garry Fraser around the concerns raised at the meeting.

The APF then agreed that Partnership working should be a standing item on future Agendas.

Violence & Aggression Training – Ms Hilary Nelson highlighted significant work had been undertaken to provide courses, however there was a challenge in releasing staff to attend. The APF recognised this training was mandatory, but the organisation had a low compliance rate which was a risk to staff.

Phylis Wilkieson advised she would pick this up through the Triumvirate.

Morag Farquhar, Associate Director of Facilities & Infrastructure, Asset Management, confirmed this was raised at the Health and Safety Committee which was reporting to the Board.

Ms Jennifer Borthwick, Head of Psychology Services, highlighted the lack of a Unite Steward within the organisation, noting staff were disenfranchised. Mr Clark confirmed he would follow up. **Action: Robert Clark**

15. DATE OF NEXT MEETING

Tuesday 23 January 2024 @ 2 pm, in the Boardroom, Carseview

Ratified Minute of the Area Partnership Forum meeting held on 21 November 2023 at 2pm, via MS Teams.

Present: Robert Clark (Chair)
Amanda Croft, Interim Chief Executive (Co-Chair)
David O'Connor, Regional Officer, Unison
Elaine McDonald, HR Service Manager
Frances Dodd, Executive Nurse Director
Gillian Morton, Director of Women & Childrens Services
Hilary Nelson, RCN
Janet Sneddon, RCM
Jim Cannon, Interim Director of Acute Services
Julie McIlwaine, Acting HR Service Manager (seconded)
Kevin Reith, Interim Director of Human Resources
Laura Byrne, Director of Pharmacy
Lynsey Walker, Dietetics
Margaret Kerr, Head of Organisational Development and Learning Education
Morag Farquhar, Associate Director of Facilities & Infrastructure – Asset Management
Nicholas Hill, GMB
Scott Urquhart, Director of Finance

In Attendance: Debbie McLeod, Project Manager, Corporate Programme Management Office
Julie Mitchell, Recruitment Manager
Charlie McCarthy, Unison, (for Karren Morrison)
Sarah Smith, Corporate Services Assistant (minute)

6. Apologies for Absence/Confirmation of Quorum

Mr Clark welcomed everyone to the meeting. Apologies for absence were noted on behalf of Karren Morrison; Annemargaret Black; Patricia Cassidy; Lorna Dougans; Jennifer Borthwick; Carole Murray.

7. Declaration(s) of Interest(s)

There were no declarations of interest made.

8. Draft minute of Area Partnership Forum meeting held on Tuesday 24 October 2023

The minute of the APF meeting held on Tuesday 24 October 2023 was approved as an accurate record subject to the following amendment:

- Page 3 - Amendment to spelling of Margaret Kerr's name.

9. Action Log

The action log was reviewed and would be updated as follows:

- (11) COMPLETE. Ms Dodd confirmed she had met with Mr Reith to review the Ambassador role and linkage with Whistleblowing. In terms of Speak-Up Ambassador, the proposal was to amalgamate this role with Confidential Contacts for Whistleblowing, noting there were now 12 in post. This would be discussed at a Whistleblowing Network meeting on 23/11/23. It was felt this would provide a wider representation within the organisation in areas such as community settings and Prisons. The intranet has been updated with contact details and photographs.

- Inclusion within the Assurance and Improvement Plan for Escalation was noted, which would ensure accountability around Governance and Leadership aspect. Regular updates would be provided to the APF as required.
- (17) COMPLETE. Cost Awareness Group – On the Agenda.
 - (18) Memorial sculpture – Mr Urquhart confirmed a meeting took place with Ms Morrison. A meeting was then to be arranged with Ms Farquhar around feasibility of progression. This action would be carried forward to the next meeting.
 - (19) Job Evaluation Professional Sign off – Ms Dodd confirmed a meeting had taken place with Hilary Nelson; Julie Mitchell. A finalised position was still sought around process. It was agreed that Mr Clark and Mr Reith would work with Mrs Dodd to provide assurance around professional sign off/verification process for NMAP posts. This would be taken forward along with Partnership colleagues.
 - (22) Performance Report – Item would be carried forward to next meeting.
 - (25) Sturrock – Mr Reith provided an update noting mapping to existing work and identification of gaps would be undertaken. This was included within the Assurance and Improvement Plan. This would be brought back to the APF at a future date.
 - (27) COMPLETE. Escalation Update - Item was on the agenda.
 - (28) COMPLETE. Winter Plan – a communication had been issued to APF by Janette Fraser. The APF requested involvement in development stage for these plans.
 - (29) Attendance Management – raised under matters arising.
 - (30) Attendance Management Action Plan – to be brought to the December meeting. The APF expressed concern this had not yet been seen. It was requested this be viewed at the earliest opportunity. The APF recognised the significant impact absence had on the organisation and the need for accountability within individual services. Inclusion of Occupational Health and Psychological Therapies were discussed, with impact of waiting times noted. The exploration of cost neutral items was discussed, including reasonable adjustments. Mr Reith committed to the updated plan being circulated to all members of the APF in advance of the next meeting. A Partnership meeting would also be arranged to ensure clarity around roles and responsibilities.

10. Matters arising from the Minute/Action Log

Ms Nelson highlighted the amendment to the sickness absence noted at the last meeting (Item 3.2). To be confirmed this had been amended and circulated. **Action: Admin**

11. Escalation update & 7. Assurance and Improvement Plan

The Area Partnership Forum received a verbal update on Escalation and the Assurance and Improvement Plan, led by Ms Amanda Croft, Interim Chief Executive and Ms Debbie MacLeod, Project Manager, Corporate Programme Management Office.

Firstly, Ms Croft highlighted the Annual Review noting the Cabinet Secretary had praised the session with the APF, noting it was both helpful and useful.

In terms of Escalation, ELT continued to meet weekly and have developed Version 3 of the Assurance and Improvement Plan, with a clear focus around ELT ownership. Version 2 of the Plan was now closed. Both would be shared with APF following the meeting, noting Version 3 was still in draft. **Action: Amanda Croft/Debbie MacLeod**

The next Assurance Board would take place 22 November 2023 with attendees outlined. The agenda would focus on the Assurance and Improvement Plan and the Governance Review. It was confirmed the Governance Review had been received and was in final draft until approved by the Board. The recommendations would be incorporated within the Assurance and Improvement Plan along with the Self Assessment against the

Blueprint for Good Governance. It had been agreed to combine these pieces of work due to similarity of themes and to avoid duplication. Addition of those outstanding actions would be made following the outcome of the Self Assessment, anticipated for February 2023.

The format and content of the Plan was outlined, noting this would collate all information. This would be automatically fed into the overarching Programme Plan, which would automatically update and maintain a running order of progress. A highlight report template was a separate tab in the Plan and would be utilised to update on performance. Reporting on progress would be undertaken in a four-weekly cycle and this would be brought to the APF and other appropriate forums. The Plan would be hosted on a restricted Teams channel with ELT able to update. The significant work undertaken by Debbie MacLeod and Val Arbuckle to prepare the plan was recognised.

An accessible format of the Improvement Plan would be added to the website for the public.

At the Annual Review, the Cabinet Secretary was clear NHS Forth Valley would not be de-escalated until there was evidence of clear and demonstrable sustainable improvement. The APF were advised this tool would provide clear actions which would allow the organisation to purposefully identify and demonstrate actions. This could then be utilised within the Assurance Board to explain work undertaken across each of the 3 key domains.

Clarification was sought around when staff side would be able to see the Governance Report. Ms Croft confirmed this would be presented to the NHS Board on 28 November 2023 and would thereafter be in the public domain.

The APF noted the benefit of seeing and being involved within the Plan.

12. BETTER CARE

No papers

13. FOR NOTING

9.1 Update on Organisation Development Priorities including Learning, Education and iMatter

The Area Partnership Forum received a paper 'Update on Organisational Development Priorities including Learning, Education and iMatter' presented by Mrs Margaret Kerr, Head of Organisational Development and Learning. The following key points were highlighted:

- Staff support and wellbeing remained a key priority.
- 2023 cycle of iMatter now complete, with National Report expected 28/11/23.
- Report for Dr and Dentists in Training anticipated.
- Synthesis phase of Compassionate Leadership Programme complete, and feedback session arranged for 27/11/23.
- Support of culture continued within the organisation.
- 2024 training to be undertaken for either Group Mediation or to widen the current base of mediators.
- NHSFV participating in West of Scotland Pilot for Mentoring. Identification of mentees underway, aligned to Talent Management Framework, with initial focus on senior level.
- Staff Awards Event was very successful.

- EDU Nurse Educator has now completed induction with work plan being developed.
- PDR stats within the Report with 16.8% for the organisation with significant focus required.
- Leadership development ongoing locally and nationally.
- Cohort 13 of Leading for the Future was underway.
- Employability Manager Noelle McKay was progressing well in role.

In terms of Compassionate Leadership, reassurance was provided around staff side engagement, confirming a report would be brought to a future APF. This would be compiled following the feedback session to be held on 27 November 2023. Mr Reith confirmed the attendance would be widened with assurance of staff side representation. Mrs Kerr highlighted the challenging messages provided at the synthesis event, however the APF recognised the need for this information to be heard. There was also however a requirement to ensure feedback was psychologically safe for staff.

Ms Dodd highlighted the Care Experienced staff that would be supported under the Partnership Mentor Programme. Linkage with the organisation's role as a Corporate Parent was highlighted, noting this would provide an opportunity to demonstrate responsibilities. It was requested that Mrs Kerr link with Jillian Taylor, Service Manager, around this.

Clarification was sought around measurement of impact following provision of OD support to three Nursing Teams around culture and team effectiveness. Mrs Kerr confirmed linkage with key staff and action plans being owned by the service. Team support and coaching were offered as well as liaison with Phyllis Wilkieson, Chief Nurse.

For the ED OD work, it was noted this work was paused and clarification was sought around future plans. Mrs Kerr confirmed she has raised this, however despite numerous attempts, significant resistance had been experienced. This was reported to Senior Nurse Management. Significant staffing changes were noted which may provide future opportunities and interest had been expressed by a number of staff. Charlie McCarthy advised he undertook clinical work within ED and reported a significantly improved culture. He offered any assistance to liaise with staff. It was proposed by Mr Reith that this activity should be revisited through the outputs of the culture change and compassionate leadership outputs. Mrs Morton confirmed that she has requested trajectories from her management staff and a deep dive would be undertaken on behalf of the Women and Children's Directorate.

In relation to Turas/PDP/PDR, the report stated there was nothing on the system for 3646 staff. It was confirmed that organisational commitment was required to progress this area with the lack of improvement recognised. Accountability was discussed with proposal for focussed and a sustainable programme of improvement, with commitment required by Executive colleagues.

The Chair, Robert Clark, noted the robust discussion, recognising the APF was an Advisory Committee to Staff Governance Committee around the implementation of Staff Governance Standards within the organisation. Concern was expressed around the areas of 'staff being well informed' and 'learning' with the need for focus recognised.

14. FOR APPROVAL

No papers

15. BETTER VALUE

15.1 Finance Report (taken after Item 12.1)

The Area Partnership Forum received a paper presented by Mr Scott Urquhart, Director of Finance.

An overview position was provided, noting that at month 7, the Board was reporting an overspend of just over £9m. This was an unprecedented position. An outturn projection of £15.5m was projected (2% of overall resources). No improvement was being seen at this point in the year, which was out of alignment with previous years. A similar position was noted for the majority of Boards in Scotland with many mainland Boards reporting deficits between 4-10%. It was reiterated that the organisation had a statutory responsibility to break even. If this was not achieved, brokerage would be required which was repayable.

A Quarter 2 Review took place with Scottish Government, and they set out a clear expectation of a reduction in the projected overspend. A Financial Escalation Framework had also been re-introduced with NHS Forth Valley being put on Level 1 (in line with all other Boards). This would remain under review.

Supplementary staffing was recognised as an area that had scope for improvement. Spend for all supplementary staff areas, for all workforce categories for the first £7m of the year, was £28m. This was a 46% rise on last year. Discussion had taken place with the Interim Chief Executive, and this has been re-prioritised for the Executive Leadership Team. Clear priorities and actions had been agreed with weekly meetings to review the level of spend.

The work around the savings plan for £25m was on track and progressing well.

The Scottish budget announcement would be made on 19 December 2023, which would provide clarity around the uplift position. Scottish Government have requested a 3-year Financial Plan that demonstrated 3% in savings, which would be a significant challenge.

Several financial sessions have taken place at ET with a focus around financial sustainability and options around this. A programme had been established around Financial Improvement with a focus on Acute Services. Work had been undertaken around decision making and benefits realisation in terms of SPRIG (Strategic Planning Implementation Group) which would look at all new investment requests and funding resources. This provided a robust benefits realisation process.

In terms of the Cost Variation and Awareness Programme with Scottish Government, initial information had been received around data from the Discovery system that would enable focussed work to commence. A site visit would be made by Scottish Government week commencing 27 November 2023.

A long-term focus area was improving population health and commencement of prevention work. Potential investment may be required, with work ongoing within existing areas. Whole system partnership working would be required with Health and Social Care Partnerships to fully establish. In order to achieve this requirement, disinvestment would be required. This would require focus around services with a risk assessment. Early-stage discussions had taken place at ELT around principles and approach. This was a previously unexplored area with focus around areas with low value interventions or medicines that were recognised national.

The APF noted the significant financial challenge and recognised the need for focus around absence management, recognising if reduced, this would also reduce reliance on supplementary staffing. Mr Urquhart outlined 5 key actions around this area:

1. Ending unregistered Nurse Agenda.
2. Phase out unfunded spend areas.
3. Ensure mechanisms for escalation controls and ensure operating effectively.
4. Absence/vacancies – ensuring minimisation in all areas.
5. Due to current scale, additional assurance required around invoice checks and controls.

The APF noted the paper as presented.

15.2 Cost Variation and Awareness Programme Board

This update had been incorporated within the previous Agenda item.

16. BETTER WORKFORCE

16.1 Attendance Management (taken after Item 9.1)

The Area Partnership Forum received an update on Attendance Management introduced by Mr Kevin Reith, Interim Director of Human Resources.

The paper outlined the overall position for NHS Forth Valley for October 2023. A marginal improvement was noted with absence reducing from 6.92% to 6.8%. Trends and patterns were outlined, noting reduction in long term sickness and static position around short term. An increased number of staff were absent, recognising recording of Covid related illness and winter colds and flu.

Reassurance was provided to the APF that absence remained a key focus area for the organisation. Triangulation work had been undertaken around absence, with impact on other aspects of work noted, including supplementary staffing. Performance Management work led by Michael Brown was also highlighted. Future presentation to APF was proposed.

Ms Macdonald provided some examples of ongoing work, noting Attendance Audits being undertaken by Operational HR colleagues and appropriate staff. Randomised cases were being reviewed with aim of providing assurance that policies were being followed appropriately, staff were being supported and sharing learning. A variety of outcomes were noted.

Staff were also being encouraged to look at the Turas Attendance Training. Attendance was also incorporated within the 2024 suite of training.

Ms Nelson sought clarification around a previous agreement that a return to work would be completed on eESS within 48 hours and the measurement of this. Ms Macdonald advised that at all Directorate meetings staff were being encouraged to utilise staff return to work as this could be reported. It was recognised that time would be required for this to filter through the organisation and for there to be a measurable improvement. This requirement was also being incorporated within future training. Reassurance was provided that any refresh of actions could be undertaken through the Attendance Management Action Plan.

The Area Partnership Forum noted the update recognising absence management was an organisation wide responsibility.

16.2 Job Evaluation

The Area Partnership Forum received a verbal update led by Ms Julie Mitchell, HR Service Manager.

The focus on Job Evaluation continued particularly around Step 1, which was getting jobs through to matching panels. This remained an area of challenge, particularly around the quality of job descriptions being received. Improvement however was being seen around jobs going through the full process, being evaluated and coming out at consistency.

Positive work was being undertaken around increasing knowledge in order to increase submission quality.

A training was undertaken last week for Operational HR which will be rolled out through the whole organisation. This provided detail around the full process with examples provided.

Significant interest had been received around panellists with training aimed at recruiting an additional 20 people for both staff and management. This would increase capacity for panels into the New Year.

Ms Nelson requested APF colleagues promote training on job evaluation and job descriptions.

Potential to delivery training to Acute was proposed with aim for this to be held late January 2024. Two full weeks would also be held with panels operating continuously to provide staff with theoretical aspect of the training.

The APF recognised the scale of the issue noting around 169 jobs that required to go through Panels. Focus continued on those posts with requested reviews. An issue was highlighted that in terms of indicative bandings, new jobs were not being prioritised. 41 change posts were noted, with a significant number returned due to missing information. Following processing of the backlog, the average expected process would be 10 jobs per month.

The APF thanked Ms Mitchell and Ms Nelson for the work undertaken around this area and ensuring this remained a focus for the APF.

13. BETTER GOVERNANCE

13.1 Acute Forum

The Area Partnership Forum received a verbal update led by the Chair, Mr Robert Clark. A request to prioritise this area was noted, with a number of meetings being cancelled due to lack of attendance. Due to the challenges within the organisation, the role of the Acute Forum was highlighted as a necessary vehicle for addressing some key areas such as the current Fire Break. Ms Nelson confirmed the non-functioning Acute Forum was highlighted at the Annual Review. The Cabinet Secretary had been clear around

the mandatory nature of this meeting. He had also sought assurance that this meeting would be re-established within the next 4-5 months.

Ms Sneddon outlined the challenges with the meeting attendance and short notice cancellation. Clarity was required around the Management Team with names to be provided to Jill Benwell.

It was confirmed that a meeting would be held in December with a focus around frequency of meetings and workplan for a specified time period. A refreshment of the Terms of Reference would be undertaken to confirm required attendees with deputies to attend if required.

Mr Jim Cannon noted his commitment to Partnership working and confirmed he would work with the management team to ensure improved comms and true partnership working. Closer liaison would be undertaken with Ms Sneddon to ensure meetings were re-established and prioritised.

Mr Reith confirmed that an overarching review of the Governance for the organisation would be undertaken with John Ratcliffe, Board Secretary. Review would be undertaken of all Committees and membership to ensure a positive contribution to the organisation. This information would be returned to APF in due course and was recorded within the Assurance and Improvement Plan.

14. ANY OTHER COMPETENT BUSINESS

Ms Nelson highlighted the proposal for an APF area on the Staff Intranet. This would enable full demonstration of all the work being undertaken. It was agreed Mr Robert Clark and Mr Kevin Reith would speak with Ms Amanda Croft. **Action: Robert Clark/Kevin Reith/Amanda Croft**

The proposed dates for 2024 would be added to the next Agenda.

15. DATE OF NEXT MEETING

The next meeting of the Area Partnership Forum will be held on Tuesday 19 December 2023 at 3 pm. It was agreed efforts would be made for this to be held in person.

**Minute of hybrid meeting of the Integration Joint Board held within Room G33,
The Foundry on Friday 30 June 2023 at 9.30 a.m.**

- Voting Members:** Councillor Fiona Collie (Chair)
Councillor Jim Flynn
Councillor Anne Hannah
Gordon Johnston
Stephen McAllister (Vice Chair)
- Non –voting
Members:** Margo Biggs, Service User Representative
Patricia Cassidy, Chief Officer (Item IJB5)
Robert Clark, Staff Representative, NHS Forth Valley
Ian Dickson, Third Sector Representative
Frances Dodd, Nurse Representative
Carol Ann Harrower, Carer Representative
David Herron, GP Representative
Steven Kirkwood, Chief Finance Officer (Items IJB6 and
IJB7)
Sara Lacey, Chief Social Work Officer
Victoria McRae, Third Sector Interface
Roger Ridley, Staff Representative, Falkirk Council
- Also Attending:** Michelle Campbell, Personal Assistant
Elaine Kettings, Head of Nursing
Calum MacDonald, Performance and Quality Assurance
(Item IJB10)
Gemma McArthur, Committee Officer
Colin Moodie, Chief Governance Officer
Kathy O'Neill, General Manager, Primary Care
Margaret Petherbridge, Project Development Manager
Paul Surgenor, Communications Officer (Item IJB12)
Martin Thom, Head of Integration
Suzanne Thomson, Senior Service Manager (Items IJB9
and IJB11)
Helen Welsh, Staff Representative Substitute, Falkirk
Council
Gail Woodcock, Head of Integration (Item IJB8)
Lynda Wright, Development Worker

The Chair acknowledged the work of colleagues across the partnership, particularly the Nurse of the Year awards (RCN). Congratulations were given to Laura McCann, Senior Charge Nurse in the Integrated Learning Disability team, who won the Learning Disability Nurse of the Year Award;

Irene Martin, Unit 5 Falkirk Community Hospital who was a runner up in Team of The Year, and nursing assistant Janet Wilson, Lochview Hospital, who was named the Nursing Support Worker of the Year.

IJB1. Apologies

Apologies were submitted on behalf of Michele McClung, Cathie Cowan and Kenneth Lawrie.

IJB2. Declarations of Interest

There were no declarations at this point.

IJB3. Minute

Decision

The Integration Joint Board approved the minute of the meeting held on 31 March 2023.

IJB4. Action Log

An action log detailing ongoing and closed actions following the previous meeting on 31 March 2023 was provided.

Decision

The Integration Joint Board noted the Action Log.

IJB5. Chief Officer Report

The Integration Joint Board considered a report by the Chief Officer which provided an update on current developments within the Falkirk Health and Social Care Partnership (HSCP).

The report provided information on:

- Delegated Authority
- HSCP Service Update
- NHS Forth Valley Update
- Public Sector Equality Duty
- IJB Financial Update

The Board highlighted the Community Equipment Service (CES) and asked if there was an estimated date for the progress report to come back to the Board. The Chief Officer explained that a report would be brought back to the next IJB meeting.

Decision

The Integration Joint Board:-

- (1) agreed to continue to delegate authority to the Chief Officer pending a review of the Scheme of Delegation;**
- (2) approved the ADP Annual Report Survey for submission to the Scottish Government; and**
- (3) noted the retirement of the Chief Finance Officer in December 2023 and that the recruitment process is underway.**

IJB6. 2023/2024 Finance Update

The Integration Joint Board considered a report by the Chief Finance Officer which provided a high-level summary of the current financial position to 30 April 2023, including consideration of new and emerging risks.

An underspend of £0.012m on the integrated budget and an overspend of £0.715m on the set aside budget is reported for the first month of the financial year, reflecting ongoing pressures within set aside and primary care services. Several new and emerging risks have been identified and a number of the inflationary budget uplifts have yet to be applied to the current position. Year-end forecasts are not available at this early stage of the year.

There was a question on the Community Healthcare Services and the expected pressures within the Joint Loan Equipment Service (JLES) and complex care. The Chief Finance Officer explained that the number of underspends were a result of vacancies and staff turnovers. He explained the similar themes throughout the report and that the overspend would be balanced due to the underspend.

Following a question on the National Care Home Contract (NCHC), the Chief Finance Officer explained that all local care home providers signed up to a Memorandum of Variations and if providers withdrew from the contract, they must give 13 weeks' notice. It was highlighted that there had been a 3.3% interim payment to all residential care providers allowing providers to increase the national living wage among their staff. However, the rest of the uplift was subject to ongoing national negotiations.

The Chief Officer explained that a Board workshop is proposed to provide an opportunity to consider the IJB Strategic Plan, Workforce Plan and Medium-Term Financial Plan together. This will provide Board members an opportunity to develop a shared understanding of the risks, challenges, and opportunities ahead and help inform the development of the IJB business case for 2024/25.

Decision

The Integration Joint Board:-

- (1) noted the significant challenges to the IJB budget with pressures on set aside and prescribing alongside new and emerging issues as outlined throughout the report;**
- (2) noted the year-to-date budget underspend of £0.012m reported against the integrated budget and overspend of £0.715m against the set aside budget as at 30 April 2023;**
- (3) noted that inflationary budget uplifts are still to be fully allocated by NHSFV which will change improve the position;**
- (4) noted the Scottish Government updated Medium Term Financial Strategy published in May 2023;**
- (5) noted the additional cost pressures for services provided by Strathcarron Hospice, to be funded from cost-of-living reserves;**
- (6) approved additional funding support in respect of the Marie Curie SLA, to be met from cost-of-living reserves;**
- (7) approved the breakdown of the payments to Falkirk Council and NHS Forth Valley as per the Directions provided at appendix 1;**
- (8) approved the one-year optional extension to the current Home from Hospital Reablement contract, due for renewal in August 2023;**
- (9) approved the Interim Beds optional contract extension to 31 March 2024, funded from winter pressure reserves; and**
- (10) noted the planned workshop with Members to consider the Strategic Plan, Medium Term Financial plan and Workforce plan, forming the basis to plan ahead, considering our resources and priorities, as part of the solution to both financial and service sustainability concerns.**

IJB7. 2022-23 Draft Financial Outturn

The Integration Joint Board considered a report by the Chief Finance Officer which provided an overview of the draft financial results for 2022/23, subject to audit.

An underspend of £3.412m was reported for 2022/23 against core operational service areas under the integrated budget. An overspend of £4.431m was reported against the set aside budget.

Closing reserve balances for 2022/23 are expected to be in the region of £28.829m (a decrease of £8.224m compared to the closing position reported in the previous year). This decrease included £10.978m of Covid-19 funding returned to the Scottish Government during the year. Ongoing delays to planned expenditure during the year have led to a slight increase in other earmarked reserves being carried forward into financial year 2023/24.

Decision

The Integration Joint Board noted:-

- (1) the draft outturn for 2022/23; and**
- (2) that the unaudited accounts were considered by the Audit Committee on 26 June 2023.**

IJB8. Primary Care Update

David Herron, GP Representative, declared a connection to this item in a statement of transparency, and remained present for the discussion.

The Integration Joint Board considered a report by the General Manager, Primary Care, Chief Finance Officer and Head of Integration which provided an update on current developments within Primary Care Services. This included progress with the transfer of responsibility for Primary Care to Falkirk HSCP and the impact of changes to the 2018 General Medical Services (GMS) Contract, which came into place on 1 April 2023.

As previously reported, responsibility for the coordination of Forth Valley wide Primary Care services transferred to the Falkirk HSCP on 31 January 2023. In addition, NHS Forth Valley has delegated an additional responsibility for Primary Care Contract administration to the Falkirk IJB Chief Officer in her role as a Director of Health and Social Care for NHS Forth Valley.

This paper provided an update on the progress with the following:

- Delegation of Primary Care Services and implementation of new management arrangements including recruitment to a new Head of Primary Care Services role.
- Local progress in 2022/23 delivering the Primary Care Improvement Plan (PCIP) is detailed in the end of year report and Scottish Government Tracker and the financial challenges associated with full delivery of PCIP.

- The impact of Scottish Government guidance relating to GMS Contract changes which came into place on 1 April 2023. From this date and despite alternative provision not being fully in place, GP Practices are no longer contractually responsible for the provision of Pharmacotherapy (provision and management of prescriptions) and Community Treatment and Care Services (phlebotomy, treatment room and long-term conditions monitoring).
- An update on work to support sustainability of GP Services across Forth Valley.
- An update on local changes to GP Services in Falkirk.
- An update on progress with the Mental Health and Wellbeing in Primary Care Programme.

Following a question regarding changes to GP Services, the Board asked if patients would be informed of any future changes. It was articulated that in terms of changes to GP practices, particularly the merger of the two practices, there had been communication issued to people who were directly affected. Regarding the other issues highlighted in the report it was stated communication was a key consideration and would be going forward.

It was noted the number of GP's deciding to work part-time adding to the reduction of hours across some GP practices. The expansion of the Primary Care Team was highlighted as being in its infancy and better communication should be relayed to patients about the service to ensure they are aware they are receiving appropriate care for their medical needs.

In relation to Mental Health, COSLA's joint Mental Health and Wellbeing strategy was announced on 28 June 2023 and sets out provision to increase Mental Health activities in Primary Care throughout communities. It was highlighted more investment in Primary Care should be a focus.

The Board welcomed the idea of a seminar focussing on Primary Care and suggested Clackmannanshire and Stirling IJB to be included, to allow colleagues in the areas to be informed of future developments.

Ian Dickson, acknowledged his role in the partnership as 'Third Sector Representative' and declared an interest in Primary Care, emphasising to the Board that his organisation was listed as one of the host organisations for Community Link Workers (CLWs). As the report was for information and not decision led it was advised he would recuse himself from any decisions taken at future meetings.

Decision

The Integration Joint Board:-

- (1) noted the progress with the transition of Primary Care Services to Falkirk HSCP and the progress of implementing key posts to support this team;**
- (2) noted the significant impact the delivery of the Primary Care Improvement Plan (PCIP) has on general practice capacity;**
- (3) agreed that a transitional payment, funded from IJB Primary Care earmarked reserves, will be provided to GPs for a six month period while an options appraisal is developed to consider how required PCIP services can be delivered within the available funding envelope. An update on the output of this work will be reported to a future IJB meeting;**
- (4) instructed the Chief Officer to issue a Direction to the Chief Executive of NHS Forth Valley to implement recommendation 2.3;**
- (5) noted the challenges in GP capacity and sustainability as set out in the report; and**
- (6) noted that discussions are ongoing about holding a joint development session with both IJBs and NHS Forth Valley to take members through both the challenges facing GP Practice and the proposals that are being developed to address them.**

IJB9. Falkirk HSCP Annual Performance Report 2022-2023

The Integration Joint Board considered a report by the Senior Service Manager and Policy and Research Officer which presented the draft Falkirk Health and Social Care Partnership (HSCP) Annual Performance Report 2022 - 2023. This outlined how the Partnership is working towards delivering the Strategic Plan and the nine National Health and Wellbeing Outcomes.

Public Health Scotland (PHS) produce the core suite of integration indicators on behalf of all partnerships. The performance data for 2022 – 2023 is not available at the time of preparing the report and it is anticipated in early July. The 'Performance' section will be updated as soon as data is readily available. As there was a requirement to publish the APR by 31 July 2023, the Board was asked to delegate authority to the Chief Officer, in conjunction with the Chair and Vice Chair, to approve the final report for publication by the deadline. This will then be circulated to the Board for information.

A question was asked in relation to the Annual Financial Health Check for people with learning disabilities and when the initiative would be rolled out. It was agreed a future report within the Chief Officer Update report would be provided at a future IJB meeting with key dates.

The Board enquired about data regarding the Ageing Population in Falkirk expressing pressures within the Health and Social Care Partnership. The Board were directed to the Joint Strategic Needs Assessment 2023 where a more comprehensive description of health and social care data relevant to Falkirk can be found. It was stated discussions regarding the strategy would be added to the planned workshop in August 2023.

Decision

The Integration Joint Board:-

- (1) noted the draft Annual Performance Report 2022 -2023; and**
- (2) delegated authority to the Chief Officer, in conjunction with the Chair and Vice Chair, to approve the final report for publication by 31 July.**

IJB10. Performance Monitoring Report

The Integration Joint Board considered a report by the Performance & Quality Assurance Manager, Falkirk HSCP, Corporate Performance Team, NHS FV and Performance Review Officer, Falkirk Council which provided a summary of key performance issues and draws on a basic balanced scorecard approach with a focus on exception reporting.

The Performance Management Framework is currently being updated and work is underway to identify and fill reporting gaps, as well as mapping indicators against the outcomes and priorities from the new Strategic Plan. The refreshed framework will be brought to a future IJB.

This iteration of the report introduces a new indicator (72a): Number of individuals assessed and waiting for a care at home package.

- ED Performance against the 4 Hour Access Standard. The March 2023 compliance for the Falkirk Partnership highlights a decrease in performance to 53.4% compared with 63.8% in March 2022.
- Delayed Discharge - The Falkirk partnership breakdown at the March 2023 census was noted as:
 - 35 Standard delays, 22 are delayed over 2 weeks;
 - 23 guardianship/code 9 exemptions
 - 58 total delays.

- Complaints – Falkirk Council Social Work Adult Services Performance of complaints completed within timescale has declined to 67% in 2022/23, compared to 75% through 2021/22.
- Monitoring of complaint performance will continue to be overseen by a senior manager and more detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.
- Complaints – NHS Forth Valley In the period April 2022 to March 2023, a total of 27 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the Partnership. The overall response rate was noted as 77.8%.
- Attendance management – Social Work Adult Services. The overall sickness absence figure for 2022/23 was 11.1%, compared to 12.8% in the previous year.
- Attendance management - NHS Forth Valley. The overall March 2023 sickness absence position is reported as 7.34% with the 12-month rolling position noted as 7.29%.
- Psychological Therapies in March 2023, 78.5% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month position of 66.4% however a decrease from 80.4% in March 2022.
- The number of new Telecare Service users dropped from 185 in 2021/22 to 116 in 2022/23. The service will be increasing engagement activities as well as reviewing the referral process to enable online referrals.
- The number of individuals assessed and waiting for a care at home package has reduced from 246 at the end of March 2022 to 93 at the end of March 2023.
- The Performance Monitoring Report March 2022 – March 2023 is presented to support the IJB to fulfil its ongoing responsibility to ensure effective monitoring and reporting of service delivery.

The Board referenced the number of patients presenting through A&E as stable and stated it had not been for several years. However, the re-admission numbers within 28 days had increased. Members highlighted the overspend on emergency department (ED) and explained that as IJB Board members they would like more control in how budget is set. It was agreed discussions would be held with Chief Officers on steps to influence more future strategic developments.

Decision

The Integration Joint Board:-

- (1) noted the report; and**
- (2) noted that appropriate management actions continue to be taken to address the issues identified through these Performance Monitoring Reports.**

IJB11. IJB Governance Report

The Integration Joint Board considered a report by the Senior Service Manager and HSCP Governance Support Officer which provided an update on governance matters relevant to the Board.

The Board highlighted the Council's agreed motion on 28 June 2023 to include care experienced as a "protected characteristic", adding to things such as age, disability, race, religion, and gender, which have protection against discrimination through the 2010 Equality Act. Members asked how the agreement would impact the work of the IJB. In response to this question, it was stated that consideration would be given to this and a report would be presented at future IJB meeting.

Decision

The Integration Joint Board:-

- (1) appointed Councillor Jim Flynn (Vice-Chair) on Audit Committee;**
- (2) agreed that Councillor Fiona Collie will be the IJB representative on the Falkirk Community Planning Partnership;**
- (3) noted that work to review the Integration Scheme is ongoing to agree revised dates, and**
- (4) agreed to extend the Equality Outcomes 2022 – 2023 until 2024, noting that a new Equality Outcomes and Mainstreaming Report will be submitted to the Board in March 2024.**

IJB12. HSCP Communications Update

The Integration Joint Board considered a report by the Communications Officer which provided a summary of communications activity undertaken during January – March 2023.

The Partnership's communications activity had covered key service developments, media issues, and improvements to the website and digital

channels.

Decision

The Integration Joint Board noted the report.

IJB13. Approved Minutes of Meetings

The Integration Joint Board considered the following minutes of the committees and groups:

IJB Audit – 23 September 2022

IJB Audit – 2 December 2022

IJB CCG – 26 August 2022

IJB CCG – 25 November 2022

Strategic Planning Group – 28 October 2022

Decision

The Integration Joint Board noted the minutes of committees and groups.

**Minute of hybrid meeting of the Integration Joint Board held within
Grangemouth Community Education Unit, 69-71 Abbots Road, Grangemouth
FK3 8JB on Friday 29 September 2023 at 9.30 a.m.**

Voting Members: Councillor Collie (Chair)
Councillor Flynn
Councillor Hannah
Gordon Johnston
Michelle McClung

**Non –voting
Members:** Margo Biggs, Service User Representative
Patricia Cassidy, Chief Officer
Robert Clark, Staff Representative, NHS Forth Valley
Ian Dickson, Third Sector Representative
Carol Ann Harrower, Carer Representative
David Herron, GP Representative
Steven Kirkwood, Chief Finance Officer
Sara Lacey, Chief Social Work Officer
Victoria McRae, Third Sector Interface
Andrew Murray, Medical Director, NHS Forth Valley
Roger Ridley, Staff Representative, Falkirk Council

Also Attending: Liz Beattie, Programme Management Co-ordinator (Item IJB 23)
Phillip Heaton, Alcohol & Drug Partnership Lead Officer (Item IJB 21)
David Keenan, HSCP Governance Support Officer (Item IJB26)
Elaine Kettings, Chief Nurse, HSCP
James King, Procurement Co-Ordinator (Item IJB 23)
Lesley Macarthur, Partnership Funding Co-ordinator (Item IJB24)
Calum MacDonald, Performance & Quality Assurance Manager (Item IJB25)
Jim Millar, Democratic Services Graduate
Nicola Morrison, Contracts Manager/Commissioner/
Procurement Adviser - Adults under 65s (Item IJB 22)
Martin Thom, Head of Integration (Items IJB21, IJB22 and IJB23)
Suzanne Thomson, Senior Service Manager
Gail Woodcock, Head of Integration

IJB14. Apologies

Apologies were submitted on behalf of Stephen McAllister and Kenneth Lawrie.

IJB15. Declarations of Interest

There were no declarations of interest made.

IJB16. Minute

Decision

The Integration Joint Board approved the minute of the meeting held on 30 June 2023 pending correction of a typographical error (ref IJB8).

IJB17. Action Log

An action log detailing ongoing and closed actions following the previous meeting on 30 June 2023 was provided.

Item IJB5 – Community Equipment Service (CES) progress report was the subject of an update in the Chief Officer report on the agenda and accordingly fell from the action log.

Decision

The Integration Joint Board noted the Action Log.

IJB18. Chief Officer Report

The Integration Joint Board considered the report by the Chief Officer which provided an update on the developments within the Falkirk Health and Social Care Partnership (HSCP). The report provided information on:-

- HSCP Service Update
- NHS Forth Valley Update
- Public Sector Equality Duty
- IJB Financial Update
- Workforce Plan
- Falkirk IJB self-evaluation: MSG review of progress with integration
- 2023/24 Programme for Government - Health and Social Care Summary
- National Care Service update

The report also provided an update on the systems pressure response. Since March 2020, reflecting the service pressures that had surrounded the

pandemic, Board members had agreed that authority was delegated to the Chief Officer to deal with urgent business which would normally be determined by the Board. Since the previous IJB meeting, there had been no decisions taken by the Chief Officer under delegated powers. It was proposed that arrangements reverted in line with the Scheme of Delegation.

The Board noted that partners had signed up to the Trauma Informed Pledge. This pledge had been supported by Falkirk HSCP Senior Leadership Team, Clackmannanshire & Stirling HSCP Senior Leadership Team and the Mental Health & Learning Disability Collaborative forum.

The Chief Officer provided an overview of the report and highlighted the positive outcomes of the Care Inspectorate inspection reports and the recognition this had received in national media. They summarised the ongoing work relating to the Falkirk IJB self-evaluation, 2023/24 Programme for Government and National Care Service update, and advised that all further updates would be presented to the Board.

The Board asked whether there would be provision in the budget for the proposed pay increase to £12 per hour for social care workers. The Chief Finance Officer advised that the expectation was for the Scottish Government to fund this increased hourly rate from April 2024, and this would be incorporated into the business case for the new financial year. They added that this would likely follow the precedent set by Scottish Government funding for living wage increases.

The Board requested an update on the progress of National Treatment Centre and the Chief Officer advised that this could be provided, once collated, in an email update outwith the meeting.

Following a request for comment regarding Safer Drug consumption facilities, the Chief Officer advised that there were no local plans for safe consumption rooms. The Head of Integration (MT) added that the pilots in other areas would be monitored and considered at a future meeting of the Alcohol and Drug Partnership.

Decision

The Integration Joint Board:-

- (1) agreed that delegated authority to the Chief Officer revert to the Scheme of Delegation and key decisions that required decision of the Board would be presented to future IJB meetings, and**
- (2) noted partners had signed up to the Trauma Informed Pledge.**

IJB19. 2023/2024 Finance Report

The Integration Joint Board considered the report by the Chief Finance Officer which provided a summary of the financial position for the three-month period ended 30 June 2023, including the projected outturn for the year.

A year to date overspend of £2.124m was reported against the set aside budget and an overspend of £0.120m against the integrated budget at 30 June 2023. The overspends were primarily due to pressures within set aside, primary care and social care services. This was due to an increase in care packages, residential care and agency staff costs which were not covered by COVID19 funds. These overspends had been partly offset by a community healthcare services underspend.

The forecasted outturn anticipated an overspend of £8.211m against the set aside budget, to be managed by NHS Forth Valley, and an overspend of £1.804m against the integrated budget by 31 March 2024. It was envisaged that the overspend on the integrated budget could be managed locally to deliver a breakeven position by 31 March 2024.

The Chief Finance Officer provided an overview of the report and highlighted that the outstanding further detail, in relation to the year to date overspend of the set aside budget, had been received. They explained that the overspend on Primary Care Prescribing was an estimate, due to the delays in a new prescribing system, and that the position may have deteriorated at the time of the report. They confirmed that there was a typographical error in paragraph 6.1 of the report where the value £.0120m should read £0.120m.

The Board focused on the issue of prescribing overspend, describing it as a long-term issue, and asked what actions were in place to address this. The Chief Officer advised that prescribing overspend was a national issue, but that discussions had started at a local level to revisit previous actions that may not have had the desired effect. They suggested that a dedicated 'deep dive' with the Board on the budget pressures related to prescribing would be useful in aiding understanding of the issues. The Board indicated several potential solutions that could form part of a 'deep dive' discussion.

The Board noted, at paragraph 4.8 of the report, that interim care beds were funded only for the remainder of the financial year and asked what actions were taken to ensure that after this point there would not be a significant service or financial impact. The Chief Finance Officer advised that interim care beds had been funded for the 2023/24 financial year through funding from the Scottish Government which had 'carried over' from the previous year. The Head of Integration (GW) advised that a Bed Base Review Group had been established to understand current and future demand for interim care beds. They added that discussions had remained ongoing with all parties to minimise the need for interim beds, and that a report would be presented to the IJB once the review had been completed.

The Committee noted the link between higher agency spend and vacancies and asked what actions were taken to fill vacancies, and consequently reduce spend. The Chief Officer stated that the most recent recruitment campaign had been successful, however, vacancies remained an ongoing issue due to the number of people retiring. They added that a targeted approach, to ensure departments had adequate staffing levels to best manage vacancies, was being undertaken and that this would reduce a reliance on agency spend once completed.

The Committee requested timescales for the two outstanding Social Care savings reviews. The Head of Integration (MT) advised that these had been delayed due to the COVID19 pandemic, but that work had started on these reviews and updates would come forward to future meetings of the Board.

Decision

The Integration Joint Board:-

- (1) approved the breakdown of payments to Falkirk Council and NHS Forth Valley as per the Directions summary provided at appendix 1 to the report;**
- (2) approved the mainstreaming of development fund budgets noted in section 5.4 of the report allowing underspends to be utilised in 2023/24 rather than be carried forward as reserves;**
- (3) noted the year-to-date overspend of £2.124m against the set aside budget and £0.120m overspend against the integrated budget reported as at 30 June 2023;**
- (4) noted the current forecast overspend of £8.211m against the set aside budget and £1.804m overspend against the integrated budget expected at 31 March 2024. It was expected that the integrated budget overspend would be managed locally through the recovery actions outlined in section 5.3 of the report;**
- (5) noted the proposal to use approx. £42,500 from the General Dental Services Equipment reserves to purchase upgraded x-ray equipment which would replace current equipment that was failing, and**
- (6) noted the ongoing risk in relation to the Social Care Pay Award.**

IJB20. Strategic Risk Register

The Integration Joint Board considered the report by the Chief Finance Officer which provided an update on the IJB's Strategic Risk Register. No new risk had been added to the register since last presented to the IJB on 30 June 2023, however work had been undertaken to split the previous Primary

Care risk into two separate components. The Non-delivery of the Scottish General Medical Services Contract had been downgraded from a strategic to organisational risk.

The report outlined 9 live risks recorded in the register and their level of risk. One was considered very high risk, 7 as high risk and 1 as medium risk:-

- Financial Sustainability - High
- Governance arrangements - Medium
- Partnerships - High
- Capacity and infrastructure - High
- Assurance - High
- Commissioning - High
- Whole Systems Transformation - High
- Resilience & Business Continuity - High
- Primary Care Sustainability – Very High

The Chief Finance Officer provided an overview of the report and highlighted the deep dive reviews undertaken for Primary Care Sustainability and Financial Sustainability. It was noted that the deep dive review of health and safety was not included in the report as this was an organisational, rather than strategic risk. The Chief Finance Officer concluded the overview by advising that, since the completion of the report, the accounts for the 2023/24 financial year had been submitted to the Audit Committee and approved.

The Board asked whether the change to bring Primary Care under the remit of the IJB had contributed to the 'very high' risk rating. The Chief Finance Officer advised that the deep dive did not find any concerns relating to this change.

The Board asked whether the IJB would continue to be updated on the risks related to the Non-delivery of Scottish General Medical Services Contract now that it had been categorised as an organisational risk managed by NHS Forth Valley. The Chief Finance Officer confirmed that details of the risk would continue to be reported to the Falkirk IJB for assurance purposes. They added that the risk was reviewed monthly and was reported to the GP Sustainability Group.

The Chief Officer advised that there was a preferred candidate for the Head of Primary Care role and once in post would provide updates to the IJB. They added that it was expected that further resource would be provided to support Primary Care.

Decision

The Integration Joint Board noted the:-

- (1) high-level summary of the strategic risk register presented at section 4.1 of the report;**

- (2) detailed strategic risk register, and**
- (3) deep dives outlined in section 5 of the report and considered that effective risk management processes were in place.**

Andrew Murray joined the meeting during consideration of the previous item.

IJB21. Falkirk Alcohol & Drug Partnership Update

The Integration Joint Board considered the report by the Alcohol & Drug Partnership Lead Officer which provided an update on progress that had been made by the Falkirk Alcohol & Drug Partnership (ADP) during the past year. The Head of Integration (MT) provided an overview of the report and highlighted aspects of the report related to:-

- Delivering the Medication Assisted Treatment (MAT) Standards
- Recommissioning of the third sector drug & alcohol treatment service provision
- Reporting of progress to Scottish Government (Annual Survey)
- ADP Executive membership and Chair arrangements
- Falkirk Drug-misuse Deaths.

The Committee asked if it was known which actions had contributed to the reduction of drug-misuse deaths. The Head of Integration (MT) advised that further analysis was required to determine the reasons for reduced deaths. They added that the data in the report referred to a point in time where the pandemic may still have impacted on behaviours. The ADP Lead Officer added that over the last year the ADP had followed the Drug Deaths Taskforce 6 emergency themes and that they believed that it was through a combination of actions, rather than a single action, which had contributed to reduced drug-misuse deaths. They concluded with an acknowledgement that more was required to continue this work.

Decision

The Integration Joint Board noted the:-

- (1) activity of the ADP during the last year, and**
- (2) progress towards identifying ADP Executive membership and Chairing recommendations, subject to the approval of the IJB.**

IJB22. Care Homes for Adults Under 65 Framework

The Integration Joint Board considered the report by the Contracts Manager/Commissioner/Procurement Adviser - Adults under 65s which

set out the proposed procurement strategy for a new Falkirk HSCP Primary Framework Agreement for the Provision of Care Homes for Adults Under 65 with Learning Disability (LD), Mental Health (MH), Physical Disability (PD), Drugs and Alcohol Related Brain Injury (ARBI) and Complex and Challenging Behaviour from 1 April 2024.

The report provided an update on the proposed procurement strategy principles and framework timetable to facilitate the delivery of the new Adults Care Homes Under 65 Primary Framework.

The Head of Integration (MT) provided an overview of the report and highlighted the consultation feedback, outlined at appendix 2 to the report, as essential to delivering the framework recommendations.

Decision

The Integration Joint Board approved the procurement strategy for the procurement of a Falkirk HSCP Primary Framework Agreement for the Provision of Care Homes for Adults under 65 with LD, MH, PD, Drugs and ARBI and Complex and Challenging Behaviour with an initial term of 4 years and an option to extend for up to a further 3 years.

Gordon Johnston left the meeting after consideration of the previous item.

IJB23. Care and Support at Home Contract Strategy – Update

The Integration Joint Board considered the report by the Procurement Adviser (Support at Home Services) and Programme Management Co-ordinator which provided an update on developments in relation to the Care and Support at Home Tender Contract for adult services.

A provider engagement session took place on 1 March 2023, which had informed the current Support at Home Services Framework providers of the HSCP's procurement and commissioning plans for 2023/24.

As agreed by the Board, the HSCP had used the Scotland Excel (SXL) Care and Support Services (1318) National Flexible Framework as the primary source for commissioning the Support at Home Services from 1 April 2023 through to 31 March 2024. This had been supplemented by Direct Awards of Contract under the procurement Light Touch Regime threshold for 14 providers who were unable to seek award onto the national SXL flexible framework. This had allowed continuity of service from these providers for the duration period 1 April 2023 until 31 March 2024.

Work had progressed within the partnership to develop a Falkirk Framework for Care and Support at Home, with a view to move away from SXL to a Falkirk specific framework agreement from a 1 April 2024.

The Head of Integration (MT) advised that the report updated on the progress of the Falkirk specific framework, and it was hoped that a completed proposal would be available at the meeting of the IJB in December. They added that it was expected to 'go live' from 1 April 2024.

The Committee asked to what extent a Falkirk specific framework would improve the availability and quality of care. The Head of Integration (MT) advised that while the SXL framework focussed on a balanced combination of quality and price, the intention was for the Falkirk specific framework to prioritise quality (90%) over price (10%). Following a further question, the Head of Integration (MT) explained that care in Falkirk relied on a combination of national and local providers. They added that the hope was, moving forward, to continue to 'upskill' the local workforce through a training partnership with local providers.

Decision

The Integration Joint Board noted the progress of the work to develop the new Care and Support at Home Framework and that this work was on track to deliver contract mobilisation with effect from 1 April 2024.

IJB24. HSCP Partnership Funding: Progress Report

The Integration Joint Board considered the report by the Partnership Funding Co-ordinator which provided an update to the Integration Joint Board on the progress made on the Partnership Funding Investment Plan 2021-2024, approved by the Integration Joint Board in June 2021.

The current Partnership Funding Investment Plan was due to end on 31 March 2024. The report also provided an overview on the review process throughout 2023/2024 to support the implementation of a new Investment Plan by 1 April 2024.

Information was also provided about the Suicide Prevention Fund, including approval from Senior Leadership Team (SLT) to close the fund as a Challenge Fund. The remaining budget would be used for targeted commissioning relating to suicide prevention.

The Partnership Funding Co-ordinator provided an overview of the report and highlighted the single investment plan and commissioning groups as vital to ensuring funds would meet local need.

Decision

The Integration Joint Board:-

- (1) approved the publication of the Partnership Funding Annual Report 2022/23;**

- (2) noted the ongoing work to prepare a single Partnership Funding Investment Plan for 2024 – 2027, which would be presented to the Board for approval in April 2024, and**
- (3) noted SLT approval in July 2023 to close the Falkirk Suicide Prevention Fund.**

The Board adjourned at 11.15am for a comfort break and reconvened at 11.25am.

IJB25. Performance Monitoring Report

The Integration Joint Board considered the report by the Performance & Quality Assurance Manager, Falkirk HSCP which presented the Performance Monitoring Report June 2022 – June 2023 that supported the IJB to fulfil its responsibility to ensure effective monitoring and reporting of service delivery.

The report provided a summary of key performance issues and was tied to a basic balanced scorecard approach with a focus on exception reporting.

The Performance & Quality Assurance Manager provided an overview of the report and highlighted the key performance issues, with comparison made to previous years. They added an explanation of the Local Government Benchmarking Framework briefing, which outlined the categories of performance when compared to the national average.

The Board suggested that sickness absence was high and requested a further breakdown of absence between firstly, 'sickness' and 'all other absence', and secondly, 'long-term' and 'short-term' absence. The Chief Officer advised that a managing absence policy was implemented and that efforts would continue to support those absent to be best able to return to work. The Board noted that, particularly regarding workplace stress, it was important to manage the causes of sickness absence.

The Board considered the benchmarking report and the variation between Falkirk and the national average in relation to homecare costs and Self-Directed Support Payments. The Performance & Quality noted the benefits of benchmarking and being able to draw comparisons with other areas, however highlighted that this should be done with caution. For some indicators, it is difficult to draw direct comparisons particularly in relation to home care costs as the variation is so great. They added that this signposted to the areas that required a deep dive.

Decision

The Integration Joint Board noted:-

- (1) the content of the Performance Monitoring Report, and**
- (2) that appropriate management actions continue to be taken to address the issues identified through these Performance Monitoring Reports.**

Councillor Anne Hannah left the meeting after consideration of the previous item.

IJB26. IJB Governance Report

The Integration Joint Board considered the report by the Senior Service Manager and HSCP Governance Support Officer which provided an update on governance matters relevant to the Board.

The Governance Support Officer provided an overview of the report and highlighted matters related to the:-

- Clinical and Care Governance Committee;
- Public Sector Equality Duty;
- Equality Outcomes;
- Review of the Integration Scheme; and
- NHS Forth Valley Interim Chief Executive

The Board heard that the work to review the Clinical and Care Governance Framework and the Committee Terms of Reference would be completed alongside the review of the Integration Scheme, and due diligence work on the transfer of pan Forth Valley NHS services to Falkirk HSCP and Clackmannanshire and Stirling HSCP. The Governance Support Officer advised, that following the conclusion of the above reviews, any amendments would be presented to the Board.

The Governance Support Officer outlined, that in the interim period prior to the conclusion of the above reviews, the Terms of Reference were to be reviewed annually and that a review the membership and Chairing arrangements of the Committee was required. Following the meeting of the Clinical and Care Governance Committee on 22 September 2023, it was proposed that Councillor Anne Hannah would continue as Chair and Stephen McAllister would continue as Vice-Chair respectively.

Decision

The Integration Joint Board:-

- (1) approved the Chair and Vice-Chair arrangements of the Clinical and Care Governance Committee;**

- (2) approved the Terms of Reference of the Clinical and Care Governance Committee on an interim basis;**
- (3) noted that the Equality and Human Rights Commission had confirmed that Falkirk IJB was compliant with the Public Sector Equality Duty;**
- (4) noted the draft Equality Outcomes and consultation period;**
- (5) noted the update on work to review the Integration Scheme, and**
- (6) noted the appointment of Amanda Croft as interim Chief Executive of NHS Forth Valley, who is ex-officio a member of the IJB.**

Councillor Flynn left the meeting during consideration of the next item.

IJB27. Annual Assurance Statements 2022/23

The meeting of the IJB concluded at this point as, in terms of Standing Order 12.1, a quorum was no longer present and the remaining items on the agenda were continued to a future meeting.