NHS
Forth Valley

A meeting of the **Forth Valley NHS Board** will be held on **Tuesday 26 March 2024** at **10.30am** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW**.

Allan Rennie
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 January 2024**

   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 **Draft 2024/25 Financial Plan**
   (Paper presented by Mr Scott Urquhart, Director of Finance)

   Seek Approval
   10.50-11.10am

   6.2 **Community Planning Partnership & Anchor Institution Update including Anchor Baseline Data**
   (Paper presented by Mrs Susan Bishop, Head of Efficiency, Improvement & Innovation)

   Seek Approval
   11.10-11.30am

   6.3 **Code of Corporate Governance**
   (Paper presented by Ms Kerry Mackenzie, Head of Policy and Performance)

   Seek Approval
   11.30-11.40am

7. **BETTER CARE**

   7.1 **Population Health and Care Strategy Revised Timeline**
   (Paper presented by Mr Andrew Murray, Medical Director)

   Seek Assurance
   11.40am-11.50am

   7.2 **Person Centred Care Report**
   (Paper presented by Prof Frances Dodd, Executive Nurse Director)

   Seek Assurance
   11.50-12.00pm

   7.3 **Healthcare Associated Infection Reporting Template**
   (Paper presented by Mr Jonathan Horwood, Area Infection Control Manager)

   Seek Assurance
   12.00-12.10pm

   7.4 **Performance Report**
   (Paper presented by Ms Kerry Mackenzie, Head of Policy and Performance)

   Seek Assurance
   12.10-12.25pm

   BREAK

   12.25-12.35pm

8. **BETTER VALUE**

| 8.1 | **Finance Report** | Seek Assurance |
| | (Paper presented by Mr Scott Urquhart, Director of Finance) | *12.35-12.45pm* |

| 8.2 | **National Treatment Centre Update** | Seek Assurance |
| | (Paper presented by Mr Scott Urquhart, Director of Finance) | *12.45-01.05pm* |

| 8.3 | **Best Value Report** | Seek Assurance |
| | (Paper presented by Ms Kerry Mackenzie, Head of Policy and Performance) | *01.05-01.10pm* |

9. BETTER GOVERNANCE

| 9.1 | **Escalation Update** | Seek Assurance |
| | (Oral update by Ms Amanda Croft, Interim Chief Executive) | *01.10-01.25pm* |

| 9.2 | **Clackmannanshire & Stirling Assurance Report** | Seek Assurance |
| | (Paper presented by David Williams, Interim Chief Officer, Clackmannanshire & Stirling Health and Social Care Partnership) | *01.25-01.45pm* |

| 9.3 | **Governance Committee Minutes** | Seek Assurance |
| | | *01.45-02.05pm* |

9.3.1 **Audit & Risk Committee Draft Minute: 26/01/2024**
(Paper presented by Cllr Fiona Collie, Committee Chair)

9.3.2 **Clinical Governance Committee Ratified Minute: 16/01/2024**
(Paper presented by Dr Michele McClung, Committee Chair)

9.3.3 **Escalation Performance & Resources Committee Ratified Minute 19/01/2024 & Draft Minute 20/02/2024**
(Papers presented by Mr Martin Fairbairn, Committee Chair)

9.3.4 **Performance & Resources Committee Draft Minute: 27/02/2024**
(Paper presented by Mr Martin Fairbairn, Committee Chair)

9.3.5 **Staff Governance Committee: 15/03/2024**
(Oral update by Mr Allan Rennie, Committee Chair)

| 9.4 | **Advisory Committee Minutes** | Seek Assurance |
| | | *02.05-02.15pm* |

9.4.1 **Area Clinical Forum Ratified Minute: 09/11/2023**
(Paper presented by Mrs Kristin Cassells, ACF Chair)

9.4.2 **Area Partnership Forum Ratified Minute: 23/01/2024 & 20/02/2024**
(Paper presented by Mr Robert Clark, APF Co-Chair)

10. FOR NOTING

10.1 **Clackmannanshire & Stirling Joint Board Draft Minute: 27/09/2023**

11. ANY OTHER COMPETENT BUSINESS

11.1   Emerging Topics

11.1.1 Agenda for Change Review – Non-Pay Changes
(Oral update by Mr Kevin Reith, Interim Director of Human Resources)

12.   DATE OF NEXT MEETING

Tuesday 28 May 2024 at 10.30am

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2024

3 Minute of the Forth Valley NHS Board Meeting held on Tuesday 30 January
For Approval

<u>DRAFT</u> Minute of the Forth Valley NHS Board Meeting held on Tuesday 30 January 2024
in the Boardroom, Carseview House.

Present:	Ms Janie McCusker (Chair)
	Mr Allan Rennie (Vice-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)
	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:	Mrs Elsbeth Campbell (Head of Communications)
	Dr Jennifer Champion (Acting Director of Public Health)
	Ms Morag Farquhar (Associate Director of Facilities & Infrastructure)
	Mr Garry Fraser (Interim Director of Acute Services)
	Ms Jacqui Hepburn (Interim Deputy Chief Executive)
	Mr Scott Jaffray (Associate Director of Facilities & Infrastructure)
	Ms Kerry Mackenzie (Head of Policy and Performance)
	Ms Jackie McEwan (Corporate Business Manager)
	Mr John Ratcliffe (Board Secretary)
	Miss Rebecca Reid (Minute taker)
	Mr Kevin Reith (Interim Director of Human Resources)
	Miss Vicky Webb (Risk Management Advisor)

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1. **Apologies for Absence**

The Chair welcomed everyone to the meeting including members of the public and media.

Mr Garry Fraser was welcomed to the meeting who was in attendance of his first Board session since taking up post as Interim Director of Acute Services.

Ms McCusker informed members that her term of appointment would conclude on 29 February 2024 – this would be the last public session of the Board she would chair. Ms McCusker shared her thanks and appreciation to everyone for the work that she had seen through her time in post especially during such challenging times for the organisation.

Apologies were noted on behalf of Cllr Gerry McGarvey and Ms Patricia Cassidy.

2. Declaration(s) of Interest(s)

There were no declarations of interest.

3. Minute of Forth Valley NHS Board Meeting held on Tuesday 28 November 2023.

The minute of the meeting held on Tuesday 28 November 2023 was approved as an accurate record following an amendment at section 9.1 paragraph 3. This should read, 'Mr Murray confirmed that a detailed update on the SMART objectives had been shared with Clinical Governance Committee.'

4. Matters Arising from the Minute / Action Log

There were no matters arising.

Prof Frances Dodd shared a summary of the work that was ongoing against action 006, Person Centred Complaints & Feedback Report on Prison Health Services. This was a challenging piece of work due to there being no national prisons data set to compare findings to, but initial work on benchmarking had been completed. Mr John Ratcliffe would be able to share a paper produced on the current work following the meeting, titled 'Prison Health Complaints – January 2024'.

Work was progressing against action 008, Healthcare Strategy. The strategy was currently being reviewed with a focus on Population Health. Progress was being made with a governance strategy as well as a plan to formulate and clarify the next steps.

5. Patient/Staff Story

Prof Frances Dodd introduced the patient story which detailed a patient's experience of the treatment they received within Forth Valley following their diabetes diagnosis which subsequently led to further health issues. Through the support and guidance received from the Community Link Service, the patient was able to partake in a number of services which enabled them to find their independence and experience overall improvement in their mental health.

Board members acknowledged the positive impact the Community Link Service had made on this patient's wellbeing.

Following a question on the availability of this service across Forth Valley as a whole, Prof Dodd confirmed she could investigate to get a better understanding of how accessible this service is.

6. FOR APPROVAL

6.1 Escalation Update

The NHS Forth Valley Board received an 'Escalation Update'.

The Forth Valley NHS Board:
- **Noted the Assurance and Improvement Plan at Appendix 1.**
- **Noted the progress to date against those actions set out in the Plan.**
- **Considered the actions included in the Plan in response to the Corporate Governance review and the Board Self-Assessment.**

- **Approved the actions included in the Plan in response to the Corporate Governance review and the Board Self-Assessment.**

Key points:
- Board members were informed of the recent unannounced Healthcare Improvement Scotland (HIS) follow up visit in which a draft report of findings should be shared within 10 weeks and the final report within 12 weeks.
- The Assurance & Improvement Plan included high-level actions that informed the overall programme plan but also sub-actions which support the delivery of high-level actions. These actions and evidence of progress would continue to be updated. Outputs from the Board Self-Assessment undertaken in September 2023 and recommendations from the Corporate Governance review received in October 2023 had been mapped to ensure that any additional actions required were identified and captured for inclusion within the plan.
- Assurances were provided that the Escalation Performance & Resources Committee had considered the Assurance & Improvement Plan and were satisfied with actions and the approach being taken with the plan.
- Conversations were ongoing to determine how to articulate the impact of work within the plan before considering downscaling.

6.2   Strategic Risk Register

The Forth Valley NHS Board received an update of the 'Strategic Risk Register'.

The Forth Valley NHS Board:
- **Considered the assurance provided regarding the effective management and escalation of strategic risks.**
- **Approved the proposed changes to the Strategic Risk Register for Quarter 3 2023/24.**

Key Points:
- During Quarter 3, the risk profile of the strategic risks remained static.
- There were 114 internal controls within the Strategic Risk Register, 8 were completed within quarter 3, and 12 overdue with work continuing to mitigate these.
- Board members were informed of the focused reviews that had been carried out within quarter 3 and the governance committee that had received oversight of these.

6.3   Digital Health and Care Strategy

The Forth Valley NHS Board received an update of the 'Digital Health and Care Strategy'.

The Forth Valley NHS Board:
- **Approved the draft Digital Health and Care Strategy at Appendix 1.**
- **Approved the supporting Data and Information Strategic Framework at Appendix 2.**

Key points:
- The Digital Health and Care Strategy had been produced over the last year in conjunction with key groups and stakeholders across Forth Valley and in line with the direction set by the Scottish Government Digital Strategy.
- The strategies were considered and approved by the Digital & eHealth Programme Board at the 6 December 2023 meeting.

- Confirmation was provided that currently there was an existing level of funding to carry out this work although there would be an element of risk going forward into the next financial year.
- A business case was developed to produce a formal piece of work to digitalise patients' files and a vast amount of work had been carried out in this area already.
- Assurances were provided that both the Digital Health and Care Strategy and the Healthcare Strategy would be aligned.

7. BETTER CARE

7.1 Healthcare Associated Infection Reporting Template (HAIRT)

The Forth Valley NHS Board considered the 'Healthcare Associated Infection Reporting Template'.

The Forth Valley NHS Board:
- **Noted the HAIRT report.**
- **Noted the performance in respect of the AOP Standards for Staph aureus bacteraemias (SABs), Device associated bacteraemias (DABs), Clostridioides difficile infections (CDIs) and Escherichia coli bacteraemias (ECBs).**
- **Noted the detailed activity in support of the prevention and control of Health Associated Infection**

Key Points:
- Total SABs remained within control limits. There was one hospital acquired SAD in December 2023.
- Total DABs remained within control limits. No hospital acquired DABs were reported in December 2023.
- Total CDIs remained within control limits. No hospital acquired CDIs in December 2023.
- Total ECBs remained within control limits. One hospital acquired ECB was reported in the month of December 2023.
- There were no deaths with MRSA or C.difficile recorded on the death certificate.
- There were no surgical site infections in December 2023.
- There was one Covid-19 outbreak and two norovirus cases reported in December 2023.

7.2 Whistleblowing Standards and Activity Report

The Forth Valley NHS Board received a 'Whistleblowing Standards and Activity Report'.

The Forth Valley NHS Board:
- **Noted Whistleblowing performance in NHS Forth Valley during Q1 and Q2 2023/24.**

Key Points:
- No cases or incidents were reported within Q2.
- Reporters had been encouraged to share feedback of their experience which had allowed for work to continue to strengthen the whistleblowing process.
- 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 would be provided as the process evolves and there is an opportunity to share and learn from experiences.

- Work was ongoing to align Whistleblowing and Speak Up into one service making it easier for staff to raise concerns. Confidential contacts and lead investigators who are involved in the Whistleblowing process on a voluntary basis had agreed they were content with also becoming Speak Up ambassadors.
- To highlight the learning process through each case, consideration would be given on how to articulate findings efficiently to board members whilst maintaining anonymity of whistleblowers.

7.3   Performance Report

The Forth Valley NHS Board received the 'Performance Report'.

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

Key points:
- Challenges remained with achieving the 4-hour emergency access standard noting the position in December 2023 as 50.7%. A refocussed programme of work was underway supported by the outputs from the Firebreak undertaken in November and December, along with work with the Centre for Sustainable Delivery and business as usual activities.
- As of the end of December 2023, there had been a reduction in the number of patients awaiting their first outpatient appointment. Activity rates were 97% against the agreed activity undertaken in the period of April 2023 to December 2023.
- There had been an increase in the number of inpatients / day cases waiting as well as those waiting beyond 12 weeks. Despite the increase, 116% compliance against the agreed activity plan was achieved.
- Imaging services were experiencing continuous pressures, with the number of patients waiting set to increase, however, performance against the agreed activity plan remained high.
- Although the number of patients waiting for an endoscopy had increased, performance against the agreed activity trajectory excelled at 147% for the period of April 2023 to December 2023.
- The position as of November 2023 for cancer services saw compliance as 74.2% against the 62-day target and 99% compliance against the 31-day target. Four of the 10 cancer pathways achieved 100% and the highest number of breaches are within the urology pathway with 18 out of 31 patients meeting the standard. Improved in-month performance was noted in a number of pathways included lung and colorectal.
- As of December 2023, 74.6% of patients began treatment within 18 weeks of referral for Psychological Therapies which was an improvement of performance in month as performance had dipped.
- Performance against the 18-week RTT within Children and Adolescent Mental Health Services (CAMHS) achieved 76.8% compliance which was an improvement against the previous reporting period. This had exceeded the 60% projected performance target and remained on track to achieve full compliance within quarter 4.
- There were 68 standard delays and 51 code 9 and guardianship delays in December 2023. Significant focus continued against delayed discharges which links directly to the system-wide work within Urgent and Unscheduled Care.
- Before consideration could be given to the purchasing of a third CT Scanner, all routes to maximise the use of the CT scanners currently in place would need to be considered. Additional staff had been recruited to the area but the impact of the increase in staff was yet to be seen.

- To maintain a stable workforce across the organisation, an attendance management action plan was being created which would allow for an opportunity to learn from the areas doing well in maintaining low absences to consider what could be implemented in areas of high absence rates.

8.   BETTER VALUE

8.1   Finance Report

The Forth Valley NHS Board received a 'Finance Report'.

The Forth Valley NHS Board:
- **Noted 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.**
- **Noted 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).**
- **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 of 31 December 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 Performance and Resources (P&R) Committee in February.**
- **Noted 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.**

Key points:
- An initial £40.6m deficit with an anticipated savings plan of £25m was set out in the 2023/2024 financial plan. There was originally a £15.6m residual gap projected for the financial year and through some mitigation work this had been reduced to a deficit of £10.3m. 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.
- It remained unlikely that a break-even position could be achieved without additional funding from the Scottish Government and/or a significant improvement in the Acute Services Division financial performance noting this area has the highest overspend.
- Targeted and urgent action was 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 were underway to consider this.
- High volumes of work were underway to prepare the 5-year financial plan commencing 2024/25 in which an initial draft will be shared at the February Performance & Resources Committee meeting.
- Scottish Government had issued financial planning guidance which set expectations of a programme of work being developed to achieve a targeted 3% of recurring savings on baseline budgets which equates to £19.8m for 2024/25.
- The initial funding gap for 2024/2025 was highlighted to be £55m with expectations of a £40m deliverable savings within the financial year. Dedicated discussions would take

place at ELT meetings as well as with staff side and with partnerships to create a whole system approach to achieve anticipated target savings.

- Board members were advised that should a brokerage loan be required to achieve anticipated targets this would be repayable on top of the £55m gap already set out for 2024/25 which would create further additional pressures.

9. BETTER GOVERNANCE

9.1 NHS Forth Valley Annual Review Letter

The Forth Valley NHS Board considered the 'NHS Forth Valley Annual Review Letter'.

The Forth Valley NHS Board:
- **Noted the key points contained in the NHS Forth Valley Annual Review Letter at Appendix 1.**

Key points:
- The first in person annual review since pre Covid-19 took place on 20 November 2023, 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.
- The Cabinet Secretary met with representatives from the Area Clinical Forum, Area Partnership Forum, and local patients/carers on the mornings of the Review before holding a public session in the afternoon. A private meeting was then held with Janie McCusker, NHS Forth Valley Chair and Amanda Croft, Interim Chief Executive.
- Opening remarks from the Cabinet Secretary were shared at the public session before handing over to Mrs McCusker who 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 core purpose of the Annual Review is for Boards to be held accountable for their performance. As such, the private discussion focussed on a number of areas including escalation, finance, workforce issues, and unscheduled and scheduled care.
- The Cabinet Secretary wrote to the Chair following the Review to summarise the main points discussed which would be published on the NHS Forth Valley website.

9.2 Communication Update

The Forth Valley NHS Board received a 'Communications Update'.

The Forth Valley NHS Board:
- **Noted the update and ongoing communications activity to ensure staff, patients, the public and other key stakeholders are kept updated on service developments, changes, and improvements across the organisation.**

Key points:
- From October 2023 to January 2024, 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 was undertaken 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.

- A number of digital developments and improvements were highlighted including the development of a new referral portal for clinical staff working across primary and acute services.
- Consideration would be given to messages being portrayed on the NHS Forth Valley website to ensure they are not discouraging the public from attending the necessary services they require.

9.3 Governance Committee Minutes

9.3.1 Audit & Risk Committee Ratified Minute: 20/10/23

The Forth Valley NHS Board:
- **Noted the key issues being highlighted to the Board following the Audit and Risk Committee on 20 October 2023.**
- **Noted the draft minute of the Audit and Risk Committee held on 20 October 2023.**

Cllr Fiona Collie highlighted key points considered at the meeting which included payroll services being directed and managed by NHS National Services Scotland as part of the South East Payroll Consortium. The Committee also reviewed the overview of the Audit Follow-Up Report from which they received reasonable assurance.

9.3.2 Clinical Governance Committee Ratified Minute: 14/11/23

The Forth Valley NHS Board:
- **Noted the key issues being highlighted following the Clinical Governance Committee on 14 November 2023.**
- **Noted the ratified minute of the Clinical Governance Committee held on 14 November 2023.**

Dr Michele McClung highlighted some of the key discussion points which included an escalation update and the Well Led Framework, safe delivery of care update, and a safety and assurance report.

9.3.3 Escalation Performance & Resources Committee Ratified Minute: 14/11/23 & 15/12/23

The Forth Valley NHS Board:
- **Noted the key issues highlighted following the Escalation Performance & Resources meetings that took place 14 November 2023 & 15 December 2023.**
- **Noted both ratified minutes of the Escalation Performance & Resources Committee.**

Mr Fairbairn confirmed that the Escalation Performance & Resources Committee considered the Assurance & Improvement Plan and were assured by the actions in place.

9.3.4 Performance & Resources Committee Draft Minute: 19/12/23

The Forth Valley NHS Board:
- **Noted the key issues being highlighted to the Board following the Performance & Resources Committee on 19 December 2023.**

- **Noted the draft minute of the Performance & Resources Committee held on 19 December 2023**

Mr Fairbairn highlighted key points discussed at the meeting which included the improvement of performance within Children & Adolescent Mental Health services and Psychological Therapies.

9.3.5 Staff Governance Committee Draft Minute: 15/12/23

The Forth Valley NHS Board:
- **Noted the key issues being highlighted to the Board following the Staff Governance Committee on 15 December 2023.**
- **Noted the draft minute of the Staff Governance Committee held on 15 December 2023.**

Mr Rennie highlighted the key discussions that took place at the meeting which included concerns of the mixture of attendees to define the quorum of meetings, the requirement of a completed attendance management plan and highlighting the ongoing work to mitigate concerns of not achieving the anticipated timeline of completion for Whistleblowing cases.

9.4 Advisory Committee Minutes

9.4.1 Area Clinical Forum Ratified Minute: 06/07/23

The Forth Valley NHS Board:
- **Noted the key issues highlighted within the Area Clinical Forum ratified minute on 06 July 2023.**

Mrs Kirstin Cassells highlighted that Culture Change and Compassionate Leadership programme discussions took place. The Area Nursing & Midwifery Committee was being reinstated and the Area Medical Committee were initiating meetings again.

9.4.2 Area Partnership Forum Ratified Minute: 21/11/23 & 19/12/23

The Forth Valley NHS Board:
- **Noted the key discussions highlighted within the Area Partnership Forum ratified minute on both 21 November & 19 December 2023.**

Mr Robert Clark highlighted the key areas discussed which included the roll out of iMatter, elements on the non-pay awards, job evaluation and vacancy rates.

10. FOR NOTING

10.1 Falkirk Integration Joint Board Ratified Minute: 30/06/23 & 29/09/23

The Forth Valley NHS Board noted the Falkirk Integration Joint Board ratified minute from both 30/06/23 and 29/09/23.

11. ANY OTHER COMPETENT BUSINESS

11.1 Emerging Topics

There being no further competent business the Chair closed the meeting at 1pm.

Mr Allan Rennie took the opportunity to share thanks and gratitude to Ms McCusker for all her contributions as Chair.

12. Date of Next Meeting

Tuesday 26 March 2024 at 10.30am

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. **On agenda**	In progress

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

NHS
Forth Valley

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2024

6.1 2024/25 Financial Plan
For Approval

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

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

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Executive Summary
This report presents the financial plan for the 5-year period 2024/25 to 2028/29

Recommendations
The P&R Committee is asked to:
- **note** the financial planning assumptions underpinning the proposed 5-year Revenue and Capital Financial Plans 2024 – 2029.
- **note** the detailed savings plans set out within the Financial Sustainability Action Plan embedded at Appendix 2.
- **note** the significant level and scale of financial challenge identified and the associated high risk to delivery of financial balance in each year of the plan.
- **note** that the draft Financial Plan was presented to the Performance and Resources Committee on 27th February, together with a draft Financial Sustainability Action Plan.
- **note** that opening IJB budgets for 2024/25 have been confirmed to colleagues in line with requirements.
- **consider** the appropriateness of proposed assurance level, considering the overall financial position and strategic financial sustainability risk rating.
- **approve** the Financial Plan 2024/25 to 2028/29.

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

The scale of the financial challenge over the next 5 years is unprecedented and given the nature of the current financial environment and operating context, it is extremely unlikely that financial balance will be delivered during the timeframe of the revenue plan.

A summary of the revenue projections for the next 5 years is presented below:

NHS Forth Valley	2024/25 £m	2025/26 £m	2026/27 £m	2027/28 £m	2028/29 £m
Financial gap before savings	(58.357)	(55.025)	(46.489)	(44.500)	(50.549)
Savings plans/ targets	43.841	40.000	35.000	30.000	35.000
Residual deficit	(14.516)	(15.025)	(11.489)	(14.500)	(15.549)

It is clear that whole system transformation and reform is required to address longer term financial sustainability as part of the strategic direction for the future delivery of safe and effective health and care services within available resources. This mirrors the findings in Audit Scotland's recently published report on The NHS in Scotland 2023. Financial sustainability will be a key theme embedded within the refresh of the NHS Forth Valley Healthcare Strategy and this must also underpin our associated future workforce and digital health strategies.

Implications

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

Workforce Implications
Workforce accounts for around half of our total operating expenditure and is therefore a key financial risk area. Given the scale of the financial challenge, vacancy management and workforce controls feature in our Financial Sustainability Action Plan, particularly in relation to bank and agency use.

Infrastructure Implications including Digital
There are no immediate infrastructure or digital implications associated with this report. However it is recognised that digital innovation will support the redesign and reform of service delivery to enhance patient experience and to improve efficiency and productivity. Digital opportunities are key element of the Financial Sustainability Action Plan.

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 included in our Financial Sustainability Action Plan.

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

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

Quality / Patient Care Implications
It is imperative that quality of care and overall service provision is underpinned by a sustainable medium term financial plan. This is supported by the concept of "spending well" and making the most of our resources in terms of cost effectiveness and best value which is reflected in our Financial Sustainability Action Plan.

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 is unlikely to change during the 5 year term of the financial plan.

Relevance to Strategic Priorities
This report outlines the total revenue and capital resources available to meet the NHS Board's strategic priorities over the next 3 to 5 years. It is essential that strategic priorities are delivered on a sustainable financial basis.

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

Further to an evaluation it is noted that: (*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: Revenue financial plan summary 2024/25 to 2028/29
- Appendix 2: Financial Sustainability Action Plan
- Appendix 3: Capital financial plan summary 2024/25 to 2028/29

NHS Forth Valley Financial Plan 2024/25 – 2028/29

Executive Summary

This paper provides an overview of the financial plan for the 5-year period 2024/25 to 2028/29. The plan addresses recent internal and external audit recommendations to expand the planning timeframe, to introduce scenario planning and to develop a wider Financial Sustainability Action Plan.

The plan also meets the requirements of the financial planning guidance issued by the Scottish Government which states that the plan must demonstrate:
- A programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets;
- An improved forecast outturn position for 2023/24 compared to the forecast position reported at the start of the year;
- The impact of actions arising from the choices programme and "15-point grid" which was developed and agreed nationally for consistency in targeted savings plans.

Development of the financial plan has been informed by input and engagement from Executive Leadership Team (ELT) colleagues, staff side and clinical representatives. Dedicated weekly ELT sessions on financial sustainability (which staff side colleagues attend) have been in place since early January and wider engagement with all staff continues to be progressed through a series of staff briefings.

The financial plan incorporates the indicative one-year funding settlement advised by the Scottish Government on 19 December 2023 for 2024/25. It is recognised that the funding settlement, and the financial pressures being experienced across the entire health and social care landscape, are the most challenging since devolution.

As a result, the financial plan carries a significant level of financial risk, particularly in relation to ongoing capacity and workforce pressures which continue to drive increased use of temporary staffing and contingency beds in the aftermath of the pandemic. Other key financial pressures relate to the cost impact of advances in new technology and medical treatments (including uptake of expensive new drugs and devices), the cumulative burden of a range of unfunded national policy developments together with other mandatory compliance/legislative requirements and general price inflation (primarily in relation to energy costs, premises and IT contracts).

The scale of the financial challenge is unprecedented and given the nature of the current financial environment and operating context, our initial assessment of the position suggests that delivering financial balance across the 5-year timeframe of the plan will be extremely challenging. A summary of the 5-year revenue projections is presented below:

NHS Forth Valley	2024/25 £m	2025/26 £m	2026/27 £m	2027/28 £m	2028/29 £m
Financial gap before savings	(58.357)	(55.025)	(46.489)	(44.500)	(50.549)
Savings plans/ targets	43.841	40.000	35.000	30.000	35.000
Residual deficit	(14.516)	(15.025)	(11.489)	(14.500)	(15.549)

The 5-year financial plan is a live document which will continue to be reviewed and updated as further clarity on financial planning assumptions becomes available. The plan will also be

updated to reflect any required changes arising from the forthcoming refresh of our Healthcare Strategy and associated workforce plan.

Revenue Funding

The 2024/25 indicative funding settlement provided by the Scottish Government on 19 December 2023 confirmed a 4.4% baseline budget uplift.

This uplift relates exclusively to non-recurring funding that was previously provided in 2023/24 for pay awards, sustainability and NRAC parity. The budget letter confirms that this funding will now be provided on a recurring basis going forward which increases our baseline Revenue Resource Limit (RRL) in 2024/25 to £672.7m as summarised in exhibit 1 below.

Exhibit 1 NHS Board Initial Revenue Allocation 2024/25	
	£ million
Baseline budget: 2023/24 Revenue Allocation	**631.108**
23-24 Recurring Allocations	**25.667**
NRAC Funding	**2.100**
Total per Dec 23 Budget Letter	658.875
24-25 Opening Adjustments (further 23-24 recurring adj)	**13.834**
0.0% Core uplift	**0.000**
Total Initial Budget 2024/25	**672.709**

This is in effect a 0%, or flat cash settlement. The Scottish Government has advised that overall funding arrangements for NHS Boards will be revisited following the outcome of 2024/25 pay negotiations and that further work will be required in relation to waiting times funding. Similarly, no additional funding has been provided for non-pay costs and ultimately Boards are expected to manage pressures within existing envelopes.

Note that further separate allocations are expected to be added to the RRL during the course of the year relating to Family Health Services, Mental Health, Elective and Unscheduled Care, the New Medicines Fund, Covid Vaccinations and the National Treatment Centre. The Scottish Government intends to provide earlier confirmation of these allocations during 2024/25 in order to provide more flexibility, recognising that late and/or non-recurring allocations do not support effective workforce and service planning (with a commitment to issue 80% of these allocations in the first quarter).

At this stage no assumptions are made in the plan in relation to brokerage requirements given that a break-even outturn position for 2023/24 is forecast.

Revenue Costs

The 2024/25 financial plan is predicated on a number of cost inflation assumptions as summarised in exhibit 2 overleaf. These estimates have been benchmarked nationally through the Peer Review sub-group of the Corporate Finance Network and amended to reflect local circumstances and risk.

For context, and as part of scenario planning, exhibit 2 also illustrates the financial impact of a 1% change in inflation assumptions. For example every 1% increase in pay equates to a £2.9m increase in costs.

Cost inflation estimates	Baseline Budget £m	Funding uplift/ Inflation Projections 2024/25	£m impact per 1% variance
NHS Forth Valley baseline funding			
NHS Core & Set Aside baseline funding	483.62	0.00%	4.836
HSCP Operational baseline funding	123.09	0.00%	1.231
HSCP Universal baseline funding	65.98	0.00%	0.660
2024/25 baseline budget	**672.70**		**6.727**
Analysis of NHS Core & Set Aside Inflation			
Pays - Agenda for Change	206.59	0.00%	2.066
Pays - Medical	77.48	0.00%	0.775
Pays - Senior Managers	2.08	0.00%	0.021
Pays - Other	2.66	0.00%	0.027
External CBF Outflow	59.67	2.00%	0.597
Unitary Charge Inflation	51.78	5.00%	0.518
Hospital Drugs	36.73	8.00%	0.367
Capital Charges	20.16	0.00%	0.202
Energy	11.83	11.50%	0.118
Rates	6.94	7.00%	0.069
Voluntary Bodies / other providers	0.51	2.00%	0.005
Other Supplies	34.20	2.00%	0.342
Other	5.76	2.00%	0.058
External CBF Inflow	(13.59)	2.00%	(0.136)
Income	(19.18)	2.00%	(0.192)
Total for NHS Core & Set Aside	**483.62**	**1.80%**	**4.836**

The 2024/25 pay award is currently under negotiation and the Scottish Government have advised that Boards should continue to assume that additional funding will be allocated to support a deal. Similarly, our current working assumption is that any cost impact associated with the reform of Agenda for Change terms and conditions (ie implementation of protected learning time, review of band 5 nursing roles and the reduction in the number of hours in the working week) together with the increase in employer superannuation contributions from 1st April will also be fully funded.

Inflationary pressures in relation to energy costs and a range of contracts which are linked to RPI, notably our 3 PFI/PPP contracts, is included in the plan. For energy costs inflation is estimated at 11.5%. Our current estimate of the likely RPI is 5% which equates to a £2.6m increase in unitary charge payments during 2024/25. Note that significant increases in IT contracts in excess of 40% have also been flagged by the eHealth team.

Increases in the costs of hospital prescribed drugs and devices is currently estimated at 8%. Further horizon scanning work is underway to refine this estimate.

Note that an estimate to reflect potential demand linked to ongoing demographic change is included in latter years of the plan (from 2025-26 onwards). This is broadly in line with the planning assumptions outlined in the Scottish Government's medium term financial planning framework.

Integration Authority Budgets

In line with previous years, further funding will be transferred from the health portfolio to Local Government to support integration, specifically in relation to the recurring pay commitments associated with the real living wage (£230m) and increases to free personal nursing care rates (£11.5m).

The Scottish Government has advised that this funding should be additional and not substitutional to each Council's 2023-24 recurring budgets for delegated adult social care services. This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be £241.5 million greater than 2023-24 recurring budgets to ensure the funding from the Health and Social Care Portfolio contributes to meeting outcomes in this area. Where there is evidence funding is not passed across to be used for the policy intent, the Scottish Government reserves the right to look at reclaiming funding allocated. No direction has been given by the Scottish Government in relation to NHS delegated funding uplifts at this stage. As such NHS Forth Valley's funding contribution to both IJBs is subject to local agreement.

Exhibit 3 below sets out the initial payment to both IJBs for 2024/25 which reflects the current 0% uplift applied to our RRL. Further payments are expected to be made during the year as funding is confirmed for various delegated Health and Social Care policy developments and other relevant ring-fenced areas which are not part of the baseline RRL. Many of these allocations remain subject to national negotiation and/or Scottish Government approval (for example agreed uplifts for Family Health Service contractors and pay awards).

Exhibit 3 - IJB initial payments		
	Falkirk	**Clacks/ Stirling**
	£ million	£ million
Baseline budget: 2023/24 Revenue Allocation		
Set Aside	40.320	32.121
Operational budgets	53.504	43.169
Universal budgets (Prescribing / Family Health Services)	32.079	33.899
Integration Funding (Pass Through)	12.234	9.304
Transformation Funding	1.479	3.405
	139.616	121.898
0.0% Core Uplift	0.000	0.000
Universal Funding outwith recurrent baseline	49.119	52.025
Total Initial Budget 2024/25	**188.735**	**173.923**

The funding position presented in exhibit 3 is broadly consistent with the funding assumptions applied by the IJBs as part of their financial planning processes. Both IJBs have identified significant financial gaps and recognise that whole systems transformation is required to deliver financial balance on a sustainable footing. Business cases for 2024/25 have been updated by both IJBs and will be considered at their March IJB meetings (an initial draft was considered by Falkirk IJB on 1st Dec 2023).

Savings Plans

Based on the financial planning assumptions referred to above, together with the impact of recurring pressures and unachieved recurring savings carried forward from 2023/24, a funding shortfall of £58.4m (8.6% of our baseline RRL) has been identified for 2024-25 with similar levels estimated in later years (see appendix 1).

The Scottish Government has set a 3% recurring savings target on baseline budgets (including those budgets delegated to IJBs) which equates to £20.1m. A Financial Sustainability Action Plan has been developed which outlines the programme of work and supporting actions to achieve this target in respect of Set Aside and non-delegated functions. The IJBs will be expected to develop a similar plan in respect of delegated functions. Approximately £7.8m of the 3% recurring savings target relates to IJBs.

The Financial Sustainability Action Plan (see appendix 2) reflects a broad range of local and national cost improvement initiatives and efficiency schemes designed to mitigate the £58.4m funding shortfall referred to above and this is aligned to the to the national "15 point grid" and Choices framework. This will require difficult decisions to be taken on priorities and disinvestment going forward and it is recognised that this may impact on performance, including waiting times targets.

A Financial Sustainability Oversight Group has been established to oversee delivery of the action plan. The group is chaired by the Chief Executive with membership drawn from the Executive Leadership Team (ELT) and staff side. The group meets on a fortnightly basis to review progress across each of the workstreams referred to below.

At this stage, total planned savings for 2024/25 are estimated at £43.8m (see exhibit 4 below), leaving a residual funding gap of £14.5m still to be addressed (equivalent to 2% of our baseline RRL).

Exhibit 4: Savings (Set Aside & non-delegated services only)	Rec £m	Non-Rec £m	TOTAL £m
Workforce	1.339	13.093	14.432
Procurement	0.328	0.000	0.328
Hospital drugs & devices	4.497	0.086	4.583
Estates & Infrastructure	1.733	0.000	1.733
Income Generation	0.010	0.000	0.010
Innovation, Productivity & Digital	0.142	0.000	0.142
Value Based Health & Care	0.600	0.000	0.600
Other	13.015	8.998	22.013
TOTAL	**21.664**	**22.177**	**43.841**

Of the £43.8m total planned savings identified to date, £21.6m (49%) are expected to be recurring, with the balance of £22.2m relating to various non-recurring measures and one-off funding sources. It is recognised that ongoing reliance on non-recurring savings is a key risk which increases the financial challenge and recurring savings requirement for future years. Hence the reason we have planned on the basis of a reducing balance of non-recurring measures over the period of the 5-year plan (albeit this assumption remains high risk given the level of unidentified savings at this stage).

Note that a number of the savings initiatives in each workstream in exhibit 4 have still to be fully quantified and risk assessed (initial indications suggest up to 70% of the savings identified to date are currently considered as high risk), estimates will continue to be refined in conjunction with the key service leads for each workstream.

Further work is also required to fully develop longer term savings linked to service transformation and sustainability with a focus on prevention, early intervention, value-based health and care and reducing health inequalities.

Capital

The Capital budget position is equally challenged over the next 5 years (see appendix 3) and will require careful management to ensure all infrastructure, digital and medical equipment priorities can be met within available funding (including statutory health and safety and other compliance requirements).

Capital Funding

The core Capital formula allocation is expected to remain at £6.4m pa for the duration of the plan. The Scottish Government have advised that no additional capital funding will be provided in the medium term over and above the core formula allocation and our capital plan should therefore be focussed on addressing backlog maintenance and essential equipment replacement only. In addition, all Boards have been asked to stop any project development spend given that no new construction projects will be supported in the next 2 years. This has impacted on immediate plans for the redevelopment of the Primary Care estate and the Falkirk Community Hospital master planning exercise.

Capital Expenditure

In light of the capital funding constraints referred to above, the draft capital plan has been reprioritised to ensure our formula allocation can fund key projects in the following areas:

- Information Management & Technology: to support the priorities in the Digital Health and Care Strategy including software replacement and upgrades, new national and local systems and digital developments.
- Medical Equipment: as advised by the Medical Devices Group in relation to new and replacement medical equipment prioritised in line with the agreed rolling replacement programme.
- Facilities and Infrastructure: a range of projects aimed at statutory compliance, backlog maintenance, energy efficiency and a limited range of premises improvements.

In addition to the above, we are working through the implications of circular DL(2024)02 which sets out the new strategic infrastructure planning and investment process across NHS Scotland. As part of this, all Boards are required to prepare a Programme Initial Agreement (PIA) which will replace our Property and Asset Management Strategy. The PIA is effectively a whole-system service and infrastructure change plan for the next 20-30 years, with the first phase outlining a maintenance-only business continuity investment plan based on a risk-based assessment of the Board's existing infrastructure and the second phase a longer-term service-informed infrastructure investment strategy. The first planning phase of the PIA is to be submitted by 31 Jan 2025, with the second phase in Jan 2026. Updates will be brought to the Performance and Resources Committee as appropriate.

Financial Risks

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

Specific risks associated with the financial plan include:

- Our ability to fully identify the level of recurring savings plans required in 2024/25 and beyond to address the underlying deficit and reduce the reliance on non-recurring measures to achieve breakeven.

- Potential delays in delivering efficiency savings due to the lead in time necessary to develop and implement the associated project plans, coupled with the limited availability of key staff to drive progress as they continue to be required to focus on immediate front-line service and capacity pressures.

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

- Ongoing delays in implementing Covid-19 exit strategies resulting further unfunded legacy costs.

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

- Ongoing uncertainty regarding price inflation which will have a direct impact on the cost of goods and services and a significant impact on PFI/PPP expenditure commitments.

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

- Financial pressures associated with the disproportionately high prison population in Forth Valley.

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

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

Appendix 1 – 5 year revenue financial plan 2024/25 to 2028/29

5 Year Revenue Financial Plan
Mar-24

Summary of Costs	Year 1 (2024/25)		Year 2 (2025/26)		Year 3 (2026/27)		Year 4 (2027/28)		Year 5 (2028/29)	
	%	Total £m	%	Total £m	%	Total £m	%	Total £m	%	Total £m
Funding										
Base Uplift	0.00%		0.00%		0.00%		0.00%		0.00%	
NRAC	0.31%	2.100	0.00%		0.00%		0.00%		0.00%	
Elective Capacity Development SEU-FV		9.549		9.740		9.740		9.740		9.740
New Medicines Fund (NRAC share of £80m)		4.376		4.376		4.376		4.376		4.376
Vaccination Staffing & Delivery (assumed recurring from 2024/25)		4.373								
Total Resource Increase		**20.397**		**14.116**		**14.116**		**14.116**		**14.116**
Costs										
Brought forward pressures		22.790		31.780		22.316		19.660		23.875
Pay & Prices Inflation										
Pay Inflation - Agenda for Change	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000
Pay Inflation - Medical	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000
Pay Inflation - Senior Managers	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000
Pay Inflation - Other	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000
General Price Inflation	2.00%	0.864	2.00%	0.882	2.00%	0.899	2.00%	0.917	2.00%	0.936
General Income Inflation	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000
Unitary Charge Inflation	5.00%	2.589	5.00%	2.719	5.00%	2.855	5.00%	2.997	5.00%	3.147
Energy	11.50%	1.360	11.50%	1.516	11.50%	1.691	11.50%	1.885	11.50%	2.102
Rates	7.00%	0.486	7.00%	0.520	7.00%	0.556	7.00%	0.595	7.00%	0.637
Resource Transfer	2.00%	0.000	2.00%	0.000	2.00%	0.000	2.00%	0.000	2.00%	0.000
Voluntary Bodies / other providers	2.00%	0.010	2.00%	0.010	2.00%	0.011	2.00%	0.011	2.00%	0.011
External CBF Outflow	2.00%	1.137	2.00%	1.160	2.00%	1.183	2.00%	1.207	2.00%	1.231
External CBF Inflow	2.00%	(0.272)	2.00%	(0.277)	2.00%	(0.283)	2.00%	(0.288)	2.00%	(0.294)
Hospital Drugs	8.00%	2.698	8.00%	2.914	8.00%	3.147	8.00%	3.398	8.00%	3.670
HSCP Set Aside Inflation	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000
Clacks/Stirling HSCP baseline inflation - Operational & Universal	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000
Falkirk HSCP baseline Inflation - Operational & Universal	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000	0.00%	0.000
Other Inflation		1.784		1.525		1.600		1.679		1.764
Other Pay & Prices		4.471		0.886		0.898		0.912		0.927
Capacity & Flow (SEU-FV)		9.549		9.740		9.740		9.740		9.740
Drugs and Medicines		4.576		5.558		5.652		5.754		5.864
eHealth		2.121		0.243		0.120		0.001		0.001
Property		0.098		0.097		0.000		0.000		0.000
Regional Issues		0.201		0.003		0.003		0.003		0.003
National Strategy / Policy Impact		1.137		0.724		0.661		0.053		0.054
Demographic Change		0.000		4.500		5.000		5.500		6.000
Non Demographic Growth		0.000		3.250		3.750		4.250		4.750
Local Developments/ Investments/ Initiatives		9.794		1.223		0.620		0.134		0.020
New & Emerging Pressures		13.360		0.170		0.187		0.207		0.228
Total cost increase		78.754		69.141		60.604		58.615		64.665
Net Savings Requirement		(58.357)		(55.025)		(46.489)		(44.500)		(50.549)
Estimated Savings Delivery		43.841		40.000		35.000		30.000		35.000
Net Gap		(14.516)		(15.025)		(11.489)		(14.500)		(15.549)

Appendix 2 – Financial Sustainability Action Plan

NHS Forth Valley
Finance Sustainability

Appendix 3 - 5 year capital financial plan

NHS Forth Valley - 5 Year Capital Plan - 2023/24 to 2028/29

	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
SOURCES OF GENERAL FUNDING	£'m	£'m	£'m	£'m	£'m	£'m
Scottish Government General Allocation	6.389	6.389	6.389	6.389	6.389	6.389
SGHD - Improving Access to Elective Care	2.632	0.750				
SGHD - AAA Screening	0.047					
SGHD - LIMS Implementation	0.036	0.144	0.144	0.016		
SGHD - Primary Care Estate Support	0.300					
SGHD - Fleet Decarbonisation	0.116					
SGHD - Switched on Fleet	0.392					
SGHD - NIB Medical Equipment	0.445					
SGHD - Greenspace	0.056					
SGHD - Capital Grants - Revenue to Capital	2.917	0.245				
SGHD - Right of Use Assets IFRS16	0.700	0.718	0.736	0.754	1.269	1.302
SGHD - Return of Banked Funding	0.000	0.590	0.000	0.000	0.000	0.000
SGHD - Project rephasing to 2024/25	-1.427	1.427	0.000	0.000	0.000	0.000
SGHD - Indirect Capital Exp. Charged to Revenue	-4.095	-1.000	-0.900	-0.600	-0.600	-0.600
SGHD - Asset Sales Retained	1.182	0.105	1.500	0.000	0.500	0.000
Total Net Core Capital Resource Limit	**9.690**	**9.368**	**7.869**	**6.559**	**7.558**	**7.091**

PLANNED CAPITAL EXPENDITURE	Budget Manager	£'m	£'m	£'m	£'m	£'m	£'m
Elective Care	G Morton	2.632	0.750				
Information Management & Technology	S Jaffray	2.598	3.769	2.389	2.211	1.500	1.500
Medical Equipment	A Murray	2.340	2.986	2.459	2.230	3.285	2.785
Facilities & Infrastructure	M Farquhar	2.501	1.874	3.185	1.931	1.520	1.520
Energy Efficiency Capital Grants	D Jarvie	2.917	0.245				
NHS Board	S Urquhart	0.797	0.744	0.736	0.787	1.853	1.886
Capital Grants & Capital to Revenue	S Urquhart	-4.095	-1.000	-0.900	-0.600	-0.600	-0.600
Total Capital Expenditure		**9.690**	**9.368**	**7.869**	**6.559**	**7.558**	**7.091**
Balance Available / (Required)		**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**

Memorandum - Forecast Property Sales	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
Bellsdyke Land	0.954				0.500	
Barnton Street		0.105				
39 Grahams Road	0.145					
Bracklinn Road, Callander	0.083					
Surplus Stirling Royal Infirmary Site Land			1.500			
Total Forecast property Sales	**1.182**	**0.105**	**1.500**	**0.000**	**0.500**	**0.000**

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2024

6.2 Community Planning Partnership & Anchor Institution Update
For Approval

Executive Sponsor: Dr Jennifer Champion, Acting Director of Public Health

Author: Mrs Hazel Meechan, Public Health Specialist; Mrs Susan Bishop, Head of Efficiency, Improvement, and Innovation

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Executive Summary

The paper provides an update on the community planning partnership activity and Anchor Institution progress being made by NHS Forth Valley. It includes the Anchor Strategic Plan 2023-2026 and baseline measures to be submitted to Scottish Government by 29 March 2024.

Recommendation

The Forth Valley NHS Board is asked to:
- **note** the community planning partnership activity provided.
- **note** the NHS Forth Valley Anchor Plan progress.
- **consider** the anchor baseline metrics.
- **approve** the anchor baseline metrics.
- **consider** the reasonable assurance of delivering our anchor and community planning contributions to our local communities.

Assurance

NHS Forth Valley is a statutory partner in local community planning partnerships and an anchor institution within the local area. NHS Forth Valley and partner organisations need to collaborate on strategic planning for community health and wealth building to maximise the collective contribution that we can make. There is a risk that, if we do not plan together and do not align plans, we will not meet the needs of the population particularly in our communities of greatest need.

The outcome, if NHS Forth Valley's plans are not aligned to our partners' strategic plans and to external policy drivers, would be a further reduction in healthy life expectancy in our communities of greatest need leading to worsening poverty levels, increases in health inequalities and in demand for health improvement and healthcare services.

Proposed assurance level

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

A reasonable level of assurance has been proposed based on ongoing and planned work, partnership working and availability of resources.

Key Issues to be Considered.

NHS Forth Valley contribution to community planning partnerships

NHS Forth Valley is a long-standing partner of all three community planning partnerships and contributes to community planning partnerships supporting a wide range of themes. However, there is opportunity to strengthen partnership working and the development and delivery of community plans.

Scottish Government Local Delivery Plan guidance for 2024/2025 requires NHS Boards for the first time to set out how they will progress delivery on this priority area –

"Commitment and contributions (leadership, funds, staffing and other resources) to Community Planning Partnerships (CPPs) to improve local outcomes agreed in Local Outcome Improvement Plans and Locality Plans."

An NHS Forth Valley Community Planning Group will be established to ensure robust planning, delivery, and monitoring of our contribution to Clackmannanshire Alliance, Stirling Community Planning Partnership and Falkirk Community Planning Partnership.

An example of recent collaboration is work to prevent people sustaining a hip fracture. 'A whole system approach to preventing hip fractures.' The steering group for this work is comprised of representatives from the NHS, 3 CPPs, HSCPs and the third sector,'

Ongoing and planned work on the other priorities for the Local Delivery Plan are as follows –

- **Tackling health inequalities (including racialised health inequalities) and reflecting population needs and local Joint Strategic Needs Assessment**

  NHS Forth Valley's Healthcare Strategy is being replaced by a new Population Health and Care Strategy, which aims to improve the health and well-being of the entire population of Forth Valley. It will have a focus on prevention, tackling health inequalities and value-based healthcare which optimises use of resources in providing quality health services to meet need. In line with Anchor Institution plans, the strategy will highlight the development of service design and delivery, which reach and benefit disadvantaged communities.

  The refreshed strategy is taking cognisance of the Health & Social Care Partnerships strategic needs assessments as well as Community Planning Partnership locality action plans and Primary Care and Acute services surveys. A child health and poverty need assessment is currently being progressed and this will also shape the development of the strategy. The Population Health and Care strategy will be developed in collaboration with all three community planning partnerships, the Health, and Social Care Partnerships and Third sector organisations.

- **Working with partners to support the National Mission on Drugs to reduce death and improve lives, including the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation.**

  All drug related deaths continue to be reviewed, both on an NHS basis and more importantly on a partnership basis across Forth Valley. In common with other areas of Scotland we have made progress against implementation of the MAT standards, but there is still progress to be made to reach full implementation, and the work continues.

Whilst the MAT standards represent an advance on a single treatment approach to care, they fall short of a fully holistic, person-centred approach. To this aim we are working through the Clackmannanshire and Stirling HSCP Commissioning Consortium to deliver a Forth Valley wide complement of services for people with substance use issues. Similarly, the needs assessment work led by Falkirk this coming year will inform delivery across the whole of Forth Valley.

Work has begun on a dialogue around residential rehabilitation with the aim of producing a definite way forward in the coming year. Primary Care substance use prescribing capacity to support provision of MAT alongside universal services will be delivered in 2024/2025, reducing pressure on specialist services.

Data demonstrates that standards are often met in the Third sector or would be with a different MAT prescribing model. The ADP is coordinating a commissioning consortium to establish conditions for MAT Standards compliance. Resourcing option of Third sector key-working across stepped care model for all people in MAT, together with specialist substance use social work input.

- **Supporting improved population health, with particular reference to smoking cessation and weight management**

  The Forth Valley Healthier Future strategy group co-ordinates the delivery of adult and child healthy weight programmes and early detection and prevention of diabetes, implementation of the outputs of whole systems approach to physical activity, and community food work. Meeting the requirements of the Good Food Nation Act will be a focus for
  2024/2025.

  The Forth Valley Tobacco Action Group will lead on communications on smoking cessation services in 2024/2025, application of the whole systems approach (good partnership working) and develop a tobacco action plan for Forth Valley.

- **How they will redirect wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their "Anchors Strategic Plan"**

  This information is provided within the NHS Forth Valley Anchor Institution update within the paper.

NHS Forth Valley Anchor Plan 2023 – 2026

Progress has been made in delivery of the NHS Forth Valley Anchor work plan for in 2023/24.

This included detailed self- assessment against Public Health Scotland's anchor institution progression framework and production of the NHS Forth Valley Anchor Strategic Plan 2023 - 2026, as discussed at the NHS Forth Valley Board meeting in November 2023.

The Anchor Strategic Plan references community planning partnerships and describes how we are working in with other local Anchors to progress joint plans. Feedback on the NHS Forth Valley Anchor Plan was as follows –

"Exemplar plan which clearly sets out priorities, outcomes, actions and milestones for the three key Anchor strands as well as plans to measure progress."

This partnership working has been significantly strengthened through our NHS Forth Valley Anchor Board. Sharing of our Anchor Plan in the 4th October 2023 meeting and facilitated discussion led to identification of collective actions with partners across Forth Valley.

The subsequent meeting on 26th January 2024 endorsed a proposal from Clackmannanshire Council's Chief Executive to form a single Forth Valley anchor/community wealth building group to replace four separate groups. The proposal is being considered in a Community Wealth Building in Forth Valley event hosted by Falkirk Council on 15th March 2024.

Progress with delivery of the Anchor programme or work, since the last update in November 2023 includes:

- Employability Manager recruited and in place and draft employability plan developed for review by ELT.
- Child Poverty NHS Demonstrator project with Local Authorities launched and due to finish end March 2024
- Funded mentorship project with Forth Valley College underway.
- Supplier engagement event for local businesses with three Local Authorities supported.
- Continued involvement in and contribution to Greener Grangemouth project planning.
- Phase 2 of Shaping Places for Wellbeing in Alloa started, with place-based assessment of NHS Forth Valley's Healthcare Strategy.
- Involvement in prioritisation for Stirling and Clackmannanshire City Deal, with focus on innovation and workforce.
- Continued implementation of University College NHS Partnership priorities.

Submission of Anchor baseline data 2022/23

The Scottish Government's Delivery Planning Guidance also required NHS Boards to develop the following:

> '***a clear baseline*** *in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community[1].'*

The aim of the baseline is twofold, to support NHS Boards measure progress on our anchor activity and inform local plans and to provide an overview of the current position of NHS Scotland as an anchor institution. The baseline is for 2022/23 and NHS Forth Valley's draft submission is set out in Appendices 1 and 2.

The Scottish Government's data definitions, access to date and presentation are anticipated to improve over time and there are many caveats to the data, as set out in the Delivery Planning Guidance (November 2023 and January 2024).

We are planning to develop an expanded local dataset based on the logic models set out in the Anchor Strategic Plan, to better inform our local planning and improvement, particularly in relation to service design and delivery.

Implications

Financial Implications
There are no financial implications as a result of this paper.

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[1] See Section 6.5 of the NHS Scotland Delivery Plan Guidance.

Workforce Implications
There are significant positive workforce implications. The workforce, career pathway and education and skills objectives are geared to helping more and particularly disadvantaged people and groups and young people into good quality jobs and helping fill gaps in NHS and H&SCP workforce. Therefore, increasing community wealth and in turn health, reducing costs of filling vacancies and increasing capacity to deliver.

The benefits to NHS Forth Valley of having an employability manager to attract, support and sustain more people, including young and disadvantaged people, into employment in health and social care roles and career pathways, gives the ability to fill vacancies and specific workforce needs more quickly. Thus, increase capacity and access for patients, reduce costs and reduce pressure on our workforce.

Infrastructure Implications including Digital.
There are no infrastructure implications as a result of this paper.

Sustainability Implications
The NHS Forth Valley Anchor Plan 2023 – 2026 enhances the organisation's actions in relation to sustainable buildings and land, sustainable goods and services and sustainable communities with the main aim of the Anchor Institution work being to enhance the local economy and reduce health inequalities across Forth Valley. Net Zero/reducing environmental impact is one of our pillars of Anchor contribution.

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
Describe any positive and negative impact on quality of care (and services)

Information Governance Implications
There are no information governance implications as a result of this paper.

Risk Assessment / Management
The paper aims to support the delivery of the NHS Board's Strategic Objectives, notably prevent, and improve health and wellbeing whilst addressing inequalities. The NHS Board by adopting an 'anchor' approach including:
- using its influence to support economic, social, and environmental sustainability will help mitigate future ill health and wellbeing.
- increasing access to quality work and training will help mitigate gaps in our future workforce.
- working and learning from others, supporting, encouraging, and spreading/adopting innovative ideas will enable the Board to demonstrate and model its civic responsibility through bringing people together and connecting partners - this will help mitigate any future reputational challenge.
- contributing to 'climate change' will help mitigate the environment impact.

Relevance to Strategic Priorities
The NHS Board is committed to delivering the Scottish Government 'anchor institution' policy priority and the Delivery Planning Guidance 2023 and 2024.

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

Further to an evaluation it is noted that:
- Screening completed - no discrimination noted.

Communication, involvement, engagement, and consultation
The proposal and programmes of work have been developed with partners. A wider engagement with Anchor Institutions in Forth Valley including Police Scotland, Scottish Prison Service and through community planning partnerships and work with the University of Stirling's Business School and local Chamber of Commerce will be planned once the Anchor Programme has been formalised. This engagement process will build on locality planning discussions with communities of greatest need and involve Third Sector Interface colleagues.

Additional Information
Enter any additional information e.g., has this been previously considered by another group as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

Appendices

- Appendix 1: Baseline data submission template
- Appendix 2: Supplementary data for indicators W17 and W18

NHS Forth Valley Anchor Baseline Data 2022/23

Workforce

	Workforce metrics	Response
W1	How many employability programmes are currently underway within your board?	• Project Search – supported by Falkirk Council • NHS Demonstrator – Falkirk, Stirling, and Clackmannanshire Council clients • Funded programme via Falkirk Employment and Training Unit • Modern Apprenticeships Data from current year 2023/24
W2	How many people have you engaged through employability programmes in the reporting year?	Project Search – 10 NHS Demonstrator – 4 Funded programme for parents, via Falkirk Employment and Training Unit – 3 Modern Apprenticeships - 4 Reported by HR team. Held within eESS, Annex 21 and Jobtrain. Reported to AFP quarterly. Data from current year 2023/24 Partially complete for 22/23
W3	Are you accredited as a Real Living Wage employer?	Yes/No If no, are you working towards being a Real Living Wage employer? Not accredited, but working towards being a Real Living Wage employer
W4	Are you accredited as Carer Positive?	Yes/No Not accredited but working towards becoming accredited.
W5	Are you accredited as Disability Confident?	Yes
W6	Are you accredited as Equally Safe at Work?	No Policies currently held but not formally accredited.
W7	Are you accredited as Menopause Friendly?	No

		Policy currently held but not formally accredited.
W8	Are you accredited with the Young Person's Guarantee?	Yes, within same context as other Boards.
W10	Are you accredited with the Defence Employer Recognition Scheme?	Yes, Gold Scheme Members signed in 2022, known as Armed Forces Covenant.
W11	Do you publish a race pay gap?	Yes, via external website. https://nhsforthvalley.com/wp-content/uploads/2023/04/Summary-of-the-Ethnicity-Pay-Gap-Analysis-Hourly-Rate-Comparison-2023.pdf
W12	Do you publish a disability pay gap?	Yes, via external website. Summary of the Disability Pay Gap Analysis Hourly Rate Comparison 2023 (nhsforthvalley.com)
W13	Do you have a clear strategy for engaging with LEP/LEPs within your board area?	Yes. Member of each of three Local Authority LEPs and active contribution and involvement in planning and improvement.
W14	Does your Board have an identified LEP Rep who attends regularly and contributes to the development, implementation, and continuous improvement of the LEP Investment Plan? Please provide name and title for the LEP/LEPs within your board.	Yes Hazel Meechan Public Health Specialist
W15	o Please state if you are actively targeting one or more of these groups, either through recruitment, employability programmes or progression schemes, or through working with partners (e.g. LEP, college, university). o Care experienced. o Carers o Black and Minority Ethnic groups o People living in the 20% most deprived areas. o Disabled people o Lone parents o Gypsy Travellers o Dependent on alcohol and drugs o Homeless people o Recently left prison o Refugees and asylum seekers	• We do not actively recruit from these groups but do have an International Recruitment programme.

	o Other (please state)	
W16	Do you have plans to systematically collect data on any of these groups?	No
W17	What is the current distribution of your workforce by protected characteristics and SIMD?	Information collected and reported on quarterly basis on protected characteristics. See Appendix 2 provided via TURAS.
W18	What is the distribution of your workforce leavers by protected characteristics and SIMD in the reporting year?	Information collected and reported on quarterly basis on protected characteristics. See Appendix 2 provided via TURAS.
W19	What is the distribution of applicants & their success rate by protected characteristics and SIMD?	Information collected and reported on quarterly basis on protected characteristics. Not available via TURAS

Procurement

	Procurement Metrics	**Response**
P1	What is your total spend on local businesses in the reporting year?	FY22/23 - £7.26m Collected by Head of Procurement using Excel spreadsheet from Spikes Cavell DMX reporting functionality, data manipulation. Reported annually.
P2	What percentage of your overall spend is on local businesses in the reporting year?	FY22/23 – 4.4% Collected by Head of Procurement using Excel spreadsheet from Spikes Cavell DMX reporting functionality, data manipulation. Reported annually.
P3	What is your total spend with SMEs in the reporting year?	FY22/23 - £41,124,018 Collected by Head of Procurement using Excel spreadsheet from Spikes Cavell DMX reporting functionality, data manipulation. Reported annually.

P4	What percentage of your overall spend is with SMEs in the reporting year?	FY22/23 – 24.64% with SMEs Collected by Head of Procurement using Excel spreadsheet from Spikes Cavell DMX reporting functionality, data manipulation. Reported annually.
P5	What is your total spend on contracts with supported business in the reporting year?	FY22/23 - £114,655 Collected by Head of Procurement. Manually entered to annual report from accounts payable information/invoices. Reyling on knowledge around supported business. Reported annually.
P6	What is your total spend with third sector bodies in the reporting year?	Not collected as unavailable.
P7	Please list all community benefits delivered through procurement during the reporting year.	One Contract awarded with a value of less than £4m. Collected by Head of Procurement. Obtained from National reports provided monthly.
P8	What percentage of your newly awarded contracts are with suppliers that are Real Living Wage Accredited or committed to pay the Real Living Wage, for the reporting period?' Enter whether each contracted is a real living wage accreditor. Can be flagged via PCS portal	FY22/23 – 2 contracts, committed to pay. Collected by Head of Procurement.

Land and Assets

	Land and Assets metrics	Response
LA1	How many asset transfer requests have you received to date?	FY22/23 – One asset transfer request received however it was rejected due to being incomplete and no revised asset transfer has since been received. Recorded by Director of Public Health annually.
LA2	How many of asset transfers have been awarded to date?	FY22/23 - None
LA3	Do you have a process in place for embedding Anchor procurement activities in new	Yes – answered in procurement section

|		developments? For example, working with local suppliers?	
LA4	Do you have a process in place for embedding Anchor employment and activities in new developments? For example, providing local employment opportunities (including apprenticeships) through direct or indirect employment through suppliers.	Yes Procurement frameworks will set KPI's within contracts in Community Benefits. Explore systematic collection of data.
LA5	Do you have a process in place for embedding anchor sustainability activities in a) new developments and b) existing sites?	Yes
LA6	Does your strategy for new building and estates development include provision for community use a) now and b) in the future?	Yes
LA7	Do you have a process in place for engaging with the local community in planning the design and use of new developments?	Yes
LA8	Does engagement with the community on new developments include any of your Board's target populations and/or target organisations?	Yes
LA9	Do you engage with other Anchor partners in planning new developments?	Yes
LA10	Do you have a policy or strategy in place for local community use of existing land and buildings?	Yes Requests come into property team for review.
LA11	Do you have a process for local community to engage with the organisation to request use of existing sites?	Yes Requests come into property team for review.
LA12	Does engagement with the community on existing sites include any of your Board's target populations and/or target organisations?	Yes. example • Older People • People facing loneliness and isolation. • People with physical disabilities • People with learning disabilities • People with mental Health issues • Young People with vulnerabilities – LACC,

		mental health issues, employability issues
		• Pregnant and new mums with babies
		• People needing employability support.
		• Women and children fleeing domestic violence
LA13	Do you have a mechanism in place for community and partners to be notified of assets that are surplus/ could be transferred?	Properties listed on website and can contact through Community Asset transfer. Trawl needs to be completed via SG for Public Sector organisations before going to public market.
LA14	Please list the current use of land and assets by community groups and activity type (including retail space).	Spaces can be managed by alternative teams so unable to record use where there is no formal agreement in place.
LA15	Please list the known key barriers to use/disposal of land and assets by community groups.	Governed by Property Transaction Handbook on disposal of Assets which is under review. Required to get best value which is not always aligned with Anchor contribution. Community Asset transfer is a complex and intensive process requiring support. Health, Safety and Security responsibilities in allowing community groups access to land and assets.

Indicators W17, W18 and W19 Data for 2022/23, obtained from Anchor Portal on Turas.
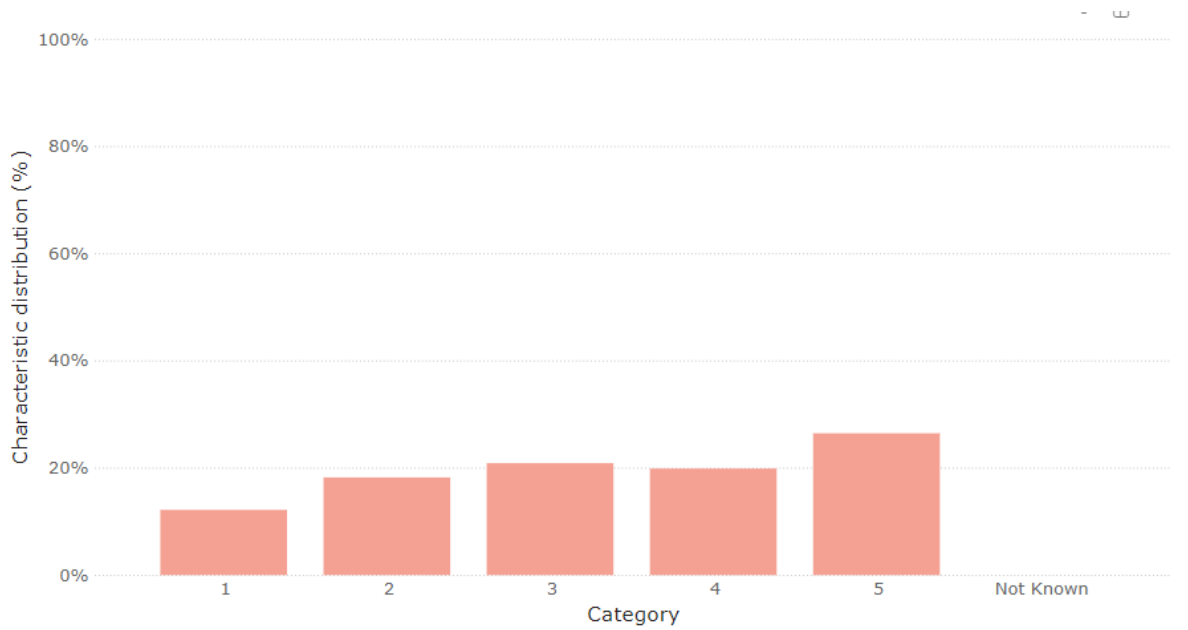
<u>**Disabled**</u>
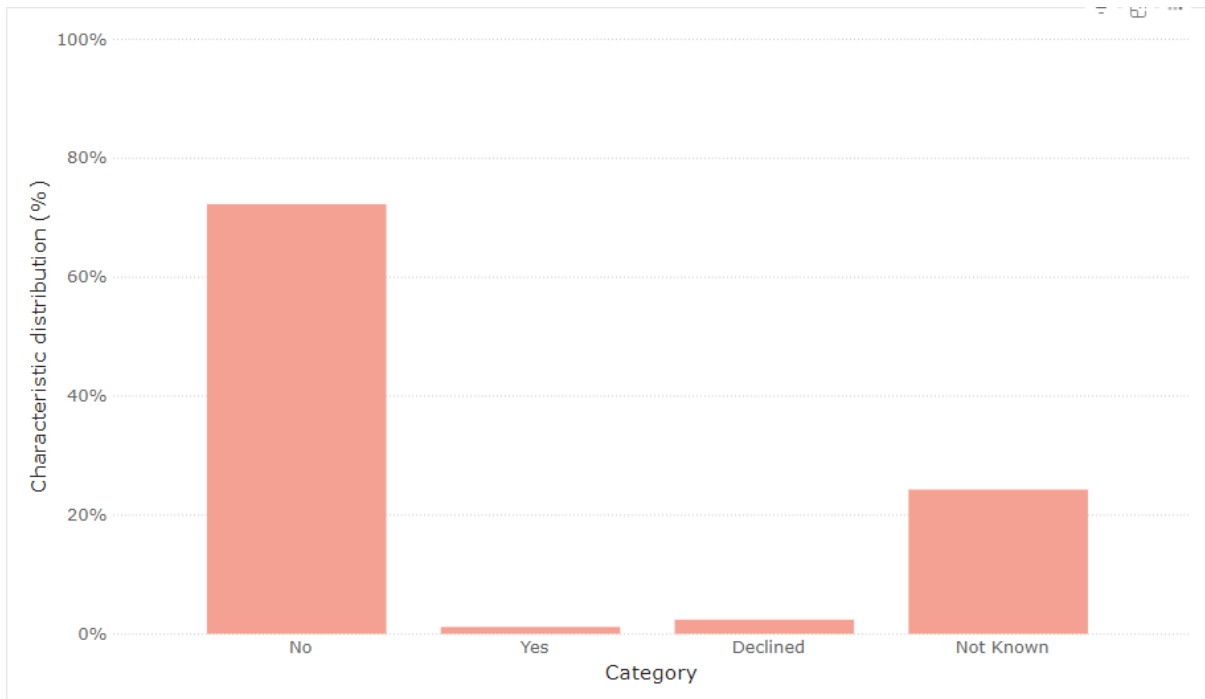
<u>**Ethnicity**</u>
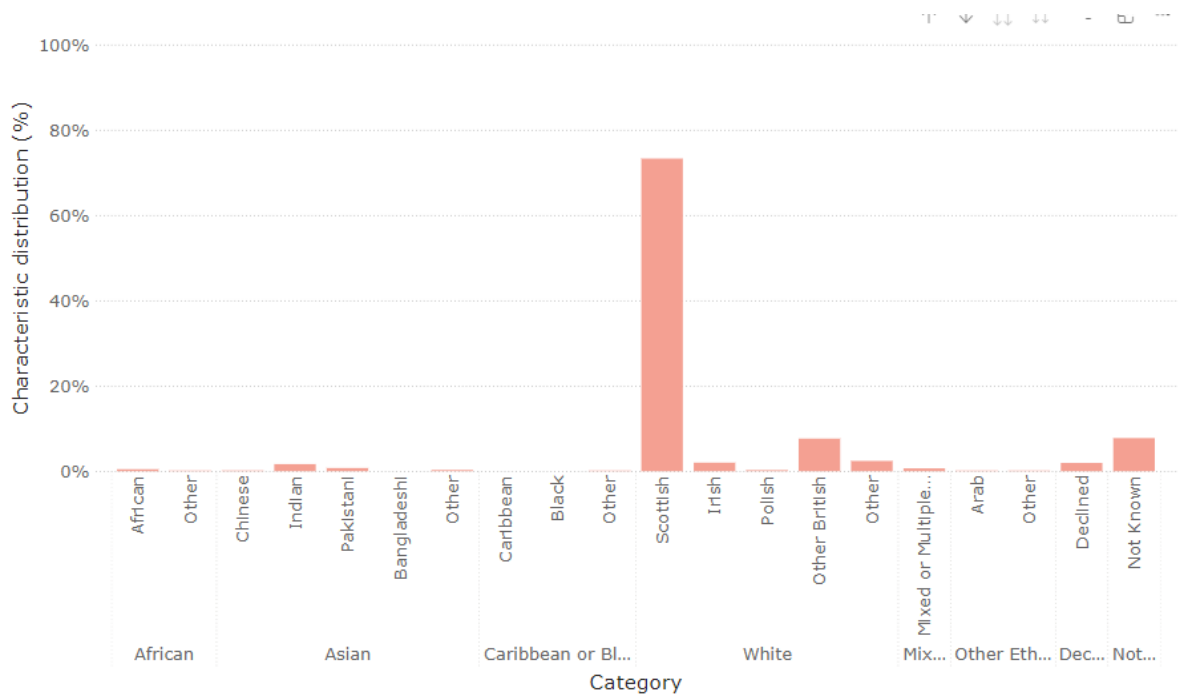
Religion
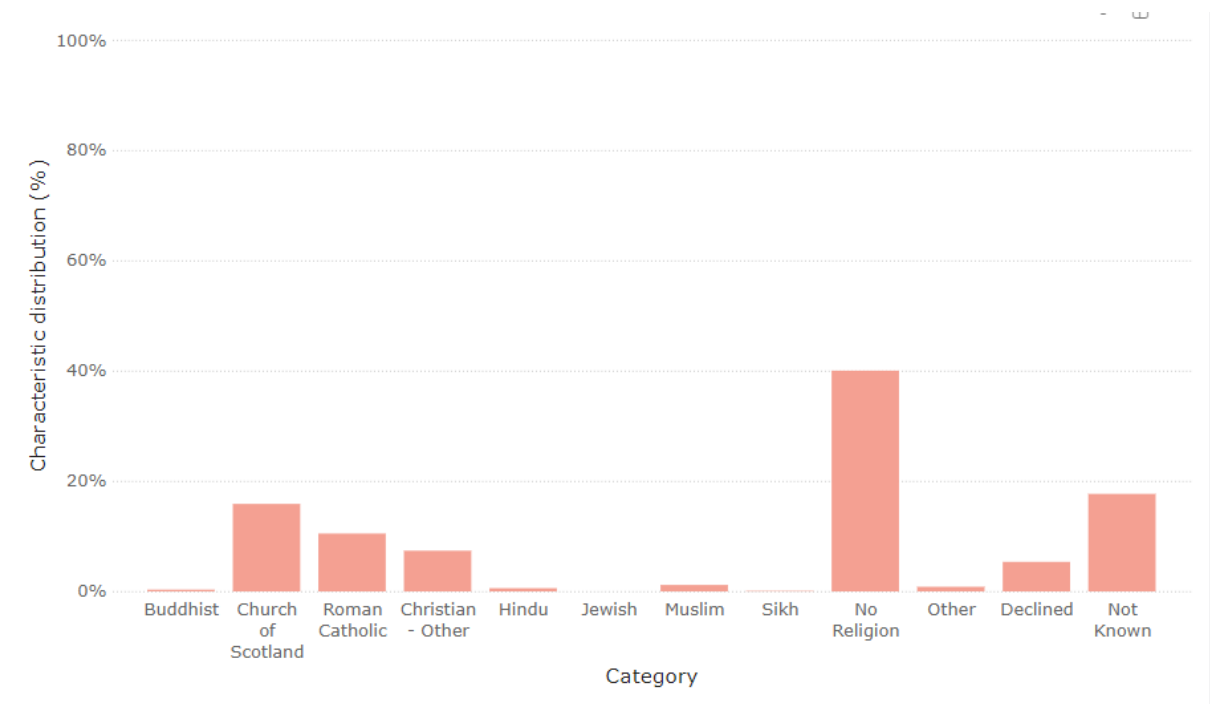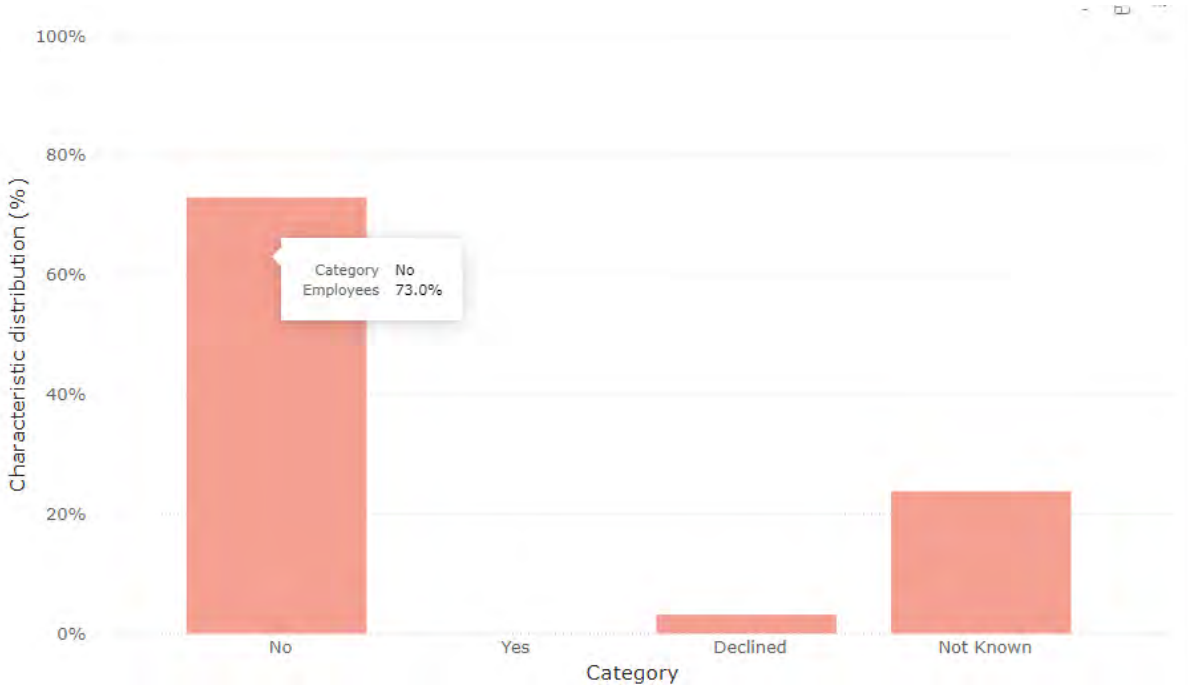

Sexual Orientation
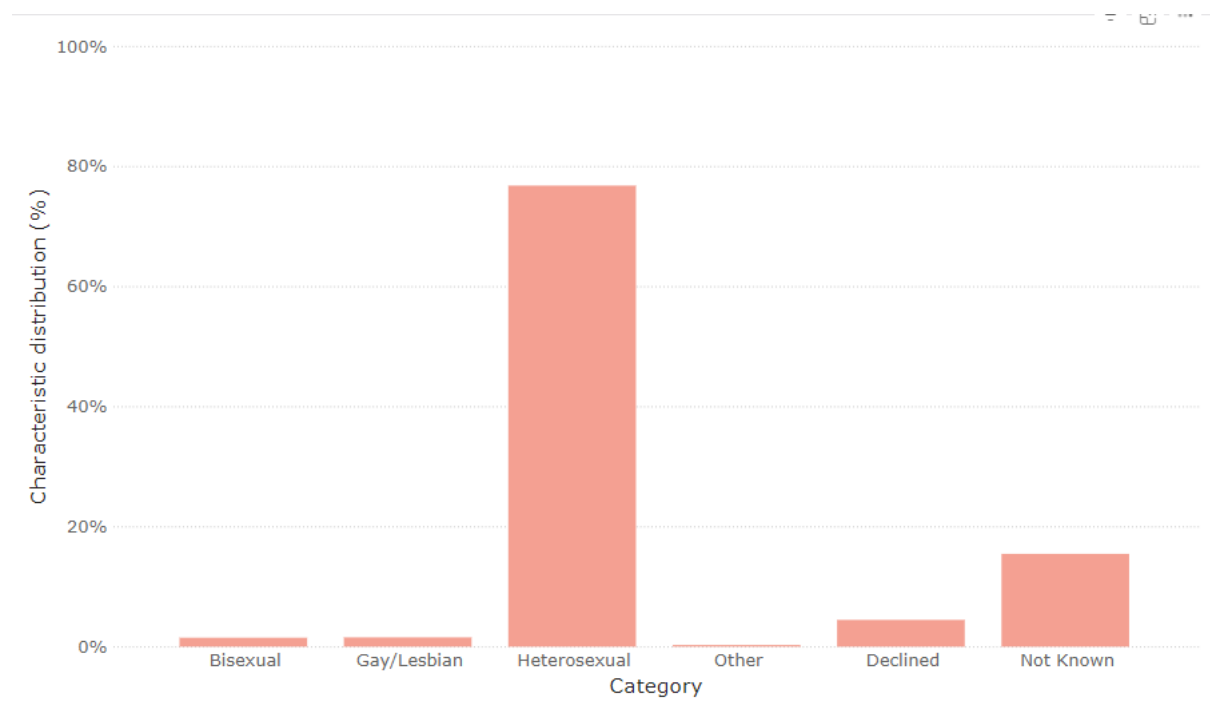
SIMD

SIMD is the Scottish Index of Multiple Deprivation, a relative measure of deprivation in a geographical area, where 1 is in the 20% most deprived areas in Scotland (by rank) and 5 is in the 20% least deprived areas. See Notes for more information.

Transgender

Code of Corporate Governance

Version	Purpose/Change	Author	Date
1.0	Annual Review of Code of Corporate Governance.	Cathie Cowan, Chief Executive Kerry Mackenzie, Head of Policy & Performance Jackie McEwan, Corporate Business Manager Sinead Hamill, Board Secretary	September 2021
2.0	Addition of amendments following review by NHS Board in September.	Cathie Cowan, Chief Executive Kerry Mackenzie, Head of Policy & Performance	November 2021
3.0	Annual Review. Review of Assurance Committee Terms of Reference. Update to Fraud Policy.	Kerry Mackenzie, Head of Policy & Performance	March 2022
3.1	Update to Terms of Reference, Corporate Objectives, Code of Conduct, Risk Management Strategy.	Kerry Mackenzie, Head of Policy & Performance	September 2022
4.0	Update to Terms of Reference, Standards of Business Conduct, Fraud Standards and Policy, Standing Financial Instructions, Risk Management Strategy.	Kerry Mackenzie, Head of Policy & Performance Jillian Thomson, Deputy Director of Finance Shona Slayford, Principal Auditor & NHS Forth Valley Fraud Liaison Officer	March 2024

This Section explains how staff must deal with suspected fraud, theft, and corruption (including bribery) and Forth Valley NHS Board's response to a reported suspicion of fraud/theft and corruption.

This section explains how staff will control the financial affairs of NHS Forth Valley and ensure proper standards of financial conduct.

Introduction

1. Code of Corporate Governance

The Code of Corporate Governance includes the following sections:

       Section A - How business is organised.
       Section B - Members Code of Conduct.
       Section C - Standards of Business Conduct for NHS Staff.
       Section D - The Fraud Standards.
       Section E - Standing Financial Instructions.
       Section F - Risk Management.

The Board keeps the Code of Corporate Governance under review and will undertake a comprehensive review annually.

2. The NHS in Scotland

The National Health Service (NHS) was established in Britain in 1948. Despite a growth in private health provision and insurance, the NHS provides the vast majority of Healthcare in Scotland.

The purpose of the NHS is to secure through the resources available the greatest possible improvement in the physical and mental health of the Nation by: promoting health; preventing ill health; diagnosing and treating injury and disease, and caring for those with long term illness and disability who require the services of the NHS' (Department of Health 1996).

Health Policy was, in the main, devolved to the Scottish Parliament under the Terms of the Scotland Act 1998 (the '1998 Act'). However, there are some areas of Health Policy which remain reserved. These are:

- Abortion
- Xenotransplantation (the use of non-human organs (the use of non-human organs for transplantation)
- Embryology, Surrogacy and Genetics
- Licensing of Medicines, Medicines Supplies and Poisons (although decisions on whether the NHS should fund licensed medicines are devolved)
- Welfare foods
- The Regulation of Health Professions (although Regulation of professions not regulated prior to the 1998 Act is devolved)
- Health and Safety

The NHS in Scotland carries on the principle of collective responsibility by the State for the provision of comprehensive Health Services free at the point of use for all. Services are funded from central taxation and access should be based on need.

3. NHS Boards

The National Health Service (Scotland) Act 1972 allows for the establishment of area Health Boards to assess health needs and administer the provision of relevant healthcare. There are 14 territorial NHS Boards in Scotland, one of which is Forth Valley NHS Board.

The main legislation providing the legal framework for the NHS in Scotland is the National Health Service (Scotland) Act 1978.

The Functions of Health Boards (Scotland) Order 1991 sets out the requirements of Scottish Ministers in terms of the functions that Health Boards have to provide for healthcare to their local

population. This Order details the high-level functions which the Health Board is directed by the Minister to provide. The Board is a Board of Governance, not a representative body, nor a management body.

4. Role of the Forth Valley NHS Board

Forth Valley NHS Board (the Board) is a strategic body, accountable to the Scottish Government Health and Social Care Directorate and to Scottish Ministers for the functions and performance of NHS Forth Valley. The Board consists of the Chair, Non-Executive and Executive Members, who are appointed by the Scottish Ministers.

The Board will not concern itself with day-to-day operational matters, except where they have an impact on the overall performance of the system.

The overall purpose of the Forth Valley NHS Board

Effective NHS Boards articulate an ambition for their organisation whilst managing the risk contained within that ambition and demonstrating leadership by undertaking 3 key roles:

- Formulating strategy for the organisation, including the development annually of a Delivery Plan.
- Ensuring commitment and accountability by holding the organisation (all staff) to account for performance and the delivery of both improvement in population health, individual experience of care whilst operating with a context of affordability and sustainability.
- Shaping a positive culture (open, just, and fair) for the Board and organisation.

In summary our purpose is:
- as a Board we aim to optimise health, optimise care and optimise value.

The Function of the Board

- Setting the direction, including clarifying priorities and defining change and transformational expectations.
- Holding the Executive Leadership Team to account by seeking assurance that the organisation is being effectively managed and change is being successfully delivered.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with key stakeholders, as and when appropriate.
- Influencing the Board's and the wider organisational culture.

Responsibilities of Members of Forth Valley NHS Board

- Shared responsibility for the discharge of the functions of the Board.
- Independent judgement on issues of strategy, performance management, key appointments and accountability to Scottish Ministers and to the local community.
- Responsibility for the overall performance of NHS Forth Valley, using information on the performance of the organisation to assess and challenge the quality of services.

Board Members support the Chair and work with other Members to discharge the functions of the Board, which comprise:

- Strategy Development - to develop a Delivery Plan which addresses the health priorities and health care needs of the resident population.
- Monitoring the effective performance of the Board's activities and ensuring achievement of its aims.

- Ensuring that resources (staff, finance and premises) are used effectively and responsibly to support local priorities and strategic objectives.
- Ensuring that Governance arrangements are robust, rigorous and effective.
- Ensuring probity and propriety in the workings of the organisation.

5. Composition of the Board

The Board consists of the following Directors appointed by the Minister:

Non-Executive Directors	Executive Directors
- Chair 6 Non-Executive Lay Members (one of which is Whistleblowing Champion) - Chair - Area Clinical Forum - Employee Director 3 Local Authority Elected Members - 1 each from Local Authority notably: Clackmannanshire, Falkirk, and Stirling	- Chief Executive - Director of Finance - Director of Public Health and Strategic Planning - Medical Director - Nurse Director

6. Individuals Roles, Responsibilities and Accountabilities[1]

	Chair	Chief executive	Non-executive director	Executive director
Formulate Strategy	Ensures board develops vision, strategies, and clear objectives to deliver organisational purpose.	Leads strategy development process.	Brings independence, external skills, and perspectives, and challenge to strategy development.	Takes lead role in developing strategic proposals – drawing on professional and clinical expertise (where relevant).
Ensure Accountability	Holds CE to account for delivery of strategy. Ensures board committees that support accountability are properly constituted.	Leads the organization in the delivery of strategy. Establishes effective performance management arrangements and controls. Acts as Accountable Officer.	Holds the executive to account for the delivery of strategy. Offers purposeful, constructive scrutiny and challenge. Chairs or participates as member of key committees that support accountability.	Leads implementation of strategy within functional areas.
Shape Culture	Provides visible leadership in developing a positive culture for the organisation and ensures that this is reflected and modelled	Provides visible leadership in developing a positive culture for the organisation and ensures that this is reflected in their own	Actively supports and promotes a positive culture for the organisation and reflects this in their own behaviour. Provides a safe point	Actively supports and promotes a positive culture for the organisation and reflects this in their own behaviour.

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[1] NHSLeadership-TheHealthyNHSBoard.pdf (leadershipacademy.nhs.uk)

	in their own and in the board's behaviour and decision making. Board culture: Leads and supports a constructive dynamic within the board, enabling contributions from all directors.	and the executive's behaviour and decision making.	of access to the board for whistle-blowers.	
Context	Ensures all board members are well briefed on external context.	Ensures all board members are well briefed on external context.		
Intelligence	Ensures requirements for accurate, timely & clear information to board/ directors (and governors for FTs) are clear to executive.	Ensures provision of accurate, timely & clear information to board/ directors (and governors for FTs).	Satisfies themselves of the integrity of financial and quality intelligence.	Takes principal responsibility for providing accurate, timely and clear information to the board.
Engagement	Plays key role as an ambassador, and in building strong partnerships with: • Patients and public • Member and governors (FT) • Clinicians and Staff • Key institutional • Stakeholders • Regulators	Plays key leadership role in effective communication and building strong partnerships with: • Patients and public • Member and governors (FT) • Clinicians and Staff • Key institutional • stakeholders • Regulators	Ensures board acts in best interests of the public. Senior independent director is available to members and governors if there are unresolved concerns (FTs).	Leads on engagement with specific internal or external stakeholder groups.

7. Values

The Purpose, Role, Functions and Responsibilities of Forth Valley NHS Board and Board Members, will be delivered in a way which upholds the organisational values. NHS Forth Valley's values represent the care our patients can expect, and how this care should be delivered by our staff.

Our local values in NHS Forth Valley are:

- Be person centred.
- Be respectful.
- Have integrity.
- Be ambitious.
- Be supportive.
- Be a committed team member.

Our Values should be visible in everything we do and drive the improvement of our services.

NHS Forth Valley's values are closely aligned to the NHS Scotland's values, which are shared by all staff throughout Scotland:

- Care and Compassion.
- Dignity and Respect.
- Openness, Honesty and Responsibility.
- Quality and Teamwork.

Both sets of values underpin and support NHS Scotland's national quality ambitions:
- Person-centred.
- Safe.
- Effective.

8. Conduct, Accountability, and Openness

Members of Forth Valley NHS Board (Executive and Non-Executive) are required to comply with the Members' Code of Conduct and the Standards of Business Conduct for NHS Staff.

Board Members and staff are expected to promote and support the principles in the Members' Code of Conduct and to promote by their personal conduct the values of:

- Public Service.
- Leadership.
- Selflessness.
- Integrity.
- Objectivity.
- Openness.
- Accountability and stewardship.
- Honest.
- Respect.

9. Understanding our responsibilities arising from the Code of Corporate Governance

It is the duty of the Chair and the Chief Executive to ensure that Board Members and staff understand their responsibilities. Managers are responsible for ensuring their staff understand their own responsibilities. The Code of Corporate Governance will be published on the Board's website and intranet.

10. Endowment Funds

The principles of this code of Corporate Governance apply equally to Member of Forth Valley NHS Board who have distinct legal responsibilities as Trustees of the Endowment Funds.

11. Advisory and Other Committees

The principles of this Code of Corporate Governance apply equally to all NHS Forth Valley Advisory Committees and all committees and groups which report directly to a Forth Valley Board Committee.

12. Review

The Board will review the Code of Corporate Governance on an annual basis and will revise the Code to reflect any National or Local Changes which impact on the Board and its functions. The

Board may, on its own or if directed by the Scottish Ministers, vary and revoke Standing Orders for the regulations of the procedures of business of the Board and of any Committee.

13. Feedback

NHS Forth Valley aims to continuously improve the services we deliver, and it is important that this Code remains relevant, we would therefore be happy to hear from you regarding new operational statements or any other matter connected with the Code.

Comments and suggestions for improvement are most welcome and should be sent to:

Corporate Business Manager
NHS Forth Valley
Carseview House
Castle Business Park
Stirling
FK9 4SW

14. Definitions

Any expressions to which a meaning is given in the Health Service Acts or in the Regulations or Orders made under the Acts Shall have the same meaning in the interpretation and in addition:

Definition	Meaning
The Accountable Officer	Is the Chief Executive of NHS Forth Valley, who is responsible to the Scottish Parliament for the economical, efficient, and effective use of resources. The Chief Executive of NHS Forth Valley is also accountable to the Board for clinical, staff and financial governance, including controls assurance and risk management, and for delivery of other statutory requirements. This is a legal appointment made by the Principal Accountable Officer of the Scottish Government. (Public Finance and Accountability (Scotland) Act 2000 Memorandum to Accountable Officers for other Public Bodies).
The Act	The National Health Service (Scotland) Act 1978 as amended.
The 2001 Regulations	The Health Board's (Membership and Procedure) (Scotland) Regulations 2011.
The 1960 Act	The Public Bodies (Admission to Meetings) Act 1960 as amended.
Board Member	A person appointed as a Member of the Board by Scottish Ministers and who is not disqualified from membership.
Budget	Money proposed by the Board for the purpose of carrying out, for a specific period, any, or all of the functions of the Board.
Chair	The person appointed by the Scottish Ministers to lead the Board and to ensure that it successfully discharges its responsibility as a whole. The Chair of a Committee is responsible for fulfilling the duties of a Chair in relation to that Committee only.
Chief Executive	The Accountable Officer of NHS Forth Valley.
Committee	A Committee established by the Board and includes "Sub-Committee".
Committee Members	People formally appointed by the Board to sit on or to Chair specific committees.
Contract	Any arrangements including an NHS Contract.
Co-opted Member	An individual, not being a Member of the Board, who is appointed to serve on a Standing Committee, Special Committee, or Sub-Committee of the Board.
Community Planning Partners	Statutory Service providers, third and independent sector organisations with a stake in providing services and support to people in Forth Valley.
Integration Joint Board	The constitutional arrangements for the establishment of Integration Joint Boards are set out within Scottish Statutory Instrument 2014 No. 285 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

Lay Member	An individual, not being an employee of the Board, who is appointed to serve on a Committee of the Board.
Meeting	A meeting of the Board or any Committee.
Nominated Officer	An officer charged with the responsibility for discharging specific tasks within the Code of Corporate Governance.
Department of Health and Social Care	The Scottish Government and is its legal name.
SFIs	Standing Financial Instructions.
Vice Chair	The Non-Executive Member appointed by the Board to take on the Chair's duties if the Chair is absent for any reason.

SECTION A

How Business is Organised - Standing Orders

Standing Orders for the Proceedings and Business of Forth Valley NHS Board

1. **General**

    1.1. These Standing Orders for regulation of the conduct and proceedings of Forth Valley NHS Board, the common name for Forth Valley Health Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3)[2].

    The Blueprint for Good Governance in NHS Scotland Second Edition[3] has informed these Standing Orders. The Blueprint describes the functions of the Board as:

    - Setting the direction.
    - Holding to account.
    - Managing risk.
    - Engaging stakeholders.
    - Influencing culture.

    Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available on the NHS Scotland Board Development website (https://learn.nes.nhs.scot/17367/board-development)

    1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension, and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.

    1.3 Any statutory provision, regulation, or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.

    1.4 Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition, or amendment. The Board will annually review its Standing Orders.

    1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 3.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

Board Members – Ethical Conduct

    1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of the Forth Valley NHS Board. The Commissioner for Public Standards can investigate

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[2] http://www.legislation.gov.uk/ssi/2001/302/pdfs/ssi_20010302_en.pdf

[3] The Blueprint for Good Governance in NHS Scotland - Second Edition (www.gov.scot)

complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however he or she may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, he or she must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.

1.7 The Board's appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.

1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 3.6 - 3.10 of these Standing Orders and have regard to Section 4 of the Code of Conduct (Declaration of Interests).

1.9 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.

1.10 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board m ember. Such declarations shall be made to the Board's appointed Standards Officer who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations or cross-refer to where the information is published.

1.11 The Board's Corporate Business Manager shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website.

2. Chair

2.1 The Scottish Ministers shall appoint the Chair of the Board.

3. Vice Chair

3.1 The Chair shall nominate a candidate or candidates for Vice Chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.

3.2 The Vice Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice Chair is the process described at paragraph 3.1.

3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board Secretary should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period

until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason) the Vice Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice Chair. If the Vice Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

4 Calling and Notice of Board Meetings

4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least 6 times in the year and will annually approve a forward schedule of meeting dates.

4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business; however, this can only be for business which the Board is being informed of for awareness, rather than being asked to decide. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.

4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member at which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.

4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.

4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.

4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least seven (7) days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point**.**

4.7 Lack of service of the notice on any member shall not affect the validity of a meeting.

4.8 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least seven (7) days before the meeting is held and shall be placed on the Board's website. The meeting papers shall be placed on the Board's website the morning of the meeting. The meeting papers will include the minutes of Assurance Committee and Committee meetings. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee

meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

5   Conduct of Meetings

Authority of the Person Presiding at a Board Meeting

5.1 The Chair shall preside at every meeting of the Board. The Vice Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.

5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g., video conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.

5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

Quorum

5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.

5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.

5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration and should not be counted as participating in that meeting for quorum or voting purposes.

5.8 Paragraph 5.7 will not apply where a member, or an associate of theirs, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health

& social care issues. However, members still have to declare other interests as required by Section 4 of the Board Members' Code of Conduct.

5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.

5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committee, whether or not they are also members of the Board, e.g., stakeholder representative.

5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

Adjournment
5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time, and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

Business of the Meeting

The Agenda
5.13 If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.

5.14 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 5.2.

Decision-Making
5.15 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.

5.16 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.

5.17 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.

5.18 The Board may reach consensus on an item of business without taking a formal vote, and this will normally be what happens where consensus has been reached.

5.19 Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.

5.20 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.

5.21 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

Board Meeting in Private Session
5.22 The Board may agree to meet in private in order to consider certain items of business. Items will be detailed on the Board meeting agenda noting the grounds for consideration in closed session. The Board may decide to meet in private on the following grounds:

- The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.
- The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation.
- The business necessarily involves reference to personal information and requires to be discussed in private in order to uphold the Data Protection Principles.
- The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.23 The minutes of the meeting will reflect when the Board has resolved to meet in private.

Minutes
5.24 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.

5.25 The Board's Corporate Business Manager (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute.

6   Matters Reserved for the Board

Introduction
6.1   The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.

6.2   This section summarises the matters reserved to the Board:

Standing Orders

a) The establishment and terms of reference of all its committees, and appointment of committee members.
b) Organisational Values.
c) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.
d) The Delivery Plan for submission to the Scottish Government for its approval.
   (Note: The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Delivery Plan, the Board should receive it at a public Board meeting).
e) Corporate objectives or corporate plans which have been created to implement its agreed strategies.
f) Risk Management Policy.
g) Financial plan for the forthcoming year, and the opening revenue and capital budgets.
h) Standing Financial Instructions and a Scheme of Delegation.
i) Annual accounts and report.
   (Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts, or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly, the Board cannot publish the report of the external auditors of their annual accounts in this period).
j) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the Scottish Capital Investment Manual.
k) The Board shall approve the content, format, and frequency of performance reporting to the Board.
l) The appointment of the Board's chief internal auditor.
   (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment).

6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g., the integration schemes for a local authority area.

6.4 The Board itself may resolve that other items of business be presented to it for approval.

7 Delegation of Authority by the Board

7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions and the Scheme of Delegation available on the NHS Board website.

7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.

7.3 The Board and its officers must comply with the NHS Scotland Property Transactions Handbook, and this is cross-referenced in the Scheme of Delegation.

7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any decision for itself. The Board may withdraw any previous act of delegation to allow this.

8 Execution of Documents

8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document, the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.

8.2 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management, and disposal of land.

8.3 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

9 Committees

9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. NHS Scotland Board Development website will identify the committees which the Board must establish.
https://learn.nes.nhs.scot/17367/boarddevelopment)

9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required and shall review the terms within 2 years of their approval if there has not been a review.

9.3 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed.

9.4 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.

9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consist of or include all the Board members. Where the committee's members include some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally, Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However, if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.

9.6 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time and shall call a meeting when requested to do so by the Board.

9.7 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills, and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Forth Valley NHS Board and is not to be counted when determining the committee's quorum.

ANNEX A: SUSPENSION AND DISQUALIFICATION

(1)   Subject to paragraphs (2) and (3), a person shall be disqualified from being a Member, if:

(a)   they have, within the period of five years immediately preceding the proposed date of appointment, been convicted in the United Kingdom, the Channel Islands, the Isle of Man, or the Irish Republic of any offence in respect of which they have received a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

(b)   their estate has been sequestrated in Scotland or they have otherwise been adjudged bankrupt elsewhere, they have granted a trust deed for the benefit of their creditors or entered into any arrangement with their creditors, or a curator bonis or judicial factor has been appointed over their affairs.

(c)   they have resigned or been removed or been dismissed, otherwise than by reason of redundancy, from any paid employment or office with a health service body.

(d)   they are a person whose appointment as the chairperson, member or director of a health service body has been terminated other than by the expiration of their term of office.

(e)   they are a chairperson, member, director, or employee of a health service body outwits the Forth Valley NHS Board area.

(f)   they have had their name removed, by a direction under section 29 of the Act, from any list prepared under Part II of the Act and have not subsequently had their name included in such a list.

(g)   they are a person whose name has been included in any list prepared under Part II of the Act, and whose name has been withdrawn from the list on their own application.

(h)   they have had their name removed, by a direction under section 46 of the 1977 Act from any list prepared under Part II of the 1977 Act and have not subsequently had their name included in such a list.

(i)   they are a person whose name has been included in any list prepared under Part II of the 1977 Act, and whose name has been withdrawn from the list on their own application.

(j)   they are a person who is subject to a disqualification order under the Company Directors Disqualification Act 1986; or

(k)   they are a person who has been removed from the position of trustee of a charity, whether by the court or by the Charity Commissioner.

(2)   For the purpose of paragraph (1):

       (a) the disqualification attaching to a person whose estate has been sequestrated shall cease if and when -

          (i) the sequestration of their estate is recalled or reduced; or
          (ii) the sequestration is discharged.

       (b) the disqualification attaching to a person by reason of their having been adjudged bankrupt shall cease if and when -

          (i) the bankruptcy is annulled; or
          (ii) they are discharged.

       (c) the disqualification attaching to a person in relation to whose estate a judicial factor has been appointed shall cease if and when -

          (i) that appointment is recalled; or
          (ii) the judicial factor is discharged.

       (d) the disqualification attaching to a person who has granted a trust deed or entered into an arrangement with their creditors shall cease if and when that person pays their creditors in full or on the expiry of five years from the date of their granting the deed or entering into the arrangement.

(3)   The Scottish Ministers may direct that in relation to any individual person or Board any disqualification so directed shall not apply in relation thereto.

(4)   For the purposes of paragraph (1)(a) the date of conviction shall be deemed to be the date on which the days of appeal expire without any appeal having been lodged, or if an appeal has been made, the date on which the appeal is finally disposed of or treated as having been abandoned.

ANNEX B: ASSURANCE COMMITTEE TERMS OF REFERENCE

- Audit and Risk Committee
- Clinical Governance Committee
- Clinical Governance Ethical Issues Sub-Committee
- Endowments Committee
- Performance and Resources Committee
- Pharmacy Practices Committee
- Remuneration Committee
- Staff Governance Committee

AUDIT AND RISK COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

The purpose of the Audit and Risk Committee is to ensure that NHS Board activities including Patients Private Funds and Endowment Funds are:

- within the law and regulations governing the NHS.
- that an effective system of internal control is maintained to give reasonable assurance that assets are safeguarded, waste or inefficiency avoided, and reliable financial information produced and that value for money is continuously sought.

2. COMPOSITION

2.1 Membership

The membership of the Committee shall consist of:

- Four Non-Executive Members of the NHS Board

The Chair of NHS Forth Valley and Executive NHS Board Members are not eligible for Membership.

2.2 Appointment of Chairperson and Vice Chair

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders. The Chair of the NHS Board will appoint a Vice Chair in addition to the Chair. The Chair shall preside at every meeting of the Committee. The Vice Chair shall preside if the Chair is absent.

2.3 Attendance

The Chief Executive and the Director of Finance of NHS Forth Valley, the Chief Internal Auditor and the Statutory External Auditor shall normally attend meetings. The Committee can request the attendance of any officer of NHS Forth Valley. All NHS Board Members shall have the right of attendance and have access to papers, except where the Committee resolves otherwise.

3. MEETINGS

3.1 Frequency

Meetings of the Committee will be timetabled annually to coincide with the important events of the year and before important decisions are made.

Meetings will be held at a minimum of four times per annum. This timetable should also assist with scheduling key items of business to be discussed at each meeting.

3.2 Agenda and Papers

The agenda and supporting papers will be sent out at least five clear days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee is asked to consider.

3.3 Quorum

No business shall be transacted unless a minimum of two Audit and Risk Committee Members are present.

3.4 Minutes

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting. Recognising the issue of the relative timing draft minutes may be presented to the next NHS Board Meeting to ensure NHS Board Members are aware of issues considered and decisions taken by the respective Committees.

The draft Minutes will be cleared by the Chair of the Committee and the nominated Lead Director prior to distribution.

3.5 Other

If necessary, meetings of the Committee shall be convened and attended exclusively by Members of the Committee and/or the External Auditor or Internal Auditor.

The Chief Internal Auditor and a representative from External Audit will have free and confidential access to the Chair of the Audit and Risk Committee.

4. REMIT

4.1 Objectives

The main objectives of the Audit and Risk Committee are to ensure that NHS Forth Valley acts within the law, regulations, and code of conduct applicable to it and that an effective system of internal control is maintained. The duties of the Audit and Risk Committee are in accordance with the Public Sector Internal Audit Standards and the Scottish Government Audit Committee Handbook. The Audit and Risk Committee will also periodically review its own effectiveness and report the results of that review to the Board and Accountable Officer.

4.2 Internal Control and Corporate Governance

4.2.1 To evaluate the framework of internal control and corporate governance comprising the following components:
- Control environment.
- Review and assess the adequacy of the organisations risk management arrangements, systems, and processes.
- approve the annual risk management reports on effectiveness, adequacy, and robustness of the risk management system.
- Decision-making processes.
- Information and communication.
- Monitoring and corrective action.
- Anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.

4.2.2 To review the system of internal financial control which includes:
- The safeguarding of assets against unauthorised use and disposition.
- Maintenance of proper accounting records and the reliability of financial information used within the organisation or for publication.

4.2.3   To ensure the NHS Board's activities are within the law and regulations governing the NHS.

4.2.4   To review and recommend approval to the NHS Board of the Risk Management Strategy.

4.2.5   To present an annual assurance statement on the above to the NHS Board to support the Governance Statement.

4.2.6   To take account of the implications of publications detailing best audit practice.

4.2.7   To take account of recommendations contained in the relevant reports of the Auditor General and the Scottish Parliament.

4.3   Internal Audit

4.3.1   To influence, review and approve the Internal Audit Strategic and Annual Plan.

4.3.2   To monitor audit progress and review audit reports.

4.3.3   To monitor the management action taken in response to the audit recommendations through an agreed follow-up mechanism.

4.3.4   To consider the Chief Internal Auditor's annual report and assurance statement.

4.3.5   To review the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency, and performance measures.

4.3.6   To ensure there is direct contact between the Audit and Risk Committee and Internal Audit and the opportunity is given for discussions with the Chief Internal Auditor as required without the presence of the Executive Directors. The Chief Internal Auditor must have appropriate access to both the Chief Executive and the Chair of the Audit and Risk Committee. Non-Executive members will have the facility to regularly meet with Internal and External Auditors for private discussions.

4.3.7   To review the terms of reference and appointment of the Internal Auditors.

4.4   External Audit

4.4.1 To review the Audit Strategy and Plan, including the Performance Audit Programme.

4.4.2 To consider all statutory audit material, in particular:
- Audit Reports (including Performance Audit Studies)
- Annual Reports
- Management Letters

relating to the certification of the NHS Board.

4.4.3   To monitor management action taken in response to all External Audit recommendations including Performance Audit Studies following consideration by the relevant Committee.

4.4.4   To hold meetings with the External Auditors at least once per year without the presence of the Executive Directors.

4.4.5   To review the extent of co-operation between External and Internal Audit.

4.4.6   Annually appraise the performance of the External Auditors.

4.4.7   To note the appointment and remuneration of External Auditors and to examine any reason for the resignation or dismissal of the Auditors.

4.5   Standing Orders and Standing Financial Instructions

4.5.1   To review changes to the Standing Orders and Standing Financial Instructions.

4.5.2   To examine the circumstances associated with each occasion when Standing Orders are waived or suspended.

4.5.3   To review the Scheme of Delegation.

4.6   Annual Accounts

4.6.1   To review annually (and approve) any changes in accounting policy.

4.6.2   To review schedule of losses and compensation payments.

4.6.3   To review and recommend approval to the NHS Board of the Annual Accounts.

4.6.4   To report in the Directors Report on the roles and responsibilities of the Audit Committee and actions taken to discharge those.

4.6.5   To review and recommend approval to the NHS Board of the Patients Funds Annual Accounts.

4.7   Receive reports from the FHS (Family Health Service) Performance Review / Reference Group which is responsible for dealing with Primary Care contractor issues and alleged breaches of terms of reference.

5.   OTHER

5.1   The Committee has a duty to review its own performance, effectiveness, and terms of reference on an annual basis.

5.2   The Committee shall monitor the mechanism to keep up to date with changes to topical laws and regulations.

5.3   The Chairperson shall submit an Annual Report of the work of the Committee to the NHS Board.

5.4   The Committee is authorised to obtain outside legal or other professional advice it considers necessary.

CLINICAL GOVERNANCE COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

The purpose of the Clinical Governance Committee is to provide the NHS Board with

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

2. COMPOSITION

2.1 Membership

The Membership of the Committee shall consist of:

- Five Non-Executive Members of the NHS Board
- Chair of Area Clinical Forum
- Employee Director
- Two Members of the NHS Forth Valley Public Involvement Network

2.2 Appointment of Chairperson and Vice Chair

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders. The Chair of the NHS Board will appoint a Vice Chair in addition to the Chair. The Chair shall preside at every meeting of the Committee. The Vice Chair shall preside if the Chair is absent.

2.3 Attendance

The Chief Executive, Medical Director, Nurse Director, Director of Public Health & Strategic Planning, Human Resources Director and Director of Pharmacy will normally attend. Additionally, the Head of Clinical Governance and the Infection Control Manager shall also normally attend. The Committee can request the attendance of any officer or family practitioner of NHS Forth Valley at its meetings.

All NHS Board Members shall have the right of attendance and have access to papers except where the Committee resolves otherwise.

3. MEETINGS

3.1 Frequency

Meetings of the Committee will be timetabled annually. This schedule should also identify the key items of business to be discussed at each meeting.

The Committee shall meet as necessary to fulfil its remit and Meetings will be held at a minimum of once in every quarter.

3.2   Agenda and Papers

The agenda and supporting papers will be sent out at least five clear days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee is asked to consider.

3.3   Quorum

No business shall be transacted unless a minimum of three Non-Executive Members are present.

3.4   Minutes

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting. Recognising the issue of relative timing and scheduling of meetings, minutes of the Clinical Governance Committee will be presented in draft form to the next Board Meeting to ensure NHS Board Members are aware of issues considered and decisions taken by the respective Committees.

The draft Minutes will be cleared by the Chair of the Committee and the nominated lead Director prior to distribution. Given the potential for minutes to contain In Confidence Information, these Minutes may require to be considered in a closed session of the NHS Board.

3.5   Other

If necessary, meetings of the Committee shall be convened and attended exclusively by members of the Committee.

3.6   Clinical Governance Working Group

Formal Minutes will be kept of proceedings and submitted for approval at the next Clinical Governance Working Group meeting. Approved Minutes will be presented to the Clinical Governance Committee. Recognising the issue of relative timing and scheduling of meetings, minutes of the Clinical Governance Working Group will be presented in draft form to the next Clinical Governance Committee meeting. The Clinical Governance Working Group reports to the Clinical Governance Committee.

3.7   Ethical Issues Sub-Committee

Minutes (or draft Minutes) of the Ethical Issues Sub-Committee will be presented to the Clinical Governance Committee following the meeting of the Sub-Committee. The Committee meets on an ad hoc basis as required. The Sub-Committee reports to the Clinical Governance Committee. The Sub-Committee delegates discussion to the Ethical Advisory Group which is a sub-group of the Clinical Governance Working Group.

3.8   Organ Donation Sub-Committee

Minutes (or draft Minutes) of the Organ Donation Sub-Committee will be presented to the next Clinical Governance Committee.   The Sub-Committee reports to the Clinical Governance Committee.

4.   REMIT

4.1   Objectives

The main objectives of the Clinical Governance Committee are to provide:

- Systems Assurance
- Public Health Governance
- Clinical Risk Management

4.2   Responsibilities

The responsibilities of the Committee shall be to: -

4.2.1   Ensure that all elements of the Clinical Governance Framework, including learning, within the Quality Strategy are being adequately taken forward and coordinated within acute care, primary care, and community care.

4.2.2   Ensure that all elements of the Clinical Governance Framework, including learning, within the Quality Strategy are implemented effectively and efficiently across the system.

4.2.3   Ensure that appropriate standards of clinical governance are being applied to the health improvement, health protection, healthcare public health and screening programme activities of the Board.

4.2.4   Ensure that follow-up action is taken in relation to external reviews to provide assurance that the quality of services is being improved.

4.2.5   Promote positive complaints handling, advocacy and feedback including learning from adverse events, near misses and whistleblowing cases.

4.2.6   Ensure review of clinical governance objectives bi-annually to gain assurance across the whole NHS system with appropriate monitoring and action planning.

4.2.7   Ensure systems dealing with revalidation/fitness to practice are in place.

4.2.8   Review performance in management of clinical and population-based risk and delivery of services, including emergency planning and service continuity planning.

4.2.9   Receive regular reports that allow the Committee to assure the Board on key clinical priorities within a clear forward plan.

4.2.10   Receive reports from the, NHS Forth Valley Area Prevention & Control of Infection Committee, and Child Protection Action Group Quarterly Report.

5   OTHER

5.1   The Committee has a duty to review its own performance, effectiveness, including running costs and terms of reference on an annual basis.

5.2   The Chairperson shall submit an Annual Report on the work of the Committee to the NHS Board.

5.3   The Committee is authorised to obtain professional advice it considers necessary.

CLINICAL GOVERNANCE ETHICAL ISSUES SUB-COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

The Ethical Issues Sub-Committee will ensure that ethical issues are given due consideration appropriate to an NHS provider of healthcare.

2. COMPOSITION

2.1 Membership

The membership of the Committee shall consist of:
- Chair of the Forth Valley Clinical Governance Committee
- Non-Executive Director of NHS Forth Valley
- Medical Director
- Head of Spiritual Care Services

2.2 Appointment of Chairperson and Vice Chair

The Chairperson of the Committee shall be appointed at a full business meeting of the Clinical Governance Committee. The Chair of the NHS Board will appoint a Vice Chair in addition to the Chair. The Chair shall preside at every meeting of the Committee. The Vice Chair shall preside if the Chair is absent.

2.3 Attendance

The Committee can obtain professional advice required and request the attendance of any officer of NHS Forth Valley to attend meetings.

All NHS Board Members shall have the right of attendance and have access to papers except where the Committee resolves otherwise.

3. MEETINGS

3.1 Frequency

The Committee shall meet as appropriate to fulfil its remit. Meetings will be held as necessary where there is business to consider.

3.2 Agenda and Papers

The agenda and supporting papers will be sent out at least five clear days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee are asked to consider.

3.3 Quorum

No business shall be transacted unless a minimum of two Committee Members are present.

3.4 Minutes

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting, recognising the issue of relative timing of meetings. Minutes of the Ethical Issues Sub-Committee will be presented in draft form to the next Clinical Governance Committee meeting to ensure Clinical Governance Committee Members are aware of issues considered and decisions taken.

The draft Minute will be cleared by the Chair of the Committee and the nominated lead Executive prior to distribution.

3.5 Other

If necessary, meetings of the Committee shall be convened and attended exclusively by Members of the Committee.

4. REMIT

4.1 Objectives

The main objectives of the Ethical Issues Sub-Committee are to ensure that the purpose is met.

To ensure the purpose is met, the group is responsible for the following:
- To consider in detail all issues remitted and bring forward advice, judgements, and recommendations to the Clinical Governance Committee, which maintain integrity a highest level of public confidence in NHS Forth Valley.
- To ensure issues referred are competent having been through an appropriate referral process.
- To determine if the issue is subject to legal process or whether there is an indication it may be subject to such a process, in which case any consideration by the Committee should be suspended.
- To examine and address education and training needs of members and others asked to attend.
- To consider if other reasonable means of resolving the issue have been exhausted and refer the issue to an alternative process where this is not the case.
- To, where necessary, clarify the "question" being asked together with tee options and their potential implications and impacts.
- To seek all reasonable opinion and evidence to allow informed discussion.
- To be familiar with any significant legal or regulatory issues that may relate to the matter in question; this includes "case studies" and conclusions reached by others on similar matters.
- To analyse the issue using any suitable or relevant methodologies such as risk management
- To provide reports to the Clinical Governance Committee that clearly set out the issues, analysis undertaken and recommendations.

10 OTHER

10.1 The Committee has a duty to review its own performance, effectiveness, including running costs and Terms of Reference on an annual basis.

10.2 Reports will conform to national and NHS Forth Valley Information Governance standards and should not divulge any personal information without consent.

ENDOWMENTS COMMITTEE

TERMS OF REFERENCE

1.   PURPOSE

The purpose of the Endowments Committee is to ensure that endowment funds held in trust comply with the relevant laws and regulations and that an effective system of financial control is in place. In so far as they are able, the Committee would manage the Endowments Funds in accordance with the wishes of donors.

2.   COMPOSITION

2.1 Trustees

All Members of the Forth Valley NHS Board shall be Members of the Endowment Fund.

2.2 Membership of Endowments Committee

The membership of the Committee shall consist of all Members of Forth Valley NHS Board.

It is expected that as a matter of routine three Non-Executive Members, the Chief Executive and the Director of Finance shall attend meetings.

2.3 Quorum

No business shall be transacted unless a minimum of three Non-Executive Endowment Committee members are present.

2.4 Appointment of Chairperson and Vice Chair

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders.

2.5 Attendance

The Lead Director for NHS Forth Valley Endowment Funds shall normally attend meetings. The Endowment Fund's Investment Advisors shall attend as required but at least annually. The appointed Endowment Auditors shall attend as required.

The Committee can request the attendance of any officer of NHS Forth Valley.

All Forth Valley NHS Board Members shall have access to the papers of the Committee.

3. MEETINGS

3.1 Frequency of Meetings

Meetings of the Committee will be timetabled annually. This schedule should also identify the key items of business to be discussed at each meeting.

The Committee shall meet as necessary to fulfil its remit and meetings will be held at least four times per year of which one meeting will be held to review the audited Annual Accounts and associated year-end reports.

3.2 Agenda and Papers

The agenda and supporting papers will be sent out at least five clear days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper, together with the action the Committee are asked to consider.

3.3 Minutes

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting. Recognising the issue of relative timing and scheduling of meetings, a summary of the key areas of business of the Endowments Committee will be presented to the next Forth Valley NHS Board Meeting. The draft Minutes will be cleared by the Chair of the Committee and the nominated Lead Director.

3.4 Bursary Committee

The Bursary Committee reports to the Endowment Committee. Recognising the issue of relative timing and scheduling of meetings, minutes or draft Minutes of the Bursary Committee will be presented to the next Endowment Committee.

4. REMIT

The main objectives of the Endowments Committee are:

4.1 To ensure that financial statements comply with the Charities and Trustee Investment (Scotland) Act 2005, Regulation 8 of the Charities Accounts (Scotland) Regulations 2006, United Kingdom Generally Accepted Accounting Practice, and appropriate NHS legislation.

4.2 To accept hold and administer legacies, donations and grants that may be used for purposes relating to Health Service functions or to research.

4.3 To appoint Investment Advisors to ensure best possible investment advice is available to invest in the best interests of the Fund. The Advisors should be appropriately regulated by the Financial Conduct Authority.

4.4 To monitor investment performance and agree distribution of investment income.

4.5 To consider recommendations for use of funds and to approve a Scheme of Delegation for Endowment Funds.

4.6 To approve an annual budget for unrestricted funds against plan and monitor expenditure of funds.

4.7 To review the system of internal control including evaluating the control environment and decision-making process. To receive Internal Audit Reports in respect of Endowment Funds.

4.8 To approve a charitable fundraising strategy and set annual fundraising objectives and action plans.

4.9 To receive regular reports on the current and projected performance of fundraising activities against the fundraising objectives and action plans.

4.10 To appoint the External Auditor for the Endowment Fund and to review the Management Letter to the Annual Accounts.

4.11 To adopt the audited Annual Accounts and to review the Endowment Fund Annual Report.

5. OTHER

5.1 The Committee has a duty to review its own performance, effectiveness including running costs and Terms of Reference on an annual basis.

5.2 The Chairperson shall submit an Annual Report of the work of the Committee to Forth Valley NHS Board.

5.3 The Committee is authorised to obtain professional advice it considers necessary.

5.4 The Committee should ensure compliance with the requirements of the Office of the Scottish Charity Regulator including the submission of an Annual Monitoring Return.

PERFORMANCE AND RESOURCES COMMITTEE

TERMS OF REFERENCE

1. Purpose

The purpose of the Performance and Resources Committee is to scrutinise the financial and non-financial performance of the Board, to ensure that appropriate arrangements are in place to deliver against organisational performance measures, to secure economy, efficiency, and effectiveness in the use of all resources, and provide assurance that the arrangements are working effectively.

2. Composition

2.1 Membership

The membership of the Committee shall consist of:

- Four Non-Executive Directors of the Board
- Chair of Area Clinical Forum
- Employee Director

2.2 Appointment of Chairperson and Vice Chair

The Chairperson of the Performance and Resource Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders. The Chair of the NHS Board will appoint a Vice Chair in addition to the Chair. The Chair shall preside at every meeting of the Committee. The Vice Chair shall preside if the Chair is absent.

2.3 Attendance

The Chief Executive, Director of Finance and Head of Policy and Performance shall normally attend meetings. Executive Directors and Senior Managers may attend when scheduling of specific agenda items determines this requirement.

The Committee can request the attendance of any officer of NHS Forth Valley at its meetings.

All NHS Board Members shall have the right of attendance and have access to papers except where the Committee resolves otherwise.

The Committee shall have the right to invite, as required, external experts to attend meetings.

3. Meetings

3.1 Frequency

The Performance and Resource Committee shall meet as necessary to fulfil its remit and meetings will be held at a minimum of bimonthly on the month opposite to the NHS Board meeting. The meeting schedule should also identify the key items of business to be discussed at each meeting.

3.2 Agenda and Papers

The agenda and supporting papers will be sent out at least five clear days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the

papers together with the action the Performance and Resource Committee is asked to consider.

3.3 Quorum

No business shall be transacted unless a minimum of three Members are present.

3.4 Minutes

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting.

Recognising the issue of relative timing and scheduling of meetings, a draft minute will be presented to the next Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.

The draft Minutes will be cleared by the Chair of the Performance and Resource Committee and the nominated Lead Director prior to distribution. Given the potential for Minutes to contain In Confidence information, these Minutes may require to be considered in a closed session of the NHS Board.

4. Remit

The main objectives of the Performance and Resources Committee shall be:

4.1 Corporate Planning

4.1.1 Monitor progress against the Annual Delivery Plan, ensuring delivery against plan is achieved.

4.2 Performance and Risk

4.2.1 Support the development of a performance culture within NHS Forth Valley which will drive continuous quality improvement.
4.2.2 Approve the Board Performance Management Framework.
4.2.3 Review the Board's overall performance and planning objectives, and ensure mechanisms are in place to promote best value, improved efficiency, and effectiveness.
4.2.4 Ensure a rigorous and systematic approach to performance monitoring and reporting is in place to enable more strategic and better-informed discussions to take place at the full Board.
4.2.5 Adopt a risk-based approach to performance through routine review of the Performance Scorecard, focussing on areas of corporate concern identified as requiring an additional strategic and collective approach to ensure delivery against performance targets.
4.2.6 Maintain an overview of the Strategic Risks aligned to the Performance & Resources Committee and agreeing appropriate escalation to the Board.

4.3 Finance and Efficiency

4.3.1 Review Financial Performance to ensure alignment to strategic plans and external drivers of change, focussing on areas of corporate concern which may result in an inability to achieve and maintain financial sustainability.
4.3.2 Review the Board's savings plans to ensure that these deliver as required to support the Board's financial plan.

4.3.3 Review the Board's performance in relation to internal and external reports including benchmarking and efficiency indicators and to support opportunities for improving the Board's performance.

4.3.4 Maintain overview of IJB budget process and financial performance.

4.4 Property and Asset Management

4.4.1 Ensure the Whole System Infrastructure Planning approach is progressed in line with Scottish Government Guidance.

4.4.2 Review all proposed property acquisitions and disposals in accordance with the NHS Property Transactions Handbook ensuring that due process has been followed to permit Board approval to proceed.

4.4.3 Approve Change Control notifications exceeding £20,000 (recurring) for the Board's PFI facilities.

4.5 Capital Projects

4.5.1 Review overall development of major schemes including capital investment business cases and consider the implications of time slippage and / or cost overrun. Instruct and review the outcome of the post project evaluation.

4.5.2 Review reports on significant capital projects.

4.5.3 Review periodically policies relating to capital projects and major equipment.

4.6 Information Governance

4.6.1 Ensure NHS Forth Valley delivers its statutory obligation to comply with information governance, Network Information Systems Regulations (including Cyber Security) and General Data Protection Regulation (GDPR).

4.6.2 Maintain an overview of the work to deliver improvements in Information Governance ensuring appropriate prioritisation of this work.

4.7 Digital strategy

4.7.1 Monitor delivery of the Digital and eHealth Plan.

4.8 Climate Emergency and Sustainability

4.8.1 Ensure objectives in relation to Climate Emergency and Sustainability are delivered in line with the agreed strategy to support early warning of barriers to achievement and key risks to delivery.

5. OTHER

5.1 The Performance and Resource Committee has a duty to review its own performance and effectiveness including running costs and terms of reference on an annual basis.

5.2 The Performance and Resources Committee is authorised to obtain professional advice if it considers necessary.

5.3 The Chairperson shall submit an Annual Report of the work of the Performance and Resources Committee to the Board.

PHARMACY PRACTICES COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

1.1 The Committee shall be known as the Pharmacy Practices Committee and shall consider, determine and approve/reject applications for inclusion in the Pharmaceutical List in accordance with the NHS (Pharmaceutical Services) (Scotland)Regulations 2009 and the NHS (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 (SSI 2011 No. 32) and 2014 (SSI 2014 No. 148).

1.2 The Committee shall, within 10 working days of taking its decision, give written notification of it to the Board with reasons for that decision.

2. COMPOSITION

2.1 Membership

The Pharmacy Practices Committee is appointed by the Board and shall consist of seven (unless the Application is for premises in a neighbourhood or an adjacent neighbourhood to a controlled locality, in which case an additional member will be appointed by the Board from persons nominated by the Area Medical Committees).

Members of whom:

2.1.1   One (Chair) shall be a Non-Executive Member of the Board appointed as Chair of the Pharmacy Practices Committee and shall not be nor have previously been, a Doctor, Dentist, Ophthalmic Optician or Pharmacist or an employee of a Doctor, Dentist, Ophthalmic Optician or Pharmacist.

2.1.2   Three shall be Pharmacists of whom:

2.1.2.1   One shall be a Pharmacist whose name is not included in a Pharmaceutical List and who is not an employee of a person whose name is so listed and who shall be appointed from a list of persons nominated by the Area Pharmaceutical Committee.

2.1.2.2   Two shall be Pharmacists whose names are either included on a Pharmaceutical List or are employees of a person whose name is on such a list and shall be appointed from a list of persons nominated by the Area Pharmaceutical Committee.

2.1.3 Three shall be Lay Persons appointed by NHS Forth Valley, other than from members of the Board, and shall not be nor have previously been a Doctor, Dentist, Ophthalmic Optician or Pharmacist or an employee of person who is a Doctor, Dentist, Ophthalmic Optician or Pharmacist.

2.1.4 In circumstances where the premises that are the subject of the Application are located in the same neighbourhood as a controlled locality the Pharmacy Practices Committee shall have an additional member appointed by the Board from persons nominated by the Area Medical Committee.

2.2   Appointment of Deputies

The Board shall also appoint deputies including, as the case may be for 2.1.4 for each Committee Member using the same criteria as set out in 2.1.

2.3   Eligibility

The Board shall ensure in appointing Members and Deputies to the Pharmacy Practices Committee that the eligibility criterion set out in the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 2009 the NHS (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 and 2014 (SSI 2014 No. 148) and in accordance with the provision of The Health Act 1999 are met.

If nominations are not made available before such a date as the Board may determine, the Board may appoint as a member a person who satisfies the appropriate criteria specified in 2.1 to 2.1.4.

2.4 Review

Membership shall be reviewed annually.

2.5   Attendance

The Board may appoint an independent legal assessor to attend to provide legal and technical advice during the hearing.

A person shall attend for the purpose of taking an accurate note of the Pharmacy Practices Committee meeting.

3.   MEETINGS

3.1   The Pharmacy Practices Committee shall meet as necessary to fulfil its remit.

3.2   The agenda and supporting papers will be sent at least five days before the date of the meeting. In any case where oral representations are being heard, at least 7 days' notice of the date fixed for the meeting shall be given to all parties.

3.3   Quorum

No business will be conducted at the meeting of the Pharmacy Practices Committee unless five Members or deputies are present of whom:

3.3.1 one shall be the Chair of the Committee or deputy Chair.

3.3.2 one shall be a non-contractor Pharmacist in accordance with 2.1.2.1 or deputy.

3.3.3 one shall be a contractor Pharmacist in accordance with 2.1.2.1 or deputy.

3.3.4 two shall be Lay Persons in accordance with 2.1.3 or deputy.

3.3.5 In circumstances where the premises that are the subject of the Application are in the same neighbourhood as a controlled locality the Pharmacy Practices Committee shall have an additional member appointed by the Board from persons nominated by the Area Medical Committee.

3.4   Formal minutes will be kept of the proceedings of the Committee and approved by Members or deputies in accordance with 3.3, with the decision and the reasons for that decision reported to the Board. A copy of the Minutes of the NHS Forth Valley Pharmacy Practices Committee will be submitted to the NHS Board for noting.

3.5   Each application submitted to the Pharmacy Practices Committee under Regulation 5 (10) shall be discussed by all Members present at the meeting but shall be determined by the following Members (or their deputies) after the Non-Contractor and Contractor Pharmacists appointed by the Pharmacy Practices Committee and, if present, the member nominated by the Area Medical Committee, have withdrawn.

   3.5.1   Lay Persons in accordance with 2.1.3.

3.6   The Chair or deputy Chair shall not be entitled to vote in respect of a determination of an application submitted under Regulation 5 (10) but in the case of an equality of votes under 3.5 shall have a casting vote.

3.7   In the case of all other matters considered under Regulation 5(10) except in respect of an application submitted under Regulation 5(10) all Members of the Committee present shall determine the matter.

3.8   In the case of urgent matters the Chair, or in their absence, the deputy Chair shall be empowered by the Committee to determine matters within the remit of the Committee with the exception of applications submitted under Regulation 5(10) in circumstances where it is necessary that, as a matter of urgency, a decision should be reached between scheduled meetings of the Committee.

3.9   Any decision taken under 3.8 shall be reported to the next meeting of the Committee for endorsement.

4.   REMIT

4.1   The Committee shall determine and approve/reject applications for inclusion in the Pharmaceutical List as defined in terms of Regulation 5(10) and paragraph 3 of schedule 3 of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 2009, the National Health Service (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 and 2014 (SSI 2014 No. 148) and in accordance with The Health Act 1999.

4.2   The Committee shall also be empowered to exercise other functions as are delegated to it by Forth Valley NHS Board under the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 2009, the National Health Service (Pharmaceutical Services) (Scotland)Amendment Regulations 2011 and 2014 (SSI 2014 No. 148) and in accordance with The Health Act 1999 to the extent that those functions are not delegated to an Officer under the Scheme of Delegation.

4.3   Any Officer with delegated authority in respect of the provisions of the General Pharmaceutical Services under Part II of the National Health Service (Scotland) Act 1978, may refer to the Committee for determination of any matter within the Officer's delegated authority either as a matter of policy or in respect of a specific issue and the Committee shall be authorised to determine such matters.

4.4   In exercising and considering all applications submitted to it, the Committee shall have regard to the provisions of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 2009, the National Health Service (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 and 2014 (SSI 2014 No. 148) and The Health Act 1999 with particular reference to:

4.4.1 consultation with interested parties, appropriate members of the public; and

4.4.2 criterion for the granting of new pharmaceutical contracts.

5.   AUTHORITY

5.1   The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

5.2   The Committee has a duty to review its own performance, effectiveness including running costs and terms of reference on an annual basis.

REMUNERATION COMMITTEE

TERMS OF REFERENCE

1.   Role of the Committee

The main function of the Remuneration Committee is to ensure application and implementation of fair and equitable pay systems on behalf of the NHS Board, as determined by Ministers and Scottish Government. The Committee oversees the remuneration arrangements for Executive Directors and Senior Managers (on Executive pay grades) and Consultants of the NHS Board whilst also discharging specific responsibilities on behalf of the NHS Board as an employing organisation. The Remuneration Committee provides assurance that systems and procedures are in place to manage the responsibilities within its remit by providing an Annual Report of its work to the NHS Board.

2.   Composition of the Committee

2.1 Membership

The membership of the Committee shall consist of:

- the NHS Board Chair
- the Employee Director
- the Chair of the Audit and Risk Committee
- the Chair of the Clinical Governance Committee
- the Chair of the Staff Governance Committee
- the Chair of the Performance and Resources Committee

The Committee Chair (from list above) shall be appointed by the NHS Board at its inaugural meeting. The Chair of the NHS Board will appoint a Vice Chair in addition to the Chair. The Chair shall preside at every meeting of the Committee. The Vice Chair shall preside if the Chair is absent.

Appropriate training and development will be provided to ensure that members of the Committee have the skills and knowledge to carry out this role.

2.2 Attendance

Other NHS Non-Executive Board Members may attend Meetings of the Committee and have access to papers at the Committee Chair's discretion. In such cases, NHS Board members should inform the Committee Chair in advance of their desire to attend the relevant Meeting.

The Chief Executive shall normally attend meetings.

The Director of HR shall attend all meetings for the entire agenda to ensure that professional HR advice is available at every stage of proceedings.

3.   Meetings of the Committee

3.1 Frequency

The Committee shall meet as required, with Meetings normally to be held three times in each financial year, at a place and time as determined by the Committee Chair. In addition, the Committee Chair may convene Meetings to consider business which may require urgent

consideration.

3.2 Agenda and Papers

The Committee Chair in conjunction with the Chief Executive and Director of HR will set the agenda for meetings.

The agenda and supporting papers will be sent out at least five clear days in advance of the meetings.

All papers will clearly state the agenda reference, the author, the purpose of the paper and the key issues the Committee is asked to consider using the agreed Board Paper template.

3.3 Quorum

Three members of the Committee shall constitute a quorum and no business shall be transacted unless this minimum number of Members is present. For the purposes of determining whether a meeting is quorate, Members attending by either video or tele-conference link will be determined to be present.

3.4 Minutes

The Draft Minutes shall then be presented at the next Meeting of the Committee for approval.

A summary of the key items of business considered by the Committee shall be presented, through the Staff Governance Committee as appropriate and made to the next available Board Meeting by the Committee Chair.

3.5 In order to fulfil its remit, the Remuneration Committee can obtain whatever professional advice it requires and invite if necessary external experts to meetings.

4. Duties of the Remuneration Committee

The specific duties of the Committee are as follows:

4.1 In relation to Executive Directors and Health & Care Senior Managers (on executive pay grades):

- review and approve all Terms and Conditions of Employment, including job descriptions, terms of employment, basic pay, performance pay (if applicable), and all benefits associated with each post (this also refers to Senior Managers on executive pay grades)

- review and approve annual performance objectives, including overseeing the review of performance against these objectives at the mid-year point and agreeing any revisions to the objectives during the course of the year (this also refers to Health & care Senior Managers on executive pay grades)

- consider and approve the assessment of performance at the year-end and any changes to the remuneration or the Terms and Conditions of Employment arising from this assessment of performance during the review period (this also refers to Senior Managers on executive pay grades)

4.2 In relation to any other staff employed under Executive Managers' or Consultants' pay

arrangements to:

- maintain an overview of remuneration arrangements for staff falling within these categories.

4.3 In general:

- comply with any Scottish Government Health and Social Care Directorates directions and take into consideration any relevant guidance on remuneration or terms and conditions of employment.
- provide assurance to the Board though the Staff Governance Committee, that systems and procedures are in place to manage the issues set out in Scottish Government guidance so that overarching staff governance responsibilities can be discharged; the Staff Governance Committee will not be given the detail of confidential employment issues that are considered by the Remuneration Committee.
- review submissions from the Chief Executive for the terms of any Settlement Agreement; such agreements may also require the approval of the Scottish Government, in accordance with procedures applicable across the public sector.

5. Authority

5.1 The Committee is authorised by the NHS Board to obtain external legal or other independent professional advice and to secure the assistance of people from outside the Board or the wider NHS, with relevant expertise, if it is considered necessary.

6. Reporting to the Board

6.1 In addition to providing the Board, through the Staff Governance Committee, with updates, the Remuneration Committee shall produce an Annual Report to the NHS Board and be presented by the Remuneration Committee Chair.

6.2 The Committee has a duty to review its own performance and effectiveness, and terms of reference, on an annual basis and report proposed amendments to the NHS Board.

STAFF GOVERNANCE COMMITTEE

TERMS OF REFERENCE

1.   PURPOSE

1.1   The purpose of the Staff Governance Committee is to provide the NHS Board with the assurance that:

- There is a culture within NHS Forth Valley where the highest possible standard of staff management is understood to be the responsibility of everyone working in Forth Valley and is built upon partnership and collaboration.

- Staff governance mechanisms are in place and effective throughout the local NHS system.

- Performance is reviewed against the Staff Governance standard.

2.   COMPOSITION

2.1   Membership

The membership of the Committee shall consist of:

- Four Non-Executive NHS Board Members
- Chair of the NHS Board
- Employee Director
- Four Lay members (from Trade Union and Professional Organisations)

2.2   Appointment of Chairperson and Vice Chair

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders. The Chair of the NHS Board will appoint a Vice Chair in addition to the Chair. The Chair shall preside at every meeting of the Committee. The Vice Chair shall preside if the Chair is absent.

2.3   Attendance

The Chief Executive of NHS Forth Valley, Director of Nursing and the Director of Human Resources shall normally attend meetings. The Committee can routinely request the attendance of any officer of NHS Forth Valley at its meetings.

All NHS Board Members shall have the right of attendance and have access to papers except where the Committee resolves otherwise.

3.   MEETINGS

3.1   Frequency

Meetings of the Committee will be timetabled annually. This schedule should also identify the key items of business to be discussed at each meeting. The Committee shall meet as necessary to fulfil its remit and Meetings will be held at a minimum of once in every quarter.

3.2 Agenda and Papers

The agenda and supporting papers will be sent out at least five clear days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee are asked to consider.

3.3 Quorum

No business shall be transacted unless a minimum of four Members are present.

3.4 Minutes

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting. Recognising the issue of the relative timing draft minutes may be presented be presented to the next NHS Board Meeting to ensure NHS Board Members are aware of issues considered and decisions taken by the respective Committees.

The draft Minutes will be cleared by the Chair of the Committee and the nominated Lead Director prior to distribution.

3.5 Other

If necessary, meetings of the Committee shall be convened and attended exclusively by Members of the Committee.

4. REMIT

The main objectives of the Staff Governance Committee are to ensure that staff governance mechanisms are in place and effective throughout the local NHS System and that performance is reviewed against relevant Staff Governance standards. The Committee shall support the creation of a culture within the health system where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the system and is built upon partnership and collaboration.

4.1 Systems Assurance and Staff Governance

4.1.1 To receive summary reports from the Area Partnership Forum in relation to Human Resource and Organisational Development Strategy and Policies. Policy development and approval is delegated to the Area Partnership Forum.

4.1.2 To monitor implementation plans to deliver the aims of the Health and Social Care: National Workforce Strategy.

4.1.3 To commission the introduction of structures and processes which ensure that delivery against the Staff Governance Standards, including the aligned Whistleblowing Standards, is being achieved.

4.1.4 To ensure consistency of policy and equity of treatment of employees.

4.1.5 To ensure that a consistent approach to the job evaluation is in place.

4.1.6 To monitor Workforce Plan development and its associated action plan.

4.1.7 To ensure that an appropriate approach is in place to deal with staff risk management (including staff and patient safety) across the system working within NHS Forth Valley Risk Management Strategy.

4.1.8 To provide staff governance information for the statement of internal control.

4.2   Internal Review

4.2.1 To monitor and evaluate strategies and implementation plans relating to people management.

4.2.2 To review staff survey results and to monitor implementation of agreed action plans.

 4.2.3 To monitor performance in NHS Forth Valley in

- staff communications
- learning and development
- partnership working (through links with Area Partnership Forum)
- safe and healthy working environment
- Human Resource Policies and Procedures

4.2.4 To propose and support any policy amendment, funding, or resource submission to achieve the Staff Governance Standard recognising that such proposals will require to be assessed as part of the over-arching local prioritisation process.

4.2.5 To receive minutes from Health and Safety Committee and to monitor governance arrangements as they relate to staff.

4.3   External Review

4.3.1 To take responsibility for the timely submission of all staff governance information required for national monitoring arrangements and ensure follow-up action is taken in respect of relevant external reviews such as Audit Reports.

4.3.2 To oversee the implementation of Everyone Matters, the national workforce vision and related workforce strategies.

- Partnership Information Network Guidelines
- Fair for All

4.3.3 To review all appropriate Performance elements routinely.

4.3.4 To recognise the implementation of the 'Once for Scotland' Workforce Policies.

5.   Other

5.1   The Committee has a duty to review its own performance, effectiveness, including running costs and Terms of Reference on an annual basis.

5.2   The Chairperson shall submit an Annual Report on the work of the Committee to the NHS Board.

5.3   The Committee is authorised to obtain professional advice it considers necessary.

ANNEX C: SCHEME OF DECISIONS RETAINED BY FORTH VALLEY NHS BOARD

The Code of Accountability requires the NHS Board to adopt a Schedule of Decisions that are reserved for the NHS Board.

The following decisions are for determination by the NHS Board:

1. Values and aims of Forth Valley NHS Board.

2. Forth Valley Corporate Plan including the Local Delivery Plan and Regional Planning issues.

3. Strategic Health Service Plans, all Business Cases where Capital Investment exceeds £1m.

4. Five Year Financial Plan and Annual Financial Plan.

5. Five Year Capital Plan and Annual Capital Plan.

6. Endorsement of jointly published plans with public sector partners.

7. Standing Orders including Decisions retained by the Board and the Scheme of Delegation.

8. Standing Financial Instructions.

9. Establishment, terms of reference, reporting arrangements and membership of all Committees acting on behalf of the NHS Board.

10. NHS Board Members' Register of Interests.

11. Approval of NHS Board Annual Report and Annual Accounts.

12. Financial and Performance Management Reporting Arrangements.

13. Arrangements for approval of policies required as a result of national guidelines with the exception of Human Resource policies (see Staff Governance Committee remit).

14. Recommendations to the Scottish Government relating to the closure or change of use of hospitals.

15. Acquisition and disposal of any land and property above £ 250,000.

16. Appointment of Executive Directors of Forth Valley NHS Board.

17. Appointment of Management Consultants/Advisors where contract value exceeds £100,000.

18. Approval of delegation of any function to an agency out with the National Health Service.

The Chief Executive is authorised to take such measures as may be required in emergency situations, subject to advising, where possible, the Chairperson and the Vice Chairperson of the Board and the relevant Standing Committee Chairperson. Where such powers are invoked, these shall be formally reported to the next relevant Standing Committee or NHS Board Meeting as appropriate.

ANNEX D: SCHEME OF DELEGATION

A clear set of rules for delegation, inclusive of financial limits is essential to ensure that effective management control of resources is exercised.

Decisions retained by the NHS Board are identified in Annex C.

All powers not retained by the NHS Board or delegated to a Committee or Sub-Committee shall be exercised on behalf of the NHS Board by the Chief Executive. The Chief Executive shall prepare a Scheme of Delegation identifying which functions they shall perform personally, and which functions have been delegated to other Officers.

The Chief Executive as Accountable Officer (Revised Memorandum to National Health Service Accountable Officers: May 2002) is also accountable to the Principal Accounting Officer of the NHS in Scotland and the Scottish Parliament. The role of the Director of Finance in devising, implementing, monitoring and supervising systems of financial control is exercised on behalf of the Chief Executive and the NHS Board.

The Scheme of Delegation and the Standing Financial Instructions form a major part of the system of control. These should be used in conjunction with the system of budgetary control and other established procedures.

SECTION B

Code of Conduct

SECTION 1: Introduction to the Code of Conduct

1.1   This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the "Act").

1.2   The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3   The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in Section 2 and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4   I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5   I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6   I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7   I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body's rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland ("Standards Commission") and my public body, and endeavour to take part in any training offered on the Code.

1.8   I will not, at any time, advocate or encourage any action contrary to this Code.

1.9   I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Executive of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10   Part 2 of the Act sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at Annex A.

SECTION 2: Key Principles of the Code of Conduct

2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty
I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

Selflessness
I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity
I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity
I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship
I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

Openness
I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty
I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of my public body and its members in conducting public business.

Respect
I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

SECTION 3: General Conduct

Respect and Courtesy

3.1   I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2   I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3   I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4   I accept that disrespect, bullying and harassment can be:

   a) a one-off incident,
   b) part of a cumulative course of conduct; or
   c) a pattern of behaviour.

3.5   I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6   I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7   Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.

3.8   I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9   I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10 I will respect and comply with rulings from the Chair during meetings of:

   a) my public body, its committees; and
   b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services ("gift or hospitality") that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

a) a minor item or token of modest intrinsic value offered on an infrequent basis;
b) a gift being offered to my public body;
c) hospitality which would reasonably be associated with my duties as a board member; or
d) hospitality which has been approved in advance by my public body.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise my public body's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.

3.21 I will familiarise myself with the terms of the Bribery Act 2010, which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, my public body's resources:

    a) imprudently (without thinking about the implications or consequences);
    b) unlawfully;
    c) for any political activities or matters relating to these; or
    d) improperly.

Dealing with my Public Body and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a board member to:

    a) improperly confer on or secure for myself, or others, an advantage;
    b) avoid a disadvantage for myself, or create a disadvantage for others or
    c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at Section 5, I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body.

SECTION 4: Registration of Interests

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

    a) employed;
    b) self-employed;
    c) the holder of an office;
    d) a director of an undertaking;
    e) a partner in a firm;
    f) appointed or nominated by my public body to another body; or
    g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph 6.8 of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.20 below) have made a contract with my public body:

    a) under which goods or services are to be provided, or works are to be executed; and
    b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

    a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
    b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21   I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non–Financial Interests

4.22   I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

Category Nine: Close Family Members

4.23   I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

SECTION 5: Declaration of Interests

Stage 1: Connection

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body or of which I am a member by reason of, or in implementation of, a statutory provision, unless:

    a) The matter being considered by my public body is quasi-judicial or regulatory; or
    b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: Lobbying and Access

6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

a) any role I have in dealing with enquiries from the public;
b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of my public body.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying (Scotland) Act 2016](#).

6.8 I will not accept any paid work:

a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.

b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. [The Ethical Standards in Public Life etc. (Scotland) Act 2000](#) ("the Act") provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.

2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.

3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) ("Standards Commission") and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) ("ESC").

4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body's Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.

5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.

7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:

   - Do nothing;
   - Direct the ESC to carry out further investigations; or
   - Hold a Hearing.

9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body's Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure**: A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.

- **Suspension**: This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.

- **Disqualification**: Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found here.

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

"Bullying" is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

"Code" is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

"Confidential Information" includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

"Employee" includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body's premises.

"Gifts" a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

"Harassment" is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

"Hospitality" includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

"Relevant Date" Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5 April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

"Public body" means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

"Remuneration" includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

"Securities" a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

"Undertaking" means:

a) a body corporate or partnership; or
b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

SECTION C

Standards of Business Conduct
For NHS Staff

SECTION 1: INTRODUCTION

It is important that NHS Forth Valley and its employees maintain strict ethical standards in the conduct of NHS business and are protected from allegations of conflict of interest, acting improperly or breach of impartiality.

This Business Conduct standard reflects the three public service values which are:

Accountability
All work undertaken by NHS Forth Valley staff must be able to stand the test of scrutiny, public judgements on propriety and professional codes of conduct.

Probity
There should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff, and suppliers and in the use of information acquired in the course of NHS duties.

Openness
There should be sufficient transparency about NHS activities to promote confidence between NHS Forth Valley, its staff, and the public.

SECTION 2: AIM, PURPOSE, AND OUTCOMES

The purpose of this Business Conduct standard is to provide guidance to managers and employees of NHS Forth Valley regarding the acceptance of gifts and hospitality and on other matters relevant to standards of business conduct. This Code, and the related NHS Forth Valley Corporate Governance policies are based on legislation and NHS Circulars and Guidance documents:

- **The Legislative Framework** is contained in the Prevention of Corruption Acts 1906 and 1916 and the Ethical Standards in Public Life (Scotland) Act 2000.
- **NHS Circulars**
  - **MEL (1994) 80** entitled Corporate Governance in the NHS
  - **MEL (2000) 13,** entitled Fundraising, Income Generation and Sponsorship within the NHSiS**.**

- **Guidance** contained in the **Code of Accountability for Boards 1994** and **A Common Understanding; Guidance on Joint working between NHS Scotland and the Pharmaceutical Industry 2003**
- **The Bribery Act 2010**

A range of policy documents have been developed in NHS Forth Valley to address the requirements related to business conduct, as follows:
- The Code of Conduct for Board members
- The Standing Financial Instructions
- Theft, Fraud and Other Financial Irregularities
- Procurement Strategy
- The Whistleblowing Policy

SECTION 3: SCOPE

This Business Conduct standard will affect all employees of NHS Forth Valley

SECTION 4: PRINCIPAL CONTENT

4.1 Declaration of Interests
a) Staff are required to declare all cases where they or a close relative or associate of theirs has a controlling and/or significant financial interest in a private company, public organisation, other NHS employer or voluntary organisation which might leave the employee or NHS Forth Valley vulnerable.

b) NHS Forth Valley holds a Register of Interests and staff should declare any interests as defined above to the appropriate General Manager, using Appendix 1 (Register of Employee's Private Interests – Declaration Form).

c) Board members should declare any interests using Appendix 2 and this should be retained by the Board Secretary.

4.2 Acceptance of Gifts
Staff must never canvass or seek gifts or hospitality. Under no circumstances can staff accept personal gifts of cash. All donations of cash must be processed through the Board's Endowment arrangements.

It is acceptable for staff to receive small tokens of gratitude from a relative or carer in appreciation of care and treatment received. These are typically cards, chocolates, or biscuits. Where staff are offered gifts of greater value these must be politely refused. If this is difficult, they must refer the matter to their line manager.

It is acceptable for staff to receive small promotional items, e.g. post-its, pens, calendars, diaries. However,

- staff must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision NHS Forth Valley may be involved in determining, or who is seeking to do business with NHS Forth Valley.

- staff must not accept any offer, by way of gift or hospitality, which could give rise to a reasonable suspicion of influence on their part to show favour, or disadvantage, to any individual, organisation or company.

- staff should consider whether there may be a reasonable perception that any gift received by their spouse or partner or by any company in which they have an interest, or by a partnership of which they are a partner, can or would influence their judgement.

Note - the term 'gift' includes benefits such as relief from indebtedness, loan concessions, or provision of services at a cost below that charged to members of the public.

4.3 Hospitality
Modest hospitality may be acceptable provided it is normal and reasonable in the circumstances e.g. lunches in the course of a working visit. Any hospitality accepted should be similar in scale to that which the NHS as an employer would be likely to offer. **All other offers of hospitality should be declined.**

Staff should register with their line manager all such modest hospitality which they wish to accept, using the hospitality register declaration form (Appendix 3). In cases of doubt, staff should seek advice from their line manager.

It may not always be clear whether an individual is being invited to an event involving the provision of hospitality (e.g. formal dinner) in a personal/private capacity or as a consequence of the position which they hold with NHS Forth Valley.

(a) If the invitation is the result of the individual's position within NHS Forth Valley, only hospitality which is modest and normal and reasonable in the circumstances should be accepted. If the nature of the event dictates a level of hospitality which exceeds this, then the individual should ensure that their line manager is fully aware of the circumstances and approves their attendance. An example of such an event might be an awards ceremony involving a formal dinner. If the line manager grants approval to attend, the individual should declare their attendance in the register of hospitality held by their line manager. The approving manager must ensure that this will not result in any future conflict of interest.

(b) If the individual is invited to an event in a private capacity (e.g. as result of their qualification or membership of a professional body), they are at liberty to accept or decline the invitation without referring to their line manager. The following matters should however be considered before an invitation to an individual acting in a private capacity is accepted.

(c) The individual should not do or say anything at the event that could be construed as representing the views and/or policies of NHS Forth Valley.

(d) If the body issuing the invitation has (or is likely to have or is seeking to have) commercial or other financial dealings with NHS Forth Valley, then it could be difficult for an individual to demonstrate that their attendance was in a private and not an official capacity. Attendance could create a perception that the individual's independence had been compromised, especially where the scale of hospitality is lavish. Individuals should therefore exercise caution before accepting invitations from such bodies and must inform their line manager.

(e) Where suppliers of clinical products provide hospitality, it should only be accepted in association with scientific meetings, clinical educational meetings or equivalent, which must be modest, normal, and reasonable in the circumstances and in line with what the NHS would normally provide. Any such hospitality should be held in appropriate venues conducive to the main purpose of the event, e.g. the sponsorship is clearly disclosed in any papers relating to the meeting; products discussed should be described in relation to the Scottish Medicines Consortium, Formulary or equivalent clinical product catalogue and the active promotion of clinical products is restricted to those in the Board's Formulary and equivalent clinical product catalogues. Any educational meetings hosted by suppliers must be approved by the line manager.

(f) Before accepting an offer of hospitality, the individual concerned should fill in a Registering Hospitality Declaration Form (attached as appendix 3) and have it approved by their line manager. A copy of the request form will be held as part of a Hospitality Register which will be available for scrutiny by the NHS Board, Corporate Management Team, members of the public or press should they request such information. The arrangements for the administration of the process will be set out locally.

NHS Forth Valley as a public body must be able to demonstrate good value when incurring expenditure. Consideration must be given to the use of NHS Forth Valley venues for hospitality and entertainment including hospitality at conferences and other external events.

All NHS Forth Valley staff who participate in or authorise the provision of hospitality involving external organisations must be able to ensure that their conduct is capable of justification in the light of the public service values outlined.

4.4 Bribery Act 2010

NHS Forth Valley will uphold all laws relevant to countering bribery and corruption, including the Bribery Act 2010 (the Act). This commitment applies to every aspect of NHS Forth Valley's activity, including dealings with public and private sector organisations and the delivery of care to patients.

The Act recognises a number of offences including the following:

- The offering, promising, or giving of a bribe (active bribery).

- The requesting, agreeing to receive or accepting of a bribe (passive bribery).

Any employee who commits active or passive bribery will be subject to disciplinary action. In addition, the matter will be referred to relevant authorities for criminal investigation.

The Act also recognises a further offence of corporate liability for failing to prevent bribery on behalf of a commercial organisation. (For the purposes of the Act, NHS Boards are considered commercial organisations.) NHS Forth Valley has put in place a range of measures intended to prevent bribery and these are subject to formal and regular review to ensure they remain fit for purpose.

4.5 Assessment and training visits for new equipment

It is not acceptable for individuals within NHS Forth Valley to accept offers of travel or overnight accommodation except where such visits do not relate to the purchase of equipment but are to do with training or familiarisation of equipment which it has already been determined will be purchased. In these circumstances it is acceptable for the cost to be met by the manufacturer or supplier.

Whilst it will be necessary for staff advising on the purchase of equipment to inspect such equipment in operation in other parts of the country or exceptionally overseas, acceptance of an offer by the manufacturer to meet the costs of such visits may cast doubts on the integrity of subsequent purchasing decisions. NHS Forth Valley will therefore meet the costs of any visits which are considered necessary. Any such visits will require to be authorised by the appropriate line manager.

4.6 Commercial Contracts

All staff who are in contact with suppliers and contractors - including external consultants - and particularly those who are authorised to sign purchase orders or place contracts for goods, materials or services are expected to adhere to professional standards as set out in the Ethical Code of the Institute of Purchasing and Supply.

4.7 Secondary Employment

Staff should seek permission from their line manager if they are planning to undertake paid work outwith their employment with NHS Forth Valley to ensure there is no conflict of interest with their post in NHS Forth Valley.

SECTION 5: ROLES AND RESPONSIBILITIES

5.1 All staff

(a) It is a basic principle in all parts of the public service that public servants must be scrupulously impartial and honest, that they must be seen to be so and that they must be beyond suspicion in all aspects of business conduct.

(b) This primary responsibility applies to **all NHS staff** - those who commit NHS resources directly e.g. by the ordering of goods, those who do so indirectly e.g. by the prescribing of medicines or those who advise on the commitment of resources. Therefore, all staff must comply with the following responsibilities:

- To ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties.

- To ensure that the interests of patients remain paramount at all times.

- To be impartial and honest in the conduct of their official business.

- To use public funds entrusted to them to the best advantage of the service, always ensuring value for money.

- Not to abuse their official position for personal gain or to benefit their family or friends.

- Not to seek to advantage or further their private business or other interests in the course of their official duties.

- Not to accept gifts or bequests which will directly or indirectly benefit them, or put pressure on patients, or others to make donations to other people or organisations.

- Not to accept gifts or hospitality liable to raise any questions regarding their judgement or impartiality. Staff should decline all offers of gifts, hospitality, or entertainment except as defined in paragraph 4.2 above.

5.2 Line Managers

Line managers are required:

- To maintain the hospitality register for their area of responsibility.
- To maintain a register of employee's private interests.
- To advise the Corporate Business Manager of the above to ensure the central organisational register is update to date.

Register of Employee's Private Interests

Declaration Form

I hereby declare the following private interests, which may be material and relevant to NHS business. This declaration is made in accordance with the terms of NHS Forth Valley's Code of Conduct.

Registerable Interest	Description of Interest
Remuneration	
Related undertaking	
Contracts	
Houses, land, and buildings	
Shares and securities	
Non-financial interests	

I understand these interests will be entered into a register held by the department manager or equivalent and which is available to the public. Any material changes to my circumstances will be notified to the department manager of equivalent, so that the information can be updated.

Signed: _____ Date: _____

Name (please print) _____

Register of Interest in respect of:

Registered Interest	Description of Interest
Remuneration	
Other Roles	
Contracts	
Election Expenses	
Houses, Land and Buildings	
Shares and Securities	
Gifts and Hospitality	
Non-Financial Interests	
Close Family Members	

Register of Interests – Guidance Notes

Remuneration

(i) I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

   a) employed;
   b) self-employed;
   c) the holder of an office;
   d) a director of an undertaking;
   e) a partner in a firm;
   f) appointed or nominated by my public body to another body; or
   g) engaged in a trade, profession or vocation or any other work.

(ii) I understand that in relation to (i) above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

(iii) I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, 'Other Roles'.

(iv) I must register any allowances I receive in relation to membership of any organisation under Category One.

(v) When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

(vi) When registering remuneration from the categories listed in paragraph (i) (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph 6.7 of the Code.

(vii) Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

(viii) When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

(ix) I understand that registration of a pension is not required as this falls outside the scope of the category.

Other Roles

(i) I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

(ii) I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Contracts

(i) I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in **Shares and Securities** below) have made a contract with my public body:

a) under which goods or services are to be provided, or works are to be executed; and

b) b) which has not been fully discharged.

(ii) I will register a description of the contract, including its duration, but excluding the value.

Election Expenses
(i) If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

Houses, Land and Buildings
(i) I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

(ii) I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Shares and Securities
(i) I have a registerable interest where:

a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or

b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Gifts and Hospitality
(i) I understand the requirements of paragraphs 3.13 to 3.21 of the Code regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Non-Financial Interests
(i) I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

Close Family Members
(i) I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

Registering of Hospitality

<u>Declaration Form</u>

Hospitality offered to: (Name, title, department)	
Person of Organisation offering or providing the Hospitality and date	
Nature of Hospitality	
Estimated or actual value of Hospitality	
Any reasons for accepting, returning or refusing the Hospitality	
Authorised by: (Please print name and title)	

Please complete this form for any hospitality received and return to your line manager.

SECTION D

The Fraud Standards and Policy

The Fraud Standards

Fraud Policy

Response Plan

Key Contacts

FRAUD POLICY

1. Introduction

1.1   One of the basic principles of public sector organisations is the proper use of public funds. It is therefore important that all those who work in the public sector are aware of the risk and the means of enforcing the rules against fraud/theft and other illegal acts involving corruption, dishonesty, or damage to property. This policy and response plan forms part of the Partnership Agreement between NHS Scotland Counter Fraud Services (CFS) and Health Boards and Appendix II of the Partnership Agreement (PA), Fraud, Bribery & Corruption Protocol (model policy and response plan) provides further detailed direction and help to staff dealing with circumstances suspected to be fraud.

1.2   NHS Forth Valley (the Board) has procedures in place that reduce the likelihood of fraud occurring. These include Standing Orders (SOs), Standing Financial Instructions (SFIs), operational procedures, a system of internal control and risk assessment. NHS Forth Valley engages CFS to promote a fraud awareness culture through a range of products and services. The Partnership Agreement (PA) includes reference to the Board and CFS proactively detecting and investigating fraud and assessing the risk of fraud and forms a key element of the Scottish Government's determination to counter fraud against NHS Scotland. This guidance is in line with the PA between NHS Forth Valley and the NHS Scotland Counter Fraud Services.
(See: Partnership Agreement (scot.nhs.uk))

2. Purpose of the Fraud Standards

2.1   The purpose of this document is to provide guidance to employees on the action, which should be taken when fraud, theft or corruption is suspected. Such occurrences may involve employees of NHS Forth Valley, Suppliers/Contractors or any third party. This document sets out the Board's policy and response plan for detected or suspected fraud. It is not the purpose of this document to provide direction on the prevention of fraud. NHS Scotland's policy on countering fraud is detailed in the Health Board Partnership Agreement 2022-25. The PA forms a key element of the Scottish Government's determination to counter fraud against NHS Scotland.

2.2   The Partnership Agreement is referenced in the Fraud section of the Scottish Public Finance Manual. This can be found at:
https://www.gov.scot/publications/scottish-public-finance-manual/fraud-and-gifts/fraud/

2.3   Whilst the exact definition of theft, fraud or corruption is a statutory matter, the following working definitions are given for guidance:

- Theft is removing property belonging to NHS Forth Valley, its staff or patients with the intention of permanently depriving the owner of its use, without their consent.
- Fraud or corruption broadly covers deliberate material misstatement, falsifying records, making or accepting improper payments or acting in a manner not in the best interest of the Board for the purposes of personal gain.

For simplicity this document will refer to all such offences as "*fraud*", except where the context indicates otherwise.

2.4   NHS Forth Valley already has procedures in place, which reduce the likelihood of fraud/theft occurring. These include within the Standing Orders, Standing Financial Instructions and accounting procedures, a system of internal control and a system of risk assessment. The Board also has a payment verification system which concentrates on Primary Care Services expenditure.

2.5 It is the responsibility of NHS Forth Valley and its management to maintain adequate and effective internal controls, which deter and facilitate detection of any fraud. The role of Internal Audit is to evaluate these systems of control. It is not the responsibility of Internal Audit to detect fraud, but rather to identify weaknesses in systems that could potentially give rise to error or fraud.

3. Public service values

3.1 The expectation of high standards of corporate and personal conduct has been a requirement throughout the NHS since its inception. MEL (1994)80, "Corporate Governance in the NHS", issued in August 1994, sets out the following public service values:

Accountability: Everything done by those who work in the organisation must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

Probity: Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, staff, suppliers and customers.

Openness: The organisation's activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff and the public.

3.2 All those who work in the organisation should be aware of, and act in accordance with, the above values. In addition, NHS Forth Valley will expect and encourage a culture of openness between NHS bodies and the sharing of information in relation to any fraud.

4. NHS Forth Valley Policy, Public Interest Disclosure Act 1998 and Bribery Act 2010

4.1 NHS Forth Valley is committed to the NHS Scotland Counter Fraud Strategy and to the public service values outlined above. NHS Forth Valley is dedicated to maintaining an honest, open and well-intentioned atmosphere within the service and to the deterrence, detection and investigation of any fraud within the organisation.

4.2 NHS Forth Valley encourages anyone having reasonable suspicion of fraud to report the incident. It is NHS Forth Valley policy that no staff member will suffer in any way as a result of reporting any reasonably held suspicions. For these purposes "*reasonably held suspicions*" shall mean any suspicions other than those which are groundless and/or rose maliciously.

4.3 In addition, the Public Interest Disclosure Act 1998 protects whistleblowers from negative treatment or unfair dismissal. The disclosure must be made in good faith and workers must have reasonable grounds to believe that criminal offences such as fraud or theft have occurred or are likely to occur. The disclosure must not be made for personal gain.

4.4 NHS Forth Valley Whistleblowing Arrangements Policy aims to ensure that staff can safely raise concerns where they are witness to risk, malpractice or wrongdoing that affects others. Employees can be assured that concerns raised in good faith will be protected under current legislation. NHS Forth Valley staff can continue to raise any concerns with their line manager in the first instance and they can also seek support and advice from Human Resources (HR), staff-side representatives and occupational health in line with existing policies and procedures. Details of the support available to staff and copies of current national and local policies (including the Bullying and Harassment Policy and Grievance Policy) can be found in the HR Connect section of the NHS Forth Valley staff intranet. Confidential Contacts are available via email on fv.confidentialcontact@nhs.scot or by telephone **01324 566415.**

4.5 Whistleblowing standards have been introduced from 1 April 2021 across NHS Scotland. The standards include the role of an Independent National Whistleblowing Officer which forms

part of the Scottish Public Services Ombudsman. The phone line, 0800 008 6112 is open to anyone who wishes to raise concerns about practices in NHS Scotland. The focus of the new National Whistleblowing Policy in NHS Scotland is to:

- help staff raise concerns as early as possible, and,
- support and provide protection for staff when they raise concerns.

The Whistleblowing standards aim to support an open fair and just culture, where concerns can be raised early and dealt with promptly and professionally. The process set out by the National Whistleblowing Standards is a formal process.

4.6 Whilst we would encourage staff to raise any concerns or complaints through existing Board procedures, the National Confidential Alert Line for NHS Scotland employees has been established to provide an additional level of support for NHS employees who may wish to raise a concern about practices in NHS Scotland. This service is run by Protect, an independent whistleblowing charity. The Alert Line offers independent, confidential advice from legally trained expert staff on whether and how to raise a concern and can be contacted on 020 74046609. Further choices available to staff, patients and members of the public for reporting suspicions of fraud (either anonymously or as a named individual) are:

- the CFS Fraud Hotline, which is now powered by Crimestoppers, on 08000 15 16 28; or
- directly through the CFS Website on www.cfs.scot.nhs.uk.

4.7 The NHS Forth Valley Policy on Standards of Personal Business Conduct describes the minimum Standards of Business Conduct expected from all NHS staff. It is the responsibility of staff to ensure that they do not place themselves in a position which risks, or appears to risk, conflict between their private interests and their NHS duties.

Under the Bribery Act 2010:
- It is a criminal offence to give, promise or offer a bribe and to request, agree to receive or accept a bribe either at home or abroad.
- The maximum penalty for bribery was increased from seven to 10 years imprisonment with an unlimited fine.
- It is a corporate offence of failure to prevent bribery by persons working on behalf of a business, which means that NHS Forth Valley can be exposed to criminal liability, punishable by an unlimited fee if it fails to prevent bribery by not having adequate procedures in place that are robust, up to date and effective. The corporate offence is not a standalone offence and will follow from a bribery/ corruption offence committed by an individual associated with NHS Forth Valley, in the course of their work. NHS Forth Valley therefore takes its legal responsibilities very seriously.

4.8 If a bribery offence is proved to have been committed by an outside body corporate with the consent or connivance of a director or senior officer of NHS Forth Valley, under the Act, the director or senior officer would be guilty of an offence (section 14 offence) as well as the body corporate which paid the bribe.

4.9 Staff must be aware that a breach of the provisions of this Act renders them liable to prosecution and may also lead to potential disciplinary action and the loss of their employment and superannuation rights within the NHS.

4.10 NHS Forth Valley does not tolerate any form of bribery, whether direct or indirect by its staff, agents or external consultants or any persons or entities acting for it or on its behalf.

4.11 The success of NHS Forth Valley anti-bribery measures depend on all employees, and those acting for NHS Forth Valley playing their part in helping to detect and eradicate bribery. Therefore, all employees and others acting for or on behalf of NHS Forth Valley are encouraged to report any suspected bribery (see sections 4.4 & 4.5 on ways of reporting).

5. Roles & responsibilities

5.1 Responsibility for receiving information relating to suspected frauds has been delegated to the Fraud Liaison Officer (FLO). This individual is responsible for informing third parties such as CFS, Internal Audit and External Audit or the Police (where appropriate) when suspicions of potential fraud are brought to their attention, either directly or indirectly. The Scheme of Delegation included as Annex D within the Standing Orders of the Board state that the Authorised Deputy FLO is the Director of Finance.

5.2 The FLO shall inform and consult the Chief Executive and/or Director of Finance in cases where the loss may be above the delegated limit or where the incident may lead to adverse publicity. The FLO will advise the Director of Finance on any potential referral to CFS. The roles and responsibilities of NHS Fraud Liaison Officers are set out within Annex B of CEL 11 (2013) Strategy to Combat Financial Crime in NHS Scotland' https://www.sehd.scot.nhs.uk/mels/CEL2013_11.pdf

5.3 Where a fraud is suspected within the service including Primary Care Services such as independent contractors providing Medical, Dental, Ophthalmic or Pharmaceutical Services, the FLO will make an initial assessment and, where appropriate, advise CFS.

5.4 The roles and responsibilities of the Board's nominated Counter Fraud Champion are set out within https://www.sehd.scot.nhs.uk/mels/CEL2013_11.pdf
The contact details of the Counter Fraud Champion (CFC) are included in the Key Contacts listed in Annex 1 below.

5.5 The Director of Human Resources, or nominated deputy, shall advise those involved in the investigation on matters of employment law and other procedural matters, such as disciplinary and complaints procedures.

5.6 Where the incident is thought to be subject to either local or national controversy and publicity then the Board and the Scottish Government Health and Social Care Directorates should be notified before the information is subjected to publicity. It should be added that under no circumstances should a member of staff speak or write to representatives of the press, TV, radio, other third parties or publicise details about a suspected fraud/theft on Social Network Sites, blogs or Twitter. Employees must ensure that no action take, could give rise to an action for slander or libel.

5.7 It is necessary to categorise the irregularity prior to determining the appropriate course of action. Two main categories exist:

- Theft, burglary and isolated opportunist offences; and

- Fraud, corruption and other financial irregularities.

5.8 The former will be dealt with directly by the Police whilst the latter may require disclosure under the SGHD NHS Circular No. HDL (2002) 23 – Financial Control: Procedure where Criminal Offences are suspected.

RESPONSE PLAN

6. Introduction

6.1 The following sections describe NHS Forth Valley's intended response to a reported suspicion of theft, fraud or corruption. It is intended to provide procedures, which allow for gathering and collating evidence in a manner that will facilitate an informed initial decision, while ensuring that evidence gathered will be admissible in any future criminal or civil action.

Each situation is different; therefore the guidance will need to be considered carefully in relation to the actual circumstances of each case before action is taken.

7. Reporting theft, fraud and corruption

7.1 Where an NHS colleague is suspected of theft, fraud or corruption then it is imperative that advice is sought from HR at the earliest opportunity. However, in the first instance any suspicion of fraud, theft or corruption should be reported to the relevant Head of Department. If the suspected theft, fraud or corruption involves the Head of Department then any suspicion should be reported in writing to a more senior officer or directly to the FLO. The contact details for the Fraud Liaison Officer are shown in the Key Contacts listed in Annex 1 below.

7.2 Once a suspicion regarding an NHS colleague has been reported then it is essential that contact should be made with HR before proceeding with any internal investigation. This will allow senior HR officers and line managers to make any decision on potential suspension or Police involvement. It will also allow discussion and agreement between the Head of Department/senior officer and HR regarding formal referral of the suspicion to the FLO. Once an agreement is reached, the suspicion and the grounds for that suspicion should be submitted to the FLO. Where the suspicion relates to potential or actual fraud or corruption, information provided will be utilised by the FLO to populate a CFS1 form for formal referral of the matter to CFS who will consider the referral and take a view on whether a criminal investigation is justified.

7.3 For incidents involving Executive Directors of the Board, the FLO should contact the Chair of the Board or the Chair of the Audit Committee. It is important to act quickly when a suspicion is reported in order to minimise further losses to the Board. This also allows action to be taken to secure evidence required for any future proceedings; criminal or disciplinary.

7.4 Where the subject of the suspected theft, fraud or corruption is not an NHS colleague then the suspicion should be reported in writing to the Head of Department. It is important to capture as much information as is readily available regarding the person (or persons) suspected of fraud, theft or corruption for reporting to the FLO. The Head of Department and the FLO will then discuss and agree the most appropriate way forward, which may or may not include reporting the matter to Police Scotland and/or CFS.

7.5 For all instances where fraud or corruption is suspected a "nominated officer" will be appointed as the main point of contact for all stakeholders. For NHS Forth Valley, this officer is the FLO (see paragraph 5.1 above). In the absence of the FLO, the Deputy FLO will deal with the issue. For incidents involving any Executive Directors of the Board, the FLO will liaise with the nominated officer, who will be the Board Chairperson. It is important to act quickly when a suspicion is reported in order to minimise further losses to the Board and to allow action to be taken to secure any evidence that may be required for any future disciplinary or criminal proceedings.

7.6 CEL 44 (2008) updated the required reporting standards in a revised SFR 18 (Scottish Financial Return). The SFR 18 forms part of the Board's annual accounts and the change was to improve reporting of all relevant items. The FLO will maintain a log of any reported suspicions of fraud, theft or corruption. The log will document, with reasons, the decision to take further action or to take no further action. The log will also record any actions taken and conclusions reached. This log will be utilised to help populate the Boards SFR 18.2 form which forms part of the Board's annual accounts.

7.7 The nominated officer should consider the need to inform the NHS Forth Valley Board, the Chief Internal Auditor, External Audit, the Police and CFS, of the reported incident. In doing so, cognisance should be taken of the following guidance:

- Inform and consult the Director of Finance and the Chief Executive at the first opportunity, in all cases where the loss may exceed the delegated limit (or such lower limit as NHS Forth Valley may determine) or where the incident may lead to adverse publicity.
- CFS should be informed immediately in all but the most trivial cases. This should be progressed via the FLO.
- If fraud or corruption is suspected, it is essential that there is the earliest possible consultation with CFS. In any event, CFS should be contacted before any overt action is taken that may alert suspects and precipitate the destruction or removal of evidence. This includes taking action to stop a loss or tighten controls.
- If a criminal act is suspected, particularly fraud or corruption, it is essential that there is the earliest possible consultation with the Police. The Police should be contacted before any overt action is taken which may alert suspects and precipitate the destruction or removal of evidence. This includes taking action to stop a loss or tighten controls.
- At the stage of contacting the Police, the FLO should contact the Director of Human Resources to consider whether/when to initiate suspension of the employee pending an enquiry.

7.8 All such contact should be formally recorded in the Log. It should be noted that staff who wish to raise concerns about unprofessional behaviour or decisions (where fraud, theft or corruption are not suspected) should do so by following the guidance contained in the NHS Forth Valley Whistleblowing Policy. Following investigation of the complaint, if improper practices or criminal offences are suspected, the matter should be referred by the investigating officer to the FLO.

8. Managing the investigation

8.1 The decision on whether a referral is progressed by CFS as a criminal investigation is usually taken following correspondence between the FLO and CFS and usually involves an initial meeting to consider the available evidence. If the referral involves an employee of the Board then HR involvement in any initial meeting is crucial to avoid any conflict with ongoing or future disciplinary processes. Normally, the manager leading the investigation will be an employee from CFS. The circumstances of each case will dictate who will be involved and when.

8.2 The manager overseeing the investigation (referred to hereafter as the "investigation manager") should initially:

- initiate a diary of events to record the progress of the investigation.
- if possible, determine the nature of the investigation i.e. whether fraud or another criminal offence. In practice it may not be obvious if a criminal event is believed to have occurred. If this is established the Police, External Audit and the Chief Executive should be informed if this has not already been done.

8.3 CFS staff, acting on behalf of the Director of Finance on any matters related to the investigation of fraud) are entitled without necessarily giving prior notice to require and receive:

a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case he shall have a duty to safeguard that confidentiality), within the confines of the data protection act;
b) Access at all reasonable times to any land, premises or employees of the Board;
c) The production or identification by any employee of any cash, stores or other property of the Board under an employee's control; and
d) Explanations concerning any matter under investigation.

8.4 If after initial CFS enquiries it is determined that there are to be no criminal proceedings then an internal investigation by NHS Forth Valley may be more appropriate. In this instance, all information/evidence gathered by CFS will be passed to NHS Forth Valley. The internal investigation will then be taken forward as appropriate in line with Employment Law, PIN guidelines and relevant HR policies such as the Management of Employee Conduct Policy.

8.5 Any formal internal investigation to determine and report upon the facts, should establish:

- the extent and scope of any potential loss.
- if any disciplinary action is required.
- the criminal or non-criminal nature of the offence (if not yet established).
- what can be done to recover losses.
- what may need to be done to improve internal controls to prevent any recurrence.

8.6 Where the report confirms a criminal act, and notification to the Police has not yet been made, then a formal report should be submitted to Police Scotland at that point.

8.7 Where recovery of a loss to NHS Forth Valley is likely to require a civil action, arising from any act (criminal or non-criminal), it will be necessary to seek legal advice through the Central Legal Office (CLO), which provides legal advice and services to NHS Scotland.

8.8 This report should form the basis of any internal disciplinary action taken. The conduct of internal disciplinary action will be assigned to the Director of Human Resources or delegated officer within the Directorate, who shall gather such evidence as necessary.

9. Disciplinary/dismissal procedures

9.1 Consideration should be made in conjunction with CFS/CFC/FLO on whether/when to suspend the employee(s) who are subject to any investigation, pending the results of the investigation. This should be carried out in line with NHS Forth Valley's Management of Employee Conduct Policy.

9.2 The disciplinary procedures of NHS Forth Valley have to be followed in any disciplinary action taken by NHS Forth Valley toward an employee (including dismissal). This may involve the person in charge of the investigation recommending a disciplinary hearing to consider the facts, reflect on the results of the investigation and recommendations on any further appropriate action, to the employee's line manager. Where the fraud involves a Primary Care Services Practitioner the Board should pass the matter over to the relevant professional body for action.

10. Gathering evidence

10.1 This policy cannot cover all the complexities of gathering evidence. Each case must be progressed based on the individual circumstances of the case, taking professional advice as necessary (including advice from CLO where deemed appropriate). Where CFS decides not to pursue a criminal investigation, for whatever reason, the recommended next steps may involve an internal, Board-level investigation. In these circumstances it is important that the gathering of evidence is carried out in a methodical and consistent way.

10.2 If a witness to the event is prepared to give a written statement, it is best practice for an experienced member of staff, preferably from the HR Directorate, to take a chronological record using the witness's own words. The witness should sign the statement only if satisfied that it is a true record of his or her own words.

10.3 At all stages of the investigation, any discussions or interviews should be documented and where feasible agreed with the interviewee.

10.4 Physical evidence should be identified and gathered together in a secure place at the earliest opportunity. An inventory should be drawn up by the investigating officer and held with the evidence. To prevent any changes being made to the original evidence, where possible, a replacement or alternative record should be implemented for business continuity. It is essential that the evidence is kept intact. If evidence consists of several items, for example a number of documents, each one should be tagged with a reference number corresponding to the written record.

11. Disclosure of loss from fraud

11.1 Guidance on the referring of losses and special payments is provided in CEL 10 (2010) – Revised Scottish Financial Return (SFR) 18: Enhanced Reporting of NHS Frauds and Attempted Frauds. This includes reporting of all forms of irregular activity which suggest that fraud may have taken place, even if the evidence is not of a standard that can be used for prosecution. Scottish Financial Return (SFR) 18.0 on Losses and Compensation Payments is submitted annually to the Audit Committee as part of the Annual Accounts. SFR 18 should include all losses, with appropriate description, aligned within the standard categories specified by the SGHSCD. External Audit should be notified of any loss as part of their statutory duties.

11.2 Management must take account of the permitted limits on writing off losses for "Category 2 Boards", as outlined in Annex C of CEL 10 (2010).

12. Police Involvement

12.1 It shall normally be the policy of NHS Forth Valley that, wherever a criminal act is suspected, the matter will be notified to the Police, as follows:

- During normal working hours, it will be the decision of the Director of Finance as to the stage that the Police are contacted. If the Director of Finance is unavailable, this decision will be delegated to the FLO.
- Outwith normal working hours, the manager on duty in the area where a criminal act is suspected should always report the matter to the Senior Manager and Executive Director On Call. It will be the decision of the Executive Director On Call as to the stage that the Police are contacted. In any case the manager on duty in the area where a criminal act is suspected should always report the matter to the Director of Finance and the FLO at the earliest possible time.

12.2 The nominated officer and investigating manager should informally notify the Police of potential criminal acts, to seek advice on the handling of each investigation at an early stage in the investigation.

12.3 Formal notification of a suspected criminal act will normally follow completion of the investigating manager's report and formal disciplinary action. It is important that the internal report is carried out in a timely manner to avoid delaying the Police investigation.

13. Press Release

13.1 To avoid potentially damaging publicity to the NHS and/or the suspect, NHS Forth Valley should prepare at an early stage, a Press release, giving the facts of any suspected occurrence and any actions taken to date e.g. suspension. The Communications Team within CFS, the CLO and the Police should agree the release where applicable.

13.2 Under no circumstances should a member of staff speak or write to representatives of the press, TV or radio, about a suspected fraud without the express authority of the Chief Executive.

13.3   The Officer in Charge of the criminal case, whether from CFS or Police Scotland, will be responsible for collaborating with the Board's communications department in relation to preparing and agreeing the timing and content of an appropriate press release.

14. Resourcing any internal investigation

14.1   The Director of Finance will determine the type and level of resource to be used in investigating any suspected fraud. The choices available will include:

- Staff from within NHS Forth Valley
- Internal Audit
- Specialist Consultant
- Police

14.2   In making a decision, the Director of Finance, should consider independence, knowledge of the organisation, cost, availability and the need for a speedy investigation. Any decision must be shown in the Log held by the Nominated Officer. A decision to take "No action" will not normally be an acceptable option unless exceptional circumstances apply.

14.3   In any case involving a suspected criminal act, it is anticipated that Counter CFS involvement will be in addition to NHS Forth Valley resources. In any case involving other suspected criminal acts, it is anticipated that Police involvement will be in addition to NHS Forth Valley resources.

15. The law and its remedies

15.1   Criminal Law - The Board shall refer all incidences of suspected fraud/criminal acts to CFS or the Police for decision by the Procurator Fiscal as to any prosecution.

15.2   Civil Law - The Board shall refer all incidences of loss through proven fraud/criminal act to the CLO for opinion, as to potential recovery of loss via Civil Law action.

Annex 1 – Key Contacts

Board Key Contacts

Role	Name	Designation	Contact Details
Fraud Liaison Officer	Anne Marie Machan	Regional Audit Manager	annemarie.machan@nhs.scot
Deputy Fraud Liaison Officer	Scott Urquhart	Director of Finance	01786 457245 scott.urquhart@nhs.scot
Counter Fraud Champion	Robert Clark	Non-Executive Member and Employee Director	01786 457226 robert.clark4@nhs.scot
Whistleblowing Champion	Gordon Johnston	Non-Executive Member and Whistleblowing Champion	Gordon.johnston@nhs.scot

External Contacts

Counter Fraud Hotline – 08000 15 16 28

National Confidential Alert Line for NHS Scotland employees - 0800 0086112

Independent National Whistleblowing Officer - 0800 008 6112
https://inwo.spso.org.uk/whistleblowing

SECTION E

Standing Financial Instructions

SECTION 1: INTRODUCTION

1.1   GENERAL

1.1.1   These Standing Financial Instructions (SFIs) are issued in accordance with the financial directions issued by the Scottish Government Health and Social Care Directorate under the provisions contained in regulation 4 of the National Health Service (Financial Provisions) (Scotland) Regulations 1974, together with the subsequent guidance and requirements contained in NHS Circular No.1974 (GEN) 88 and NHS Circular MEL (1194) 80, and shall have the effect as if incorporated in the Standing Orders of Forth Valley NHS Board. The purpose of the SFIs is to provide a sound basis for the control of Forth Valley NHS Board's financial affairs and for the regulation of the conduct of Forth Valley NHS Board, its directors, officers, and agents in relation to all financial matters in line with the Health Boards (Membership and Procedure) Regulations 2001. NHS Forth Valley is the common name of Forth Valley NHS Board. The Board's formal, legal title remains Forth Valley NHS Board and it will be identified as such in certain legal and financial documents.

1.1.2   These SFIs outline the financial responsibilities, policies, and procedures to be adopted by Forth Valley NHS Board. They are designed to ensure that Forth Valley NHS Board financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency, and effectiveness. The SFIs do not provide detailed procedural advice and should therefore be read in conjunction with all relevant Financial Operating Procedures, departmental instructions and the Scheme of Delegation adopted by the Board.

1.1.3   All Board members, officials, staff and agents of Forth Valley NHS Board shall observe these SFIs. The Chief Executive, Directors and Members of the Executive Leadership Team shall be responsible for ensuring that all staff and agents of the Board are aware of, and adhere to, the SFIs.

1.1.4   Statutory Instrument (1974) No.468 requires Directors of Finance to design, implement and supervise systems of financial control and NHS circular 1974 (GEN) 88 requires the Director of Finance to:

   (a) approve the financial systems.
   (b) approve the duties of officers operating these systems.
   (c) maintain a written description of such approved financial systems, including a list of specific duties.

1.1.5   Should any difficulties arise regarding the interpretation or application of any aspect of the SFI's then the advice of the Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the Provisions of the Board's Standing Orders.

1.1.6   Failure to comply with SFIs is a disciplinary matter, which could result in dismissal.

1.2   TERMINOLOGY

1.2.1   Any expression to which a meaning is given in Health Service Acts, or in directions made under the Acts, shall have the same meaning in these instructions; and:

   (a) "Board" means the Board of Forth Valley NHS Board or such Committee of the Board to which powers have been delegated.
   (b) "Budget" means an allocation of resources, expressed in financial terms, proposed by Forth Valley NHS Board for the purpose of carrying out, for a specific period, any, or all of the functions of Forth Valley NHS Board.

(c) "Chief Executive" means the chief officer of Forth Valley NHS Board and who is directly accountable to the Board.

(d) "Director of Finance" means the chief financial officer of Forth Valley NHS Board.

(e) "Budget Holder" means the director or officer of Forth Valley NHS Board who has the delegated authority to manage finances (income and expenditure) for a specific operational area of Forth Valley NHS Board.

(f) "Legal Adviser" means the properly qualified person appointed by Forth Valley NHS Board to provide legal advice.

1.2.2 Wherever the title Chief Executive, Director of Board, or other nominated officer is used in these instructions, it shall be deemed to include such other officers and agents who have been duly authorised to represent them.

1.2.3 References in these instructions to "officer" shall be deemed to include all employees of Forth Valley NHS Board, including nursing and medical staff, and consultants who practice upon Forth Valley NHS Board premises, as well as the staff of any agency contracted to Forth Valley NHS Board and/or performing financial functions on behalf of Forth Valley NHS Board.

1.3   RESPONSIBILITIES AND DELEGATION

1.3.1 The Board shall exercise financial supervision and control by:

(a) requiring the submission and approval of financial plans and budgets within approved allocations/overall income to a pre-determined timetable

(b) defining and approving essential features of financial arrangements in respect of important procedures and financial systems (including the need to obtain value for money)

(c) defining specific responsibilities placed on directors and officers as indicated in the Scheme of Delegation document

1.3.2 Within the SFIs it is acknowledged that the Chief Executive and Director of Finance shall have joint responsibility for ensuring that the Board meets its obligation to perform its functions within the financial resources available. The Chief Executive has overall responsibility for the Board's activities and is responsible to the Board for ensuring containment within the Board's Revenue Resource Limit, Capital Resource Limit and Cash Limit.

1.3.3 The Chief Executive is also the Accountable Officer for Forth Valley NHS Board as defined under the Public Finance and Accountability (Scotland) Act 2000 and is personally responsible to the Scottish Parliament. The specific responsibilities of the Chief Executive as Accountable Officer are set out in Section 2.

1.3.4 Forth Valley NHS Board shall delegate executive responsibility for the performance of its functions to the Chief Executive and the Executive Leadership Team (ELT). Members of the ELT will exercise financial supervision and control by requiring the submission and approval of financial plans within approved allocations, by defining and approving essential features of financial arrangements in respect of important procedures and financial systems, including the need to obtain value for money and by defining specific responsibilities placed on our officers.

1.3.5 So far as is possible, the Chief Executive and Director of Finance will delegate their detailed responsibilities but retain their overall accountability. The extent of delegation will be kept under review by the Board.

1.3.6 Without prejudice to any other functions of officers of Forth Valley NHS Board, the Director of Finance shall be responsible for:

(a) provision of financial advice to the Board and its officers

(b) setting the Board's accounting policies consistent with Scottish Government and Treasury guidance and generally accepted accounting practice

(c) supervising the implementation of the Board's financial strategies and for co-ordinating any corrective action necessary to further these strategies

(d) ensuring that sufficient records are maintained to show and explain Forth Valley NHS Board transactions, in order to disclose, with reasonable accuracy, the financial position of Forth Valley NHS Board at any time

(e) the design, implementation, and supervision of systems of financial control incorporating the principles of segregation of duties and internal checks

(f) the preparation and maintenance of such accounts, certificates, estimates, records, and reports as the Board may require for the purpose of carrying out its statutory duties and responsibilities

1.3.7   All directors and officers of Forth Valley NHS Board, severally and collectively, are responsible for:

(a) the security of Forth Valley NHS Board property

(b) avoiding loss

(c) exercising economy and efficiency and securing best value in the use of Forth Valley NHS Board resources; complying with the requirements of:

- Standing Orders (including the Scheme of Delegation)
- Standing Financial Instructions
- Financial Operating Procedures
- the NHS Scotland conduct policy and the Board's local business code of conduct   policy.

1.3.8   The form in which financial records are kept and the manner in which duties are discharged by all directors and officers of Forth Valley NHS Board who carry out a financial function must be to the satisfaction of the Director of Finance and in line with the Public Records Scotland Act 2011, data protection legislation (consisting primarily of the UK-GDPR and Data Protection Act 2018), the Freedom of Information (Scotland) Act 2002, and the Board's Information Governance policies and procedures.

1.3.9   Any contractor, agent or employee of a contractor who is empowered by Forth Valley NHS Board to commit Forth Valley NHS Board to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

SECTION 2: RESPONSIBILITIES OF HEALTH BOARD CHIEF EXECUTIVE AS ACCOUNTABLE OFFICER

2.1   INTRODUCTION

2.1.1   In accordance with part 2 section 15 of the Public Finance and Accountability (Scotland) Act 2000, the Principal Accounting Officer for the Scottish Government has designated the Chief Executive of Forth Valley NHS Board as Accountable Officer.

2.1.2   Accountable Officers must comply with the terms of annex 2 of the Scottish Public Finance Manual (SPFM), and any updates issued to the manual by the Principal Accountable Officer for the Scottish Government.

2.2 GENERAL RESPONSIBILITIES

2.2.1 The Accountable Officer is personally answerable to the Scottish Parliament for the propriety and regularity of the public finances for NHS Forth Valley. The Accountable Officer must ensure that Forth Valley NHS Board takes account of all relevant financial considerations, including any issues of propriety, regularity, or value for money, in considering policy proposals relating to expenditure, or income.

2.2.2 It is incumbent upon the Accountable Officer to combine their duties as Accountable Officer with their duty to the Forth Valley NHS Board, to whom they are responsible, and from whom they derive their authority. The Forth Valley NHS Board is in turn responsible to the Scottish Parliament in respect of its policies, actions, and conduct.

2.2.3 The Accountable Officer has a personal duty of signing the Annual Accounts of Forth Valley NHS Board and for their proper presentation as prescribed in legislation and/or in the relevant Accounts Direction issued by the Scottish Ministers. Consequently, they may also have the further duty of being a witness before the Audit Committee of the Scottish Parliament and be expected to deal with questions arising from the Accounts, or, more commonly, from reports made to Parliament by the Auditor General for Scotland.

2.2.4 The Accountable Officer must ensure that any arrangements for delegation promote good management, and that they are supported by the necessary staff with an appropriate balance of skills. This requires careful selection and development of staff and the sufficient provision of, or access to, specialist skills and services. The Accountable Officer must ensure that staff are as conscientious in their approach to costs not borne directly by NHS Forth Valley (such as costs incurred by other public bodies, or financing costs, e.g., relating to banking and cash flow) as they would be where such costs directly borne.

2.3 SPECIFIC RESPONSIBILITES

2.3.1 The Accountable Officer must:

(a) ensure that from the outset, proper financial systems are in place and applied, and that procedures and controls are reviewed from time to time to ensure their continuing relevance and reliability, especially at times of major changes.

(b) sign the Annual Accounts and the associated governance statement, and in doing so accept personal responsibility for their proper presentation as prescribed in legislation and/or relevant Accounts Direction issued by Scottish Ministers.

(c) ensure that proper financial procedures and systems of internal control are followed and that accounting records are maintained in a form suited to the requirements of management as well as in the form prescribed for published Accounts as per the NHS Scotland Annual Accounts Manual.

(d) ensure that the public funds for which the Accountable Officer is responsible are properly managed and safeguarded, with independent and effective checks of cash balances in the hands of any official.

(e) ensure that the assets for which the Accountable Officer is responsible, such as land, buildings, or other property, including stores and equipment, are controlled, and safeguarded with similar care, and with checks as appropriate.

(f) ensure that, in the consideration of policy proposals relating to expenditure, or income, for which the Accountable Officer has responsibility, all relevant financial considerations, including any issues of propriety, regularity or value for money, are

considered, and where necessary brought to the attention of the Board.

(g) ensure that any delegation of authority is accompanied by clear lines of control and accountability, together with reporting arrangements.

(h) ensure that any procurement activity is conducted in accordance with the requirements in the procurement section of the SPFM and all relevant procurement legislation and regulations as they apply to the NHS in Scotland.

(i) ensure that effective management systems appropriate for the achievement of the organisation's objectives, including financial monitoring and control systems have been put in place.

(j) ensure that risks, whether to achievement of business objectives, regularity, propriety, or value for money, are identified, that their significance is assessed and that systems appropriate to the risks are in place in all areas to manage them.

(k) ensure that arrangements have been made to secure best value as set out in the SPFM.

(l) ensure that managers at all levels have a clear view of their objectives and the means to assess and measure outputs or performance in relation to these objectives.

(m) ensure managers at all levels are assigned well defined responsibilities for making the best use of resources (both those assumed by their own commands and any made available to third parties) including a critical scrutiny of outputs, outcomes, value for money and compliance with any conditions of funding awards/grants.

(n) ensure that managers at all levels have the information (particularly about costs), training and access to the expert advice which they need to exercise their responsibilities effectively.

(o) ensure that the common seal of the Board is held securely by the Corporate Business Manager who shall be responsible for its safe custody and for recording its use.

(p) Ensure that any document or proceeding requiring authentication by the Board by affixation of its common seal shall be subscribed by the Chief Executive and Director of Finance.

(q) to ensure where a document requires for the purpose of any enactment or rule of law relating to authentication of documents under the Law of Scotland, or otherwise requires to be authenticated on behalf of the NHS Board, it shall be signed by an Executive Director of the NHS Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the provisions of the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the NHS Board procedures have been received. A document executed by the NHS Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.

2.4 REGULARITY AND PROPRIETY OF EXPENDITURE

2.4.1 The Accountable Officer has a particular responsibility for ensuring compliance with parliamentary requirements in the control of expenditure. A fundamental requirement is that funds should be applied only to the extent and for the purposes authorised by Parliament in Budget Acts (or otherwise authorised by section 65 of the Scotland Act 1998).

2.4.2 Parliament's attention must be drawn to losses or special payments by appropriate notation of the Board's Accounts. In the case of expenditure approved under the Budget Act, any payments must be within the scope and amount specified in that Act. In cases not covered by the Budget Act, e.g. in connection with a service not contemplated when the Budget Bill was presented; the Accountable Officer must ensure that the Scottish Government Health and Social Care Directorate is informed in order that appropriate advice can be given, and if necessary parliamentary procedures followed.

2.4.3 The Accountable Officer will advise the Forth Valley NHS Board, as appropriate, on all matters of financial probity and regularity, on prudent and economical administration; efficiency and effectiveness and, in particular, will provide assurance that expenditure by NHS Forth Valley complies with Parliamentary requirements, relevant legislation and relevant guidance issued by the Scottish Ministers in particular the SPFM. In meeting these requirements, the Accountable Officer must:

- Not exceed the revenue resource limit (RRL) (taking one year with another).
- Draw the attention of Parliament to losses or payments by appropriate notation of the statutory accounts.
- Obtain approval from the Scottish Government Health and Social Care Directorate for any expenditure which exceeds the Board's RRL or is not covered by standing delegated authorities e.g. losses and special payments in excess of specific delegated limits or expenditure which is considered novel, contentious or repercussive.
- Ensure that all items of expenditure, including payments to staff, fall within the legal powers of the Forth Valley NHS Board, are exercised responsibly and with due regard for probity and value for money.
- Comply with guidance issued by the Scottish Government Health and Social Care Directorate on classes of payments and authorise personally, such payments as termination payments to other Chief Officers.

SECTION 3: ALLOCATIONS, BUSINESS PLANNING, BUDGETS AND BUDGETARY CONTROL

3.1 GENERAL

3.1.1 The Board is required by statutory provisions made under Section 85 of the National Health Service (Scotland) Act (1978), as amended by the Health Services Act 1980, to perform its functions within the total funds allocated by the Scottish Ministers. All plans and financial approval systems shall be designed to meet this obligation.

3.2 ALLOCATIONS

3.2.1 The Director of Finance of the Board will review, as a minimum annually, the bases and assumptions used for distributing allocations to ensure such allocations are fair, realistic, and secure the Board's entitlement to funds.

3.3 BUSINESS PLANNING AND BUDGETS

3.3.1 The Chief Executive will prepare, and submit to the board for approval, an Annual Delivery Plan. The delivery plan will reflect financial targets and forecast limits of available resources and will describe the planning assumptions and the necessary changes in workload, delivery of services or resources required to achieve the plan.

3.3.2 The Director of Finance shall, on behalf of the Chief Executive, prepare and submit to the Board, an annual financial plan. The financial plan will incorporate both revenue and

capital expenditure within the limits of available funds as determined by the notified allocations and will align to the annual delivery plan. The financial plan will be submitted to the Board for approval in March, in advance of the financial year to which it relates.

3.3.3   The Director of Finance shall ensure that the delivery plan and the financial plan are reconcilable to budgets and reflect t h e outcome of discussions and consultation with the ELT, the Performance and Resources Committee and other stakeholders. As a consequence, the Director of Finance shall have right of access to all budget holders on all and any budgetary related matters.

3.4   BUDGETARY CONTROL

3.4.1   The Board shall delegate the management of the Financial Plan to the Chief Executive. The Chief Executive within limits approved by the Board, can delegate responsibility for a budget or part of a budget to individual Senior Managers. The terms of delegation shall include, in writing, a clear definition of individual responsibilities for control of expenditure, exercise of virement, achievement of performance levels and the provision of regular reports on the discharge of these delegated functions. The delivery of this delegation shall be included within the performance review of appropriate officers.

3.4.2   In performance of their duties:

(a)   The Chief Executive will not exceed the budgetary or virement limits or exclusions set by the Board or by the Scottish Government Health and Social Care Directorate.

(b)   Senior Managers will not exceed the budgetary or virement limits set by the Board and Chief Executive.

(c)   The Chief Executive may exercise virement or vary the budgetary limit of a Senior Manager within the Chief Executives own budgetary limit.

3.4.3   The Board shall approve and review annually a Scheme of Delegation that will form part of the Standing Orders of the Board. The Scheme of Delegation shall specify: -

(a)   areas of responsibility

(b)   nominated officers

(c)   financial value

(d)   virement levels

3.4.4   Expenditure for which no provision has been made in approved plans and budgets and outwith delegated virement limits may only be incurred after authorisation by the Chief Executive or the Director of Finance acting on their behalf, or the NHS Board dependent on the nature and level of expenditure. There shall be a financial limit of £500,000 in respect of the delegated authority of the Chief Executive on a non-recurring basis (no individual item shall exceed £100,000). The Director of Finance shall have authority within the Chief Executive's limit of £250,000.

3.4.5   The Director of Finance, on behalf of the Chief Executive, shall monitor the financial performance against the plan, the use of delegated budgets to ensure that financial control is maintained, and that the Board's plans and policies are implemented.

3.4.6   The Director of Finance has a responsibility to ensure that adequate training is delivered on an on-going basis to budget-holders to help them to manage successfully.

3.4.7 The Director of Finance shall ensure that:

(a) the system of internal financial controls is sufficient and adequate to ensure the achievement of objectives and compliance with standards and regulations.

(b) adequate statistical and financial systems are in place to monitor and control all agreements for patients' services and facilitate the compilation of estimates, forecasts and investigations as may be required.

(c) reports provide all financial, statistical, and other relevant information as necessary for the compilation of estimates and forecasts.

(d) the Chief Executive and the Board are informed of the financial consequences of changes in policy, pay awards and other events and trends affecting budgets or projections and shall advise on the financial and economic aspects of future plans and projects.

(e) the issue of timely, accurate and comprehensible advice, and monthly financial reports to each budget holder, covering the areas for which they are responsible.

(f) The provision of financial information as per the requirements of extant Integration Schemes to support Chief Finance Officers in their role as section 95 Officers for the Integration Joint Board.

3.4.8 The Director of Finance shall provide the Board with regular financial reports including, but not limited to, the following details: -
- analysis of all income and expenditure to date and a forecast year-end position;
- progress in delivering agreed cost improvement plans & efficiency savings;
- movements in working capital;
- capital project spend and projected outturn against plan;
- explanation of significant variances from plan plus corrective action if appropriate, including an assessment as to whether such actions are sufficient to correct the situation;
- monitoring of management action to correct variances;
- cash spending to date and forecast year-end position;
- report on budgetary transfers and virement.

SECTION 4: HEALTH AND SOCIAL CARE INTEGRATION

4.1 GENERAL

4.1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 established the framework for the integration of adult health and social care services in Scotland. Two Integration Joint Boards (IJBs) have been established in Forth Valley under the body corporate arrangement. The approved Integration Schemes set out the detail of the integration arrangement, including those functions delegated by NHS Forth Valley to the IJBs.

4.2 FINANCIAL ARRANGEMENTS

4.2.1 Each partner will agree an annual payment to the IJB in advance of financial year to which it relates as per the requirements of the extant Integration Schemes. The value of the annual payment will be informed by Scottish Government policy and the preparation of a business case by each IJB. The business case will summarise the funding requirements and financial planning assumptions of the IJB and will form the basis of initial negotiations with the NHS Board and Local Authority as to level of payment/funding contributions for the forthcoming financial year.

4.2.2 In subsequent financial years the NHS Board will evaluate the case for the Integrated Budget against its other priorities and will agree its contributions accordingly. The business case put forward by the IJB will be evidenced based and will detail assumptions made.

4.2.3 Following agreement of the payment to the IJB by the NHS Board and Local Authority, the IJB Chief Officer and Chief Finance Officer will prepare a financial plan to support achievement of the IJB's approved Strategic Plan. To deliver the strategic plan, the IJB will commission services from the NHS Board and Local Authority by issuing a Direction.

4.2.4 In line with the provisions of sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014, Directions are the mechanism by which the IJB's strategic commissioning plan is actioned and they represent the legal basis for the NHS Board and Local Authority to deliver services which are under the control of the IJB. The Direction from the IJB must set out how services are to be delivered and funded (including details of the funding source, distinguishing between sums Set Aside or a payment from the IJB to the NHS Board via the integrated budget).

4.2.5 Following receipt of a Direction from the IJB (assuming paragraph 4.2.6 below does not apply), the NHS board will adjust the relevant Set Aside or Health and Social Care Partnership (HSCP) operational or universal budget and will inform budget holders accordingly. HSCP budget holders are responsible for ensuring all transactions processed by the NHS Board comply with these SFIs and any associated detailed procedural NHS guidance deemed relevant to the transaction.

4.2.6 If the NHS Board does not believe the direction can be achieved for the payment being offered, then it shall notify the IJB as soon as possible that additional funding would be necessary to comply with the direction.

4.3 DELEGATED AUTHORITY

4.3.1 Where a manager has delegated authority for integrated health and social care expenditure, they must ensure the VAT treatment is in line with the guidance issued by the Integrated Resource Advisory Group and HMRC. If in doubt they should seek advice from the Director of Finance and/or IJB Chief Finance Officer.

4.3.2 Where a Local Authority employee has been given delegated authority for an integrated budget that includes NHS transactions, a signed declaration confirming that they have received and will comply with these SFIs is required. This should also be signed by the IJB Chief Officer, who will further undertake to pursue any breaches of the NHS SFIs through the Local Authority line management structure if required.

4.3.3 The Integration Scheme includes further detailed guidance on the financial governance and financial management arrangements for IJBs.

SECTION 5: COMMISSIONING OF HEALTHCARE

5.1 FINANCIAL TARGETS

5.1.1 The Scottish Government sets 3 budget limits at a Health Board level on an annual basis. These limits are:
(a) Revenue Resource Limit: a resource budget for ongoing operations;
(b) Capital Resource Limit: a resource budget for net capital investment;
(c) Cash requirement: a financing requirement to fund the cash consequences of the ongoing operations and net capital investment.

5.1.2 Health Boards are required to contain their net expenditure within these limits and will report on any variation from the limits as set.

5.1.3 The Director of Finance shall be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the Board to fulfil its statutory responsibility while achieving its financial targets.

5.2 GENERAL - HEALTH NEEDS ASSESSMENT

5.2.1 The Director of Public Health, on behalf of the Chief Executive, is responsible for the production of Health Needs Assessments and for the monitoring of Health Status and overall population health.

5.2.2 The Health Needs Assessment Reports incorporate historical and projected financial information. The Director of Finance is responsible for the provision of historical financial details and for the financial impact/implication of each Needs Assessment.

5.3 GENERAL - HEALTH PLANNING

5.3.1 The Chief Executive is responsible for the production of the Corporate Plan (Healthcare Strategy). The Corporate Plan will be informed amongst others by

(a) plans arising from Health Needs Assessments

(b) socio-demographic trends

(c) public consultation

(d) resource availability

(e) Business unit pressures

5.3.2 Planning groups may be established to prepare health strategies or develop plans for individual care groups or non-delegated service areas that are not part of integrated health and social care services. The Director of Finance has responsibility for ensuring that where appropriate the remit of such groups outlines the financial parameters within which the group may operate. On occasion these groups may also cover non-delegated Local Authority services. In this instance the parameters should be agreed with the appropriate individuals within Local Authorities.

5.3.3 The Director of Finance is responsible for the provision of financial advice and plans in respect of the affordability of the Corporate Plan.

5.4 PRIMARY HEALTH CARE

5.4.1 Primary Health Care Services include:

(a) all Family Health Services

(b) Staff employed by NHS Forth Valley that are attached to specific GP Practices eg District Nursing

(c) General Medical Services (GMS) IT

(d) Services provided as part of the Primary Care Improvement Plan

5.4.2 Primary Healthc are Services fall within the scope of Integration Authorities and are hosted by Falkirk IJB. Resources are allocated from both IJBs to the NHS Board via Direction in line with IJB Strategic Commissioning Plans. Any variations proposed to budgets must be approved by the IJB Chief Finance Officer.

5.5 COMMUNITY SERVICES

5.5.1 Community Services include:
   (a) mental health (inclusive of elderly, frail elderly, long-stay, and community)

   (b) learning disability

   (c) palliative hospice care

   (d) community health services

   (e) drugs and alcohol

   (f) healthcare in prisons

5.5.2 The vast majority of local Community Health Care Services fall within the scope of integration authorities and are operationally managed by IJB Chief Officers through their role as Director of the Health and Social Partnership. Any variations proposed to budgets relating to IJB delegated services must be approved by the relevant IJB Chief Finance Officer.

   For community services that are not delegated to IJBs , resources are transferred on a monthly basis in accordance with the annual financial plan and any subsequent agreed variations. Any approved budget adjustments are processed through the Service Agreement Variation (SAV) process in year. Such variations must be approved by the Director of Finance of Forth Valley NHS Board.

5.5.3 NHS Boards outwith the Forth Valley area may also provide Community services to local residents. In such instances service level agreements will be prepared. Resources are transferred on a monthly basis in accordance with the annual financial plan and any subsequent agreed variations. Such variations must be signed by both the Director of Finance of the Forth Valley NHS Board and the Director of Finance of the appropriate Health Board.

5.6 INPATIENT AND OTHER HOSPITAL BASED SERVICES

5.6.1 These include:
   (a) Emergency and urgent care

   (b) Acute inpatients and Community Hospital beds

   (c) Ambulatory Care and Day Surgery

   (d) Outpatient Services

   (e) Cancer Services

   (f) Allied Health Professionals

   (g) Diagnostic Services

   (h) Women and Children Services

5.6.2 Inpatient and other hospital-based services are operationally managed by the Director of Acute Services. However, an element of this budget is "set aside" by NHS Forth Valley and made available to the IJBs for inclusion in their Strategic Plan as per the extant Integration Schemes.

5.6.3 Set aside, also referred to as Large Hospital Services, is defined as services which are carried out in a hospital setting and provided for the areas of two or more Local Authorities. They typically include services relating to unscheduled care and whilst operational management and financial risk for the Set Aside budgets remains with NHS Forth Valley, the IJBs have a strategic planning role in relation to these services.

5.6.4 Resources for Inpatient and other hospital-based services which are categorised as set aside are allocated from the Integration Authority via direction in line with their Strategic Commissioning Plans. Any variations proposed to set aside budgets must be approved by the Director of Finance of Forth Valley NHS Board and the relevant IJB Chief Finance Officer.

5.6.5 Resources in respect of Inpatient and other hospital based services that are not part of set aside are operationally managed by the Director of Acute Services. Resources for these service areas are transferred on a monthly basis in accordance with the annual financial plan and any subsequent agreed variations. Any approved budget adjustments are processed through the Service Agreement Variation (SAV) process in year. Such variations must be approved by the Director of Finance of Forth Valley NHS Board.

5.6.6 NHS Boards outwith the Forth Valley area may also provide these services to local residents. In such instances service agreements will be prepared. Resources are transferred on a monthly basis in accordance with the annual financial plan and any subsequent agreed variations. Such variations must be signed by both the Director of Finance of the Forth Valley NHS Board and the Director of Finance of the appropriate Health Board.

SECTION 6: BANKING AND INVESTMENTS

6.1 INTRODUCTION

6.1.1 The Director of Finance is responsible for managing Forth Valley NHS Board's banking arrangements and for advising Forth Valley NHS Board on the provision of banking services and the operation of bank accounts. This advice will take into account such guidance and directions as may be issued by the Scottish Government Health and Social Care Directorate.

6.2 BANK ACCOUNTS

6.2.1 The Director of Finance is responsible for:

(a) Establishing exchequer bank accounts as directed by Scottish Government Health and Social Care Directorate;
(b) establishing separate bank accounts for Forth Valley NHS Board non exchequer funds;
(c) ensuring payments made from accounts do not exceed the amount credited to the account except where arrangements have been made;
(d) reporting to the Board all arrangements made with Forth Valley NHS Board bankers for accounts to be overdrawn.

6.2.2 In line with the SPFM, all NHS Boards are required to hold their core bank accounts with the Scottish Government Banking Service (GBS). NHS Boards are also permitted to hold

non-GBS bank accounts with other approved commercial banks but must ensure that the net balance of all non-GBS accounts does not exceed £50,000 as per HDL (2001) 49.

6.2.3   All funds shall be held in accounts in the name of Forth Valley NHS Board. No officer other than the Director of Finance plus one other signatory shall open or close any bank account in the name of Forth Valley NHS Board.

6.2.4   The Director of Finance will advise the Bankers in writing of the conditions under which each account shall be operated.

6.3   BANKING PROCEDURES

6.3.1   The Director of Finance shall prepare procedural instructions on the operation of accounts. These instructions must include:

(a)   the conditions under which each account is to be operated;

(b)   the limit to be applied to any overdraft;

(c)   those authorised to sign cheques or other payments on Forth Valley NHS Board accounts.

6.3.2   The Director of Finance shall ensure appropriate arrangements are in place for the use of debit/credit card transactions.

6.3.3   The Accounting Services Manager shall advise the bankers of the officers authorised to release money from or make electronic payment from each bank account.

6.3.4   The Accounting Services Manager shall notify the bankers promptly of the cancellation of any authorisation to draw on Forth Valley NHS Board accounts

6.3.5   Where an agreement is entered into with a Health Board or other body for payment to be made on behalf of Forth Valley NHS Board from bank accounts maintained in the name of that Health Board or other body, or by electronic funds transfer via the Bankers' Automated Clearing System (BACS), the Director of Finance shall ensure that satisfactory security regulations of the Health Board or other body relating to any such accounts exist and are observed.

6.4   INVESTMENTS

6.4.1   Temporary cash surpluses shall be held only in accordance with the SPFM and guidance issued by the Scottish Government Health and Social Care Directorate.

6.4.2   In line with the SPFM, all temporary cash surpluses will be held in the core GBS accounts in order to maximise funds available to the UK Exchequer, thus reducing the cost of government borrowing to fund cash deficits or increasing government income from interest earned on cash surpluses. Amounts may be transferred to the commercial bank accounts as required provided that these balances do not exceed £50,000.

SECTION 7: CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

7.1   CAPITAL INVESTMENT

7.1.1   The overall control of all capital investment and fixed assets shall be the responsibility of the Chief Executive, as advised by the Director of Finance.

7.1.2 Whilst the Board reserves decision making with regard to the Five Year Capital Plan and the Annual Capital Plan, the Chief Executive:

(a) shall ensure that there is an adequate appraisal and approval process in place for determining capital investment priorities and the effect of each proposal on the Board Health Strategy and Annual Delivery Plan in accordance with the guidance contained in the Scottish Capital Investment Manual (SCIM).

(b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost.

(c) will ensure that capital investment is not undertaken without confirmation of the availability of resources to finance all revenue consequences.

7.1.3 The Chief Executive will also ensure that, for every capital expenditure proposal:

(a) where required, a business case is prepared setting out an option appraisal of potential benefits compared with known costs to determine the option with the most favourable ratio of benefits to costs in accordance with the guidance contained in the Scottish Capital Investment Manual (SCIM).

(b) the Director of Finance has certified professionally to the costs and revenue consequences.

(c) appropriate project management and control arrangements are set in place.

7.1.4 On approval of a capital investment scheme in accordance with the Scheme of Delegation, the Director of Finance shall issue written communication to the manager responsible for the capital investment project confirming the following:

(a) specific authority to commit expenditure;

(b) authority to proceed to tender;

(c) authority to accept a successful tender.

7.1.5 The Director of Finance shall ensure that procedures are in place for the regular reporting of actual expenditure against authorisation of capital expenditure.

7.1.6 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of the Scottish Capital Investment Manual (SCIM).

7.1.7 The Chief Executive will issue a scheme of delegation for capital investment management which will be in accordance with:

(a) SCIM guidance

(b) Forth Valley NHS Board Standing Orders

(c) the schedule of financial limits

7.1.8 Competitive tendering processes as per Section 8 must be followed with the exception being when the supply is proposed under special arrangements negotiated by the Scottish Government in which event the said special arrangements must be complied with. This is

applicable to processes under the auspices of nationally approved procurement programmes, including Frameworks Scotland and Hub Company, where the formal tendering process has been deemed to have been completed in arriving at the principal supply chain partners.

7.1.9 The Director of Finance will issue procedures governing the financial management of capital investment projects, including variations to contract and valuation for accounting purposes.

7.2 PRIVATE FINANCE

7.2.1 When Forth Valley NHS Board proposes to use finance, which is to be provided other than through NHS Finances (as determined by its Capital Allocation), the following procedures shall apply:

(a) the Director of Finance shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector;

(b) where the sum involved exceeds the limits of approval delegated to the Board, a business case must be prepared, and approved by the Board;

(c) the Business case must then be referred to the Scottish Government Health and Social Care Directorate for approval.

7.3 FIXED ASSET REGISTERS

7.3.1 The Chief Executive who has overall control of fixed assets will delegate responsibility for ensuring the maintenance of registers of assets and for prescribing the form and content of any register and the method of updating.

7.3.2 The minimum data set to be held within these registers shall be as specified in the NHS Scotland Capital Accounting Manual as issued by the Scottish Government Health and Social Care Directorate.

7.3.3 A fixed asset control procedure shall be approved by the Director of Finance. This procedure shall make provision for:

(a) recording the managerial responsibility for each asset

(b) identification of additions and disposals

(c) physical security of assets

(d) periodic verification of the existence of condition of and title to assets

7.3.4 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:

(a) properly authorised and approved agreements, architect's certificates, supplier's invoices, and other documentary evidence in respect of purchases from third parties

(b) stores requisitions and wages records for own materials and labour including appropriate overheads

(c) lease agreements in respect of assets held under a finance lease and capitalised

7.3.5 The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

7.3.6 The value of each asset shall be indexed to current values in accordance with the methods specified in the NHS Scotland Capital Accounting Manual as issued by the Scottish Government Health and Social Care Directorate.

7.3.7 The value of each asset shall be depreciated using methods and rates as specified in the NHS Scotland Capital Accounting Manual as issued by the Scottish Government Health and Social Care Directorate.

7.3.8 Registers shall also be maintained by responsible nominated officers and receipts retained for:
(a) equipment on loan; and
(b) all contents of furnished lettings.

7.3.9 On the closure of any facility, a check shall be carried out and a responsible officer will certify an inventory of items held pending eventual disposal.

7.3.10 The Director of Finance shall approve a procedure for the calculation and payment of capital charges as specified in the NHS Scotland Capital Accounting Manual issued by the Scottish Government Health and Social Care Directorate.

7.4   SECURITY OF ASSETS

7.4.1 The Chief Executive is responsible for the overall control of the fixed assets of Forth Valley NHS Board, but all staff have a responsibility for the security of property of the Board. It shall be the responsibility of senior staff in all disciplines to apply appropriate routine security practices in relation to NHS property. Persistent breach of agreed security practices should be reported to the Chief Executive.

7.4.2 Wherever practicable, items of equipment shall be indelibly marked as Forth Valley NHS Board property.

7.4.3 The Director of Finance shall prepare procedural instructions on the security and checking and disposal of assets (including cash, cheques, and negotiable instruments, and also including donated assets). This procedure shall make provision for:

(a) recording managerial responsibility for each asset

(b) identification of additions and disposals

(c) identification of all repairs and maintenance expenses

(d) physical security of assets

(e) periodic verification of the existence of condition of, and title to, assets recorded

(f) identification and reporting of all costs associated with the retention of an asset

(g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments

7.4.4 Any damage to Forth Valley NHS Board premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Directors, Heads of Service or employees in accordance with the procedure for reporting losses.

SECTION 8: PURCHASING OF SUPPLIES AND SERVICES

8.1   DELEGATION OF AUTHORITY

8.1.1   The Forth Valley NHS Board will approve the total level of non-pay expenditure on an annual basis and the Director of Finance will determine the level of delegation to budget holders.

8.1.2   The Director of Finance will set out:

(a)   the list of managers who are authorised to approve requisitions for the supply of goods and services;

(b)   the maximum level of each requisition and the process for authorisation above that level;

(c)   the procedures to be adopted for the seeking of professional advice regarding the supply of goods and services.

8.1.3   All non-pay expenditure will be incurred within the limits of the non-pay budgets delegated to budget holders.

8.1.4   Section 21 sets out Standards of Business Conduct, which must be adhered to by members and officers of Forth Valley NHS Board.

8.2   SYSTEMS AND PROCEDURES FOR REQUISITIONING, ORDERING AND RECEIVING GOODS AND SERVICES

8.2.1   Supplies and services must be purchased through national contracts including framework agreements in accordance with CEL 05 (2012) where these are available. Only in exceptional circumstances and only with the authority of the Head of Procurement and the Director of Finance shall supplies and services available on contract be ordered outwith national contracts.

8.2.2   All formal contract arrangements must meet Information Governance requirements including appropriate patient confidentiality, information security, data protection and Freedom of Information requirements. The Head of Information Governance should be contacted for clarification in terms of use of standard wording and to resolve any queries that arise. The Caldicott Guardian has overall responsibility for Patient Information security.

8.2.3   Standard wording for inclusion within contracts has been prepared and the Head of Procurement should be contacted to confirm/advise on standard clauses. The Head of Procurement is responsible for compliance with this component of SFIs and ensuring compliance with CEL 05 (2012).

8.2.4   In line with the Procurement Reform (Scotland) Act 2014 competitive tenders for the supply of all goods and services not available to the Board through national or regional contracts will be invited by advertising on the Public Contracts Scotland website unless:

(a)   the estimated value of the contract is (exclusive of VAT):

- less than £50,000 for building and engineering works
- less than £50,000 for other supplies
- less than £1,000 for disposals

(b) the supply or disposal is for goods or services of a special nature or character in respect of which it is not possible or desirable to obtain competitive tenders;

(c) in cases of emergency where it is not practicable or where the delay would result in further expense to the NHS Board. Such cases must be reported immediately to the Chief Executive.

8.2.5 A minimum of 3 written quotations shall be obtained from firms on approved lists (where possible) where the expenditure will be more than £5,000 but less than £50,000.

8.2.6 Where competitive tenders have been obtained, the lowest cost shall normally be accepted or, for disposals, the highest sales price. If other than the lowest (highest for disposals) is being recommended, the approval of the Chief Executive or the Director of Finance shall be obtained before acceptance and the reasons entered in the Register of Tenders.

8.2.7 Any Board Member or Officer concerned with a contract who has a pecuniary interest in that contract shall declare his interest in writing to the Chief Executive who shall maintain a register of all such declarations. The NHS Board Member or Officer concerned must withdraw from the decision-making process of the purchasing/contracting arrangements concerning that item. (See Section 21 – Standards of Business Conduct).

8.2.8 The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for Forth Valley NHS Board. In so doing, the advice of Forth Valley NHS Board's sourcing adviser on supply shall be sought. Where this advice is not acceptable to the requisitioner, the Director of Finance (and/or the Chief Executive) shall be consulted before any order is placed.

8.2.9 The Director of Finance shall:

(a) advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds must be incorporated in Forth Valley NHS Board Standing Financial Instructions and regularly reviewed; and

(b) prepare procedural instructions on the obtaining of goods, services and works, incorporating the thresholds set by the Board.

8.2.10 No order may be placed for any item, or items, for which there is no budget provision unless authorisation is provided by the Director of Finance on behalf of the Chief Executive.

8.2.11 All goods, services, or works must be ordered on an official order through the Board's electronic purchase to pay system ie the Professional Electronic Commerce Online System (PECOS) except for works and services executed in accordance with a contract and purchases from petty cash. Suppliers/Contractors shall be notified that they should not accept orders unless they are generated through PECOS.

8.2.12 Managers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

(a) all contracts, leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of any commitment being made;

(b) contracts above specified thresholds are advertised and awarded in accordance with European Commission (EC) and General Agreement on Tariffs and Trade (GATT) rules and comply with other such legislation relating to public procurement;

(c) where consultancy advice is being obtained, the procurement of such skills must be in accordance with guidance issued by the Scottish Government Health and Social Care Directorate;

(d) in accordance with Section 21 – Standards of Business Conduct, no order is issued for any item, or items, to any firm which has made an offer of gifts, reward or benefit to Directors or employees, other than:

- isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars
- conventional hospitality, such as lunches in the course of working visits

(e) verbal orders are only issued in exceptional circumstances, in cases of emergency or urgent necessity, and only by an officer designated by the Chief Executive; these must be confirmed by an official order no later than the next working day, and clearly marked "Confirmation Order;"

(f) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

(g) goods are not taken on trial or loan in circumstances that could commit Forth Valley NHS Board to a future uncompetitive purchase;

(h) changes to the list of directors/employees authorised to certify invoices are notified to the Accounting Services Manager;

(i) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance;

(j) petty cash records are maintained in a form as determined by the Director of Finance.

8.2.13 All tenders shall be addressed to the Chief Executive.

8.2.14 Official orders must:

(a) be consecutively numbered

(b) be in a form approved by the Director of Finance

(c) include such information concerning prices or costs as may be appropriate

(d) incorporate an obligation on the contractor to comply with the conditions printed thereon as regards delivery, carriage, documentation, variations, etc.

8.2.15 The Chief Executive must ensure that Forth Valley NHS Board Standing Orders and SFIs are compatible with guidance issued by the Scottish Government Health and Social Care Directorate in respect of building and engineering contracts (PROCODE) and land and property transactions (ESTATECODE). The technical audit of these contracts shall be the responsibility of the relevant Director. The Director of Finance shall ensure that the arrangements for financial control and audit of building and engineering contracts and property transactions comply with the guidance contained within these codes.

8.2.16 In accordance with Scottish Procurement Policy Note SPPN 2/2010 any contractor or sub-contractor performing security industry services will be required to be registered with the SIA Approved Contractors Scheme for the category of security service being provided/performed under the contract.

SECTION 9: INCOME, FEES AND CHARGES, SECURITY OF CASH AND OTHER NEGOTIABLE INSTRUMENTS

9.1   INCOME SYSTEMS

9.1.1   The Director of Finance shall be responsible for designing and maintaining systems for the proper recording and collection of all monies due, including income due under service agreements for the provision of patient care services. The Director of Finance shall be responsible for establishing reliable systems for financial coding to properly record all transactions.

9.2   FEES AND CHARGES

9.2.1   Forth Valley NHS Board shall follow the guidance and advice of the Scottish Government Health and Social Care Directorate in setting prices for Service Agreements.

9.2.2   The Director of Finance is responsible for approving and regularly reviewing the level of fees and charges other than those determined by the Scottish Government Health and Social Care Directorate or by Statute.

9.2.3   All officers shall inform the Accounting Services Manager of money due to Forth Valley NHS Board arising from transactions which they initiate, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

9.3   DEBT RECOVERY

9.3.1   The Director of Finance is responsible for taking appropriate recovery action on all outstanding debts.

9.3.2   Income not received should be dealt with in accordance with losses procedures.

9.3.3   All staff dealing with income transactions are responsible for ensuring that underpayments against sums due are prevented, but where these occur, recovery action as determined by the Director of Finance should be initiated.

9.3.4   The Director of Finance shall establish procedures for the write-off of debts after all reasonable steps have been taken to secure payment.

9.4   SECURITY

9.4.1   All receipt books, tickets, agreement forms or other means of officially acknowledging or recording amounts received or receivable shall be in a form approved by the Director of Finance. Such stationery shall be ordered and controlled by the Director of Finance and subject to the same precautions as are applied to cash.

9.4.2   All officers whose duty it is to collect or hold cash shall be provided with a safe or with a lockable cash box, which will normally be deposited in a safe. The officer concerned shall hold only one key and all duplicates shall be lodged with the Board's bankers or other officer authorised by the Director of Finance, and suitable receipts obtained. The loss of any key shall be reported immediately to the Director of Finance. The Director of Finance, on receipt of a satisfactory explanation, shall authorise the release of the duplicate key. The Director of Finance shall arrange for all new safe keys to be dispatched directly to him from the manufacturers. The Director of Finance shall be responsible for maintaining a register of authorised holders of safe keys.

9.4.3 All cash, cheques, postal orders, and other forms of payment received by an officer other than the cashier shall be entered immediately in an approved form of register. All cheques and postal orders shall be crossed immediately 'Not negotiable - A/C Forth Valley NHS Board'. The remittances shall be passed to the cashier from whom a signature shall be obtained.

9.4.4 The opening of coin operated machines (including telephones) and the counting and recording of takings shall be undertaken by two officers together, at frequent intervals, and the coin box keys shall be held by a nominated officer. A reconciliation of monies collected should be carried out.

9.4.5 The Director of Finance shall prescribe the system for the transporting of cash and un-crossed pre-signed cheques and shall approve, where appropriate, the use of the services of a specialist security firm.

9.4.6 Official money shall not, under any circumstances, be used for the encashment of private cheques.

9.4.7 All cheques, postal orders, cash etc. shall be promptly banked intact in accordance with the relevant Financial Operating Procedure to the credit of the main receipts account. Disbursements shall not be made from cash received except under arrangements approved by the Director of Finance.

9.4.8 The holders of safe keys shall not accept unofficial funds for depositing in their safes.

9.4.9 During the absence (e.g. due to annual leave) of the holder of a safe key or cash box key, the officer who acts in their place shall be subject to the same controls as the normal holder of the key. There shall be written discharge for the safe and/or cash box contents on the transfer of responsibilities and the discharge document must be retained for inspection.

9.4.10 All cheques shall be in a form approved by the Director of Finance. All unused cheques and other orders shall be ordered and controlled by them and subject to the same security precautions as are applied to cash. Bulk stocks of cheques shall normally be retained by the Board's Bankers and released by them only against a requisition signed in accordance with instructions issued by the Director of Finance.

9.4.11 The use of cheques with a pre-printed signature included shall be subject to such special security precautions as may be required from time-to-time by the Director of Finance.

9.4.12 Any loss or shortfall of cash, cheques, or other negotiable instruments, however occasioned, shall be reported immediately in accordance with the agreed procedure for reporting losses. (See Section 12 on Condemnations, Losses and Special Payments).

9.5   OTHER

9.5.1 Staff, on appointment, shall be informed in writing by the appropriate departmental or Senior Manager, of their responsibilities and duties for the collection, handling or disbursement of cash, cheques etc and must familiarise themselves with the relevant Financial Operating Procedure.

SECTION 10: TERMS OF SERVICE AND PAYMENT OF DIRECTORS AND STAFF

10.1   REMUNERATION AND TERMS OF SERVICE

10.1.1 The Board shall establish a Remuneration Committee whose composition and remit will be set out in the Forth Valley NHS Board's standing orders contained in the code of Corporate Governance.

10.1.2 The Remuneration Committee will operate within the Terms of Reference described in the Forth Valley NHS Board's standing orders contained in the code of Corporate Governance.

10.1.3 The remuneration of the Chairperson and Non-Executive Directors will be set in accordance with the instructions issued by the Scottish Ministers.

10.1.4 The Committee shall report in writing to the Board the bases for its recommendations. The Board shall use the report as the basis for their decisions but remain accountable for taking decisions on the remuneration and terms of service of executive directors.

10.2   FUNDED ESTABLISHMENT

10.2.1 The establishment plans incorporated within the annual budget will form the funded establishment of the Forth Valley NHS Board.

10.2.2 The Director of Finance shall be responsible for designing a system of funded establishment control. The funded establishment of any department may only be varied in accordance with the approved establishment control system. As part of this, any changes in the funded establishment will require approval from the relevant professional lead, particularly in relation to skill mix changes.

10.3   STAFF APPOINTMENTS

10.3.1 No director or officer may engage, re-engage or re-grade staff, either on a permanent or temporary basis, or hire agency staff, or agree to changes in any aspect of remuneration unless

   (a)   so authorised by the Chief Executive; and

   (b)   within the limit of the approved budget and funded establishment.

10.3.2 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, conditions of service, job evaluation etc. for employees.

10.3.3 A certified appointment form and such other documents as may be required shall be sent to HR connect for approval immediately upon the employee commencing duty. It is the responsibility of the Manager who is receiving the new team member to complete any paperwork or input information to the electronic employee support systems (eESS) as appropriate.

10.4   CONTRACT OF EMPLOYMENT

10.4.1 Each employee shall be issued with a Contract of Employment by the Director of Human Resources, which shall comply with current employment legislation and be in a form approved by the Board.

10.4.2 The Director of Human Resources shall be responsible for dealing with variations to, or

termination of, contracts of employment, including appropriate record-keeping.

10.5 STAFF CHANGES

10.5.1 A variation to contract of employment shall be issued in all cases of changes to existing contract.

10.5.2 Confirmation of a change in the status of employment shall be completed and submitted electronically via eESS.

10.5.3 Termination of employment must be processed via eESS immediately upon the effective date of an employee's resignation, retirement or termination being known. Where an employee fails to report for duty in circumstances which suggest they have left without notice, the Director of Human Resources and the Payroll Manager shall be informed as soon as possible.

10.6 PAYROLL

10.6.1 All pay records, related electronic records and their notification shall be in a form approved by the Director of Finance and shall be certified and submitted in accordance with their instructions.

10.6.2 The Director of Finance shall be responsible for the final determination of any pay including verification that the rate of pay and relevant conditions of service are in accordance with current agreements, the proper compilation of the payroll and for payments made.

10.6.3 The Director of Finance shall determine the dates on which the payment of salaries and wages are to be made, having regard to the general rule that it is undesirable to make payments in advance.

10.6.4 All employees shall be paid monthly in arrears by BACS unless otherwise agreed by the Director of Finance.

10.6.5 All staff have a responsibility to ensure they are being paid correctly. Staff must report immediately to the Payroll Manager any irregular payment which has been made from funds for payroll purposes.

10.7 TRAVEL AND OTHER STAFF EXPENSES

10.7.1 The Board will reimburse reasonable expenses which have been necessarily and exclusively incurred by employees while engaged on approved NHS Forth Valley business in accordance with the relevant terms and conditions of employment.

10.7.2 All expenses claims must be submitted via the NHS Scotland electronic expenses system, or where this is not possible, on the relevant NHS Scotland expenses claim form (there are separate forms for Medical & Dental staff, Agenda For Change staff and leased car users). Claims must be submitted within a maximum of 3 months of the expenses being incurred by the employee. Claims submitted outwith this period will not be reimbursed unless there are exceptional circumstances which must be notified to the Payroll Team in writing by the Service Manager of the Department. A final decision on whether the claim should be reimbursed will rest with the Director of Finance.

10.7.3 The Director of Finance shall reimburse all expenses claimed by employees of the Board or outside parties in line with the relevant Agenda For Change regulations, General Whitley Council regulations, Hospital, Medical and Dental Whitley Council regulations and His Majesty's Revenue & Customs (HMRC) regulations, as appropriate. Arrangements for

the certification of such claims by the appropriate Head of Department shall be subject to the approval of the Director of Finance.

10.7.4 The Director of Finance shall ensure that HMRC regulations with regard to travel and other staff expenses are complied with.

SECTION 11: PAYMENTS FOR ACCOUNTS AND CLAIMS

11.1 RESPONSIBILITIES FOR NOTIFYING AND MAKING PAYMENTS

11.1.1 All employees must comply with the approved scheme of delegation contained in the Board's Standing Orders when initiating all non-pay transactions.

11.1.2 The Director of Finance shall be responsible for the prompt payment of all properly authorised accounts and claims. Payment of contract invoices shall be undertaken promptly in accordance with contract terms, or otherwise, in accordance with the Scottish Government prompt payment policy.

11.1.3 All Directors, officers and agents shall inform the Director of Finance promptly of all monies payable by Forth Valley NHS Board arising from transactions which they initiate, including contracts, leases, tenancy agreements and other transactions.

11.1.4 Payments to independent Family Health Service Practitioners and all associated administration has been delegated to NHS National Services Scotland (NSS) under a Partnership Agreement. NSS will act as agents of the Board in accordance with the Partnership Agreement.

11.2 SYSTEMS AND PROCEDURES FOR MAKING PAYMENTS

11.2.1 The Director of Finance shall be responsible for designing and maintaining a system for the verification, recording and payment of all amounts payable by Forth Valley NHS Board. The system shall provide for:

(a) a list of officers authorised to certify invoices, together with specimens of their signatures

(b) certification that:

- where contracts are based on measurement of time, materials, or expenses, that each are in accordance with the appropriate independent certified measures

- where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained

- the account is arithmetically correct

- the account is in order for payment

(c) a timetable and system for submission to the Director of Finance of accounts for payment; provision shall be made for the early submission of accounts where cash discounts can be obtained or for those accounts which otherwise require early payment;

(d) instructions to employees regarding the handling and payment of accounts by the Accounts Payable team;

(e) a process which ensures that payment for goods and services is only made once the goods and services have been received by Forth Valley NHS Board (except as allowed for below)

11.2.2 In the case of contracts for building or engineering works, which require payment to be made on account during progress of the works, the Director of Finance shall make payment on receipt of a certificate from the appropriate technical consultant. Without prejudice to the responsibility of any consultant or works officer appointed to a particular building or engineering contract, a contractor's account shall be subject to such financial examination by the Director of Finance and such general examination by a works officer as may be considered necessary, before the person responsible to Forth Valley NHS Board for the contract, issues the final certificate.

11.2.3 Where a contract is based on the measurement of time, materials or expenses, the checks to be carried out must provide confirmation that:

(a) the time charged is in accordance with the time sheets

(b) the rates of labour are in accordance with the appropriate rates

(c) the materials have been checked as regards quantity, quality, and price

(d) the charges for the use of vehicles, plant and machinery have been examined

11.2.4 Where an officer certifying accounts or claims relies upon other officers to do preliminary checking, they shall, ensure that those who check delivery or execution of work act independently of those who have placed orders and negotiated prices and terms.

11.3   OTHER

11.3.1 All employees must comply with the NHS Scotland Conduct policy and the local standards of business conduct policy. Any query on the application of the standards must be raised with the Director of Human Resources.

SECTION 12: CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

12.1   FRAUD POLICY AND RESPONSE PLAN

12.1.1 The Director of Finance shall prepare a Fraud Policy and Response Plan which shall be approved by the Board.

12.2   DISPOSALS AND CONDEMNATIONS

12.2.1 The Director of Finance shall prepare detailed procedures for the disposal of assets including condemnations and ensure that these are notified to managers.

12.2.2 When it is decided to dispose of an asset, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

12.2.3 All unserviceable articles shall be:

(a) condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance;

(b) recorded by the condemning officer in a form approved by the Director of Finance,

which will indicate whether the articles are to be converted, destroyed, or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

12.2.4 The condemning officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report such evidence to the Director of Finance who will take the appropriate action.

12.3 LOSSES AND SPECIAL PAYMENTS

12.3.1 The Director of Finance shall prepare procedural instructions on the recording of and accounting for losses and special payments.

12.3.2 Any officer discovering or suspecting a loss of any kind shall forthwith inform his Head of Department, who shall immediately inform the Chief Executive and Director of Finance.

12.3.3 Where a criminal offence is suspected, the Board's Fraud Policy and Response Plan will be implemented.

12.3.4 The Director of Finance shall notify the Scottish Government Health and Social Care Directorate of all losses and special payments, including those arising from fraud in accordance with CEL (2010) 10 and report this via Scottish Financial Return (SFR) 18.0 to 18.2.

12.3.5 For losses apparently caused by theft, fraud, arson, neglect of duty or gross carelessness, except if trivial and where fraud is not suspected, the Director of Finance shall immediately notify:

(a) the Forth Valley NHS Board

(b) the Statutory Auditor

12.3.6 All reported instances of fraud (including any relating to independent Family Health Services Practitioners) and other cases as may be determined by Scottish Government Health and Social Care Directorate, will be referred to the NHS Scotland Counter Fraud Service in accordance with guidance received from Scottish Government Health and Social Care Directorate.

12.4 WRITING OFF OF LOSSES

12.4.1 The Director of Finance shall maintain a losses and compensation register in which details of all losses shall be recorded, as they are known. Write-off action shall be recorded against each entry in the register.

12.4.2 The Chief Executive and Director of Finance acting jointly will approve the writing off of losses within the delegated limits to the Board. The Director of Finance will make recommendations to the Board for the writing off of losses and compensation, which exceed the delegated limits of Forth Valley NHS Board.

12.4.3 The Director of Finance shall be authorised to take any necessary steps to safeguard Forth Valley NHS Board interest in bankruptcies and company liquidations.

12.4.4 No special payments exceeding the delegated limits determined by the Board shall be made without the prior approval of the Director of Finance.

12.4.5 Losses are classified in accordance with the relevant SFRs as outlined in the NHS

Scotland Accounts Manual issued by the Scottish Government Health and Social Care Directorate.

12.4.6 The delegated limits of authority for each type of loss are contained in the Scheme of Delegation included in the Board's Code of Corporate Governance.

SECTION 13: ENDOWMENTS AND TRUST FUNDS (NON-EXCHEQUER FUNDS)

13.1   INTRODUCTION

13.1.1 Endowment and Trust Funds are those gifts, donations and endowments made under the relevant charities legislation and held on trust for purposes relating to the National Health Service, the objects of which are for the benefit of the National Health Service in Scotland. They are administered by the Board acting as trustees or by Special Trustees appointed by the Scottish Ministers or by other persons under a trust. An Endowments Committee will be responsible for the management of Forth Valley NHS Board Endowment and Trust Funds.

13.1.2 The discharge of the Board's corporate trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence, and propriety.

13.1.3 These Standing Financial Instructions shall apply equally to Non-Exchequer Funds as to other funds except that expenditure from Non-Exchequer Funds shall be restricted to the purpose(s) of the appropriate Fund.

13.1.4 The Director of Finance shall maintain such accounts and records as may be necessary to record and protect all transactions and funds of Forth Valley NHS Board as trustees of non-exchequer funds, including an Investments Register.

13.1.5 All share and stock certificates and property deeds shall be deposited either with Forth Valley NHS Board Bankers or Investment Advisers, or in a safe, or a compartment within a safe, to which only a designated responsible officer will have access.

13.1.6 The Director of Finance shall prepare detailed procedural instructions concerning the receiving, recording, investment, and accounting for endowment funds.

13.1.7 The Director of Finance shall be required to advise the Board on the financial implications of any proposal for fund raising activities, which Forth Valley NHS Board may initiate, sponsor, or approve.

13.1.8 The Director of Finance shall be kept informed of all enquiries regarding legacies and shall keep an appropriate record. After the death of a testator all correspondence concerning a legacy shall be dealt with on behalf of Forth Valley NHS Board by the Director of Finance who alone shall be empowered to give an executor a good discharge.

13.1.9 Endowment and Trust Funds shall be invested by the Director of Finance in accordance with Forth Valley NHS Board policy and subject to statutory requirements. The Director of Finance shall have authority to obtain professional advice on investments.

13.1.10 Where it becomes necessary for Forth Valley NHS Board to obtain Grant of Probate, or to make application for grant of letters of administration, in order to obtain a legacy due to Forth Valley NHS Board under the terms of a Will, the Director of Finance shall be Forth Valley NHS Board nominee for the purpose.

SECTION 14: INFORMATION MANAGEMENT

14.1   RESPONSIBILITIES

14.1.1 The Chief Executive shall be responsible for ensuring the maintenance of archives for all documents required to be retained under the direction contained in CEL (31)2010 and the requirements of the Freedom of Information Act 2002 and the Public Records (Scotland) Act 2011.

14.1.2 The documents held in archives shall be capable of retrieval by authorised persons. Stirling University provides archive services for the Board.

14.1.3 Documents held shall only be destroyed at the express instigation of the Chief Executive in line with approved retention schedules.

14.1.4 The Director of Finance will act as Senior Information Risk Officer (SIRO) for NHS Forth Valley. The SIRO is a mandatory role for public sector organisations and has oversight of information risks within the organisation. The SIRO will inform and advise the board on how to mitigate these risks in accordance with the organisation's risk appetite.

14.1.5 The Director of Finance shall be primarily responsible for the accuracy and security of the computerised financial data of Forth Valley NHS Board and will formally record this is part of the Board's Information Asset Register.

14.2   FINANCIAL SYSTEMS MANAGEMENT

14.2.1 The Board's financial system (eFinancials) is a national single instance financial system operated and maintained by NHS Ayrshire and Arran on behalf of all NHS Boards in Scotland. The eFinancials software is supplied and supported by Advanced and interfaces with a number of NHS Scotland's procurement, payroll and payment systems. An annual service audit is commissioned by NHS Ayrshire and Arran to provide assurance to all NHS boards that appropriate and effective system controls are in place.

14.2.2 The Director of Finance shall:

(a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of Forth Valley NHS Board and individuals from inappropriate use or misuses of any financial and other information held on computer files, for which he is responsible after taking into account relevant legislation (including UK-GDPR and the Data Protection Act 2018), the Network and Information Systems Regulations 2018, the Freedom of Information (Scotland) Act 2002, and the Computer Misuse Act 1990.

(b) ensure that adequate data controls exist over data entry, processing, storage, transmission, and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system, including the use of any external agency arrangement.

(c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance, and amendment.

(d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as they may consider necessary are being carried out.

(e) ensure that contingency planning is undertaken and that adequate contingency arrangements are in place.

14.2.3 The Director of Finance shall satisfy themself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them prior to implementation.

14.2.4 Where computer systems have an impact on corporate financial systems the Director of Finance shall satisfy themself that:

(a) systems acquisition, development and maintenance are in line with corporate policies such as the Digital Healthcare Strategy

(b) data produced for use with financial systems is adequate, accurate, complete, timely and in a form determined by the Director of Finance, and that a management (audit) trail exists

(c) finance staff have access to such data

(d) such computer audit reviews as are considered necessary are being carried out

SECTION 15: INTERNAL AND EXTERNAL AUDIT

15.1 AUDIT AND RISK COMMITTEE

15.1.1 In accordance with Standing Orders (and as set out in DL (2019) 02 and the Blueprint for good governance in NHS Scotland 2nd edition published in Nov 2022), the Board shall establish an Audit and Risk Committee which will provide an independent and objective view of when considering the following;

(a) Internal control and corporate governance

(b) Internal Audit including the approval of the Strategic Audit Plan

(c) External Audit

(d) Standing Orders and Standing Financial Instructions

(e) Accounting Policies

(f) Annual Accounts (including the schedule of losses and compensations)

(g) Risk Management

15.1.2 Where the Audit and Risk Committee consider there is evidence of ultra-vires transactions, evidence of improper acts, or if there are other important matters that the Committee wish to raise, the Chairperson of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the Scottish Government Health and Social Care Directorate.

15.1.3 It is the responsibility of the Director of Finance to ensure an adequate internal audit service is provided to Forth Valley Health Board and that this is reviewed regularly by the Audit Committee. The Audit Committee should be consulted on any decision to change the internal audit service provider and shall participate in the selection process for any new service provider.

15.2 DIRECTOR OF FINANCE

15.2.1 The Director of Finance shall be responsible for ensuring that internal audit is adequate for the needs of Forth Valley Health Board and meets the NHS mandatory audit standards. The Director of Finance will ensure that there are arrangements to measure, evaluate and report on the effectiveness of internal control and efficient use of resources by the establishment of an adequate internal audit function headed by a Chief Internal Auditor of sufficient status.

15.2.2 It shall be the responsibility of the Director of Finance to review, appraise, and to report to management upon the adequacy of follow-up action to Audit Reports in accordance with the policy approved by the Audit Committee, which shall be reviewed at least biennially.

15.2.3 The Director of Finance shall ensure that an annual internal audit report is prepared by the Chief Internal Auditor and presented to the Audit Committee, in accordance with its timetable which contains:

(a) a clear statement on the adequacy and effectiveness of internal control

(b) details of major internal control weaknesses discovered

(c) a summary of progress against plan in the previous year

(d) quality measures as defined within the service specification

15.2.4 The Director of Finance shall be notified immediately whenever any matter arises which involves, or is thought to involve, irregularities involving cash, stores, other property of Forth Valley Health Board, or any suspected irregularity in the exercise of any function of a financial nature and shall inform the Chief Internal Auditor. The Director of Finance shall comply with the requirements of the Scottish Government Health and Social Care Directorate and of the Board's Fraud Policy in the resolution of these matters.

15.3 INTERNAL AUDIT

15.3.1 The Chief Internal Auditor shall be responsible directly to the Director of Finance for the provision of a professional and comprehensive Internal Audit Service to Forth Valley Health Board. In carrying out this responsibility the Chief Internal Auditor shall normally attend the meetings of the Audit and Risk Committee and will have the right of direct access to the Chief Executive, the Chairperson, or other members of the Audit and Risk Committee.

15.3.2 The objectives and scope of Internal Audit are set out in the Public Sector Internal Audit Standards (PSIAS) and the Board's approved audit charter. Internal Audit will review, appraise, and report upon:

(a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures

(b) the adequacy and application of financial and other related management controls

(c) the suitability of financial and other related management data

(d) the extent to which Forth Valley Health Board assets and interests are accounted for and safeguarded from loss of any kind, arising from:
- fraud and other offences
- waste, extravagance, or inefficient administration
- poor value for money

- other causes.

15.3.3 The Chief Internal Auditor shall be entitled, without necessarily giving prior notice, to require and receive:

(a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case he shall have a duty to safeguard the confidentiality);

(b) access to any land, premises, or employee of the Board;

(c) the production or identification by any employee of any Board cash, stores, or other property under the employee's control;

(d) explanations concerning any matter under investigation or review.

15.3.4 Where a matter arises which involves, or is thought to involve, irregularities concerning cash, stores or other property of the Board, or any suspected irregularity in the function of a pecuniary nature, officers shall act in accordance with the provisions of Section 12 of the SFIs, the Board's Fraud Policy, relevant Financial Operating Procedures and the requirements of the Scottish Government Health and Social Care Directorate.

15.3.5 The Chief Internal Auditor shall report in accordance with the reporting protocol approved by the Audit Committee which shall be reviewed at least biennially.

15.3.6 Counter Fraud Service (CFS) staff acting on the Director of Finance's behalf may require and receive access to:

- All records, documents and correspondence relating to transactions relevant to an investigation.

- At all reasonable times to any premises or land of NHS Forth Valley.

15.4 EXTERNAL AUDIT

15.4.1 The External Auditors for Forth Valley Health Board are appointed by the Auditor General for Scotland. The audit appointments are rotated on a five year cycle in order to maintain External Auditors' independence.

15.4.2 The appointed External Auditor's statutory duties are contained in the Public Finance and Accountability (Scotland) Act 2000 and these are undertaken from a wider perspective than audits conducted in the private sector.

15.4.3 The External Auditor is concerned with providing an independent assurance of the Board's financial stewardship including value for money, probity, material accuracy, compliance with guidelines and accepted accounting practice for NHS accounts. However they will also consider additional aspects or risks in financial management, financial sustainability, vison, leadership and governance and the use of resources to improve outcomes.

15.4.4 The appointed External Auditor has a general duty to satisfy themself that:

(a) The Board's accounts have been properly prepared in accordance with the directions given under the Public Finance and Accountability (Scotland) Act 2000

(b) Proper accounting practices have been observed in the preparation of the accounts

(c) The Board has made proper arrangements for securing best value in the use of its

resources

15.4.4 Additionally, Audit Scotland's Code of Audit Practice which covers the conduct of the audit, requires the appointed External Auditor to consider whether the statement of accounts represents a true and fair view of the financial position of the Board.

15.4.5 The External Auditor is required to provide an Audit Certificate and opinion to Forth Valley Health Board, Scottish Ministers and Audit Scotland. They are also required to submit a final report to members of Forth Valley Health Board, which summarises significant matters arising during the statutory audit. The auditor will also normally issue management letters to the Chief Executive and the Director of Finance highlighting any significant matters during the course of the audit.

15.4.6 The appointed External Auditor has special duties to report directly to the Auditor General should he have reason to believe that a Board decision would involve unlawful expenditure or would be unlawful and cause a loss or deficiency.

SECTION 16: ANNUAL ACCOUNTS AND REPORTS

16.1 GENERAL

16.1.1 Forth Valley NHS Board is required under the terms of Section 86(3) of the National Health Service (Scotland) Act 1978 to prepare and submit Annual Accounts to Scottish Ministers.

16.1.2 The Director of Finance, on behalf of the Forth Valley NHS Board, shall prepare, certify, and submit annual accounts to the Chief Executive in such a form as directed by the Scottish Ministers and in accordance with the guidance and timetable laid down by the Scottish Government Health and Social Care Directorate.

16.1.3 The Board's Annual Accounts must be independently audited by an auditor appointed by the Auditor General for Scotland under the terms and provisions of the Public Finance and Accountability (Scotland) Act 2000.

16.1.4 On receipt of the audited Annual Accounts and the associated Management Letter, the Director of Finance shall:

(a)   present the proposed management response for consideration by the Audit and Risk Committee; and
(b)   ensure that the accounts are submitted by the 30th of June each year to the Scottish Government to be laid before Parliament before being published.

16.1.5 The Director of Finance shall prepare and submit annually a financial report to the Board detailing the overall performance for the preceding financial year.

16.1.6 The Board shall produce an Annual Report to accompany the Annual Accounts in accordance with the NHS Scotland Manual for Accounts,

SECTION 17: STORES AND RECEIPT OF GOODS

17.1 GENERAL RESPONSIBILITIES

17.1.1 The Chief Executive shall delegate to an officer of Forth Valley NHS Board the responsibility for the overall control of stores.

17.1.2 The Director of Finance shall be responsible for design and implementation of the systems of control.

17.1.3 The day to day management of stores may be delegated to departmental officers and Stores Managers/Keepers, subject to such delegation being entered in a record available to the Director of Finance.

17.2 SECURITY ARRANGEMENTS

17.2.1 The responsibility for security arrangements and the custody of keys for all stores locations shall be clearly defined in writing by an officer delegated by the Chief Executive and agreed with the Director of Finance.

17.3 SYSTEMS AND STORES CONTROL

17.3.1 All stores' records shall be in such form and shall comply with such system of control as the Director of Finance shall approve.

17.3.2 The Director of Finance shall set out procedures and systems to regulate stores transactions including records for receipt of goods from store and returns to store.

17.3.3 Wherever practicable stocks shall be marked as health service property.

17.3.4 Controlled stores and department stores established for immediate use should be:

(a) maintained at the minimum practicable store levels related to operational requirements
(b) subject to a regular stock takes (either as part of a rolling programme or a full annual stock take)
(c) valued at the lower of cost or net realisable value

17.3.5 The nominated manager/pharmaceutical officer shall be responsible for a system, approved by the Director of Finance, for a review of slow moving and obsolete items and for the condemnation, disposal, and replacement of unserviceable articles. The designated officer shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice (See Section 12). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

17.3.6 Stock levels should be kept to a minimum consistent with operational efficiency.

17.3.7 Stocktaking arrangements shall be agreed with the Director of Finance, with either an agreed physical rolling programme of stock takes throughout the year or a full annual stock take. However, depending on the value and marketability of some items, a system of perpetual inventory checking may be applied.

17.3.8 Those stores designated by the Director of Finance as comprising more than 7 days of normal use should be:

(a) subjected to annual or continuous stock-take
(b) valued at the lower of cost and net realisable value

SECTION 18: PATIENTS' PROPERTY

18.1   GENERAL

18.1.1 Forth Valley NHS Board has a responsibility under the Adults With Incapacity (Scotland) Act 2000 to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.

18.1.2 The Chief Executive shall be responsible for informing patients or their guardians, as appropriate, before or at admission, that the Board will not accept responsibility or liability for patient's property brought into health service premises, unless it is handed in for safe custody and a copy of an official patient's property record is obtained as a receipt.

18.1.3 The Director of Finance shall provide detailed written instructions for the receipt, custody, recording, safekeeping, and disposal of patient's property (including instructions on the disposal of the property of deceased patients and patients transferred to other premises) for all staff who have responsibility for the property of patients. The Director of Finance will also have procedures in place to deal with the loss of patients' property.

18.1.4 Where Scottish Government Health and Social Care Directorate instructions require the opening of separate accounts for patients' monies as part of Corporate Appointee duties, these shall be opened and operated under arrangements agreed by the Director of Finance.

18.1.5 In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments, Act 1965), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.

18.1.6 Staff should be informed on appointment, by the appropriate departmental or senior manager, of their responsibilities and duties for the administration of the property of patients. Staff will be expected to familiarise themselves with the relevant financial operating procedures in respect of patients property.

18.1.7 Where patients' property or income is received for specific purposes and held for safekeeping, the property of income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

18.1.8 The Director of Finance shall prepare an abstract of receipts and payments of patients' private funds in the form laid down in the Board Manual for Accounts. This abstract shall be audited independently and presented to the Audit Committee annually, with the auditor in attendance at the meeting.

SECTION 19: RISK MANAGEMENT

19.1   GENERAL

19.1.1 The Chief Executive shall ensure that Forth Valley NHS Board has a risk management strategy which sets out the principles and approaches to risk management that will be followed in relation to risks that could threaten achievement of business objectives. The risk management strategy will be approved and monitored by the Forth Valley NHS Board.

19.1.2 The programme of risk management shall include, inter alia:

a)   a process for identifying and quantifying risks and potential liabilities and addressing

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b) engendering among all levels of staff a positive attitude towards the control of risk
c) management processes to ensure that all significant risks and potential liabilities are addressed, including effective systems of internal control and decisions on the acceptable level of retained risk
d) contingency plans to offset the impact of adverse events
e) audit arrangements including external and internal audit, clinical audit, health, and safety review
f) arrangements to review the risk management programme
g) development of a financial risk management strategy to cope with possible in-year variations to the initially set budget

19.1.3 The existence, integration and evaluation of the above elements will provide a basis for the Audit and Risk Committee to make a statement on the effectiveness of internal control and corporate governance to Forth Valley NHS Board.

SECTION 20: PRIMARY CARE CONTRACTORS

20.1   GENERAL

20.1.1 The Practitioner and Counter Fraud Services Division (PCFS) of NHS National Services Scotland (NSS) is the payment agency for all Family Health Service (FHS) contractor payments due to:

(a) General Practitioners
(b) Dentists
(c) Community Pharmacists
(d) Optometrists

20.1.2 The Director of Finance shall conclude a "Partnership Agreement" with the PCFS division covering validation, payment, monitoring, reporting and the provision of an audit service by the NSS service auditors. The agreement will be signed off by the Chief Executive of NHS Forth Valley.

20.1.3 The Board will approve additions to, and deletions from, the approved performers lists of contractors in line with the National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004 and other applicable guidance and regulations and will consider the health needs of the local population and access to existing services. All applications and resignations received will be dealt with equitably, within any time limits laid down in the contractors' NHS terms and conditions of service.

20.1.4 The Director of Finance will:

(a) ensure that lists of all contractors are maintained and kept up to date; and
(b) ensure that systems are in place to deal with applications, resignations, inspection of premises, etc. within the appropriate contractor's terms and conditions of service.

20.1.5 The Director of Finance shall ensure that NSS systems are in place to provide assurance that:

(a) only contractors who are included on the Board's approved lists receive payments;
(b) all valid contractors' claims are paid correctly, and are supported by the appropriate documentation and authorisations
(c) all payments to third parties are notified to the Independent Contractors on whose behalf payments are made

(d) ensure that regular independent post payment verification of claims is undertaken to confirm that:

- rules have been correctly and consistently applied
- overpayments are prevented wherever possible; if, however, overpayments are detected, recovery measures are initiated
- fraud is detected and instances of actual and potential fraud are followed up

(e) exceptionally high/low payments are brought to his/her attention
(f) payments made via the NSS are reported to NHS Forth Valley and the IJBs as appropriate
(g) payments made on behalf of the Board by the NSS are pre-authorised
(h) payments made by the NSS are reconciled with the cash draw-down reported by the Scottish Government Health and Social Care Directorate to the Board

20.1.6 The Director of Finance shall prepare operating procedures to cover all payments made by the NSS (both payments made directly, or payments made on behalf of the Board).

20.1.7 Payments made to all Primary Care independent contractors and community pharmacists shall comply with their appropriate contractor regulations.

SECTION 21: STANDARDS OF BUSINESS CONDUCT

21.1 GENERAL

21.1.1 Detailed information is available in the NHS Scotland Conduct policy and the local NHS Forth Valley Policy on Standards of Business Conduct.

21.1.2 MEL (1994) 80 also provides details of the principles for standards of conduct and accountability in situations when there is potential conflict between the private interests of NHS staff and their duties.

21.1.3 It will be the responsibility of the Chief Executive to:

(a) ensure that the NHS Scotland conduct policy, any local conduct policy and all Scottish Government Health and Social Care Directorate guidelines on standards of business conduct for NHS staff as per MEL (1994) 48 are brought to the attention of all staff, and are effectively implemented
(b) develop local conflict of interest policies and the machinery to implement them, in consultation with staff and local staff representatives
(c) ensure that such policies and procedures are kept up to date
(d) ensure that a full operational policy on the Standards of Business Conduct is developed and communicated to staff

21.1.4 The business of the Board will be conducted in accordance with the Ethical Standards in Public Life etc (Scotland) Act 2002. All members of staff have a duty to maintain strict ethical standards in the conduct of their business as an employee of Forth Valley NHS Board.

21.1.5 It is the responsibility of all staff when acting on NHS Forth Valley's behalf to:

- conduct the business of the organisation professionally, with honesty, integrity, free from bribery and maintain the organisations reputation
- if staff are in any doubt as to what they can or cannot do they must seek advice from their line manager or from the Human Resources Department.

- Note that breaches may lead to disciplinary action or to dismissal.

21.2 BRIBERY ACT 2010

21.2.1 The Bribery Act 2010 is one of the strictest pieces of legislation on bribery and makes it a criminal offence for any individual (employee, contractor, agent) associated with NHS Forth Valley to give, promise or offer a bribe or to request, agree to receive or accept a bribe (section 1,2 and 6 offences). This can be punishable for an individual by imprisonment of up to 10 years.

21.2.2 In addition, the Act introduces a corporate offence (section 7 offence) which means that NHS Forth Valley can be exposed to criminal liability, punishable by an unlimited fee if it fails to prevent bribery by not having adequate preventative procedures in place that are robust, up-to-date, and effective. The corporate offence is not a standalone offence and would follow a bribery/corruption offence committed by an individual associated with NHS Forth Valley in the course of their work.

21.2.3 If a bribery offence is proved to have been committed by an outside body corporate with the consent or connivance of a Director or Senior Officer of NHS Forth Valley, under the Act the Director or Senior Officer would be guilty of an offence (Section 14 offences) as well as the body corporate which paid the bribe.

21.2.4 Whilst the exact definition of bribery and corruption is a statutory matter, the following working definitions are given:

- Bribery is an inducement or reward offered, promised, or provided to gain any commercial, contractual, regulatory, or personal advantage.

- Broadly, the Act defines bribery as giving or receiving a financial or other advantage in connection with the improper performance of a position of trust, or a function that is expected to be performed impartially or in good faith.

- Bribery does not have to involve cash, or an actual payment exchanging hands and can take many forms such as a gift, lavish treatment during a business trip or tickets to an event.

- Corruption relates to a lack of integrity or honesty including the use of trust for dishonest gain. It can broadly be defined as the offering or acceptance of inducements, gifts, favours, payments, or benefits in kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly however they may be unreasonably using their position to give some advantage to another.

21.2 GIFTS, HOSPITALITY, AND INDUCEMENTS

21.2.1 The policy on the Standards of Business Conduct applies to all members of staff at all times.

21.2.2 Officers of Forth Valley NHS Board should not accept business gifts, but articles of a low intrinsic value such as chocolates, biscuits, business diaries or calendars, need not necessarily be refused. No gifts of alcohol should be accepted. Acceptance of gifts over £25 but under £200 require to be authorised by Line Management. Gifts over £200 require to be authorised by Head of Service or Director.

21.2.3 Care should be taken when accepting hospitality. All hospitality offered, such as lunches and dinners, corporate hospitality events, etc should be reported to the officer's superior before acceptance.

21.2.4 Any inducements offered should be reported to the officer's superior.

21.2.5 Visits at suppliers' expense to inspect equipment etc should not be undertaken without the prior approval of the Chief Executive and in the case of the Chief Executive by the prior approval of the Chairperson.

21.2.6 A register to record all gifts received by staff with a value over £25 is maintained by the Corporate Services Department and it is the responsibility of the recipients of such gifts to report all such items received. The form 'Declaration of Staff interests and Gifts/Hospitality' (Annex 2 of the Policy on Standards of Business Conduct' should be used for this purpose). This register will be published on the NHS Forth Valley website.

21.3 ACQUISITION OF GOODS AND SERVICES

21.3.1 If officers are involved in the acquisition of goods and services, they should adhere to the ethical code of the Institute of Purchasing and Supply.

21.3.2 Officers should ensure that acceptance of commercial sponsorship will not influence or jeopardise purchasing decisions.

21.4 DECLARATION OF INTERESTS

21.4.1 To avoid conflicts of interest and to maintain openness and accountability all directors, members of staff and non-executive board members have a responsibility to promptly declare relevant interests and any changes to those interests that may arise from time to time.

21.4.2 Employees are required to register all interests that may have any relevance to their duties/responsibilities. These include any financial interest in a business or any other activity or pursuit that may compete for an NHS contract to supply either goods or services to the NHS or in any other way that could be perceived to conflict with the interests of NHS Forth Valley. The test to be applied when considering appropriateness of registration of an interest is to ask whether a member of the public acting reasonably might consider the interest could potentially affect the individual's responsibilities to the organisation and/or influence their actions. If in doubt the individual should register the interest or seek further guidance from the Corporate Services Department.

21.4.3 Interests that it may be appropriate to register include:-

(i) Other employment including self-employment

(ii) Directorships including Non-Executive Directorships held in private companies or public limited companies whether remunerated or not

(iii) Ownership of, or an interest in private companies, partnerships, businesses, or consultancies

(iv) Shareholdings in organisations likely or possibly seeking to do business with the NHS (the value of shareholdings need not be declared)

(v) Ownership of or an interest in land or buildings which may be significant to, of relevance to, or bear upon the work of NHS Forth Valley

(vi) Any position of authority held in another public body, trade union, charity, or voluntary body

(vii) Any connection with a voluntary or other body contracting for NHS services

(viii) Any involvement in joint working arrangements with Clinical or other Suppliers

21.4.4 This list is not exhaustive and should not preclude the registration of other forms of interest where these may give rise to a potential conflict of interest upon the work of NHS Forth Valley. Any interests of spouses, partner or civil partner, close relative or associate or persons living with the individual as part of a family unit will also require registration if a perceived or actual conflict of interest exists.

21.4.5 Forth Valley NHS Board will maintain a Register of Interests and publish this on the Board's website

SECTION 22: SUSPECTED THEFT, FRAUD & OTHER FINANCIAL IRREGULARITIES

22.1 INTRODUCTION

22.1.1 The following procedures should be followed, as a minimum, in cases of suspected theft, fraud, embezzlement, corruption or other financial irregularities to comply with the NHS Scotland Counter Fraud Service Strategy and the Board's local fraud policies and protocols. This procedure also applies to any non-public funds.

22.2 THEFT, FRAUD, EMBEZZLEMENT, CORRUPTION AND OTHER FINANCIAL IRREGULARITIES

22.2.1 The Chief Executive has the responsibility to designate an officer within the Board with specific responsibility for co-ordinating action where there are reasonable grounds for believing that an item of property, including cash has been stolen.

22.2.2 It is the designated officer's responsibility to inform as they deem appropriate the police, the Counter Fraud Services (CFS), the appropriate director, the Appointed Auditor, and the Chief Internal Auditor where such an occurrence is suspected.

22.2.3 Where any officer of the Board has grounds to suspect that any fraud related activities has occurred, their line manager should be notified without delay. Line managers should in turn immediately notify the Board's Director of Finance, who should ensure consultation with the CFS, normally via the Chief Internal Auditor. It is essential that preliminary enquiries are carried out in strict confidence and with as much speed as possible.

22.2.4 If, in exceptional circumstances, the Director of Finance and the Chief Internal Auditor are unavailable the line manager will report the circumstances to the Chief Executive who will be responsible for informing the CFS. As soon as possible thereafter the Director of Finance should be advised of the situation.

22.2.5 Where preliminary investigations suggest that prima facie grounds exist for believing that a criminal offence has been committed, the CFS will undertake the investigation, on behalf of, and in co-operation with, the Board. At all stages the Director of Finance and the Chief Internal Auditor will be kept informed of developments on such cases. All referrals to the CFS must also be copied to the Appointed Auditor.

22.3 REMEDIAL ACTION

22.3.1 As with all categories of loss, once the circumstances of a case are known the Director of Finance will require to take immediate steps to ensure that so far as possible these do not recur. However, no such action will be taken if it would prove prejudicial to the effective prosecution of the case. It will be necessary to identify any defects in the control systems,

which may have enabled the initial loss to occur, and to decide on any measures to prevent recurrence.

22.4 REPORTING TO THE SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATE

22.4.1 While normally there is no requirement to report individual cases to the Scottish Government Health and Social Care Directorate, there may be occasions where the nature of scale of the alleged offence, or the position of the person or persons involved, could give rise to national or local controversy and publicity. Moreover, there may be cases where the alleged fraud appears to have been of a particularly ingenious nature or where it concerns an organisation with which other health sector bodies may also have dealings. In all such cases the Scottish Government Health and Social Care Directorate must be notified of the main circumstances of the case at the same time as an approach is made to the CFS.

22.5 RESPONSES TO PRESS ENQUIRIES

22.5.1 Where the publicity surrounding a particular case of alleged financial irregularity attracts enquiries from the press or other media, the Chief Executive should ensure that the relevant officials are fully aware of the importance of avoiding issuing any statements, which may be regarded as prejudicial to the outcome of criminal proceedings.

APPENDIX A: TENDERING AND CONTRACT PROCEDURES

1. TENDERING PROCESS

1.1 The Chief Executive shall prescribe standard terms and conditions of contract appropriate to each class of supplies and services and for the execution of all works. All contracts entered into shall incorporate the appropriate set of terms and conditions.

1.2 All invitations to potential contractors to tender shall include a notice, warning tenderers of the consequences of engaging in any corrupt practices involving Board employees.

1.3 In the event of tenders being required, notification should be sent to the Corporate Business Manager (Chief Executive's Office) providing details of the tender request sent out, specification, closing date and time and the number of anticipated submissions.

1.4 A record will be maintained of all invitations to tender.

1.5 Tenders shall be invited in plain sealed envelopes addressed to the Chief Executive. The envelope shall be marked 'Tender for ……………' but shall not bear the name or identity of the sender.

1.6 Unopened tenders shall be date stamped and stored unopened in a secure place until after the closing date or time.

1.7 Tenders shall be opened as soon as possible after the stated closing date or time by the officer nominated by the Chief Executive, in the presence of an independent witness, normally from the Finance Directorate.

1.8 Details of each tender received should be entered into a register or record of tenders and will be signed by both officers. Tender documents shall also be date stamped and signed on the front page and all priced pages initialled by both officers.

1.9 Where it is in the interests of the Board, late, amended, incomplete, qualified, or not strictly

competitive tenders may be considered. In such circumstances a full report shall be made to the Chief Executive who may admit such tenders. This approval must be given in writing by the Chief Executive. Where a Company invited to tender requests a delay in the submission, deferment, if approved, shall be notified to all the Companies concerned. A record of all delays requested, and the outcome of the request shall be maintained.

1.10 The examination of the tenders received shall include a technical assessment, and a written report on the result, containing a recommendation should be made to the Chief Executive. At the same time, staff responsible for making this recommendation shall declare in writing that they have no pecuniary interest in the recommended Company.

1.11 The Chief Executive may accept the tender provided it is the lowest cost (or for disposals the highest sales price) and has been recommended for acceptance, and that on the advice of the Director of Finance, financial provision is available within the overall Board resource. If it is proposed to accept a tender other than the lowest cost, the Chief Executive will record the reason for this decision. e.g., best overall lifetime cost.

1.12 All officers shall follow any relevant guidance issued by the Scottish Government Health and Social Care Directorate.

1.13 Payment under the contract shall be made by the Director of Finance who shall have the right to carry out such financial examinations and checks as considered necessary before making payment.

1.14 Approval for increases in prices allowed under an appropriate variation of prices clause in a contract for supplies and services shall be given by the Chief Executive.

1.15 No contract for the purchase of computer equipment or software outwith the eHealth Department shall be entered into without the Director of Finance's prior written approval.

1.16 Post-tender negotiation may be undertaken where it is anticipated that such action will reduce cost to the Board and where such negotiation has specially been approved in advance by the Chief Executive and Director of Finance. In such circumstances the negotiation must take place with not less than two employees of the Board present both of whom must be approved for the purpose by the Chief Executive. A record of the names of those present at the negotiation must be kept along with a record to the final prices and conditions agreed.

1.17 Where post-tender negotiation is undertaken with some but not all of the companies who submitted tenders a record of criteria for the selection must be kept by the managers concerned. Companies invited to post-tender negotiation must include those in the following categories:

(a) Companies who, following analysis of the original tender offers, are one of the cheapest three for each product item.

(b) The two companies "winning" the highest number total value of business following analysis of the original tender offers.

1.18 In addition to complying with the sections above officers involved in post-tender negotiation should familiarise themselves with the guidance produced by the Central Unit on Purchasing issued by HM Treasury.
(See: www.hm-treasury.gov.uk/pub/html/docs/cup/guidance.html)

1.19 For the period between opening of tenders and completion of the post-tender negotiation the tender documents shall be stored in a secure place when not actively under analysis.

1.20 Consultants appointed by the Board to be responsible for the supervision of a contract on its behalf shall comply with these Standing Financial Instructions as though they were officers of the Board.

1.21 In circumstances where the need for additional work is identified or a variation to an existing contract is required, the Head of Procurement should be consulted first to ensure that this does not represent a material change to the contract which would require a new procurement and tender process. All Variations must be approved by the Director of Finance or designated Deputy, or in their absence, the Chief Executive. Variations shall include not only contract cost but contract term.

1.22 A contract and framework agreement may be modified without a new procurement procedure:

a) where the modifications, irrespective of their monetary value, have been provided for in the initial procurement documents in clear, precise and unequivocal review clauses, which may include price revision clauses or options, provided that such clauses:

   I.   state the scope and nature of possible modifications or options as well as the conditions under which they may be used; and

   II. do not provide for modifications or options that would alter the overall nature of the contract or framework agreement.

b) to provide for additional works, supplies or services by the original contractor that have become necessary and were not included in the initial procurement, where a change of contractor:

   I.   cannot be made for economic or technical reasons such as requirements of interchangeability or interoperability with existing equipment, services or installations procured under the initial procurement; and

   II. would cause significant inconvenience or substantial duplication of costs for the contracting authority, provided that any increase in price does not exceed 50% of the initial contract value;

c) where all of the following conditions are fulfilled:

   I.   the need for modification has been brought about by circumstances which a diligent contracting authority could not have foreseen;
   II. the modification does not alter the overall nature of the contract or framework;

   III. any increase in price does not exceed 50 % of the initial contract value or framework agreement.

Guidance within Section 72 of the Public Contracts Regulations 2015 should be followed.

SECTION F

Risk Management

1. Introduction

The Risk Management Strategy sets out the principles and approaches to risk management which are to be followed throughout NHS Forth Valley in relation to risks that could threaten the achievement of business objectives. Its aim is to achieve a consistent and effective application of risk management and enable it to be embedded into all core processes, forming part of the day-to-day management activity of the organisation. Risk Management, when deployed effectively, should add value by supporting day-to-day activities as opposed to being seen as a separate, self-contained process and this Strategy supports this approach.

1.1. What is a Risk?

A risk can be defined as 'the effect of uncertainty on objectives' (*ISO31000).* It is essentially any uncertain event which can have an impact upon the achievement of an organisation's objectives – either reducing the likelihood of achievement or stopping it altogether.

Not every perceived problem or adverse event is a risk. An important distinction must be made between what is a risk and what is an issue – or in other words, an uncertainty and a certainty. A risk is an event that may or may not happen. An issue or adverse event is something that is currently happening or has already happened. Issues and adverse events should therefore not be recorded and treated as risks – we want to adopt a proactive rather than reactive stance.

1.2. What is Risk Management?

Risk management is a systematic way of dealing with that uncertainty which involves the identification, analysis, control and monitoring of risk. Risk Management activities are designed to achieve the best possible outcomes and reduce the uncertainty. An effective system of risk management will draw together all types of risks and enable an interrelated view of the organisation's risk profile.

1.3. Why do we need Risk Management?

An effective system of risk management will deliver a range of outputs:

- Ensuring that decision making is informed and risk-based, to maximise the likelihood of achieving key strategic objectives and effective prioritisation of resources
- Ensuring compliance with legislation, regulations, and other mandatory obligations
- Providing assurance to internal and external governance groups that risks are being effectively controlled
- Supporting organisational resilience
- Raising awareness of the need for everyone to adopt consistent risk management behaviours and actions in our everyday business
- Empowering all staff to make sound judgements and decisions concerning the management of risk and risk taking – fostering a "risk aware" rather than "risk averse" culture
- Achievement of effective and efficient processes throughout the organisation
- Anticipating and responding to changing political, environmental, social, technology and legislative requirements and / or opportunities
- Preventing injury and / or harm, damage and losses.

Effective risk management will be achieved by:

- Clearly defining roles, responsibilities and governance arrangements for individuals, teams and assurance committees within NHS Forth Valley
- Incorporating risk management in all Executive Leadership Team, Health Board, Integration Joint Board and Assurance Committee reports and when taking decisions

- Maintaining risk registers at all levels that are linked to the organisation's strategic objectives, primarily using risk management software to capture key risk data
- Staff at all levels understanding risk management principles, and consistently applying them through their everyday activities, confidently identifying risks and taking actions to bring them within the organisation's risk appetite
- Monitoring and reviewing risk management arrangements on a regular basis
- Seeking assurance that controls relied on to mitigate risks are effective
- Communication and engagement with stakeholders to maintain awareness, build trust, encourage buy-in and embedding of risk management activities.

2.   Risk Architecture

The arrangements for communication, governance, reporting, roles and responsibilities forms the organisation's overarching risk architecture. Defining a consistent approach to how and where risk information is communicated is essential to developing a positive risk culture and to ensuring risk management is appropriately implemented to support NHS Forth Valley activities.

Risks, once identified, are captured on risk registers. Each Department and Specialty will hold a risk register for its area – these form the bottom level of risk registers. There are four main levels of risk register and an escalation route exists for risks that cannot be fully mitigated at the Department / Speciality level. This risk register hierarchy is detailed below.

Risk Register Hierarchy

Strategic

Organisational

Directorate

Department/Speciality

Escalation / De-

Strategic Risk Register

Risks contained in the Strategic Risk Register (previously known as the Corporate Risk Register) are the high-level risks that could impact the delivery of longer-term strategic objectives of the organisation. Risks are not escalated/de-escalated from lower-level risk registers to the Strategic Risk Register. Instead, risk identification for the Strategic Risk Register is facilitated through twice yearly review and horizon scanning sessions led by the Executive Leadership Team.

Organisational/System-wide Risk Register

Risks contained in the Organisational/System-wide Risk Register are top level, cross cutting risks that present a significant short-medium term threat to multiple Directorates or the Health and Social Care Partnerships (HSCPs). Risks are escalated and de-escalated via the Directorate and HSCP Risk Register(s).

<u>Directorate Risk Registers</u>

Each Directorate holds a risk register that contains a cut of the most significant risks from its component Departments / Specialties. Risks are escalated to the Directorate level via the individual Department / Specialty risk registers.

<u>Department Risk Registers</u>

Each Department and Specialty will hold a risk register for its area – these form the bottom level of risk registers.

2.1. Governance & Reporting

The Board of NHS Forth Valley is corporately responsible for the Risk Management Strategy and for ensuring that significant risks are adequately controlled. To support the Board a number of formal committees have been established and are responsible for various aspects of risk management, principally these are the Audit and Risk, Performance & Resources, Clinical Governance and Staff Governance Committees. All Health Board Committees are responsible for providing assurance on the effective management of risks relevant to their area of responsibility. In addition, the Audit and Risk Committee has a responsibility for overseeing the operation of the Risk Management Strategy, taking assurance from the Executive Leadership Team.
Diagram 1 illustrates NHS Forth Valley's risk management governance structure.

<u>Diagram 1: Risk Management Governance Structure</u>
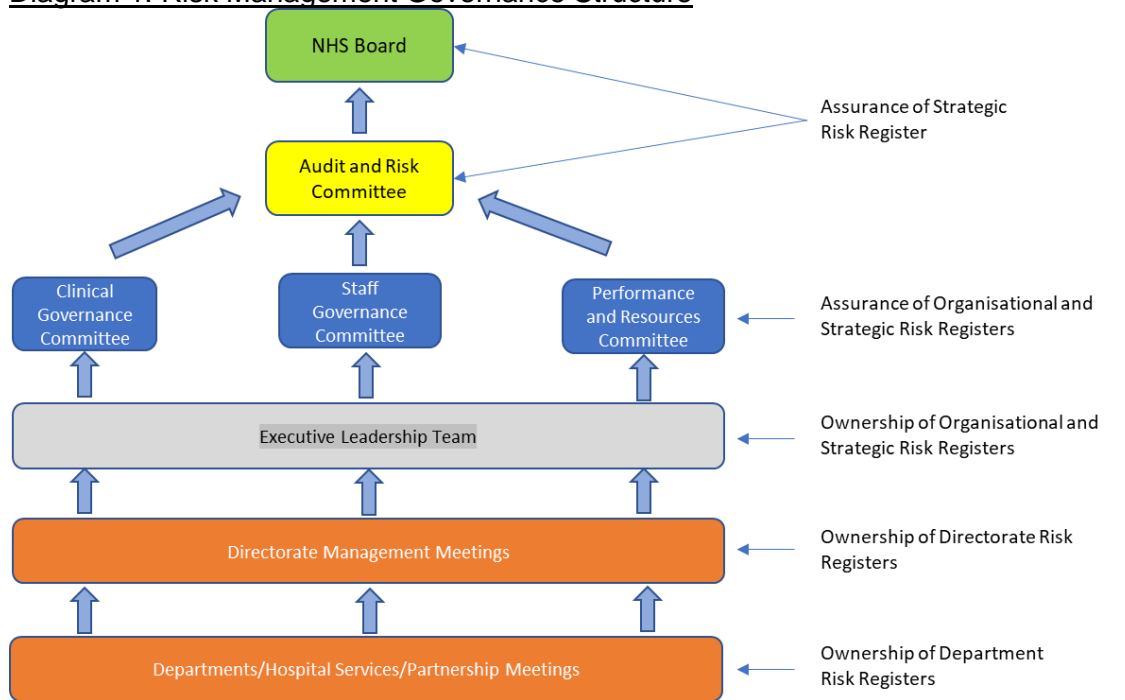
2.2. Roles & Responsibilities

Risk Management Roles & Responsibilities
NHS Board

- Provide Oversight and Scrutiny of NHS Forth Valley's risk management arrangements to seek assurance on their effectiveness
- Approve risk appetite within NHS Forth Valley

Chief Executive

- To have overall accountability for the management of risk across NHS Forth Valley

Executive Leadership Team

- Set risk appetite within NHS Forth Valley
- Ensure risk management processes are supported to provide them with adequate information and assurance related to strategic and organisational/system-wide risks

Audit and Risk Committee

- To evaluate and recommend approval of the strategies and frameworks in respect of risk management to the NHS Board, and provide assurance on the effectiveness of the risk management arrangements, systems and processes
- To approve updates and provide direction in respect of risks held within the strategic and organisational/system-wide risk registers
- To review the organisation's risk culture and maturity and direct action in pursuit of continuous improvement in this area
- To formally approve the strategic risk register for onward reporting to the NHS Board

Assurance Committees

- To ensure that an appropriate approach is in place to deal with risk management across the system working within the NHS Forth Valley Risk Management Strategy, and consider and endorse the assurance provided by the Executive Leadership Team and Senior Management regarding the effective management and escalation of risks

Executive and Non Executive Directors

- To ensure that risk management processes are providing appropriate information and assurances relating to risks in Directorates
- Promote the importance of risk management and foster a good risk culture within their area of responsibility
- Approve escalation of Directorate level risks where appropriate

Corporate Risk Manager

- Responsible for the implementation of the Risk Management Strategy
- Ensure risks are properly identified, understood and managed across all levels within the organisation
- Report on the organisation's risk profile at Assurance and Audit Committees and NHS Board, and oversee reporting to Directorates
- Periodically review the Risk Management Strategy and arrangements, identifying areas for potential improvement
- Drive an improving risk culture through risk education, awareness and embedding into day-to-day management

Risk Management Advisor

- Assist the Corporate Risk Manager with the development and implementation of the Risk Management Strategy
- Act as a key point of contact for Risk Management, providing expert advice and guidance and supporting the Directorates and Partnerships
- Assist the Corporate Risk Manager with reporting on the organisation's risk profile, providing Risk Management representation at various levels
- Support an improving risk culture through delivery of training, awareness and supporting Directorates and Partnerships to embed risk considerations into day-to-day management

Risk Owner

- Accountable for ensuring the effective management of a risk, and providing assurance that key controls are operating effectively
- While the Chief Executive owns all risks, ownership and therefore accountability is delegated to an appropriate level
- At Strategic and Organisational/system-wide Level, the risk owner is the relevant Director/Chief Officer
- At Directorate and Departmental Level the risk owner is the relevant Head of Service/Department or equivalent

Risk Lead

- Responsible for managing a risk on a day-to-day basis, assessing the risk score and updating the management plan, reviewing the risk on a regular basis and identifying sources and levels of assurance regarding control effectiveness, to allow risk owners to provide assurance

Risk Champion

- Responsible within an individual speciality, department or Directorate area for maintaining lines of communication with the risk function, administering the risk register and co-ordinating all risk activities

Integrated Risk Management: Health & Social Care Partnerships

In order to ensure strong risk management partnership arrangements, it will be necessary to agree how some emerging risks have an impact on more than one partner at a strategic level. Risks will be discussed and agreed across partners, with particular focus on:

- Where the risk was first identified
- Date of identification
- Nature of emerging risk
- Impact areas (e.g. service delivery, performance, strategic commissioning intentions etc)
- Mitigation required
-

Risks with the potential to impact more than one partner will be identified for inclusion in one or more of the following risk registers:

- NHS Forth Valley Strategic Risk Register or Organisational/System-wide Risk Register
- Clackmannanshire and Stirling IJB Strategic Risk Register
- Falkirk IJB Strategic Risk Register

-

Any such emerging risks will be submitted to the NHS Forth Valley Executive Leadership Team to approve inclusion on the Strategic Risk Register.

Operational risks will continue to be managed by partner bodies, with relevant risk specialists working together to ensure consistent practice, and that respective Risk Management strategies are aligned. The IJBs will also have a defined risk appetite to determine the target score range for strategic risks. It is recognised that partners may not have the same appetite, however these variances will be taken into consideration when the risks are being managed and reported.

Reciprocal assurances on the operation of the Risk Management arrangements and of the adequacy and effectiveness of key controls will be provided to/from partners. Receipt/provision of assurance will be facilitated by risk specialists from partner bodies, who will attend regular meetings to discuss risks and provide relevant advice.

3. Risk Appetite

Utilising risk appetite principles can help the organisation identify and set appropriate thresholds for risks, whereby the Board establishes the level of risk they are willing and able to absorb in pursuit of objectives.
The delivery of public services can be inherently high risk and the concept of applying risk appetite can be challenging. However, the application of risk appetite, particularly in a resource-finite environment, is essential to avoid over or under management of risk. Deployed effectively, risk appetite can act as an enabler to the delivery of key services.

Risk Appetite:
The amount and type of risk we, as an organisation, are willing to seek or accept in the pursuit of our objectives.

Key considerations when applying risk appetite:

- It is not always possible to manage every risk down the minimum or most desirable level and maintain service delivery
- It is not always financially affordable or manageable to fully remove risk and uncertainty from decision making and service delivery
- Risk management is concerned with balancing risk and opportunity (or downside risk and upside risk)

When a risk increases to a point where it is no longer within risk appetite, it may initially fall within a range which is not desirable, but the organisation has the capacity to tolerate. This is known as the risk tolerance range.

Risk Tolerance:
The maximum level of risk the organisation can tolerate regarding each type of risk before it is significantly impacted.

If a risk is out of appetite and falls within the tolerance range, this indicates that close monitoring and corrective action is required to bring the risk back within appetite. A risk with a current score out with the tolerance range requires escalation and immediate corrective action.

There are benefits to the practical application of Risk Appetite:

- supports decision making (resources can be allocated to risks further away from the desired appetite level)
- allows further prioritisation (if you have several risks with the same score, mitigate those further from appetite first)

- subjectivity is taken away from the setting of target scores (the appetite range becomes the target score)

Risk appetite is also useful when budget setting or considering approval of business cases, such as those relating to innovation activity. Identifying associated risks and their appetite levels allows focus on activities which mitigate the risks furthest from the organisation's desired risk appetite/tolerance levels.

3.1. Risk Appetite Levels

There are four levels of risk appetite within NHS Forth Valley. Each risk category in the risk assessment matrix is assigned one of the risk appetite levels described below. The risk appetite levels and their application to each risk category is set and approved by the NHS Board. Risk appetite may vary depending on internal and external circumstances; therefore the levels will be reviewed on an annual basis.

Averse:
- Very little appetite for this type of risk
- Avoidance of risk and uncertainty is a key organisational objective
- Exceptional circumstances are required for any acceptance of risk

Cautious:
- Minimal appetite for this type of risk.
- Preference for ultra-safe delivery options that have a low degree of inherent risk and only reward limited potential.

Moderate:
- Acceptance that a level of risk will be required to pursue objectives, or that a greater level of risk must be tolerated in this area.
- Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential reward.

Open:
- Acceptance that risk must be more actively taken in the pursuit of transformation or that a high level of risk must be tolerated.
- Willing to consider all potential delivery options and choose the one most likely to result in successful delivery while also providing an acceptable level of reward (and Value for Money).
- Eager to be innovative and confident in setting high level of risk appetite as controls are robust.

Each risk appetite level correlates with risk score levels on our risk assessment matrix as shown below. Refer to the NHS Forth Valley Risk Appetite Statements (Appendix E) for details on risk appetite levels for each risk category.

Risk Appetite: Averse

Likelihood					
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
	1	2	3	4	5

Impact

Demonstrates that if the risk appetite is 'Averse', a risk score of between 1-6 and the range of associated outcomes is within appetite

Risk Appetite: Cautious

Likelihood					
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
	1	2	3	4	5

Impact

Demonstrates that if the risk appetite is 'Cautious', a risk score of between 8-10 and the range of associated outcomes is within appetite

Risk Appetite: Moderate

Likelihood					
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
	1	2	3	4	5

Impact

Demonstrates that if the risk appetite is 'Moderate', a risk score of between 12-16 and the range of associated outcomes is within appetite

Risk Appetite: Open

Likelihood					
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
	1	2	3	4	5

Impact

Demonstrates that if the risk appetite is 'Open', a risk score of between 20-25 and the range of associated outcomes is within appetite

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4. Approach to Risk Management

4.1. Risk Management Process – ISO31000
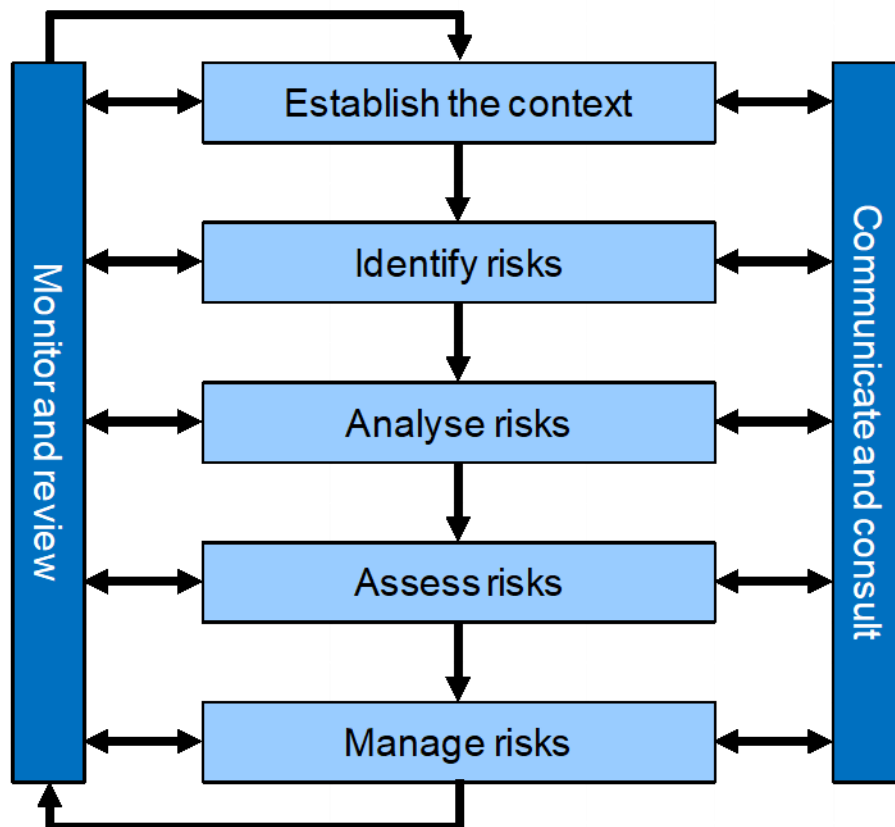
The above diagram demonstrates the whole process and cycle of risk management under the international standard ISO 31000.

The standard as outlined above makes clear that risk management is a dynamic process, with frequent review of existing risks and monitoring of the environment necessary to ensure the risks captured represent the current profile of the organisation.

Continual communication of risks within the organisation is essential to allow for informed decision-making. Communication to the Health Board and other stakeholders is also imperative to allow effective scrutiny and provide assurance that our risk profile is being effectively managed. It is also imperative to consult with and receive information from other departments within the organisation and our stakeholders to inform the management of our risks.

4.2. Step 1: Establish Context

The purpose of establishing context is to customise the risk management process, enabling effective risk analysis and appropriate risk treatment. In order to identify risks, we need to understand what we are assessing risk *against.* We must set risks within the context of the team, specialty, department and overall organisation. In addition, we need to recognise the internal and external drivers that could create risk.

Risks should be set against what we are trying to achieve as an organisation – our strategic objectives. In this stage it is important to ensure there is a common understanding of what those objectives mean at a team, specialty, department and organisational level in order that risk identification is not based on an inconsistent set of assumptions.

4.3. Step 2: Identify Risks

Once a clear, common set of objectives are agreed, the next step of the process is to identify potential risks that will prevent us from achieving them.

A range of techniques can be used for risk identification. Some prompts to consider:

- What might impact on your ability to deliver your objectives?
- What does our performance data tell you?
- What do our audit and scrutiny reports and external reviews tell us?
- Do you have experience in this area? Do you know or do you need to involve others?
- Should you involve partners or specialists in your risk identification?
- Lessons learned – what happened before?

Risk can be identified in a multitude of ways, through focused identification sessions or as a product of other work:

Focused Identification Methods	Other Identification Opportunities
- Risk Identification Workshops - Risk Questionnaires - Review & refresh of existing risk registers - Interviews	- Horizon scanning - Board meetings / working groups / management meetings - Audit & scrutiny reports - Performance data - Risk Management training

The Risk Management function facilitates risk identification workshops with Departments to direct an in-depth review of new or emerging risks.

It is important to note that just because a risk cannot be fully mitigated by the organisation alone does not mean that it should not be captured. If the risk exists to the organisation, then it should be captured, managed as far as practicable and then monitored. Ongoing management of the risk may well be in conjunction with partner agencies or influence can be exerted over those capable of mitigating the risk to within an acceptable level.

4.4. Step 3: Analyse Risks

Once a risk has been identified it must be described in a certain way in order to effectively understand, manage and mitigate it. The risk description should contain three essential components:
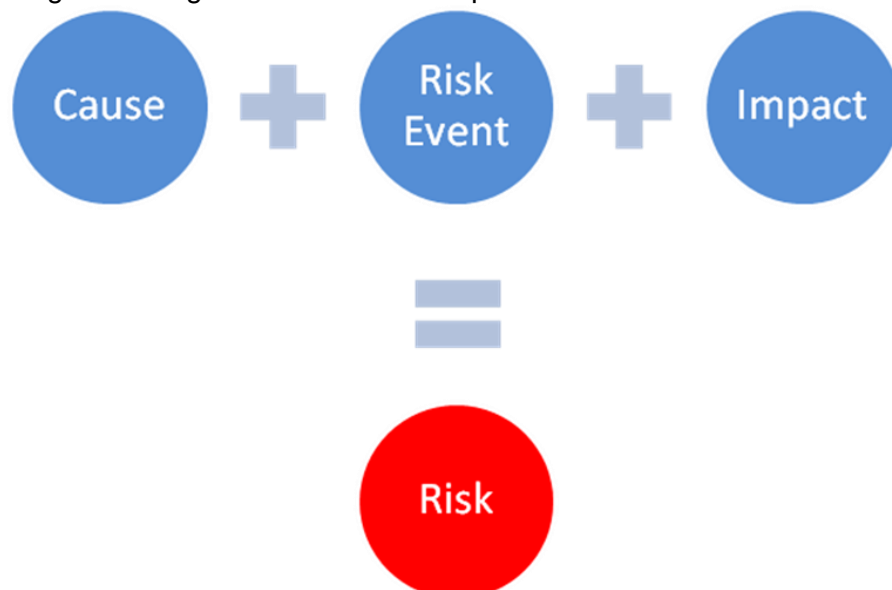
These three components can be included within the description as follows:

"If [insert cause here], there is a risk that

[a certain event that may happen], resulting in

[describe impact this will have if it manifests]"

An example of an effective risk description might be:

If there is insufficient in external funding and continued uncertainty over our cost base there is a risk that NHS FV will be unable to achieve financial sustainability, resulting in Scottish Government intervention and a detrimental impact on service delivery.

Without understanding the underlying causes of the risk and all the potential impacts, it would be very difficult to design and implement effective controls.

4.5. Step 4: Assess Risks

The assessment, or scoring, of risk allows for prioritisation by severity. Determining the likelihood and impact of a risk and utilising a standardised assessment criteria to assign a score based on these factors allows us to understand and prioritise which risks to mitigate first. Three scores must be assigned to cover the full trajectory and lifespan of the risk:

Untreated Score

This is the inherent risk score, that is the score with no controls applied. This score represents the "reasonable worst case scenario" for the risk. If there were no controls, mitigation or contingency plans in place, how likely is it the risk would materialise and what would the impact be?

Current Score

Considering any controls that are currently in place to manage the risk, how does the risk score compare to the untreated score? This is the current score. Current risk score is assessed on a regular basis to establish the effectiveness of the controls applied to the risk. It is also the current score that is the key indicator used to determine if the risk should be considered for escalation.

Target Score

The target risk score is the optimum position for the risk. Once all controls have been adequately implemented, what will the residual risk score be? Target risk scores should reflect the organisation's risk appetite and align with the amount and type of risk NHS Forth Valley is willing to accept (refer to section 3 on Risk Appetite). Risk controls should be designed to actively reduce the risk score towards the target level.

Risk Assessment Matrix

The risk assessment matrix is a 5x5 scoring mechanism which will identify a score between 1 (1x1) at the lowest and 25 (5x5) at the highest possible score.

When utilising the impact criteria on the assessment matrix, a score must be applied for every category of impact applicable to that risk. For example, one risk may have a financial impact, an impact to patient experience and public confidence implications. The impact category with the highest scoring criteria will identify the overall impact score for that risk.

Assessment of likelihood is considered on a sliding scale from 1 to 5, with 1 representing 'very unlikely' and 5 'very likely.'

Once both scores have been identified, they are multiplied giving the overall score at *untreated, current* and *target* levels.

A full copy of the Risk Assessment matrix is included at Appendix B.

Categorisation

All risks, once identified, must be categorised into one of the recognised impact categories in order to understand the overall risk profile for the organisation. Categorisation of a risk is based upon the impact score, with the impact category which has the highest scoring criteria for that particular risk determining the risk category.

For example, a risk scoring a 3 for impact in Patient Experience but scoring a 5 in Finance will categorise that risk as Finance overall. Risk categories are outlined in the risk assessment matrix:
- Patient Harm
- Patient Experience
- Transformation/Innovation
- Health and Safety
- Service Delivery / Business interruption
- Workforce
- Financial
- Inspection / audit
- Public Confidence
- Health Inequalities
- Environmental Sustainability / Climate Change

Where more than one category has the same impact score, select the category which has the lower risk appetite level. For example, if Patient Experience and Finance both score 5, but Patient Experience has an averse appetite but Finance has a cautious appetite, select Patient Experience. If both categories have the same risk appetite level, use professional judgement (see Appendix D for current levels).

4.6. Risk Escalation/De-escalation

Risk escalation is a process that ensures significant risks that cannot be managed by a local team, department or specialty are escalated appropriately following the risk register hierarchy and line management arrangements. Risks are escalated in accordance with the agreed risk appetite and tolerance for that category of risk.

If a current risk score is above the agreed risk appetite for that risk category and falls into the tolerance range, the departmental/service management or equivalent should closely monitor the risk and undertake corrective action by amending existing controls or applying new controls. If the risk remains in tolerance after 6 months, the risk should be escalated to Directorate level for oversight and direction of mitigating action.

If a current score exceeds both appetite *and* tolerance, it should be escalated to Directorate level straight away for enhanced oversight and direction of action.

The risk appetite and tolerance levels (escalation criteria) are set out in Appendix D.

At Directorate level, consideration can be given as to whether further escalation to the Organisational/System-wide Risk Register is required, meaning additional scrutiny and direction of action by the Executive Leadership team as a collective, and reporting to the standing assurance committees.

The following questions should be asked when deciding whether to further escalate a risk to the Organisational/system-wide risk register:

- Does the risk have a widespread impact beyond a local area, e.g. does it affect multiple Departments, Directorates or HSCPs, or does it have dependencies on multiple Departments, Directorates or HSCPs to mitigate?
- Does the risk present a significant cost/decision making beyond the scope of the budget holder, or require change driven at an organisational/system-wide level?

Risks can be de-escalated to the appropriate level (Directorate or Departmental) once back within risk appetite.

4.7. Step 5: Manage Risks

The purpose of this step is to select and implement the appropriate action to respond to the risk. There are four broad ways we can respond to risk, known as the 4 Ts:

- Tolerate: this is the decision to accept the risk at its current level (usually after treatment). The ability to do anything may be limited, or the cost of taking action may be disproportionate to the benefit gained. Generally, it is risks that are within appetite that are tolerated.
- Treat: this is the decision to retain the activity or process creating the risk and to take action to implement risk controls that reduce either the likelihood of the risk occurring or minimising the impact. Risks which are out of appetite or tolerance will have to be treated.
- Transfer: this is the decision to transfer the impact of the risk either in full, or in part, to a third party. The most common form of risk transfer is insurance.
- Terminate: this is the decision to stop doing the activity associated with the risk. This may not always be possible and may create risks elsewhere as a result.

Risk Controls

Risk controls are management measures put in place to effectively manage a risk to within acceptable levels (i.e. to target score range). It is essential that the controls put in place to manage a risk are effective. The identification of effective controls is the most important part of the whole risk management process as without this element we would simply be identifying risks and doing nothing to manage them.

To assess whether the controls we identify are or will be effective, it is important to consider the following:

- What do you already have in place to manage the cause and / or impact of the risk? e.g. policies, procedures, projects, training courses, business continuity plans etc
- Do they work and what evidence do you have of the effectiveness? A policy which is in place but never complied with is not an effective one.
- Are there any gaps in your controls?
- Do you have all the information that you need about this risk or do you need to find out more?
- What more should you do?
- If several activities are required to manage the risk, how will you prioritise these?
- Are these controls within the remit of your department? If not, you will need to liaise with stakeholders to ensure that appropriate controls are put in place.
- If you implement the controls you have identified, will this manage the risk to within acceptable levels for that risk category? If the answer is no, further controls are required.

There are two main types of control measure that can be put in place to manage a risk:

- *Preventative Controls:* These are mitigating actions which will work to control the cause of the risk and prevent it happening in the first place.

- *Contingency Controls:* These are actions that can be put in place to reduce the impact of the risk if it does materialise. Contingency controls are often aligned to the business continuity plans of an organisation.

As an example, consider fire safety measures. Segregation of flammable materials and sources of ignition is a control which prevents the risk of fire. Smoke detectors, sprinkler systems and fire evacuation plans are contingency controls should the risk of fire materialise.

If a risk has been effectively analysed (see section 4.4), it will be much easier to identify appropriate preventative and/or contingency controls.

4.8. Monitor and Review

Risk Review

Once the process of identifying, analysing and assessing a risk are complete, it is imperative that it is subject to regular review. Ongoing management and review of a risk is the most important part of the process, as maintaining or reducing the risk score to within an acceptable range assures the overall management of the organisation's risk profile.

Required risk review timescales are outlined below:

Out of Tolerance	Monthly
In Tolerance	Every 2 months
In Appetite	Every 6 months

These are the minimum review timescales – if there are changes in the operating environment which could affect the severity of a risk, it can be reviewed and reported more frequently.

During a risk review, the risk score must be re-assessed. If it is identified that the risk continues to exist, the list of current controls and further controls required must be checked and added to where necessary. On the basis of progress with controls and an assessment of the risk environment (i.e. are there any significant changes to the internal/external context), a re-assessment of the current score must be made using the risk assessment matrix. This will show whether the risk is decreasing, increasing or remaining static, and whether or not the risk requires escalation. Depending on its escalation level, a change to risk score will be reported at the appropriate assurance committee.

Review of the Risk Management Process

In addition to review of the risks themselves, the Risk Management team also reviews the whole system of risk management – are the right risks being escalated at the right time? Are the tools we provide sufficient to allow staff to effectively identify, analyse, assess and manage their risks? This enables learning and improvement and ensures that risk management adds value to the organisation's activities.

Assurance

A fundamental component of any risk management framework is the expert and objective assessment of risk controls to ensure they are well designed and operate effectively. Implementing a process to critically review risk controls provides the Board with assurance on the effective management of key strategic risks. To facilitate the provision of assurance, NHS Forth Valley utilises the "three lines of defence" model.

Operating as the first line, operational management has ownership, responsibility and accountability for directly assessing, controlling and mitigating risks, understanding what the key controls are, and how effectively and consistently those controls are operating, in order to provide assurance to the Board. The second line is provided by governance/compliance functions such as Risk Management, who will assist the first line in developing an approach to fulfilling their assurance responsibilities. Internal Audit forms the third line, (providing independent assurance, and checking that the risk management process and framework are effective and efficient).

The levels of assurance and associated system and control descriptors are shown below:

Overall Risk Assurance Assessment		
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
Reasonable Assurance	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance
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
No Assurance	High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls

Assurance should be provided to the relevant committees for their consideration on an ongoing basis. Any papers submitted as a source of assurance for the committee should explicitly reference the related strategic risk and should provide a conclusion as to whether performance indicates that controls are operating effectively and as intended. At the start of the year, assurance mapping principles will be used to determine the assurance requirements, and this will be set out in the committee assurance workplan. Assurance provision over the course of the financial year will be tracked and managed utilising the Pentana system.

Risks on the strategic risk register are subject to a rolling programme of 'deep dives' considered by the relevant assurance committee. Deep dive reviews are facilitated by the Risk Owner/Lead and Corporate Risk Manager and provide expert, objective assessment of the following key areas:

- Comparison of current risk score and target risk score
- Requirements to achieve the target risk score – success criteria for managing the risk
- Assessing the importance and effectiveness of implemented controls
- Assessing the proportionality of further controls required – i.e. will they help to achieve target score?
- Reviewing the assurance activity aligned to the risk controls in order to establish an overall assurance statement for the risk
-

Refer to Appendix C for guidance on risk controls assurance.

4.9. Communicate and Consult

Communication at all levels is important to allow for informed decision making, and provision of assurance that our risk profile is effectively managed – this is achieved through risk reporting.

Risk Reporting

A quarterly risk management report is presented to the Health Board which reports on our strategic risks. In addition, Assurance Committees are provided with a regular risk management report on strategic and organisational/system-wide risks assigned to their area of scrutiny.
The Executive Leadership Team acts as the Risk Management Steering Group and provides recommendations to the Board on the status of strategic level risks. Directorates and Departments are expected to carry out regular review, monitoring and reporting on their risk registers (supported by the risk management function) to ensure that risks are identified and escalated to the appropriate level at an early stage.

The risk management reporting in place includes a range of risk management KPIs and trend analysis that enhances oversight and assurance for the Health Board. An annual report on risk management is also produced for the Health Board.

The Health and Social Care Integration Schemes for both Falkirk Integration Joint Board (IJB) and Clackmannanshire and Stirling IJB, detail the requirements and responsibilities regarding Risk Management for the IJBs and constituent parties. The IJBs will establish a Risk Management Strategy including a risk monitoring framework. Risks to delegated services which are identified will require to be communicated across partner organisations with clear responsibilities, ownership and timescales, and with mechanisms to ensure that assurance can be provided to the relevant Boards. Risk specialists from all parties will work together to ensure that Risk Management strategies are aligned to facilitate effective escalation of risks and provision of assurance.

5. Training, Learning and Development

A key part of developing a positive risk management culture in support of improving the overall risk maturity is the delivery of risk management training.

There are two levels of training available to staff within NHS Forth Valley and the two Health and Social Care Partnerships. The first level is an online module hosted on TURAS, "Introduction to Corporate Risk Management", and is aimed at all staff within the organisation/partnerships.

The second level is the "NHS Forth Valley Corporate Risk Management Training", aimed at staff who have specific responsibilities involving the management of risk within their service areas, for example Risk Champions and Risk Leads. The course enhances knowledge and understanding of corporate risk management methodology and processes used within the NHS Forth Valley and the partnerships.

Eligibility for Level 2 training can be confirmed by contacting the mailbox at fv.corporateriskmanagement@nhs.scot

6. APPENDIX A: GLOSSARY

Assurance. Stakeholder confidence in our service gained from evidence showing that risk is well managed, achieved by risk owners and leads confirming that significant risks are being adequately managed, that critical controls have been identified, implemented and are effective.

Contingency. An action or arrangement that can be implemented to minimise impact and ensure continuity of service when things go wrong.

Current Risk Score: The risk score identified taking into account any controls that are currently in place to manage the risk.

Governance. The system by which organisations are directed and controlled to achieve objectives and meet the necessary standards of accountability, probity and openness in all areas of governance.

Internal Control. Corporate governance arrangements designed to manage the risk of failure to meet objectives.

Issue: Something that has happened and is currently affecting the organisation in some way and needs to be actively dealt with and resolved.

Likelihood. Used as a general description of probability or frequency which can be expressed quantitatively or qualitatively.

Risk: An uncertain event, or set of events, which, should it occur, will have an effect on the organisation's ability to achieve its objectives.

Risk Appetite. The level of risk that an organisation is prepared to accept in pursuit of its objectives.

Risk Architecture: All of the Risk Management arrangements within an organisation – sets out lines of communication and reporting, delegation and roles / responsibilities.

Risk Assessment. The scoring of a risk to allow prioritisation. Determining the likelihood and impact of a risk.

Risk Champion: The person / role with responsibility within an individual department or business area for maintaining lines of communication with the Risk Management team, administering the risk register and co-ordinating all risk activities.

Risk Control: Management measures put in place to effectively manage a risk to within an acceptable level. Can be preventative or contingency in nature and will reduce the likelihood or impact of consequence.

Risk Culture: The reflection of the overall attitude of every part of management of an organisation towards risk.

Risk Target Score: An acceptable level of risk based on the category of risk and risk appetite.

Risk Escalation. The process of delegating upward, ultimately to the Board, responsibility for the management of a risk deemed to be impossible or impractical to manage locally.

Risk Lead: The person / role responsible for managing a risk on a day-to-day basis, assessing the risk score and updating the management plan, reviewing the risk on a regular basis.

Risk Management: The integrated approach (culture, processes, structures) to the identification, analysis, control and monitoring of risk.

Risk Management Policy: Statement outlining the objectives of the risk management practices within the organisation.

Risk Management Strategy: Sets out the basis for the principles, processes and approaches to risk management to be followed in order to achieve a consistent and effective application of risk management and allow it to be embedded into all core processes.

Risk Matrix: A scoring mechanism used to identify the severity of a risk, using a multiplication of likelihood and impact, across pre-set categories.

Risk Maturity: The level of risk management capability within an organisation.

Risk Owner: The person / role with accountability for ensuring the effective management of a risk

Risk Register: A tool used to capture and monitor risks. Includes all information required about that particular risk and is intended to be used both as a management tool and conduit for risk reporting.

Risk Tolerance. The maximum level of risk the organisation can tolerate regarding each type of risk before the organisation is significantly impacted.

Threat: A negative scenario which could give rise to risks.

Untreated Risk Score: The risk score identified by assessing the risk with no controls, mitigation or contingency plans in place.

7. APPENDIX B: RISK ASSESSMENT MATRIX

Impact – What could happen if the risk occurred?

Assess for each category and use the highest score identified.

Category	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Patient Harm *(through delivery or omission of care, risk results in unintended/unexpected but avoidable physical or psychological harm to a patient)*	Adverse event Negligible effect on patient	Minor episode of harm not requiring intervention	Harm which requires intervention but doesn't trigger organisational Duty of Candour response	Harm, such as sensory, motor, or intellectual impairment which has lasted or is likely to last at least 28 days OR Pain or psychological harm which lasts, or is likely to last, at least 28 days And triggers organisational Duty of Candour	Severe harm such as death or permanent disability, either physical or psychological (e.g., removal of wrong limb/organ or brain damage) And triggers organisational Duty of Candour

| Patient Experience

(*risk could impact on how a patient, their family or carer feels during the process of receiving care*) | Reduced quality patient experience

Locally resolved verbal complaint or observations | Unsatisfactory patient experience directly related to care provision – readily resolvable

Justified written complaint peripheral to clinical care | Unsatisfactory patient experience/clinical outcome with potential for short term effects

Justified written complaint involving lack of appropriate care

Themes emerging – readily or locally resolvable | Unsatisfactory patient experience /clinical outcome with potential for long-term effects

Multiple justified complaints

Serious problem themes emerging, informed from more than one source | Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects

Complex Justified complaints

Confirmed serious problem themes from more than one source

Involvement of Scottish Public Services Ombudsman |
|---|---|---|---|---|---|
| **Transformation/Innovation**

(*risk could impact on ability to successfully adapt and transform*) | Barely noticeable reduction in scope/quality/ schedule

Negligible impact on achievement of intended benefits | Minor reduction in scope/quality/ schedule

Minor impact on achievement of intended benefits | Reduction in scope/quality/project/programme objectives or schedule

Some intended benefits will not be achieved | Significant project/programme over-run

Significant proportion of intended benefits will not be achieved | Failure to deliver project/programme

Failure to achieve sustainable transformation |
| **Health and Safety**

(*risk could impact on staff/public, or a patient out with delivery of care*) | Adverse event leading to minor injury not requiring first aid

No staff absence | Minor injury or illness, first aid treatment required

Up to 3 days staff absence | Agency reportable, e.g., Police (violent and aggressive acts)

Significant injury requiring medical treatment and/or counselling

RIDDOR over 7- day absence due to injury/dangerous occurrences | Major injuries/long term incapacity /disability (e.g., loss of limb), requiring, medical treatment and/or counselling

RIDDOR over 7- day absence due to major injury/dangerous occurrences. | Incident leading to death(s) or major permanent incapacity

RIDDOR Reportable/FAI |

Service Delivery/ Business Interruption (*risk could impact on ability to efficiently and effectively deliver services*)	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care/ quality of service provision	Some disruption in service with unacceptable impact on patient care Resources stretched Prolonged pressure on service provision	Sustained loss of service which has serious impact on delivery of patient care Contingency Plans invoked Temporary service closure	Permanent loss of core service/ facility Major Contingency Plans invoked Disruption to facility leading to significant "knock on" effect Inability to function as an organisation
Workforce (*risk could impact on staff wellbeing, staffing levels and competency*)	Negligible impact on staff wellbeing Temporary reduction in staffing levels/skills mix Individual training/competency issues	Minor impact on wellbeing, requires peer support Short-term reduction in staffing levels/skills mix (<6 months) Small number of staff unable to carry out training or maintain competency levels Increased usage of supplementary staff	Moderate impact on staff wellbeing, requires line manager support Medium-term reduction in staffing levels/skills mix (>6 months) Moderate number of staff unable to carry out training or maintain competency levels Reliance on supplementary staff in some areas	Serious impact on staff wellbeing, requires referral to support services Long-term reduction in staffing levels/skills mix (>9 months) Significant number of staff unable to carry out training or maintain competency levels Reliance on supplementary staff in multiple areas	Critical impact on staff wellbeing, co-ordinated response and referral to support services Loss of key/high volumes of staff Critical training and competency issues throughout the organisation Unsustainable reliance on supplementary staff across organisation.
Financial (*risk could impact through unplanned cost/reduced income/loss/non-achievement of intended benefit of investment*)	Some adverse financial impact but not sufficient to affect the ability of the service /department to operate within its annual budget	Adverse financial impact affecting the ability of **one or more** services/ departments to operate within their annual budget	Significant adverse financial impact affecting the ability of **one or more** directorates to operate within their annual budget	Significant adverse financial impact affecting the ability of the organisation to achieve its annual financial control total	Significant aggregated financial impact affecting the long-term financial sustainability of the organisation
Inspection/Audit (*risk could impact on outcome during/after inspection by internal/external scrutiny bodies*)	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action	Challenging recommendations that can be addressed with appropriate action plan	Mandatory improvement required. Low rating. Critical report. High level action plan is necessary	Threat of prosecution. Very low rating. Severely critical report. Board level action plan required

Public Confidence (*risk could impact on public/stakeholder trust and confidence, and affect organisation's reputation*)	Some discussion but no impact on public confidence No formal complaints or concerns	Some concerns from individuals, local community groups and media – short-term Some impact on public confidence Minor impact public perception and confidence in the organisation	Ongoing concerns raised by individuals, local media, local communities, and their representatives - long-term Significant effect on public perception of the organisation	Concerns raised by national organisations/scrutiny bodies and short-term national media coverage Public confidence in the organisation undermined Use of services affected	Prolonged national/international concerns and media coverage Issues raised in parliament Legal Action/ /Public Enquiry/FAI/Formal Investigations Critical impact on staff, public and stakeholder confidence in the organisation
Health Inequalities (*risk could increase health inequalities, particularly those that are healthcare generated*)	Negligible impact on health inequalities such as morbidity/mortality and healthy life expectancy No impact on services	Minor impact on health inequalities such as morbidity/mortality and healthy life expectancy Some services experience increased pressures	Moderate impact on health inequalities such as morbidity/mortality and healthy life expectancy Causes short term increased pressures across the system	Serious exacerbation of health inequalities such as morbidity/mortality and healthy life expectancy Causes long term pressures in system/affects ongoing viability of a service	Critical exacerbation of health inequalities such as morbidity/mortality and healthy life expectancy Affects whole system stability/sustainability
Environmental Sustainability / Climate Change (*risk could impact on environment, ability to comply with legislation/targets or environmentally sustainable care*)	Limited damage to environment, to a minimal area of low significance Negligible impact on ability to comply with climate legislation/targets or ability to reach net zero Negligible impact on ability to provide environmentally sustainable care	Minor effects on biological or physical environment Minor impact on ability to comply with climate legislation/targets or ability to reach net zero Minor impact on ability to provide environmentally sustainable care	Moderate short-term effects but not affecting eco-system Moderate impact on ability to comply with climate legislation/targets or ability to reach net zero Moderate impact on ability to provide environmentally sustainable care	Serious medium term environmental effects Serious impact on ability to comply with climate legislation/targets or ability to reach net zero Serious impact on ability to provide environmentally sustainable care	Very serious long term environmental impairment of eco-system Critical non-compliance with climate legislation/targets or ability to reach net zero Critical impact on ability to provide environmentally sustainable care

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

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

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

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

8. APPENDIX C: RISK CONTROLS ASSURANCE GUIDANCE – NHS Forth Valley

Risk Controls Assurance Guidance – NHS Forth Valley

Overall Risk Assurance Assessment		
Level of Assurance	**System Adequacy**	**Controls**
Substantial Assurance	A sound system of governance, risk management and control, with internal controls operating effectively and being consistently applied to support the achievement of objectives.	Controls are applied continuously or with only minor lapses
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement identified which may put at risk the achievement of objectives.	Controls are applied frequently but with evidence of non-compliance
Limited Assurance	Significant gaps, weaknesses or non-compliance identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives.	Controls are applied but with some significant lapses
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives.	Significant breakdown in the application of controls

Control Types		
Type	**Description**	**Examples**
Preventative	Activity to control the underlying risk cause and prevent it happening in the first place	• Removal / substitution of a hazard • Employee vetting / checks • Segregation of duties / authorisation levels to reduce fraud • Restricting access to assets (physical / information) • Password protection • Policies, standards, processes for planning
Contingency (Reactive)	Corrective – limits the scope for loss, reduced undesirable outcomes Directive – direct activity to ensure a particular outcome is achieved Detective – designed to identify occasions when undesirable outcomes have been realised	• Policies, standards, processes to provide direction as to steps required in a certain situation • Budget review / reconciliation process • Performance review – budget-to-actual comparison to identify variance, Key Risk Indicators • Reporting • Inventories • Business Continuity / Disaster Recovery Plans • Whistleblowing / Fraud Detection
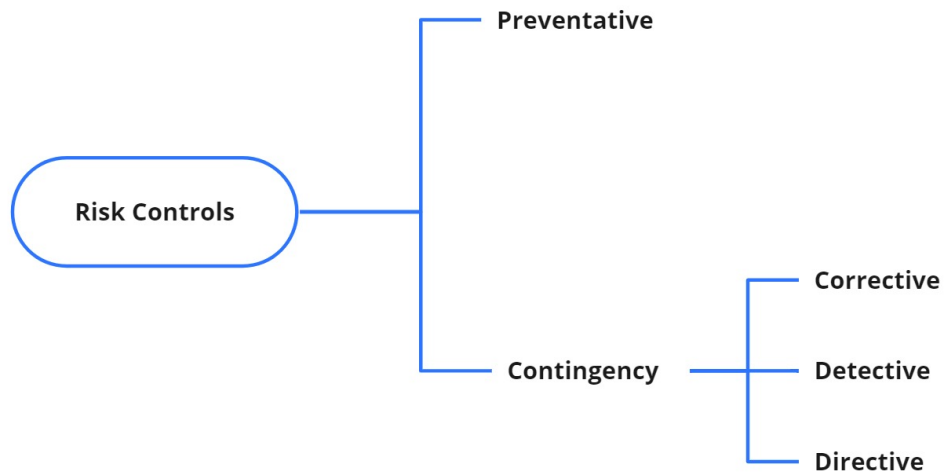
Risk Control Effectiveness Assessment	
Effectiveness Score	**Description**
Fully effective: 100% Review and monitor existing controls	Nothing more to be done except review and monitor the existing control. Control is well designed for the risk, and addresses root causes. Management believes it is effective and reliable at all times. Full compliance with statutory requirements, comprehensive procedures in place, no other controls necessary, ongoing monitoring only Control is likely to be of a preventative nature (for example, prevents the risk from occurring) and be systematic or automatic (for example, electronic banking authorisation process)
Mostly Effective: 80-99% Most controls are designed correctly and are in place and effective.	Control is designed correctly and largely in place, effective and regularly reviewed. Some more work to be done to improve operating effectiveness or management has doubts about operational effectiveness and reliability.

	Control is likely to be of a preventative nature (for example, prevents the risk from occurring) but may not be automated and require manual intervention / review
Partially effective: 50-79% Some controls poorly designed or not effective	While the design of control may be largely correct in that it treats the root of the risk, it is not currently very effective. **or** While it operates effectively, the control does not seem correctly designed in that it does not treat root causes. Reasonable compliance with statutory requirements established, some preventative measures in place, controls can be improved Control is likely to be either reactive (for example, business continuity plan) or of a deterrent nature (for example corporate policy, training) and as such would not be considered as effective as a purely preventative control
Not effective: <50% Significant control gaps due to poor control design or very limited operational effectiveness	Significant control gaps. Either control does not treat root causes or does not operate at all effectively. Virtually no credible control. Management has no confidence that any degree of control is being achieved due to poor control design or very limited operational effectiveness Insufficient control, weak procedures, limited attempt made to implement preventative measures Control is either not in place or not working as intended

Effectiveness of Controls – Questions to Ask:

- Do the controls in place already work – have they prevented the risk materialising or mitigated its effects?
- Are there any gaps in controls?
- Is further information required about the cause and impact of the risk in order to design and implement appropriate controls?
- If several controls are required for mitigation, how are they prioritised?
- Are there any dependencies or critical points of failure in implementing the controls?
- Will planned controls be sufficient to bring the risk to target score?

Risk Control Criticality Assessment	
Control Rating	**Description**
Low Importance	The control is of negligible importance in effectively mitigating the risk. Failure of the control will not result in an increase in the likelihood or impact of the risk.
Moderately Important	The control is of moderate importance in effectively mitigating the risk. Failure of the control will result in an increase in the likelihood or impact of the risk, but the risk score will remain within appetite.
Important	The control is important in effectively mitigating the risk. Failure of the control will result in an increase in the likelihood and impact of the risk beyond risk appetite, but within tolerance. Additional controls will be required to mitigate the risk if this control cannot be executed.
Very Important	The control is very important in effectively mitigating the risk. Failure of the control will result in an increase in the likelihood and impact of the risk beyond risk appetite and tolerance. Significant additional controls will be required to mitigate the risk if this control cannot be executed.
Absolutely Critical	The risk control is an essential component of the mitigation plan for the risk. If the control is not in place and working effectively the risk cannot be successfully mitigated to within risk appetite or tolerance.

1st Line of Defence: The function that owns and manages the risk

Under the first line of assurance, operational management has ownership, responsibility and accountability for directly assessing, controlling and mitigating risks.

2nd Line of Defence: Functions that oversee or specialise in risk management, compliance and governance

The second line of assurance consists of activities covered by several components of internal governance (compliance, risk management, quality, IT and other control departments). This line of defence monitors and facilitates the implementation of effective risk management practices by operational management and assists risk owner in reporting adequate risk related information up and down the organisation.

3rd Line of Defence: Functions that provide independent assurance – e.g. Internal and External Audit

Internal audit forms the organisation's third line of assurance. An independent internal audit function will, through a risk based approach to its work, provide assurance to the organisation's board of directors and senior management. This assurance will cover how effectively the organisation assesses and manages its risks and will include assurance on the effectiveness of the first and second lines of defence. It encompasses all elements of an institution's risk management framework (from risk identification, risk assessment and response, to communication of risk related information) and all categories of organisational objectives: strategic, ethical, operational, reporting and compliance.

Examples of Assurance Activity

- Training
- Policies and Procedures
- Communication, Consultation and Information
- Executive Management / Assurance Committee Oversight
- Management Review and Reporting (1st Line of Defence)
- Independent Review (2nd Line of Defence) – e.g. internal compliance functions such as Finance, Legal, Risk Management, Procurement, Information Governance, Infection Control, Emergency Planning / Resilience etc etc
- Internal and External Audit (3rd Line of Defence)

APPENDIX D: RISK APPETITE AND TOLERANCE LEVELS

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

APPENDIX E: RISK APPETITE STATEMENTS

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

Transformation/Innovation	Moderate: NHS Forth Valley has a **MODERATE appetite** for innovation, accepting that a greater degree of risk is required to maximise innovation and opportunities to improve patient experiences and outcomes, transform services and ensure value for money.	Open: We will operate with an **OPEN TOLERANCE for innovation** to allow the scoping of innovation projects to provide the detail of the case for change. This would be for a defined period while all potential delivery options are considered. Once in the initiation and planning stage for the innovation project to be implemented, the appropriate appetite level would be reconsidered in line with organisational process for initiating a new project.
Health and Safety	Averse: Any injury, illness or loss of life as a result of NHS FV failing to comply with Health and Safety obligations would be unacceptable. Therefore, there is an **AVERSE APPETITE** for risks that may compromise the Health and Safety of patients, staff, visitors and public and others accessing NHS FV services/venues.	There is no tolerance for this type of risk, but we recognise that on some occasions we will have to accept risks that have been reduced as low as reasonably practicable, and these are likely to fall into the cautious range.

Service/Business Interruption	Averse: NHS Forth Valley has an **AVERSE APPETITE** for risks which could result in Service/Business Interruption. Delivery of Health and Social Care is a priority, and while it may not be possible to eliminate risk, there is a focus on ensuring that essential health and social care needs are met quickly and effectively.	Cautious: We are prepared to operate in the cautious tolerance range for Service/Business Interruption for a defined period of time while mitigation plans are being actively developed.
Workforce	Averse: NHS Forth Valley is committed to recruiting and retaining a confident, flexible, trained workforce. We have an **AVERSE APPETITE** for risks to staffing, competence and wellbeing, particularly those which could result in contravention of relevant Professional Standards. It may not always be feasible to reach the desired range of outcomes, but nonetheless this is an area which we will prioritise until risks are ALARP*.	Cautious: NHS Forth Valley will operate with a **CAUTIOUS TOLERANCE,** to support staff to innovate and improve their workplace, balancing the risk against the reward to be gained from the significant staff knowledge and experience which is available. This will be for a defined period while mitigation plans are implemented. The priority will remain adherence to professional standards, and staff should continue to work within the limits of their competence, exercise "duty of candour" and raise concerns when they come across situations that put patients or public at risk.

Financial	**Cautious:** NHS Forth Valley's strategic aim is high quality and sustainable clinical services. We wish to achieve financial sustainability by spending well and making the most of our resources. Therefore, we have a **CAUTIOUS APPETITE** for Financial risk as budgets are constrained and unplanned / unmanaged budget variance could affect our ability to achieve statutory financial targets, potentially increases reputational risk and places pressure on divisions and departments. Well informed risks can be taken but budget variances are to be minimised and VFM is the primary concern.	**Moderate:** We will operate with a **MODERATE TOLERANCE** for a defined period while mitigation plans are implemented. We are prepared to accept the possibility of limited unplanned / unmanaged budget variance. VFM is the primary concern but we are willing to consider other benefits for a limited budget variance.
Inspection/Audit	**Cautious:** NHS Forth Valley has a **CAUTIOUS APPETITE** for risks impacting on Inspection/Audit. We are prepared to take informed risks which could result in recommendations, improvement notices or criticism, provided that the benefit outweighs the negative outcome.	**Moderate:** NHS Forth Valley has a **MODERATE TOLERANCE** for risks impacting on Inspection/Audit. Due to constraints in the current operating environment, we are prepared to take informed risks, for a defined period, which could result in recommendations, improvement notices or criticism, even where the benefits/negative impacts are balanced.

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

Financial	Cautious: NHS Forth Valley's strategic aim is high quality and sustainable clinical services. We wish to achieve financial sustainability by spending well and making the most of our resources. Therefore, we have a **CAUTIOUS APPETITE** for Financial risk as budgets are constrained and unplanned / unmanaged budget variance could affect our ability to achieve statutory financial targets, potentially increases reputational risk and places pressure on divisions and departments. Well informed risks can be taken but budget variances are to be minimised and VFM is the primary concern.	Moderate: We will operate with a **MODERATE TOLERANCE** for a defined period while mitigation plans are implemented. We are prepared to accept the possibility of limited unplanned / unmanaged budget variance. VFM is the primary concern but we are willing to consider other benefits for a limited budget variance.
Inspection/Audit	Cautious: NHS Forth Valley has a **CAUTIOUS APPETITE** for risks impacting on Inspection/Audit. We are prepared to take informed risks which could result in recommendations, improvement notices or criticism, provided that the benefit outweighs the negative outcome.	Moderate: NHS Forth Valley has a **MODERATE TOLERANCE** for risks impacting on Inspection/Audit. Due to constraints in the current operating environment, we are prepared to take informed risks, for a defined period, which could result in recommendations, improvement notices or criticism, even where the benefits/negative impacts are balanced.

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

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2023

7.1 Population Health and Care Strategy Revised Timeline
For Approval

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Authors: Mr Andrew Murray, Medical Director; Mrs Janette Fraser, Head of Planning

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Executive Summary

The paper presents a revised timeline for the development of NHS Forth Valley's Population Health and Care Strategy.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the amended timeline for the development and publication of the Population Health and Care Strategy.

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 there is an appropriate plan and timeline in place to support the development of the Population Health and Care Strategy.

Key Issues to be Considered

In September 2023, the Board noted the progress made with developing the NHS Forth Valley Healthcare Strategy, noted the engagement which had been completed and the plans for further engagement. The Board also noted and approved the timeline for completing the strategy.

As work has progressed, it has been recognised that the Strategy requires to be broader than the delivery of healthcare. Therefore, in line with Scottish Government direction and the Strategic Plans published or being developed by other NHS Boards, it is important that NHS Forth Valley takes a Population Health approach in its strategy development.

The King's Fund defines population health as an approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional, or national population, while

reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires collaboration with communities and partner agencies.

Alongside the ambition to improve the health of the people living and working in Forth Valley, the strategic aims include being a high performing health system, supporting innovation and value-based healthcare, and working with our strategic partners in our local communities, as an Anchor organisation.

In order to enable appropriate consideration of population health and to ensure further engagement with appropriate stakeholders, an extension to the timeline previously agreed is proposed.

Healthcare Strategy Timeline

Date	Action
7 May 2023	Board Seminar.
May to July 2024	Further engagement with staff, public and key partners.
14 August 2024	Engagement report produced.
1 August to 11 October	Final draft Population Health Strategy prepared.
14 October 2024	Final draft Population Health Strategy presented to ELT.
29 October 2024	Performance and Resources Committee to review final draft Population Health Strategy 2024-2029.
26 November 2024	Final version of Population Health Strategy 2024-2029 submitted to the NHS Board for approval.
December 2024	Population Health Strategy 2024-2029 published.

Implications

Financial Implications
N/A at this stage of development.

Workforce Implications
N/A at this stage of development.

Infrastructure Implications, including Digital
N/A at this stage of development.

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

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

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

Quality / Patient Care Implications
The Strategy is intended to address population health, access, workforce, and infrastructure including digital challenges and opportunities.

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

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

Relevance to Strategic Priorities
The Strategy will impact on all the NHS Boards approved Corporate Objectives, namely:

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

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

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

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

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

Additional Information
N/A

Appendices
Nil

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2024

7.2 Person Centred Care Report
For Assurance

Executive Sponsor: Prof Frances Dodd, Executive Nurse Director

Author: Mrs Pauline Easson-Donnelly, Person Centred Manager; Mrs Caroline Logan Person Centred Co-ordinator; Mrs Eilidh Gallagher, Head of Person-Centred Care

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Executive Summary

The report is to provide a comprehensive review of complaints activity across NHS Forth Valley taking into account the number of complaints received, local resolution, compliance with national targets, SPSO referrals and examples of actions taken following complaints. The paper is reflective of the paper submitted to the Clinical Governance Working Group in February 2024.

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

Due to a high level of complaints backlog, there is currently a significant organisational risk attached to performance levels with an associated impact on person centred care, confidence in the health board within our communities and delays to learning and implementation of changes. This report seeks to offer reassurance, and the necessary action plan, to ensure that performance improves, and necessary learning is embedded within the board following feedback.

Recommendation

The NHS Forth Valley Board is asked to: -
- Note the current complaints position and offer of assurances of discussion regarding the importance of timely responses and engagement with the patient relations team.
- Note the challenges in demand and capacity within the service and the proposal for further workforce analysis in year 2024.
- Note the action and mitigation plan (Page 23).

Assurance

Proposed assurance level:

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

- A reasonable level of assurance has been proposed on the basis that processes are in place to monitor and manage complaints and feedback across the organisation ensuring learning.
- In addition, while performance has decreased, assurance is offered around the standard of complaint response and level of investigation being undertaken.
- Performance demonstrates a clear increase in complaints being closed monthly within the last quarter, although there has been an overall increase in the number of complaints received.
- Improvements are being implemented in relation to learning and implementation of necessary systems changes following the receipt of feedback

Key Issues to be Considered

- Current performance against the 20 day, Stage 2, quality indicator
- Current performance against the 5 day, stage 1, quality indicator
- Complaints under investigation by the SPSO.
- Themes and Learning from Complaints
- Patient Feedback and Care Opinion.
- Expressions of Care – Patient Letters

Implications

Financial Implications

Depending upon the outcome of a workforce review, further details below, there may be an additional ask for recurring funding to improve board wide position.

On a temporary basis, additional non-recurring funding has been allocated to enhance capacity within the patient relations team, supplementary staffing is offset against YTD underspend within the department, despite supplementary staffing, the service will close the financial year within budget due to a period of sustained vacancy at senior level.

Workforce Implications

In the current climate, workforce pressures remain a concern and a range of measures are being explored to mitigate these risks, however these have not been fully mitigated to date.

Infrastructure Implications including Digital

Review of current systems, Safeguard and Pentana, is ongoing to ensure or consider how systems integrate and the level of detail available to operational and clinical services to maximise visibility and efficiency. Pentana dashboards are in development at local service and organisational level to offer visibility around performance. Additionally, an early warning indicator is under development to allow the service to respond to any increases in demand or reductions in outputs.

Sustainability Implications

N/A

Sustainability Declaration

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

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

Quality / Patient Care Implications

The current position presents a risk of negative patient experience to service users, those who have reason to raise complaint or where healthcare provision may have caused distress and/or harm. Improving our response to patient feedback per the above offers the opportunity to support people when they are most in need to offer openness, trust, and compassion to respond to feedback and implement learning.

Challenges have been highlighted in relation to closing the learning loop which presents a risk to the delivery of high quality, safe patient care. E-Health solutions are sought to bridge this gap in information and support ongoing action.

Information Governance Implications

Due to the sensitive nature of the subject matter consideration should be given to safe information handling between patient relation team and operational services.

A skills gap analysis has been undertaken locally with an information governance training session to ensure practices are in line with GDPR legislation.

Risk Assessment / Management

A newly appointed senior leader has been appointed within the board with associated accountability for risk and mitigation relating to patient experiences.

The post holder will support teams to build towards sustainable solutions to ensure governance and assurance is in place long term.

Relevance to Strategic Priorities

This meets the nationally agreed key performance indicators relating to patient feedback outlined by the SPSO and is directly aligned to board strategic priorities.

Additionally, improving our practices and provision around complaints responses and learning is in keeping with NHS FV core values.

This is in keeping with the Person-Centred Care and Quality frameworks and meets complaints handling policy and guidance. Both frameworks will be reviewed with the support of planning colleagues in Q4 of this financial year.

A new person-centric framework will be developed and presented for ratification within necessary governance and executive groups to supplement wider organisational strategies.

Equality Declaration

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

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

Communication, involvement, engagement and consultation
No consultation required

Additional Information
N/A

Appendices
N/A

Complaints Performance Summary

Year to date, NHS Forth Valley have received 1508 complaints with an associated performance of 57.6% in relation to national key performance indicators (KPIs). Complaints performance in December was 64% which represents the highest monthly performance reported since May 2023.

The number of complaints received by the board has returned to pre-pandemic levels. This is in keeping with wider NHS Scotland trends. November 2023 saw a 32% increase in complaints versus monthly averages across the organisation with an associated impact on demand/capacity within the patient relations team.

Five quality indicators have been adopted, derived from SPSO key performance indicators, to support with local level performance reports and visibility;

- Q1 Number of complaints received
- Q2 Cases Closed within Timescales
- Q3 Average time to respond
- Q4 Outcome
- Q5 Learning

The NHS Forth Valley Complaints Handling Procedure, derived from SPSO guidance, is well embedded within the board and the patient relations team continue to provide a comprehensive and supportive service to patients and families. With that being said, we acknowledge that there are always opportunities to make improvements, a re-calibration of complaints handling procedures and policies is proposed for the next quarter. A dedicated complaints session was delivered as part of the Clinical Governance Reset Days (Acute) in February 2024, feedback will be used to guide our protocols and practices in the future.

Complaint Key Performance Indicators RAG – December 2023

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

Measure	As at	Performance status	Direction of travel
KPI 1: Learning from Complaints	Dec-23	🟧	◀▶
KPI 2: Complaints Process Experience	Dec-23	🟧	◀▶
KPI 3: Self Awareness and Training	Dec-23	⬜	-
KPI 4: Total Number of Complaints Received	Dec-23	🟥	▼
KPI 5: Complaint Closed at Each Stage	Dec-23	🟧	◀▶
KPI 6: Complaints Upheld and Not Upheld	Dec-23	🟩	◀▶
KPI 7: Average Times	Dec-23	🟥	▼
KPI 8: Closed in Full within the Timescales	Dec-23	🟥	▼
KPI 9: Number of Cases where an Extension is Authorised	Dec-23	🟥	▼

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

Rapid Summary Position

KP1 : Learning from complaints

No reported change. Protocols under review to improve visibility and evaluation of learning. E-Health solutions sought.

KP2: Complaints Process Experience

Low uptake of post-experience questionnaire. New forms in development in a bid to increase engagement

KP3: Self Awareness and Training

High uptake of first impressions training at board level. E-health solutions in development to link local uptake with dashboards to improve visibility

KP4: Total number of complaints received

On average, the board receive 151 complaints each month, October and November demonstrated a monthly increase of 10% and 32% respectively. December 2023 saw an 8% reduction in the number of monthly complaints received.

Month	Percentage difference versus monthly YTD average
October	+10% ▼
November	+32% ▼
December	-8% ▲

KPI5: Complaints closed at each stage

The level of complaints being managed as S1, offering early resolution and learning, has increased across all areas within the organisation since September 2023 following the introduction of a dedicated Stage 1 Patient Relations Officer.

KPI 6: Complaints Upheld and Not Upheld

We continue to display variance versus wider Scottish Health Boards with fewer complaints upheld. SPSO investigations are becoming more frequent which suggests room for improvement.

KPI 7: Average Times

The average time to respond to cases has continued to increase as anticipated. This is in part due to the closure of long waiting cases combined with the volume of cases and reduced patient relations workforce.

We anticipate the number of days taken to respond will plateaux as of January 2024 with improvement only coming when the current workforce challenges are resolved.

KPI 8: Closed in Full within the Timescales

There has been demonstrable improvement in performance at board level in December 23. Performance improvement in relation to Stage 2 cases was particularly significant, although it continues to be well below the target level.

Stage 1	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	50	88	68	74	83	87	87	115	77				729
No Responded to in 5 days	48	63	55	59	68	64	72	75	54				558
% responded to in 5 days	96.00	71.59	80.88	79.73	81.93	73.56	82.76	65.22	70.13				76.54
Stage 2	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	59	64	73	66	96	72	79	86	61				656
No Responded to in 20 days	7	17	12	9	23	5	7	6	13				99
% responded to in 20 days	11.86	26.56	16.44	13.64	23.96	6.94	8.86	6.98	21.31				15.09
Overall No of Complaints Received	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	109	152	141	140	179	159	166	201	138				1385
No Responded to in 20 days	57	105	80	82	104	90	94	118	90				820
% responded to in 20 days	52.29	69.08	56.74	58.57	58.10	56.60	56.63	58.71	65.22				59.21

KPI 9: Number of Cases where an Extension is Authorised

The number of extensions requested remains higher than we would like due to the ongoing backlog. All steps being taken to reduce the delays and build a sustainable service.

	Total No of Complaints at each stage		No of Authorised Extensions		% of Authorised Extensions	
Complaint Stage	2022/23	2023/24	2022/23	2023/24	2022/23	2023/24
Stage 1	863	729	139	175	16.1%	24%
Stage 2	625	656	355	496	56.8%	75.6%

Complaints – Full Performance Report

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

Key Performance Indicator One: Learning from Complaints

The undernoted top 3 themes of complaints received have been identified during April 2023 – December 2023 and a brief synopsis of learning from complaint themes is detailed below:

1   **Staff Attitude and Behaviour (433 themes)**
- Member of staff to attend First Impressions Training following concerns raised regarding inappropriate comments made by member of staff.
- Explanation and apology provided following reflection on attitude and manner by Doctor.
- Supportive discussion taken place within clinical director to support reflection and learning

2   **Clinical Treatment/Problems with Medication/Prescribing (454 themes)**
- Discussion held with nurses regarding the near miss of administering another patient's medication to a patient.
- Escalation of concerns relating to failure to respond to investigation results. Ongoing investigation and solutions sought by clinical directors
- Implementation of a new IDL process, due for roll out Jan 2024
- Daily board round re-introduced in AAU to ensure appropriate patient placement, particularly where LOS is longer than we would hope in the area.
- New IDL process implemented at board level
- Risk assessment regarding electronic sign off and possible solutions in scope
- New e-form for consent in consideration for pilot in General Surgery

3   **Poor Nursing Care (325 themes)**
- Staff have reflected on the lack of communication with patient.
- Escalation of concerns relating to attitudes and behaviours to necessary staff agencies
- Training programme for newly qualified and new start nurses relating to implementation of MUST tool and discussion at daily ward round
- Encouragement and daily reminder for patients to be supported to wear their own clothes in the ward to encourage rehabilitation in Ward A22

It is noted that the high number of complaint themes regarding Clinical Treatment/Problems with Medication/Prescribing are received from Prison Healthcare Services with 312 issues raised.

Scottish Public Services Ombudsman (SPSO)

The SPSO has received 33 cases relating to NHS Forth Valley complaints during April 2023 – December 2023, an increase of 10 cases from the previous report.

The table below provides detail of the outcomes as at 31 December from the investigations. Remaining cases are still under investigation.

2023/24 SPSO Outcomes	Total Number
Fully Upheld	0
Partly Upheld	0
Not Upheld	0
No Investigation Conducted	5
Withdrawn	1

It should be noted that SPSO concluded an investigation relating to treatment provision from 21/22 in August 2023.

One case has been submitted for review ahead of parliamentary reporting, further liaison with SPSO is ongoing to confirm any necessary learning points and actions.

Key Performance Indicator Two: Complaint Process Experience

The Complaints Handling Procedure requires NHS Forth Valley to gather feedback from the person making the complaint regarding their experience of the process. To adhere to the guidance as set out in the procedure a questionnaire has been designed to support data collection. The questionnaire is forwarded to all complaints managed under the Stage 2 process and complainants are requested to tick a box against a list of predetermined questions agreed by all NHS Boards in Scotland.

Engagement with this process is currently poor and requires further review. A new MS Form is in development to trial a new way of working, engagement will be assessed following a short pilot period.

Additionally, a small sample of past responses have been reviewed to ascertain performance and identify learning opportunities. This review highlighted areas of good practice and compassionate care however, some concerns were also noted regarding the completeness of our responses which on occasion displayed a lack of empathy. As noted in November 2023, changes to the structure of responses has been implemented with improvements being reported locally. Initial feedback from staff involved in the process suggests that responses and investigations have improved with a greater detail of scrutiny apparent. We continue to review our processes and work with teams to ascertain best practice for the future. Discussion at the upcoming clinical governance reset days will further guide any changes to protocol.

Key Performance Indicator Three: Self Awareness and Training

As noted, in depth discussion with local teams took place as part of governance reset days in February 2024 which will feed any future changes in complaints

handling processes. This will also guide our development of staff awareness and training opportunities.

Key Performance Indicator Four: Total number of Complaints Received

During the period April – December 2023, a total of 1451 complaints (including complaints transferred/withdrawn/ consent not received) were received by the Patient Relations Team and the table below provides a comparison of the number of complaints received during the same period year on year.

Directorate	2021/22	2022/23	2023/24
Acute	570	655	612
Falkirk HSCP	23	30	24
FV Specialist MH & LD	0	27	41
Prisons	387	587	582
Primary Care & Mental Health	60	15	0
Women & Children	131	186	139

It is noted that the Directorate structure has changed within this timeframe and reporting structures will impact the level of complaints allocated within each sector.

There is evidence of a reduction in complaints received within the comparator time frames within the Acute, W&C, Prisons Health, and Clacks and Stirling directorates. Falkirk HSCP and Specialist MH & LD services have seen an increase within the comparator time frame although it should be noted that both areas have been subject to structural changes within this period.

To demonstrate the percentage of complaints against NHS Forth Valley's patient activity it can be noted that 0.18% represents the total number of complaints against patient activity during the period April – December 2023. In comparison the number of complaints received represents 0.9% against the number of staff (excluding bank staff) employed by NHS Forth Valley.

As noted above, the board receives an average of 151 complaints per month. October and November saw an increase of 10% and 32% respectively in comparison with annual averages. December in contrast demonstrated an 8% decrease in the number of complaints received. Performance continues to be monitored closely with early warning indicators in development with the support of e-health to identify any fluctuations in trends.

Month	Percentage difference versus monthly YTD average
October	+10% ▼
November	+32% ▼
December	-8% ▲

Despite a high incidence of absence, the PRO team have demonstrated an increased level of productivity within the last three months. The table below details the number of cases received, cases closed and the absence rate within the team within the current financial year.

PRO Activity Levels 23/24
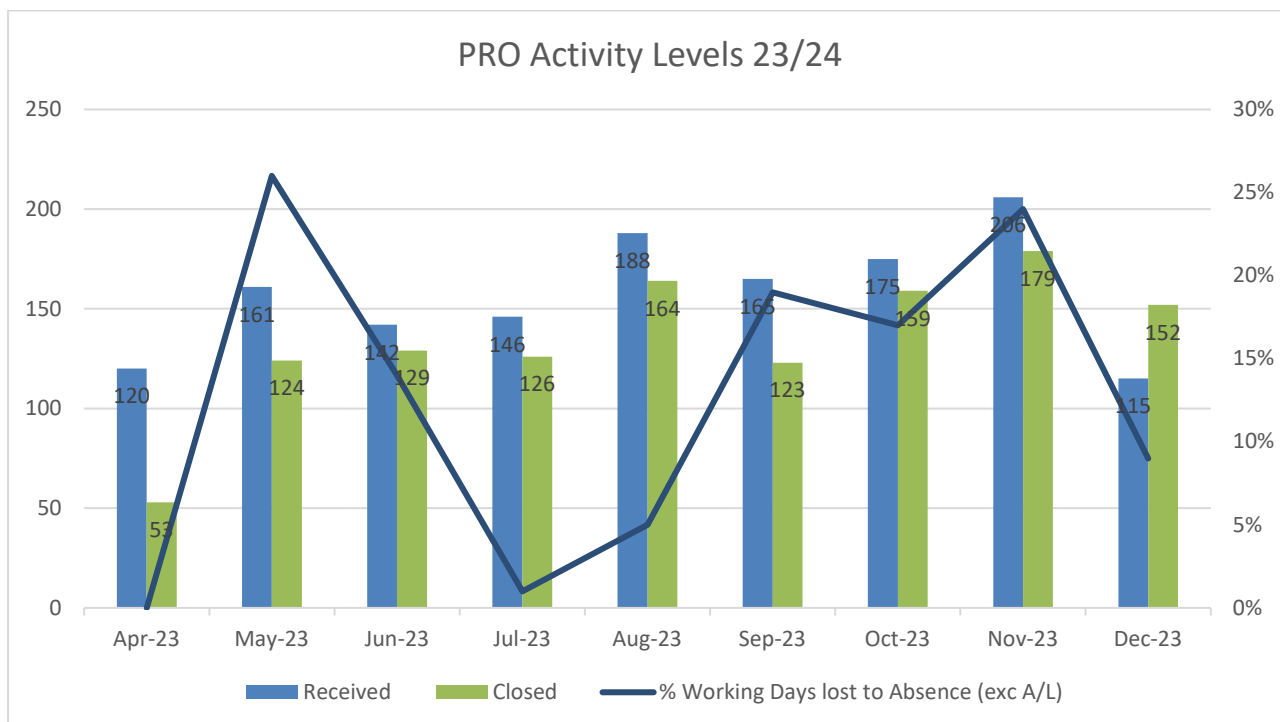
Key Performance Indicator Five: Complaints Closed at Each Stage

The National average for cases closed as stage 1, or early resolution, was 51% in 22/23. The average response rate YTD within NHS FV is comparable with 51% of cases closed as S1 and 49% closed as S2. However, data is largely upheld by performance within the prison sector.

Complaints Type	Number of complaints closed at each stage	Number of complaints closed at each stage as a % of all complaints
Stage 1	729	52.6%
Stage 2	477	34.4%
Stage 2 after escalation	13	0.94%

As noted in November 2023, there is variance at directorate level in relation to the number of cases managed under the stage 1 process. There has been a dedicated focus at service level to resolve more complaints at stage 1, offering earlier resolution for patients and families and an associated reduction in the time spent investigating and responding. As of 29 January 2024, improvement is evident across each directorate.

Directorate	November 23'		January 24'		Trend (S1)
	S1	S2	S1	S2	
Acute	23%	77%	31%	69%	▲
Clacks And Stirling HSCP Directorate	10%	90%	16%	84%	▲
Falkirk HSCP Directorate	26%	74%	35%	65%	▲
FV Specialist MH And LD Services Directorate	24%	76%	31%	69%	▲
Prison Healthcare Services Directorate	93%	7%	94%	6%	▲
Women, Children And Sexual Health Services	24%	76%	30%	70%	▲

Key Performance Indicator Six: Complaints Upheld and Not Upheld

The total number of complaints closed at Stage 1 for the period 1 April 2023 – 31 December 2023 is 729. The table below provides a breakdown of the formal outcome.

Stage 1	No. Of Complaints Closed	% of Complaints Closed at Stage 1
Upheld Complaints	29	4%
Not Upheld Complaints	690	94.6%
Partially Upheld Complaints	10	1.4%

The total number of complaints closed at Stage 2 for the period 1 April 2023 – 31 December 2023 is 490, the table below provides a breakdown of the formal outcome.

Stage 2	No. Of Complaints Closed	% of Complaints Closed at Stage 2
Upheld Complaints	39	4.5%
Not Upheld Complaints	373	47.5%
Partially Upheld Complaints	66	7.4%

It is noted that 165 complaints remain open (as at 31 January 2024) for the period 1 April 2023 – 31 December 2023. The figures in the above table do not reflect the total numbers of complaints received for stage 2 as complaints remain unresolved and 12 closed complaints are awaiting outcomes. The outstanding complaints and outcomes are being actively progressed by the Team.

As noted in the summary page, there is variance in the proportion of complaints upheld / not upheld in comparison with wider Scottish Health boards. While we are offered reassurance by the fact that few cases progress to SPSO investigation, the variation is noteworthy. A new decision-making process is proposed as part of the recalibration work to ensure equity in decision making.

Key Performance Indicator Seven: Average Times

The average time to respond to cases has continued to increase as predicted. This is in part due to the closure of long waiting cases combined with the volume of cases and reduced patient relations workforce.

We anticipate the number of days taken to respond will plateaux as of January 2024. However, as noted above, continued pressure and increasing workloads present a further risk of deterioration if planned mitigation does not have the desired impact.

It should be noted that, where stage 2 complaints are closed within 20 working days, the average time to respond is 17 days.

17% of S2 complaints YTD have been closed within 20 working days. S1 complaints continue to be responded to in line with national target timescales.
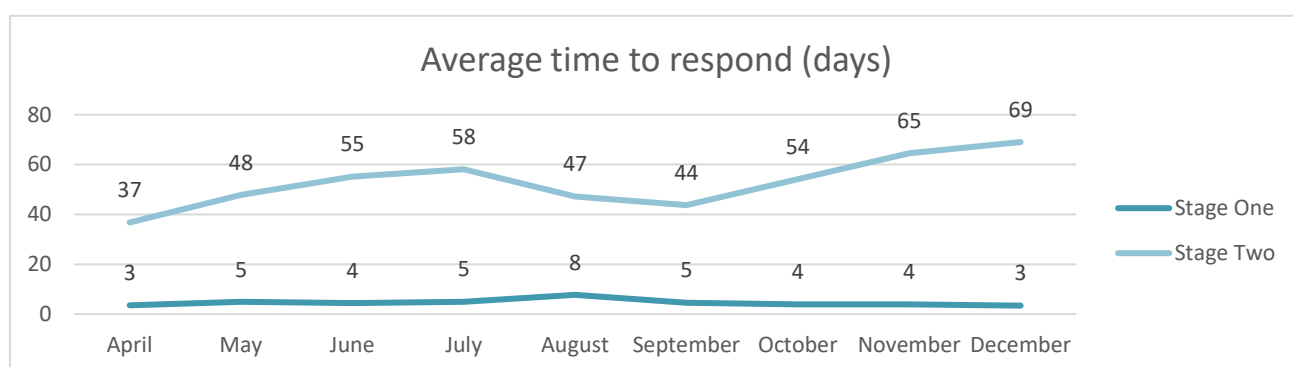
Key Performance Indicator Eight: Closed in Full within the Timescales

In the period 1 April 2023 – 31 December 2023, 1,385 complaints have been investigated, of which 59.2% have been responded to within 20 working days. A comparison of performance against 2021/22 and 2022/23 is detailed in the graph below.

13
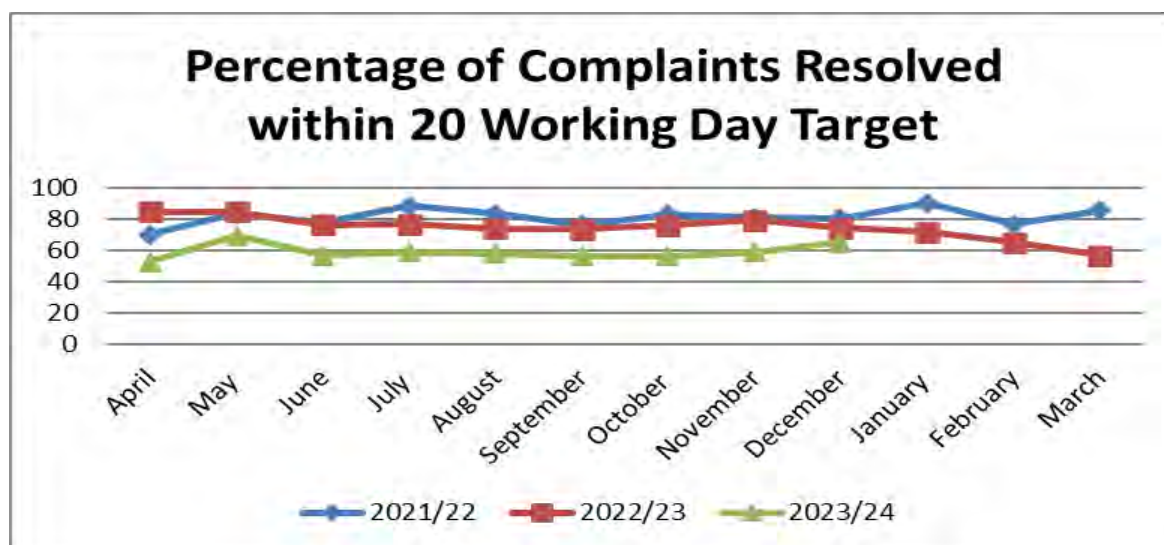
Stage 1 and Stage 2 Performance

During December 2023, a total of 138 complaints have been investigated of which 65.2% have been responded to within 20 working days.

The tables below provide a breakdown of performance month on month for the current year.

- Overall performance has remained within the range of 55-59% since June 23
- Stage 2 performance both increased significantly in December 23
- Overall performance in December was the second highest reported monthly performance YTD.

Stage 2 Performance has fluctuated due to workforce challenges within the PRO team year to date. All possible steps have been taken to mitigate workforce capacity challenges with supplementary staff however, this has proven challenging to date. An interim supplementary Band 6 Complaints Officer was appointed in late November. However, due to absence, this supplementary capacity was offset against a long-term absence until December 2023. A further 2WTE posts have been advertised on a temporary basis however recruitment has been unsuccessful to date.

Wider systemic challenges are apparent relating to time taken to provide information via services and quality of investigative responses provided. The team continues to work closely with the Directorates to support staff during a period of sustained systems pressure within the organisation. In agreement with local services, a formal escalation tree has been adopted where complaints handlers do not receive necessary information to allow investigations to conclude within set timeframes.

Stage 1	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	50	88	68	74	83	87	87	115	77				729
No Responded to in 5 days	48	63	55	59	68	64	72	75	54				558
% responded to in 5 days	96.00	71.59	80.88	79.73	81.93	73.56	82.76	65.22	70.13				76.54
Stage 2	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	59	64	73	66	96	72	79	86	61				656
No Responded to in 20 days	7	17	12	9	23	5	7	6	13				99
% responded to in 20 days	11.86	26.56	16.44	13.64	23.96	6.94	8.86	6.98	21.31				15.09
Overall No of Complaints Received	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	109	152	141	140	179	159	166	201	138				1385
No Responded to in 20 days	57	105	80	82	104	90	94	118	90				820
% responded to in 20 days	52.29	69.08	56.74	58.57	58.10	56.60	56.63	58.71	65.22				59.21

It is noted that there has been an increase in performance (65.22%) compared to the performance figure achieved in November (58.71%), and the Team are continuing to work closely with the Directorates to support staff during an overall systems pressure within the organisation.

The current average wait for a stage 2 response is 45 days, a reduction of 3 days in comparison with November's position although this remains more than double the nationally agreed target response time. This is partially due to significantly overdue cases being closed in recent months presenting a skewed dataset however, If the current complaints position does not improve there is a risk that the board will not achieve national key performance indicators as set out by the SPSO come year end.

Performance Excluding Prisons

To provide a further breakdown of performance, the undernoted table demonstrates the 20 day performance excluding prisons complaints. It is noted that overall performance for responding to complaints (excluding prisons) is 35.6% as at December 2023.

Stage 1	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	21	29	25	20	13	21	19	29	23				200
No Responded to in 5 days	19	15	17	14	6	14	16	20	17				138
% responded to in 5 days	90.48	51.72	68.00	70.00	46.15	66.67	84.21	68.97	73.91				69.00
Stage 2	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	58	63	68	64	85	71	69	82	52				612
No Responded to in 20 days	5	15	12	9	17	5	5	6	10				84
% responded to in 20 days	8.62	23.81	17.65	14.06	20.00	7.04	7.25	7.32	19.23				13.73
Overall No of Complaints Received	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	79	92	93	84	98	92	88	111	75	0	0	0	812
No Responded to in 20 days	28	46	37	29	31	26	24	34	34	0	0	0	289
% responded to in 20 days	28.00	50.00	39.78	34.52	31.63	28.26	27.27	30.63	45.33	#DIV/0!	#DIV/0!	#DIV/0!	35.59

Prison Performance Only

To provide a further breakdown of performance, the undernoted table demonstrates the 20 day performance for prison only complaints.

Stage 1	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	29	59	43	54	70	66	68	86	54				529
No Responded to in 5 days	29	48	38	45	62	50	56	55	37				420
% responded to in 5 days	100.00	81.36	88.37	83.33	88.57	75.76	82.35	63.95	68.52				79.40
Stage 2	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	1	1	5	2	11	1	10	4	9				44
No Responded to in 20 days	0	0	0	0	5	0	2	0	2				9
% responded to in 20 days	0.00	0.00	0.00	0.00	45.45	0.00	20.00	0.00	22.22				20.45
Overall No of Complaints Received	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	30	60	48	56	81	67	78	90	63				573
No Responded to in 20 days	29	59	43	53	73	64	70	84	56				531
% responded to in 20 days	96.67	98.33	89.58	94.64	90.12	95.52	89.74	93.33	88.89				92.67

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

It is important to complainants that we respond to their complaints timeously and that every effort is made to ensure that we do not cause a detrimental effect on the person making the complaint. Not all investigations will be able to meet this deadline; however the CHP allows an extension where it is necessary to complete the investigation.

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

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

	Total No of Complaints at each stage		No of Authorised Extensions		% of Authorised Extensions	
Complaint Stage	2022/23	2023/24	2022/23	2023/24	2022/23	2023/24
Stage 1	863	729	139	175	16.1%	24%
Stage 2	625	656	355	496	56.8%	75.6%

Themes and Analysis

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

The top five complaint themes for December 2023 have been summarised per service below. The Patient Relations Team continue to work with Directorates to identify key learning opportunities and identify the adoption and implementation of learning following feedback.

Directorate	Acute	Clacks & Stirling H&SCP	Falkirk H&SCP	Prisons	FV Specialist MH & LD	Women & Children	Total
Clinical Treatment/ Problems with Prescribing/Medication	10	0	1	34	1	2	48
Treatment - Poor Nursing Care	11	0	1	1	0	3	16
Waiting Time/Date of Appointment	11	0	1	14	0	0	26
Poor Co-ordination/ Aftercare	10	0	0	1	1	2	14
Staff Attitude & Behaviour	13	1	1	5	1	5	26

In response to staff attitude and behaviour concerns, first impressions training continues to be implemented for all newly qualified nurses and within wider staffing groups in the board. Outreach work is underway with students being offered tailored first impressions training to improve knowledge and understanding of positive communication skills. Additional work is underway to identify opportunities to work with the simulation centred to provide learning and expereince to deal with conflict and to further support compassionate communication.

We continue to see a high volume of complaints relating to waiting times and a new generic proforma has been developed to support a timeous response from services. Services continue to work on reducing the length of time taken to appoint patients and with the introduction of patient intitiated returns anticipate further improvements in the near future.

Where concerns relate to treatment provision and delivery of care, thorough investigations are undertaken to ascertain if the delivery of care was safe and appropriate in line with protocols. Following investigations in recent months, changes have been made or are being designed to improve a number of processes including the adoption of new patient information leaflets, new IDL processes and new safety checklists.

Person Centred Report

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

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

The service are currently supporting the implementation of HEART : Hearing, Engaging, Acting, Responding – Together. An advocacy group aimed at ensuring that the voice of the child is embedded in service design and delivery. The team will look to develop a commissioning body in due course and will imminently look to develop a child-friendly complaints handling policy to supplement the existing CHP.

Additionally, in response to feedback received to date, the Person Centred Care Team are in the early stages of developing a working group to look at intercampus transportation to support patients and relatives in parking and transfer across the FVRH site.

In-patient Experience Survey

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

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

Top 3 Positive Results
1. 93% of patients responded that staff introduced themselves.
2. 93% of patients responded overall they were happy with their care.
3. 90% of patients responded that staff did not talk in front of them as through they were not there.

Top 3 areas for improvement
1. 13% of patients responded they were troubled by noise at night from other patients.
2. 5% of patients responded staff did not ask "what matters to you?"
3. 4% of patients responded that they did not have enough privacy when being treated/examined.

In-patient experience
November & December 2023
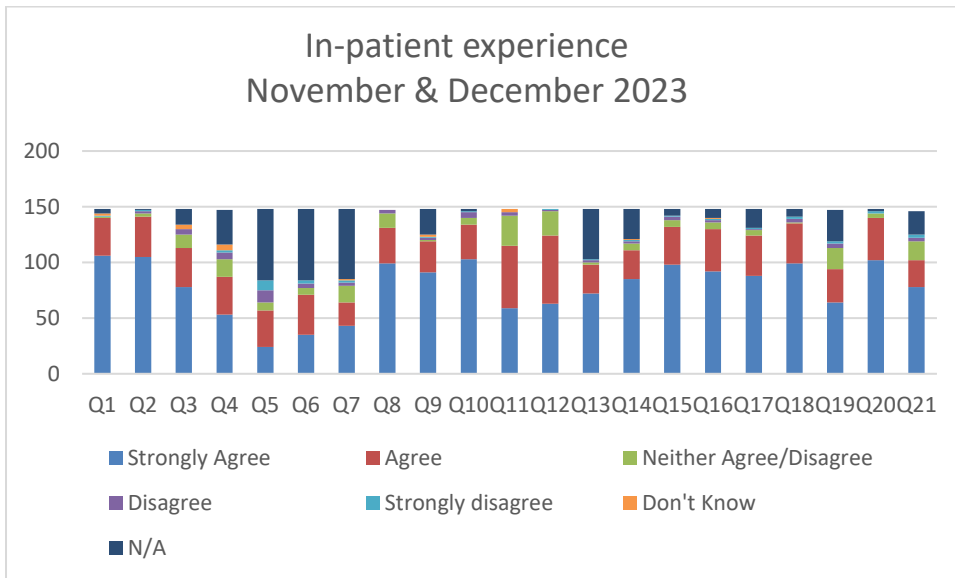
150 patients completed the inpatient experience survey for the months of November and December 2023.

Care Opinion

During the months of November and December 2023 we have received 151 Care Opinion stories, to date the stories have been read 13,127 times. The tables below give details of how the moderators have rated the stories and who is telling the stories.

Table 1: details how the stories have been moderated, 77% of stories posted were rated as noncritical/minimally critical.

Table 2: 75% of stories were posted by patients/service users.

How moderators have rated the criticality of these stories
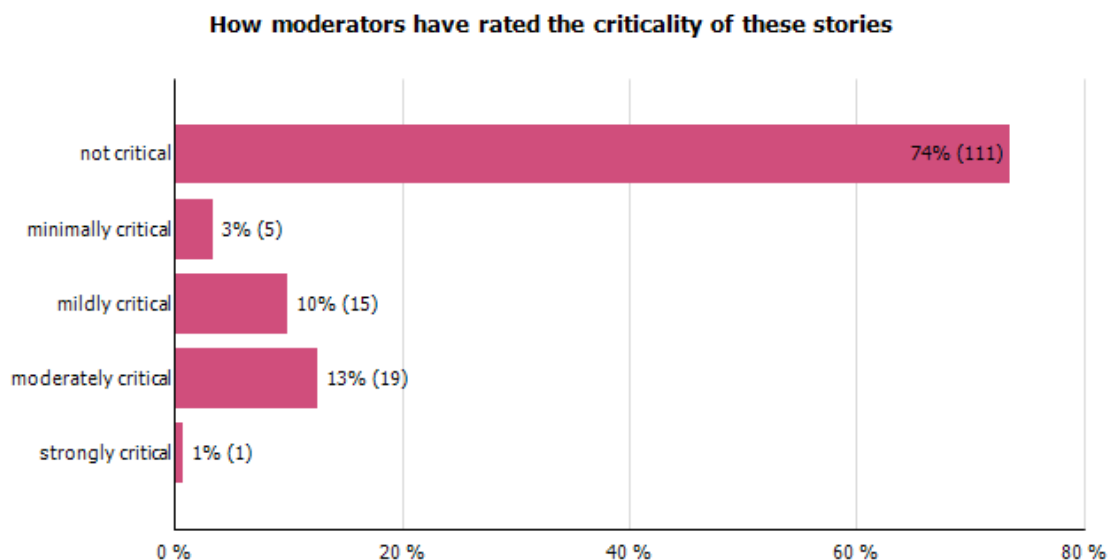
How the authors of these stories identify themselves

Author identification	Percentage (Number)
a carer	5% (8)
a parent/guardian	9% (13)
a relative	11% (17)
a service user	28% (42)
the patient	47% (71)

Number of stories
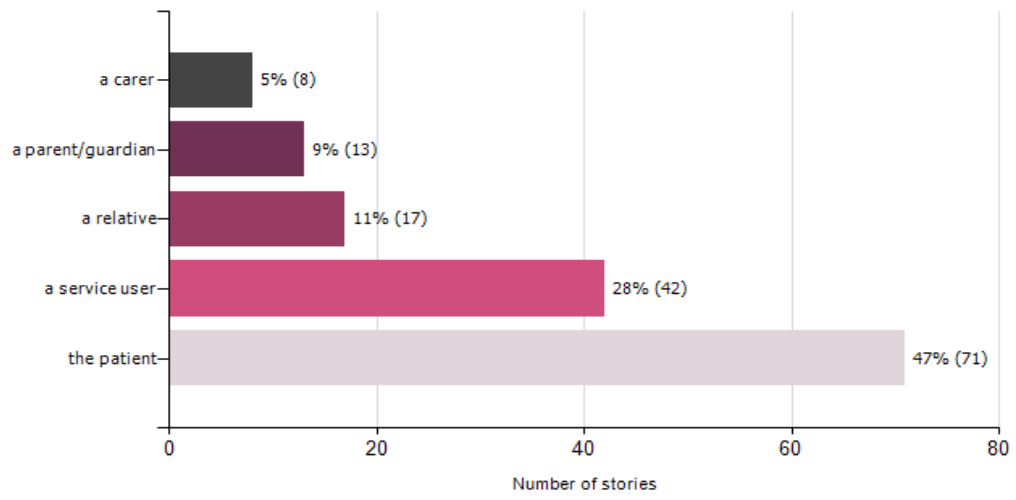
What was good?

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

- Patients fed back that staff were professional, friendly showing empathy and kindness.
- Staff provided high levels of care.

What could be improved?

The wordle below details what could have improved their experience.

- Communication
- Lack of support
- Waiting time/access to services

Expressions of Care – Patient Feedback

NHS Forth Valley pro-actively encourages feedback to inform service improvements, ensuring that care is safe, effective and person centred. The comments and letters below demonstrate the range of positive expressions of care we have received, in the words of those providing the feedback.

Ward A31 &Thistle Suite, Bellfield Centre

Earlier this year my husband underwent spinal surgery in Edinburgh and was transferred back to FVRH where he was admitted to ward A31 for a few weeks before being transferred to The Bellfield Centre's Specialist Rehab Unit. We had been told by the neurosurgeons that he would never walk again but thanks to the support and dedication of both these units and the Physios and OT's he is back on his feet and getting about with assistance.

The staff on both A31 and Thistle Unit were amazing, not only looking after my husband but supporting my daughter and myself. Words cannot express how much they did for us. They gave us hope for the future and gave me my family back

Thank you all so much.

Neonatal Unit

We as a family just want to pay the biggest of compliments to your Neonatal team @ Forth Valley. Truly went above and beyond for our little girl in her 3 month stay. The staff go above and beyond their roles, True angels. Think most people would say they're in white but the ones we believe in wear blue and we wouldn't have our daughter home without them. Kirsty deserves some sort of medal! For all her extra efforts inside and outside of work to make babies gifts, craft memories for the families, her kindness I can't even put into words, what she has done for us as a family I will never be able to repay.

Absolutely beautiful soul on that woman!

Urgent Care Centre

My GP referred me to the Urgent Care Centre yesterday because I had a cyst which had become an infected abscess on my back. I had been warned that I may have to wait all afternoon and may even have to go back the next day if there were more urgent cases than mine.

Despite the Centre being busy, everything was calm and friendly. I had the usual pre op tests done, and the abscess removed by local anaesthetic all within 90 minutes. I'd like to thank the nurse and doctor who looked after me for doing a great job.

Minor Injuries Unit

I'd like to thank everyone at the Minor Injuries Unit in Stirling for providing a fantastic service when we had to attend this weekend.

My wee boy hurt his foot on Sunday and after speaking with 111 we were offered an appointment and he was seen, x-rayed and back at home within a couple of hours of

first picking up the phone. Everyone we met was kind and helpful – with special thanks to Vikki the nurse for putting him at ease and helping him feel better with a teddy bear ('handmade by Violet') and a certificate for being brave. The care couldn't have been better!

Assurance – Performance and Demonstrating Improvements & Learning

This section of the report provides assurance and demonstrates work being progressed to enhance the management of complaints, feedback and learning, and person-centred care to the Board.

1) Prioritisation of outstanding complaints to deliver associated improvement in response time   **Jan 2024**
The current delay in time taken to respond to complaints has a considerable impact on patient experience with associated risk of loss of trust in the board. Furthermore, length of response time renders the board vulnerable to criticism via the SPSO for failing to meet nationally agreed key performance indicators.   The patient relations team will continue to prioritise the necessary investigation and reporting required to conclude long waiting complaints. It is anticipated that all cases pre-dating December will be closed by calendar year end. To achieve this, support is sought via services to ensure necessary investigation takes place timeously.
Jan 24 Update: *Focused work on long waiting cases continues. There are now 10 cases outstanding > 100 days and 39 cases > 50 days. Service meetings are being scheduled to address any outstanding information requests. Dedicated Chief Nurse resource has been allocated to support the investigative processes for these complex cases.*
2) Review of SAER / Complaints processes and interlinks   **January 2024**
Ongoing review is required relating to the identified SAER cases to ensure that patients and families are receiving a full and timeous response. Collaboration is required between clinical services, clinical governance and the PRO team to ensure that areas that fall out with the terms of reference of the SAER process are identified and responded to. As part of the Clinical Governance Reset Days in February 2024, services and clinicians will be asked to support the development of protocols and criteria to embed a robust process and the necessary conditions required to manage these two processes in parallel in a person centred fashion.
Jan 24 Update: Weekly meetings scheduled to discuss complex cases. Background e-health work undertaken to create necessary systems interlinks to build a sustainable e-health solution. Protocols to be designed and ratified via necessary governance panels Feb 24.
3) Review / ratification of newly implemented statement template   **January 2024**
To support early investigation and escalation of complaints to SAER where required, a new statement template has been implemented within several directorates following ratification within the last governance group.

Feedback will be sought in 3 months to ascertain any improvements and make any necessary changes.

The newly designed template prompts services to consider any necessary governance implications, escalation requirement and encourage services to consider care delivery against nationally or locally agreed guidelines and protocols. Consideration of escalation at an early stage will support services, and the wider health board, to consider rapid learning where required or to conduct full and thorough SAER investigations with necessary peer review where merited. In turn, governance, safety and patient experience should improve with an associated improvement in staff wellbeing and value at work.

Jan 24 Update : New template has been live for 2 months with feedback actively sought. Changes proposed Feb 24 to streamline information and support responses. Dedicated complaints toolkit in development for staff net to offer further resources.

4) Submission of workforce evaluation with support of organisational development where indicated
February 2024

As noted, the NHS FV complaints case load represents the fourth highest case load , where numbers are known, within NHS Scotland.

The workforce ratio is currently out of kilter with wider Scottish health boards representing a missed opportunity to develop a highly skilled and motivated workforce with clear developmental and career opportunities.

Organisational Development support will be sought to develop a workforce plan to bring the board into line with similar structures seen throughout NHS Scotland.

Jan 24 Update: Initial benchmarking complete. Longer term assessment required to consider capacity / demand following changes to processes.

5) Key metrics to be defined and e-health solutions sought to integrate performance and learning within balance score cards
March 2024

Key metrics relating to weekly and monthly performance are complex to ascertain via current digital health systems, review is underway to consider how data is presented and the level of detail provided to operational teams to ensure that information is pertinent and engaging. Currently, services are provided with this information manually on a monthly basis via a new spotlight report (appendix 2).

Jan2 4 Update: Pentana dashboard in development at local and service level. Initial charts designed and tested locally. Further work underway Feb-24.

6) Review of current process and development of a SLWG with key stakeholders to address processes including, investigation, escalation, learning points and actions and governance around upheld complaints
January – March 2024

Initiation of a short life working group (SLWG) is proposed to consider any necessary changes in process to maximise the opportunity to learn from patient complaints and feedback. Nominations are sought via all appropriate channels for key stakeholders to engage. The inaugural meeting would ideally run in January 2024 however winter pressures should be considered for membership across operational and clinical services.

The remit of the group will be wide scoping to review all necessary protocols and will be led by the head of person-centred care. Learning, new protocols and changes to practice should be ratified via necessary governance forums prior to implementing changes utilising quality improvement methodologies.

Jan 24 Update : Clinical Governance reset day scheduled for Feb 24, table top session planned to support discussion and brainstorming. Discussion with necessary services scheduled to consider implementation and roles/responsibilities.

7) Develop a programme for training/education
March-May 2024

To enhance understanding and engagement with processes, a training programme should be developed for all new and existing staff within NHS FV. Training should consider compassionate communication and mediation, reflective practice and awareness of the complaints handling process.

Jan 24 Update: NHS FV continue to support the development of National NES training videos. Pilot area to support compassionate communications training identified to work alongside SIM centre. Drop in sessions to be scheduled for FAQs with PRO team.

8) Develop and ratify new person-centric strategies for implementation at board level
March – May 2024

The current Person Centred Care Strategy is due for renewal in 2024. With the support of planning colleagues a combined person-centric and community engagement framework is proposed to support overarching board quality and delivery strategies. Public engagement will be sought to ensure that the design and delivery of care within NHS FV is person-centred.

Jan 24 Update: Ongoing discussion in line with the above. Changes proposed to SPSO processes and overall complaints handling procedure. TOC to be evaluated before formally seeking review / ratification of new procedures.

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2024

7.3 Healthcare Associated Infection (HAI) Reporting Template February 2024
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
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.

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

Implications

Financial Implications
None.

Workforce Implications
None.

Infrastructure Implications including Digital
None.

Sustainability Implications
None.

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

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

Information Governance Implications
None.

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

Relevance to Strategic Priorities
AOP Standards in respect of SABs, ECBs & CDIs.
The AOP target has now been extended to March 2024.

•   Staph aureus bacteraemias (SABs)
It is anticipated target will be narrowly missed by March 2024. NHSFVs national position remains within control limits.
•   Clostridioides difficile infection (CDIs)
It is anticipated 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:
- 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)

February 2024

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	*Staphylococcus aureus* Bacteraemia
DAB	Device Associated Bacteraemia
CDI	*Clostridioides* 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 month had healthcare intervention such as previous hospital admission, attending Clinics, GP, dentist etc. Note this does not necessarily mean that the sepsis is associated with the previous healthcare intervention.

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

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 were two Influenza A outbreaks reported this month, Ward B31 and Ward 4,FVRH.
- There were no SSIs reported this month.

Performance at a glance:

Staph aureus bacteraemia - total number this month: 5
- There were three hospital acquired SABs this month.
- There were two healthcare acquired SABs this month.
- Total SAB case numbers remained within control limits this month.

Device associated bacteraemia – total number this month: 7
- There were six 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: 1
- There was one hospital acquired CDI this month.
- There were no healthcare acquired CDIs this month.
- Total CDI case numbers remained within control limits this month.

E coli bacteraemia – total number this month: 9
- There were six hospital acquired ECBs this month.
- There was one healthcare acquired ECB 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	15.0	50
CDI	11.4	38	10	2024	10.6	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	41.7	Above trajectory
SAB	15.0	16.1	Above trajectory
CDI	10.6	12.2	Above trajectory

Providing SAB and CDI case numbers remain low next month it is expected the target will be met for March 2024. ECB target remains challenging despite reduction seen over the last two quarters. Targets are currently under nationally review.

From recent ARHAI publications, the targets from a national perspective will not be met by March 2024.

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; **5** compared to **2** last month.
There was no data exceedance for SABs this month.

Total number of SABs (April 2023 – date) = **38**

- Hospital acquired = **3**
    - PVC (A12)
    - Respiratory tract (No attributed ward)
    - Ulcer (No attributed ward)
There was no data exceedance for hospital acquired SABs this month.

- Healthcare acquired = **2**
    - Wound
    - Post procedural
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 **794** blood cultures taken this month, of those there was in total **5** blood cultures that grew *Staph aureus*. This accounts for **0.6%** of all blood cultures taken this month. There were three hospital acquired SABs this month, this accounts for **0.4%** of all blood cultures taken this month.

Hospital SABs:

- o **PVC;** Patient was in A12 at the time of the infection however both A12 and CAU have had an IR1 raised regarding practice as PVC documentation was incomplete in both wards prior to infection.
- o **Ulcer**; Not attributed to a ward as patient has had chronic pressure sore since spinal surgery in the 1990's.
- o **Respiratory tract**; Patient treated for respiratory infection. Not attributed to a ward due to patients ongoing comorbidities.

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 3 report (July – September 2023) highlighting Forth Valley's position compared to all other boards in Scotland. NHSFV remains on the national mean.

Incidence rate per 100,000 occupied bed days

Occupied Bed Days (100,000s)
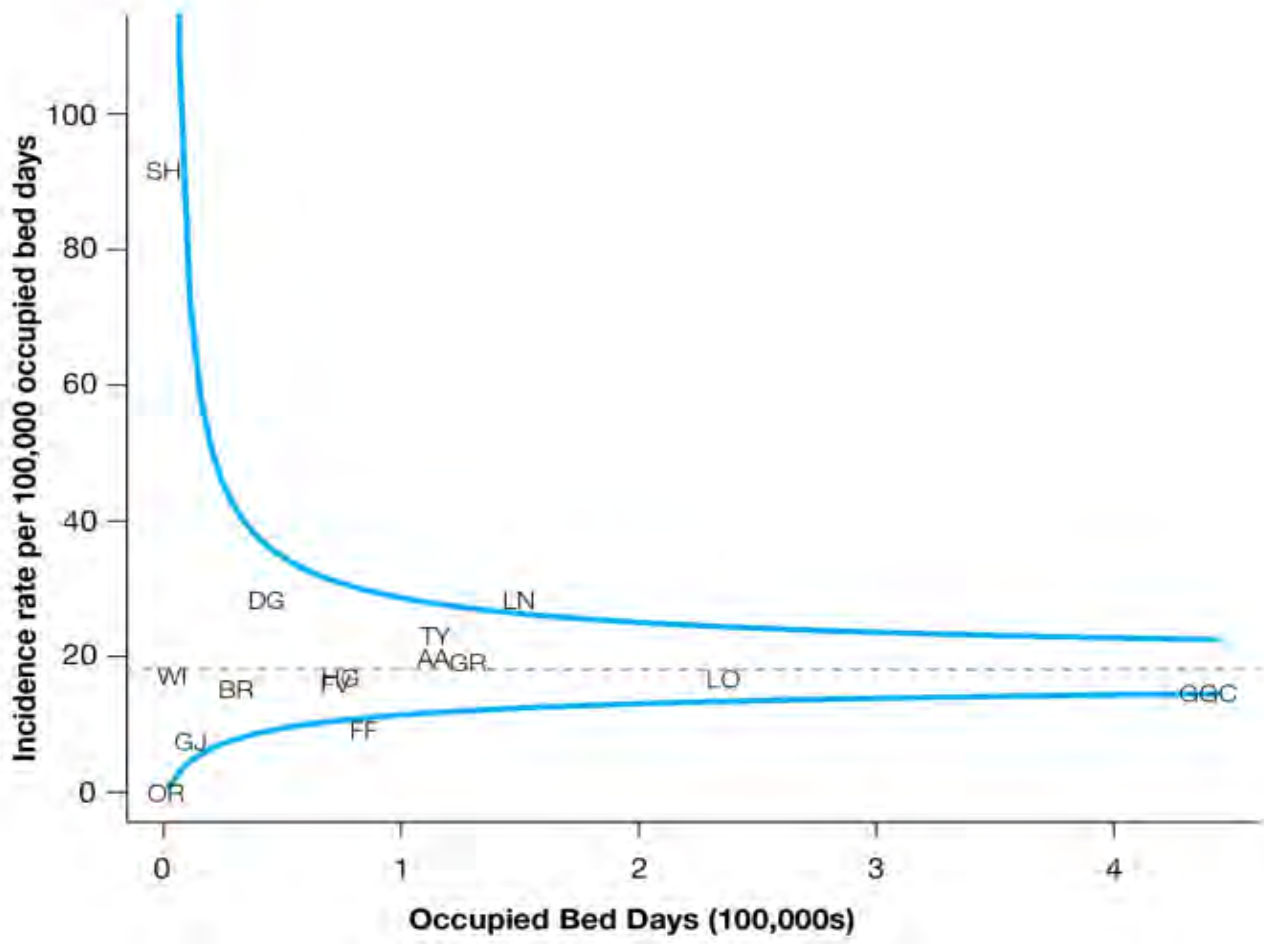
Device Associated Bacteraemias (DABs)

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; **7** compared to **1** last month.
There was no data exceedance for DABs this month.

Total number of DABs (April 2023 – date) = **53**

- Hospital acquired = **6**
    - CVC (No attributed ward) x 1
    - PVC (Ward A12) x 1
    - Urinary Catheter short term (A11, A12, No attributed ward (2)) x 4
  There was no data exceedance for hospital acquired DABs this month.

- Healthcare acquired = **1**
    - Hickman
  There 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 794 blood cultures taken this month, of those there was in total 7 blood cultures that was associated with devices. This accounts for 0.9% of all blood cultures taken this month. There were 6 hospital acquired DABs this month; this accounts for 0.8% of all blood cultures taken this month.

Hospital DABs:

- **Short term urinary catheter;** attributed to A11 as maintenance not evidenced.

- **Short term urinary catheter;** attributed to A12 as bundles not maintained daily.

- **Short term urinary catheter;** not attributed to a ward as unable to locate patients notes to determine bundle compliance.

- **PVC;** refer to SAB information above.
- **CVC**; Not attributed to a ward as all bundles complete, dressings appropriately changed.
- **Short term urinary catheter;** Not attributed to a ward as the bundles were complete.

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 - **9** compared to **12** last month.
There was no data exceedance for ECBs this month.

Total number of ECBs (April 2023 – date) = **102**

- Hospital acquired = **6**
    - Hepatobiliary (No attributed ward) x 1
    - Urinary catheter short term (A11, A12, No attributed ward (2)) x 4
    - UTI (No attributed ward) x 1
  There was no data exceedance for hospital acquired ECBs this month.

- Healthcare acquired = **1**
    - UTI x1
  There was no data exceedance for healthcare acquired ECBs this month.

- Nursing Home acquired = **2**
    - UTI x 2
  There was no data exceedance for nursing home acquired ECBs this month.

Breakdown
There were 794 blood cultures taken this month, of those there were in total 9 blood cultures that grew _E. coli_. This accounts for 1.1% of all blood cultures taken this month. There were 6 hospital ECBs this month, this accounted for 0.8% of all blood cultures taken.

Hospital ECBs
- **UTI;** Patient was treated for a UTI. Not attributed to the ward as patient has ongoing comorbidities.
- **Hepatobiliary;** Patient admitted with delirium. Initially thought to be urinary sourced however confirmed choledocholithiasis.
- **Short term urinary catheter x 4;** refer to DAB section above.

National Context

All ECBs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data publish is 3 months in arrears compared to the local data presented. The funnel plot below is based on the new national AOP targets ie hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from ARHAIs Quarter 2 report (April – June 2023) highlighting Forth Valley's position compared to all other boards in Scotland.
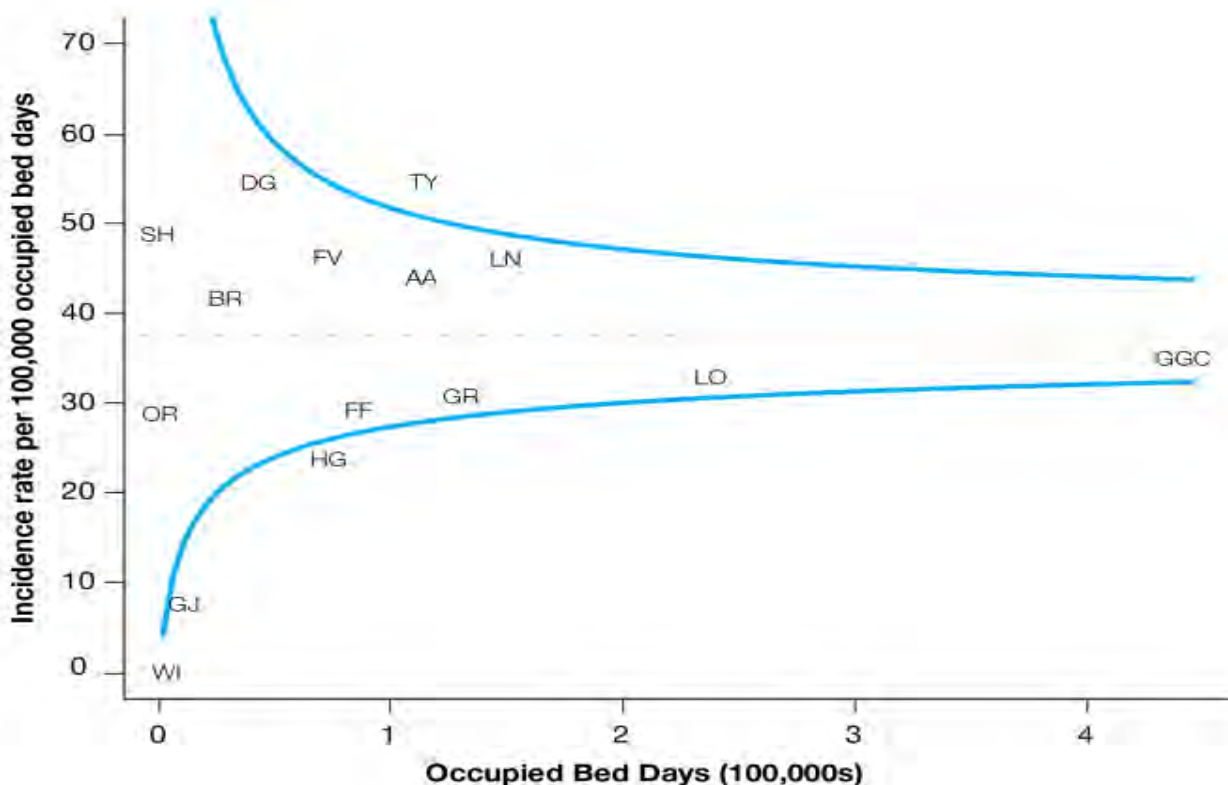
Clostridioides difficile infection (CDIs)

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; **1** compared to **4** last month.
There was no data exceedance for CDIs this month.

Total number of CDIs (April 2023 – date) = **34**

- Hospital acquired = **1**
    - No attributed ward.
    There was no data exceedance for hospital acquired CDIs this month.

- Healthcare acquired = **0**
    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 = **0**
    (GP figures are not included in the total as it is not part of the AOP national target)

Hospital CDIs
- Not attributed to a ward due to ongoing treatment for prostate CA.

Healthcare CDIs
- None reported this month.

GP CDIs
- None reported this month

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 3 report (July – September 2023) highlighting Forth Valley's position compared to all other boards in Scotland.
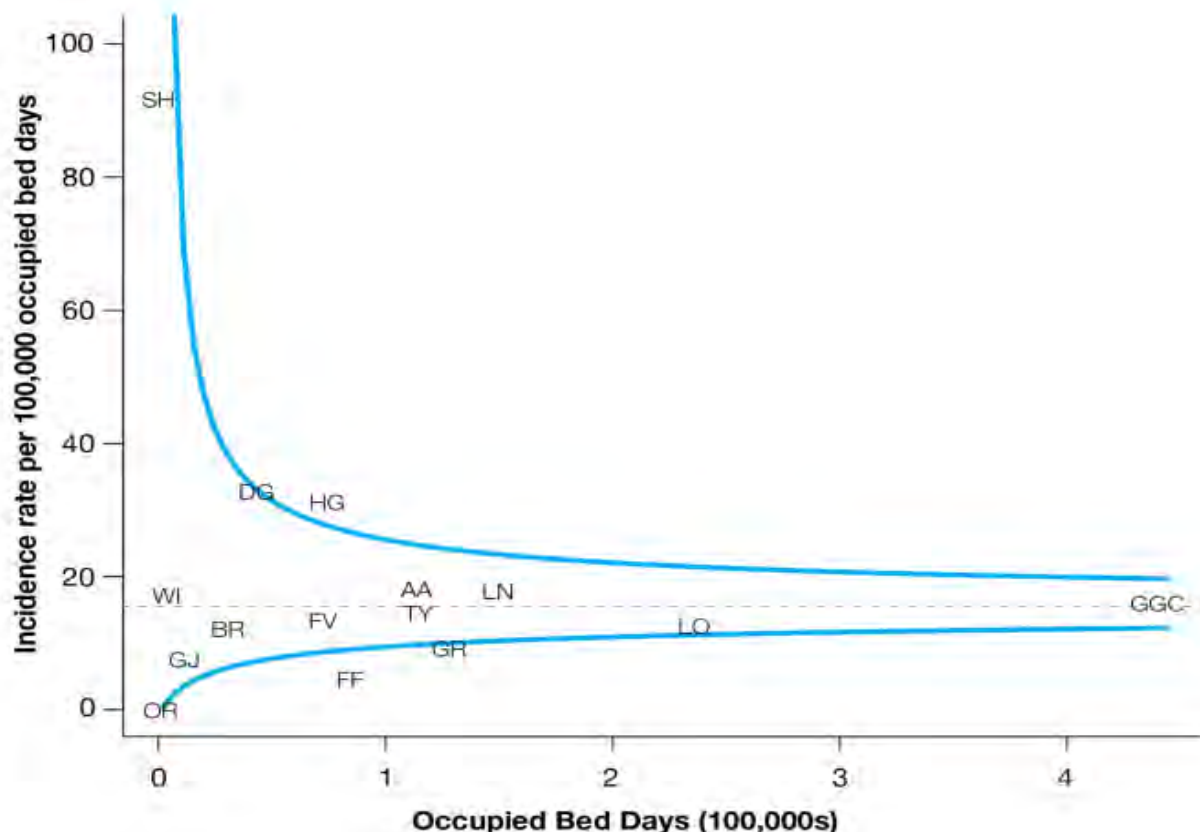
Surgical Site Infection Surveillance (SSIS)

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	5	0
Breast Surgery	42	0
Caesarean Section	58	0
Knee Arthroplasty	40	0
Hip Arthroplasty	41	0
Large Bowel Surgery	17	0

Meticillin resistant Staphylococcus aureus (MRSA) & Clostridioides difficile recorded deaths
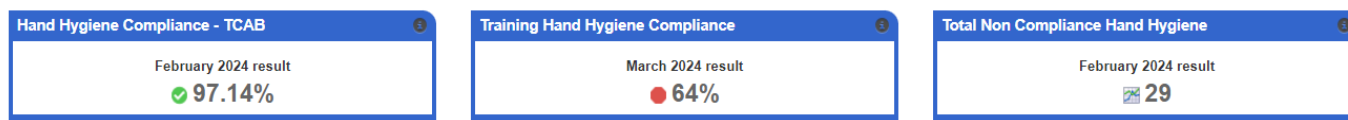
The National Records of Scotland monitor and report on a variety of deaths recorded on the death certificate. Two organisms are monitored and reported, MRSA and _C. difficile_. Please click on the link below for further information:

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 SICP audits.

Hand Hygiene Compliance - TCAB	Training Hand Hygiene Compliance	Total Non Compliance Hand Hygiene
February 2024 result	March 2024 result	February 2024 result
✔ 97.14%	● 64%	⬚ 29

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
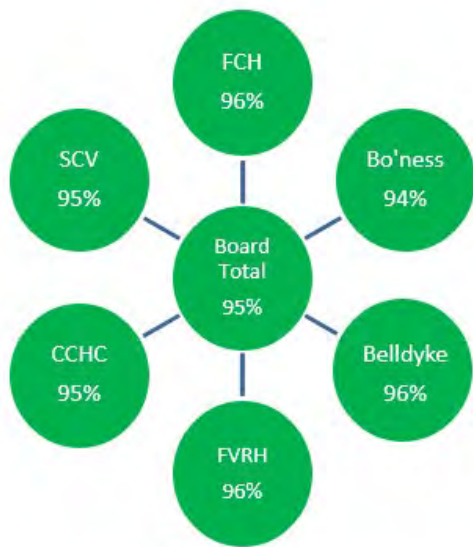
Cleaning Compliance
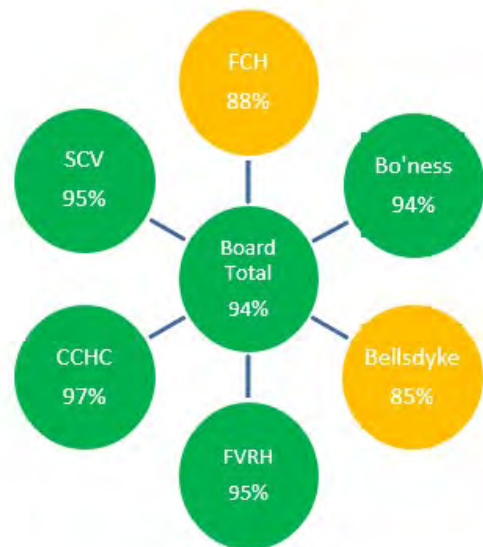
Estates Compliance

	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 contributary 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	1	25	30	46	49	27	28	206
Primary Care & Mental Health Services	0	3	2	6	16	5	2	34
WC&SH Directorate	0	1	0	0	2	0	2	0
Totals	1	29	32	52	67	32	32	240
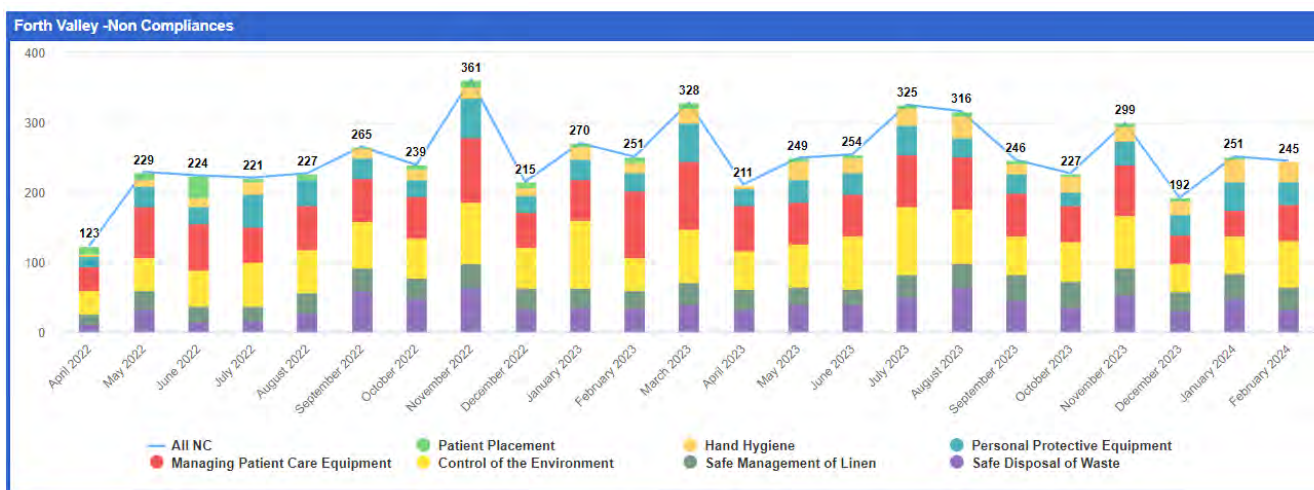
Incidence / Outbreaks

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

Healthcare Acquired Infection Incident Template (HAIIT)
The HAIIT is a tool used by boards to assess the impact of an incident or outbreak. The tool is a risk assessment and allows boards to rate the incident/outbreak as a red, amber, or green. The tool also directs boards whether to inform ARHAI Scotland/SG of the incident (if amber or red), release a media statement etc.

There were two outbreaks reported this month.

Month	Ward	Type of Outbreak	No of patients affected
Feb-24	Ward B31, FVRH	Influenza	11
Feb-24	Ward 4, FVRH	Influenza	7

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.

C19 Inpatient Totals Since 1-Mar-2020
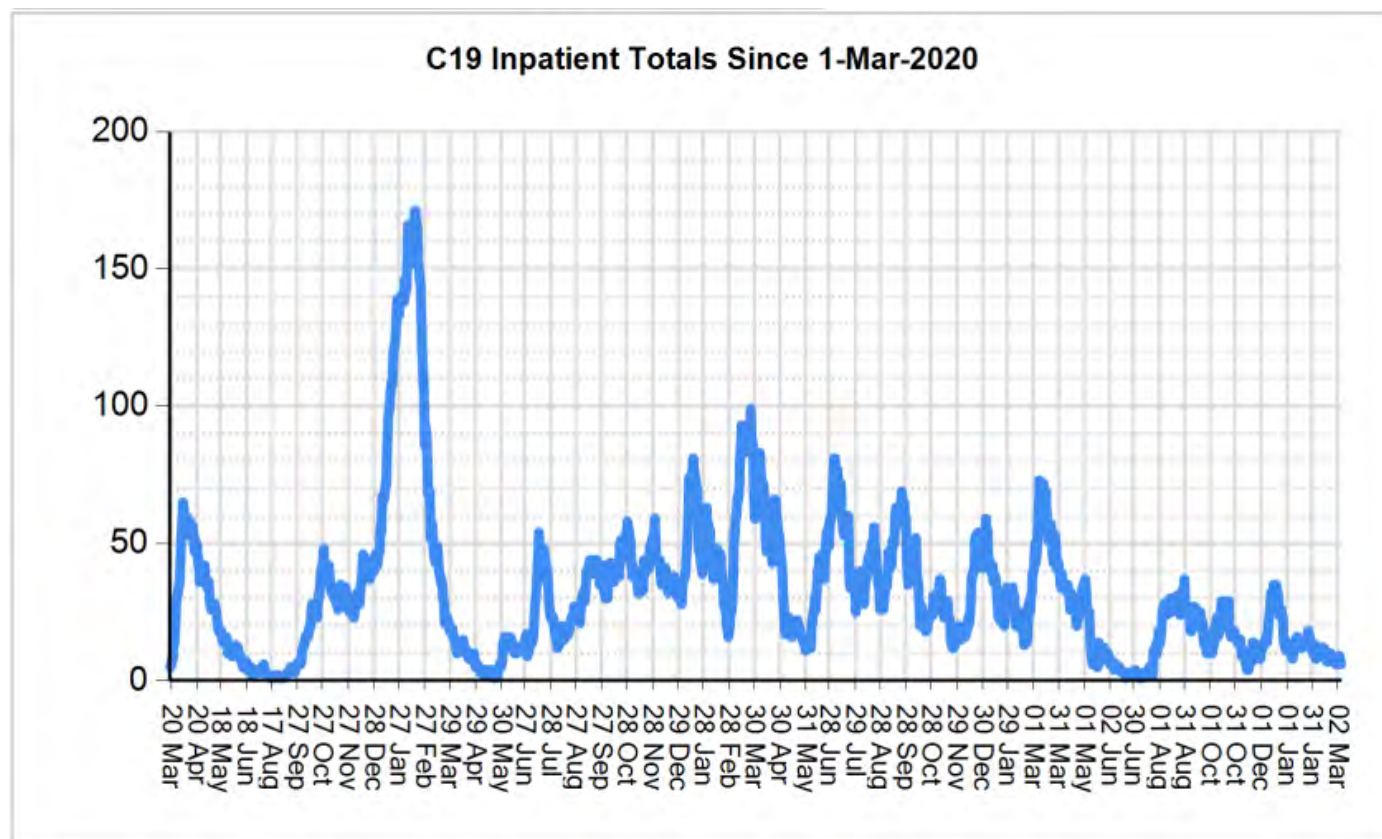
Influenza

Inpatient activity of influenza has been gradually increasing over the month however this was confounded by the ongoing outbreaks reported in February.

Hospital Influenza Case Nos (incl ED)

AOP Targets to date

AOP Target
E coli Bacteraemia rate per 100,000 Occupied bed days
June 19 - Date

AOP Target
SAB bacteraemia rate per 100,000 total occupied bed days
June 19- Date

AOP Target
CDI rate per 100,000 total occupied bed days

23
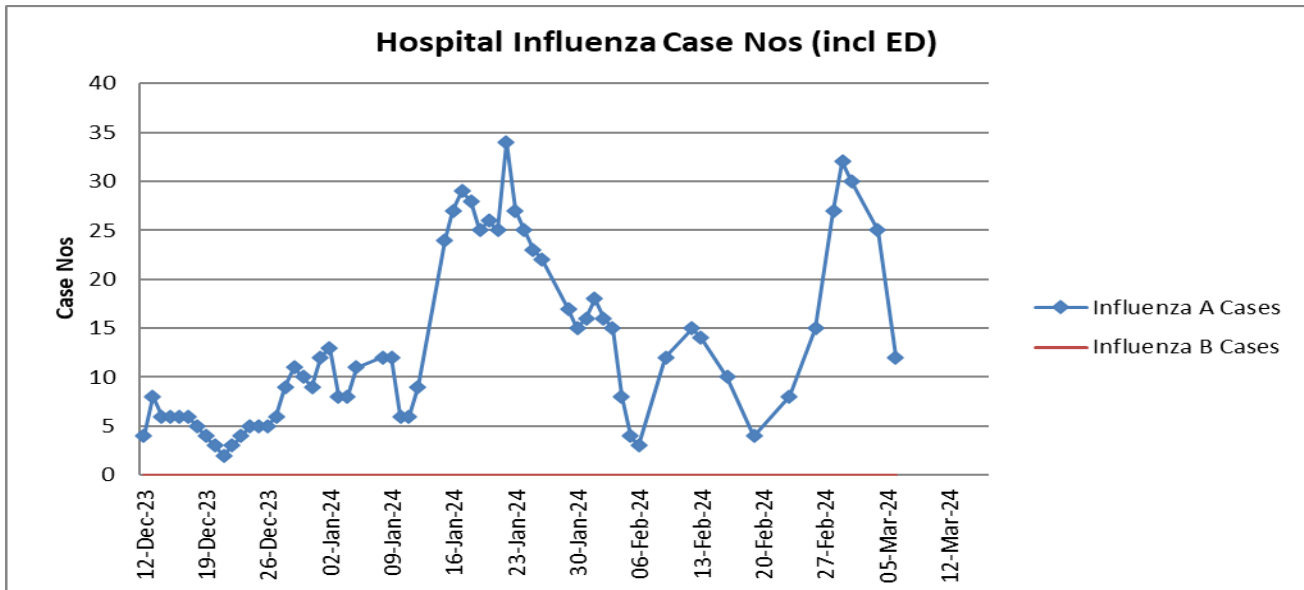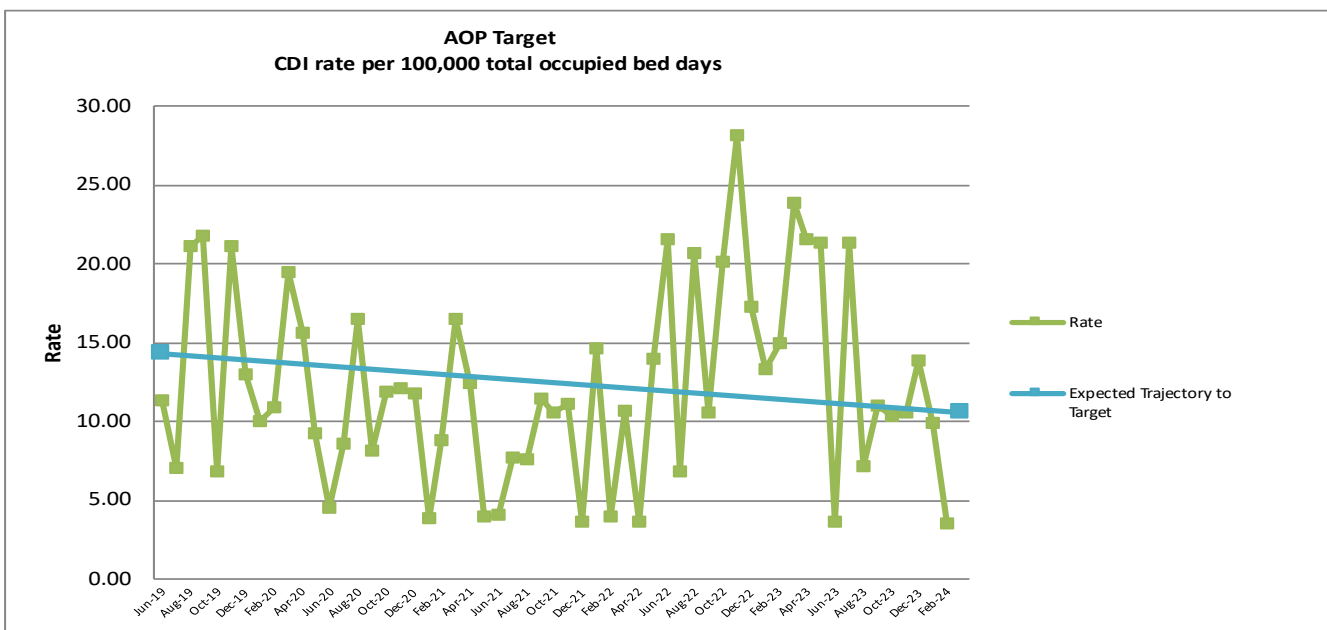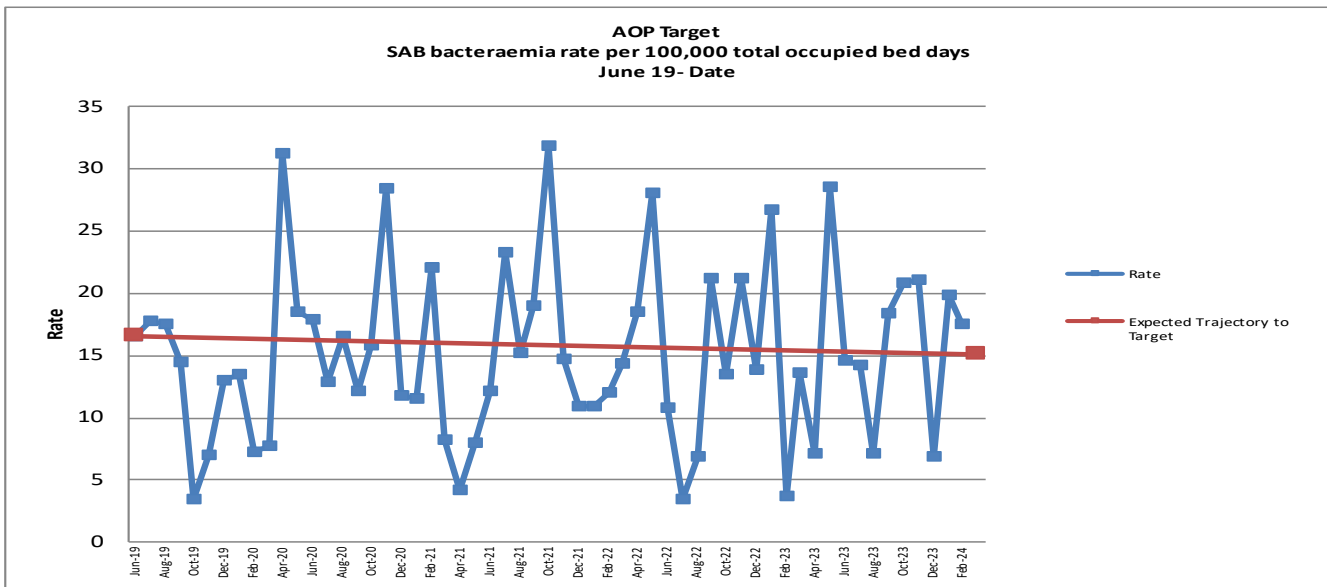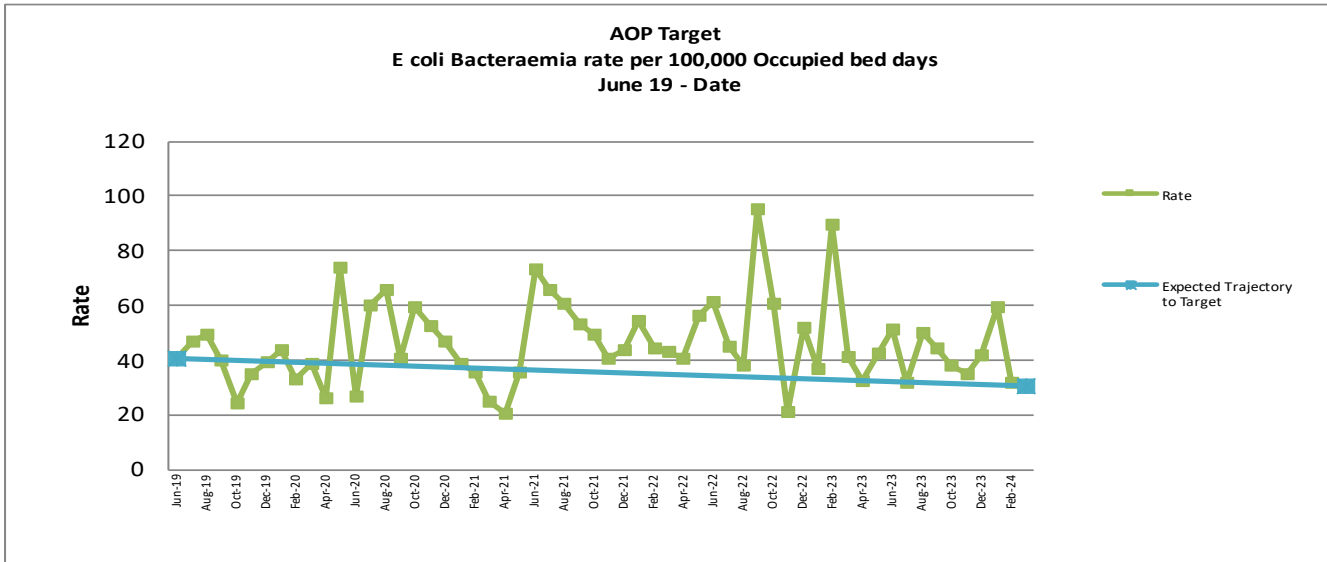
HAI Surveillance Statistical Processing Charts

Staphylococcus aureus Bacteraemias (SABs)
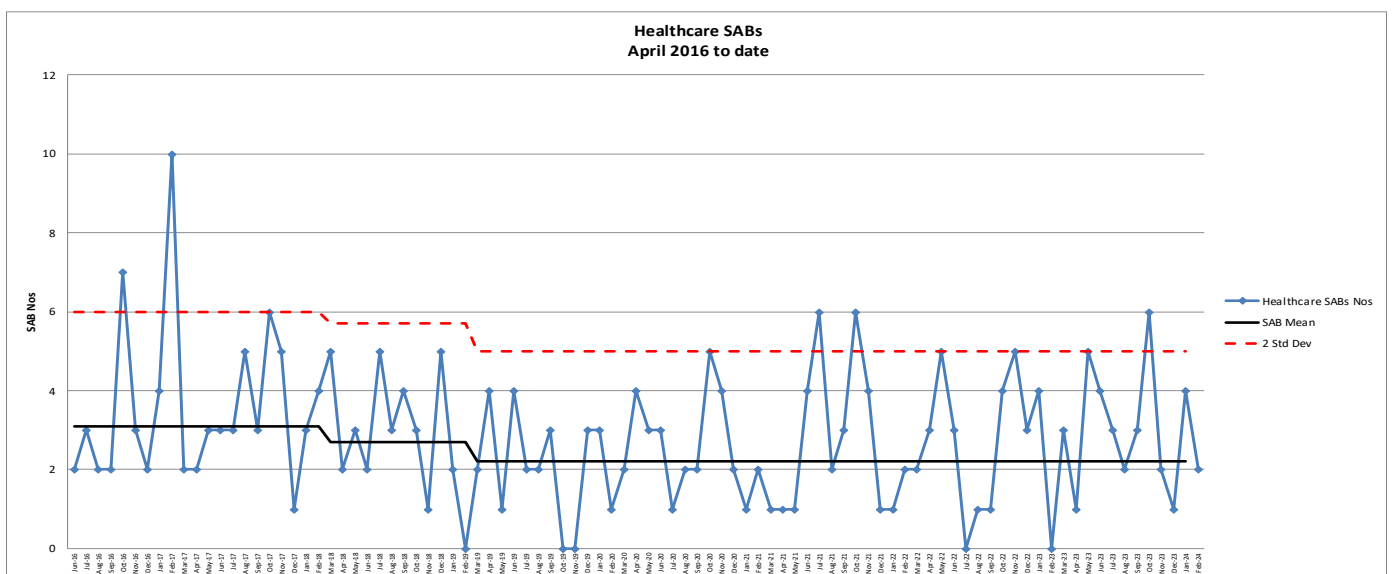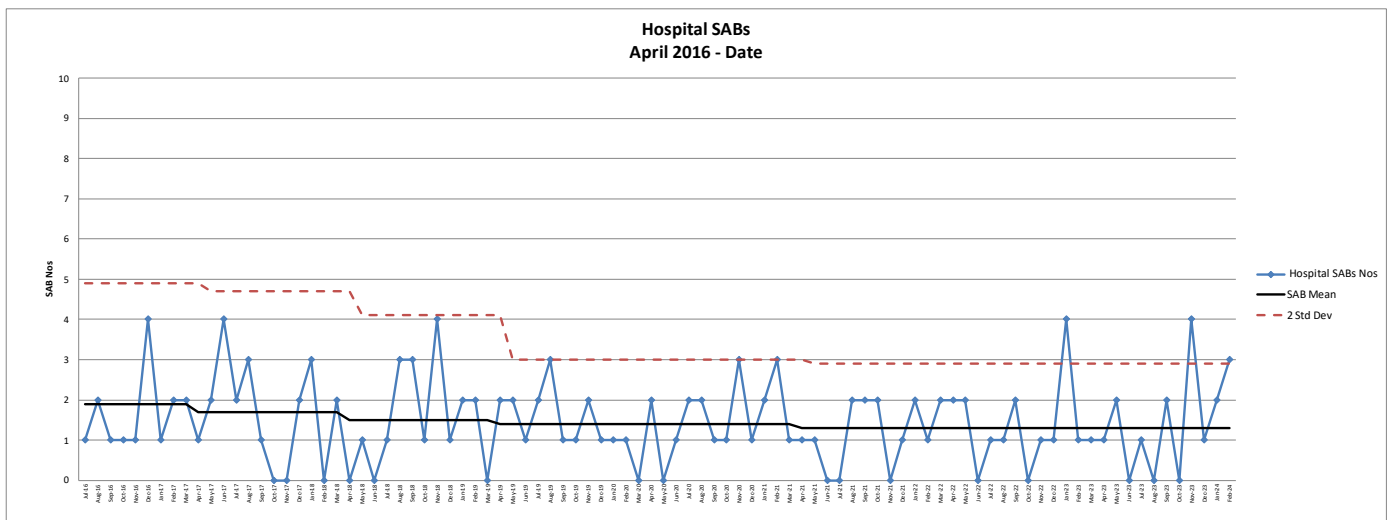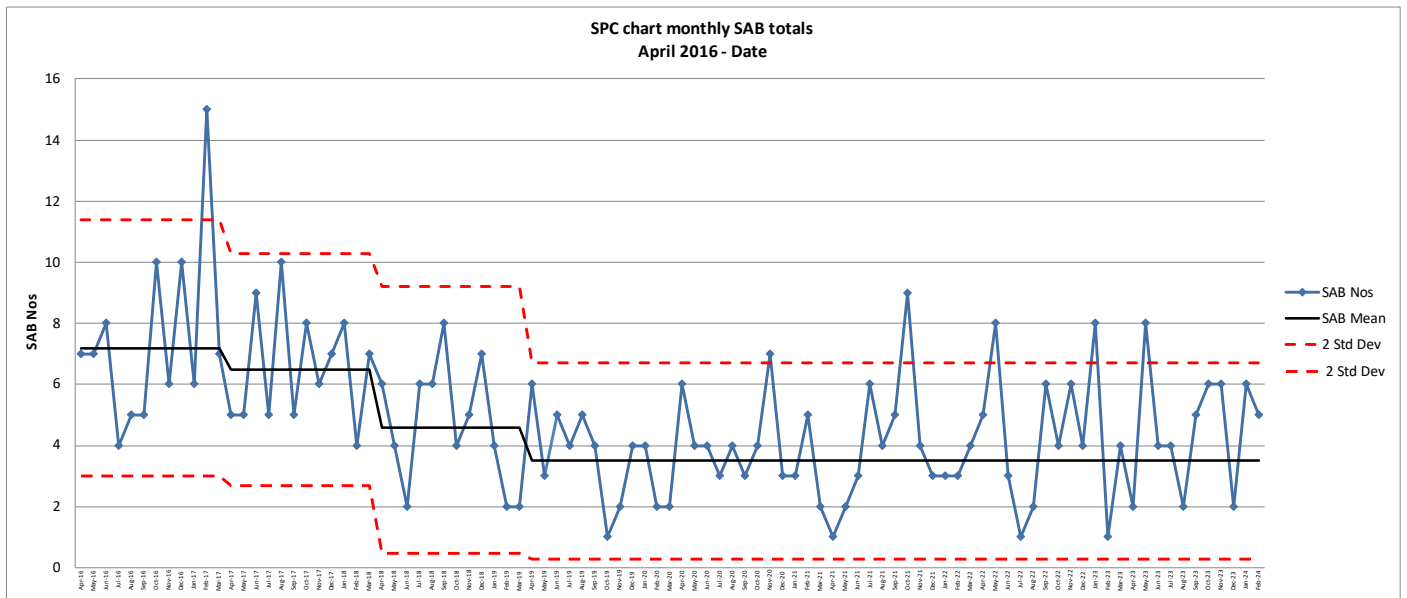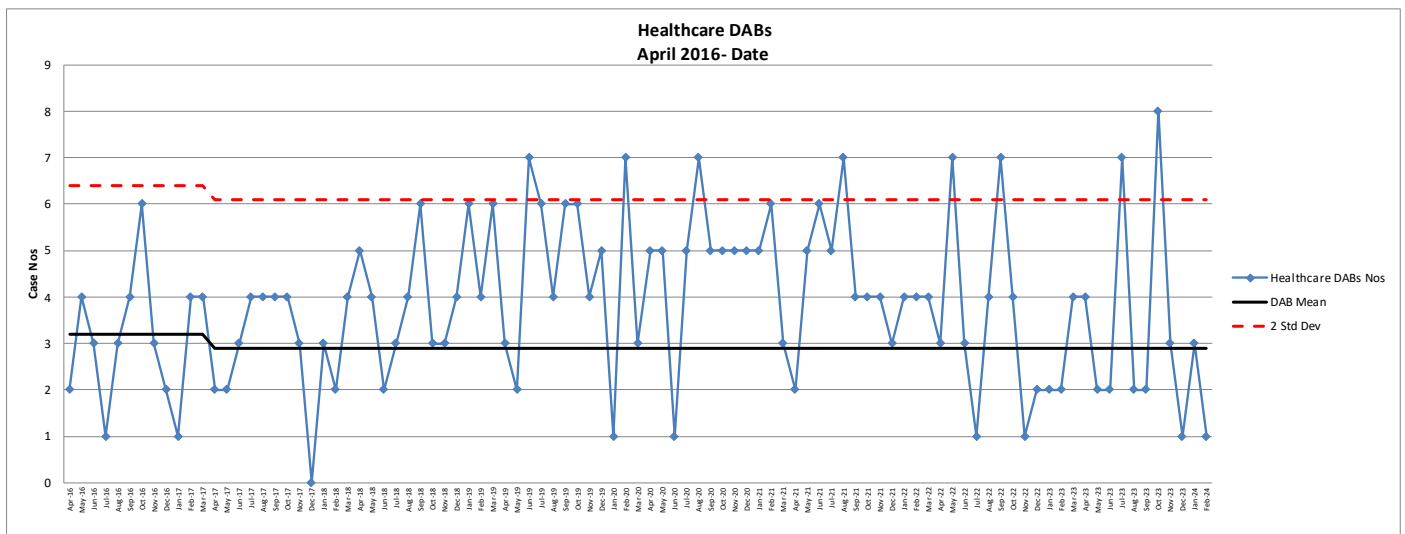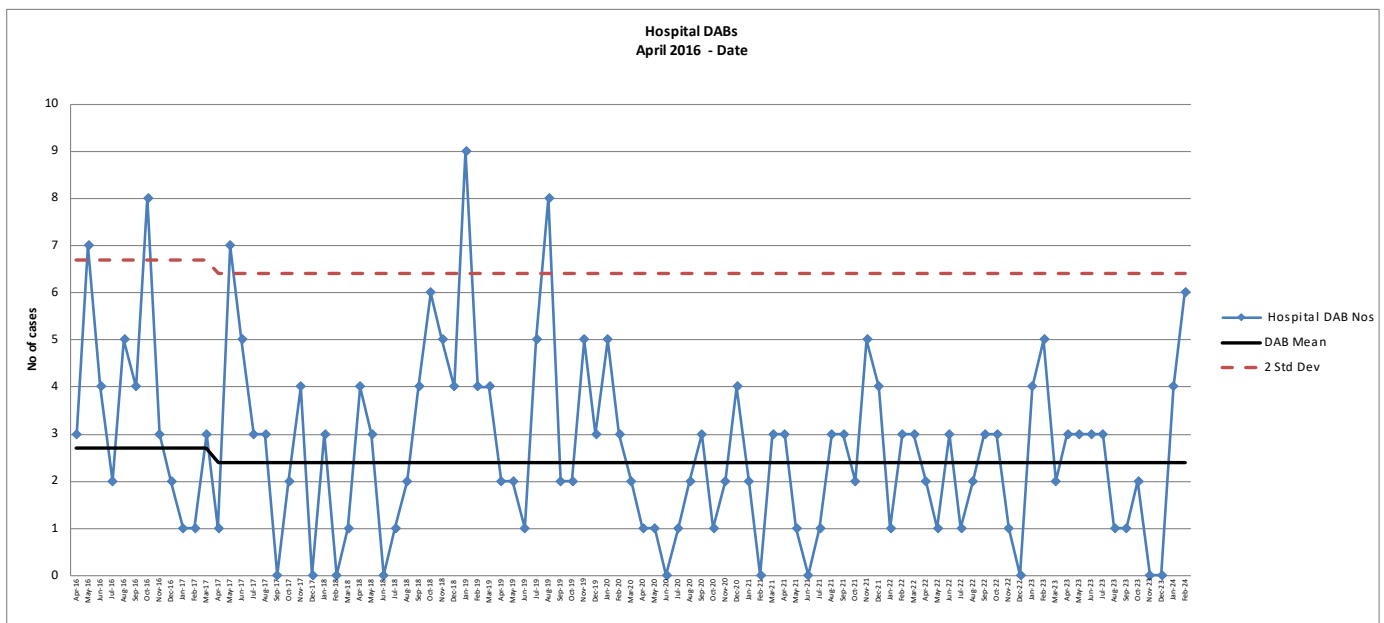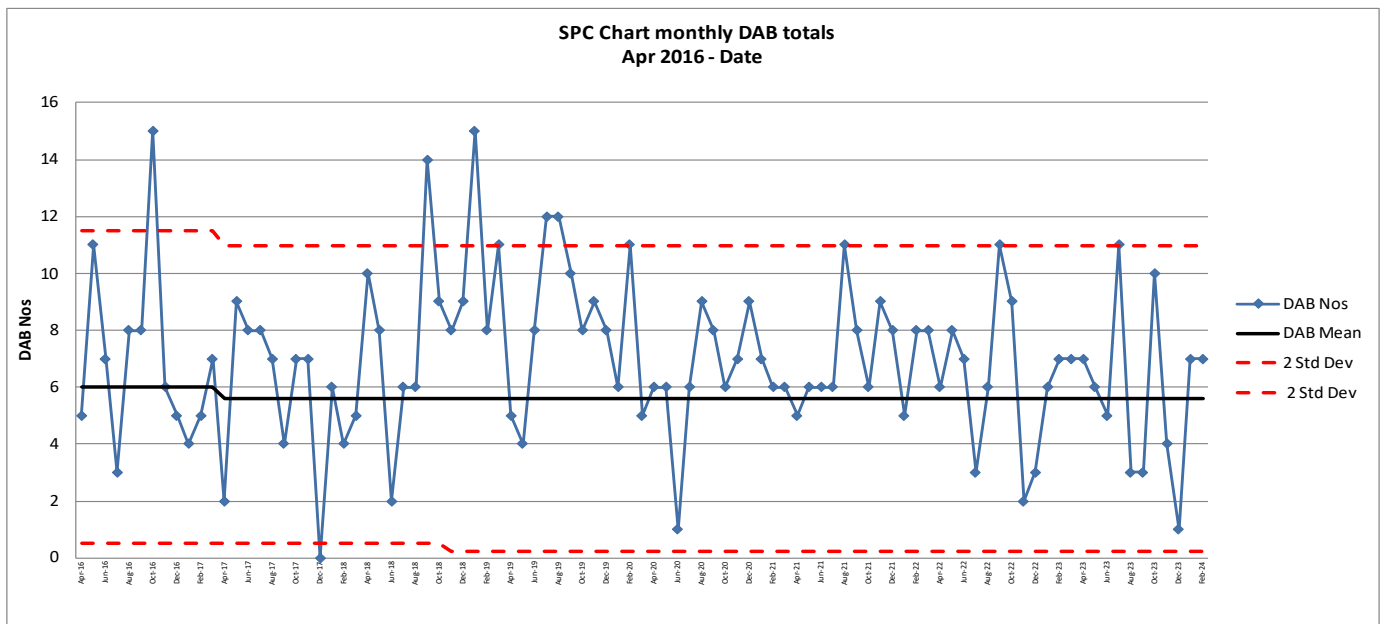
SPC chart monthly SAB totals
April 2016 - Date

Hospital SABs
April 2016 - Date

Healthcare SABs
April 2016 to date

Device Associated Bacteraemias (DABs)

SPC Chart monthly DAB totals
Apr 2016 - Date

Hospital DABs
April 2016 - Date

Healthcare DABs
April 2016 - Date

Escherichia coli Bacteraemias (ECBs)

Total No of ECBs

Total No of Hospital acquired ECBs

Total No of Healthcare acquired ECBs

Clostridioides difficile Infections (CDIs)

SPC Chart Monthly CDI totals
April 16 - Date

Hospital acquired CDIs
April 16 - Date

Healthcare acquired CDIs
April 2016 - Date
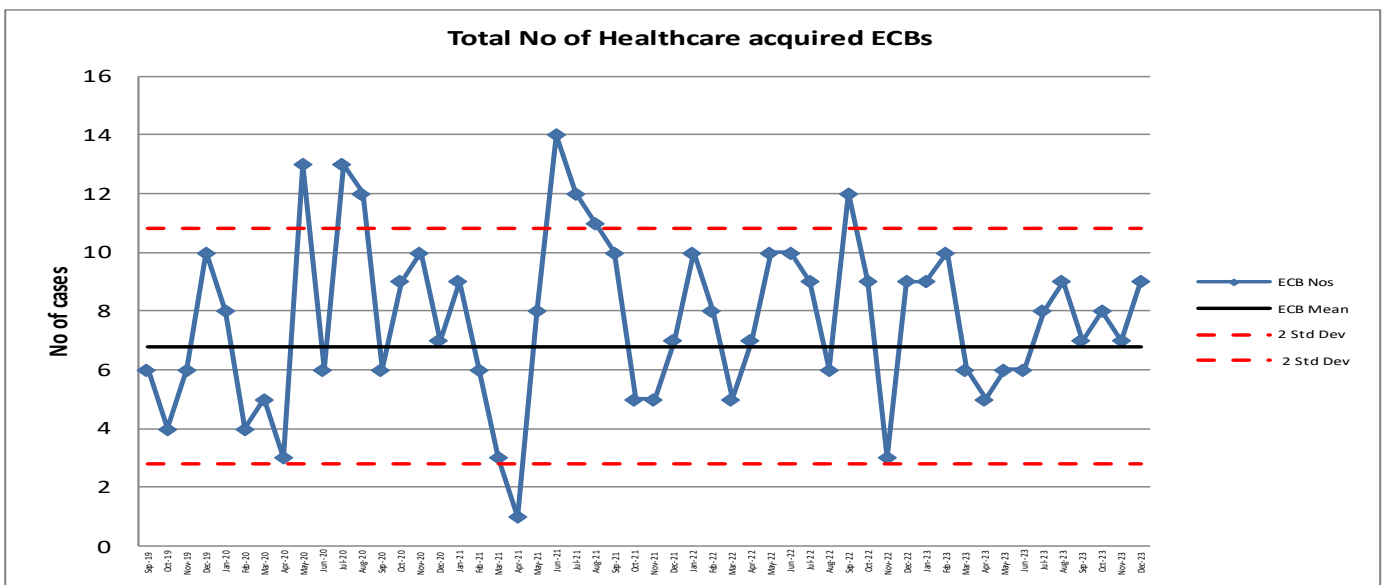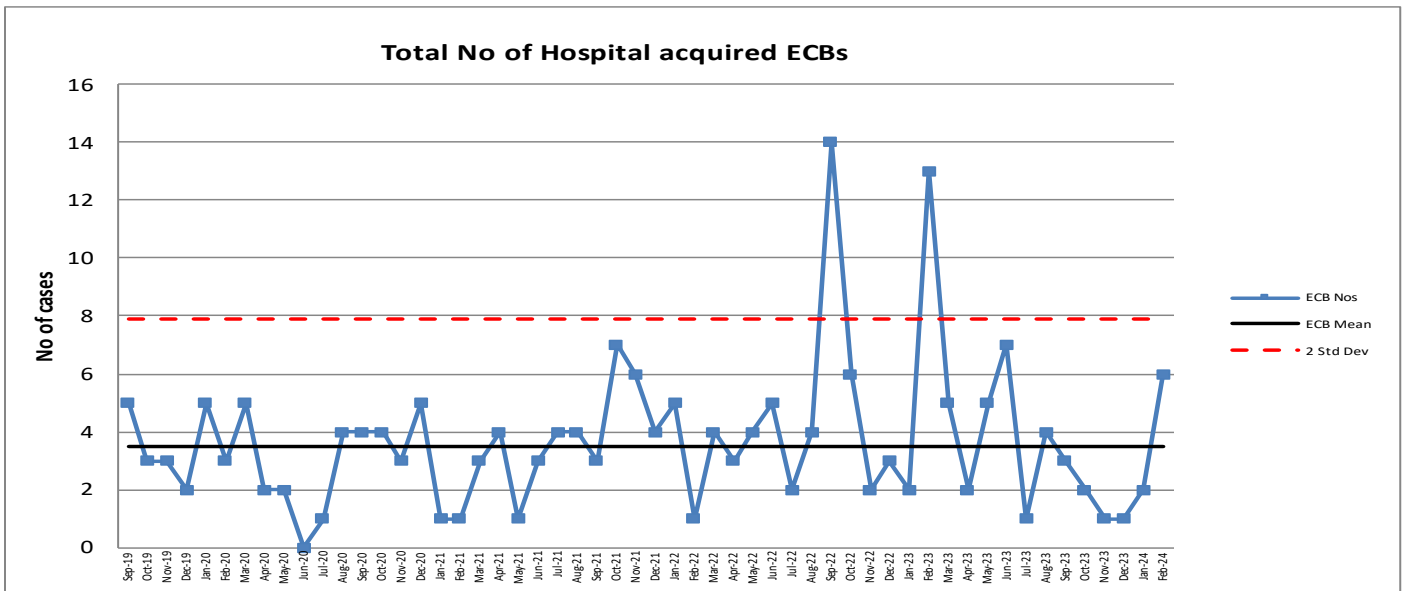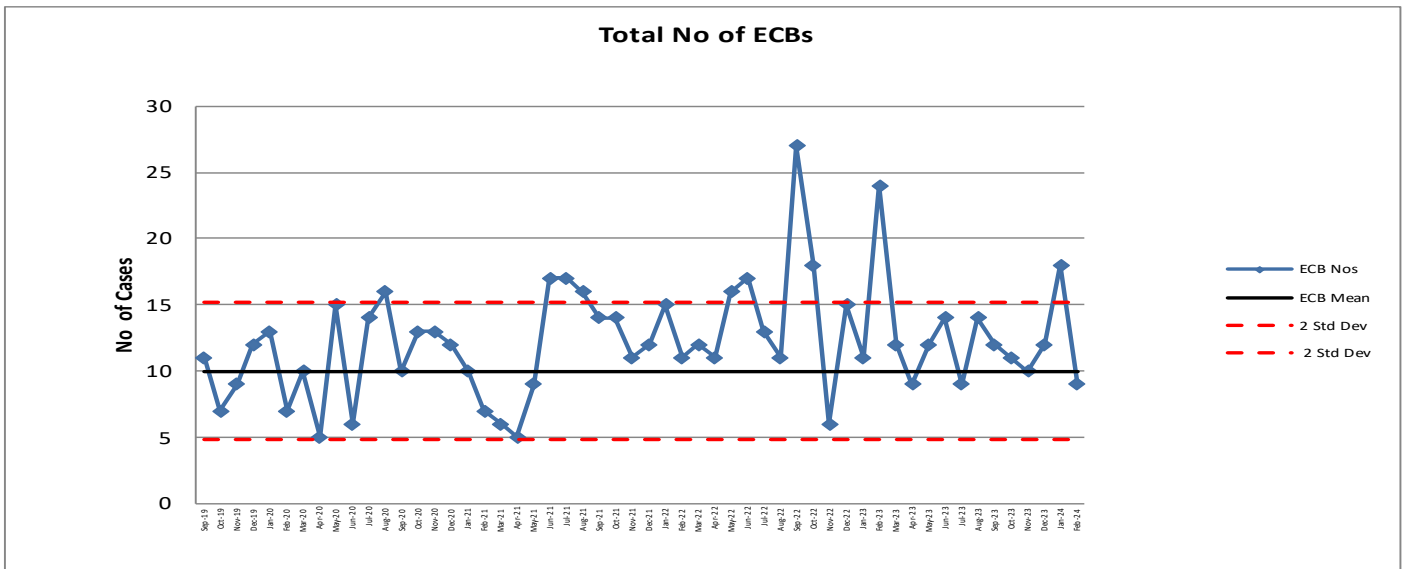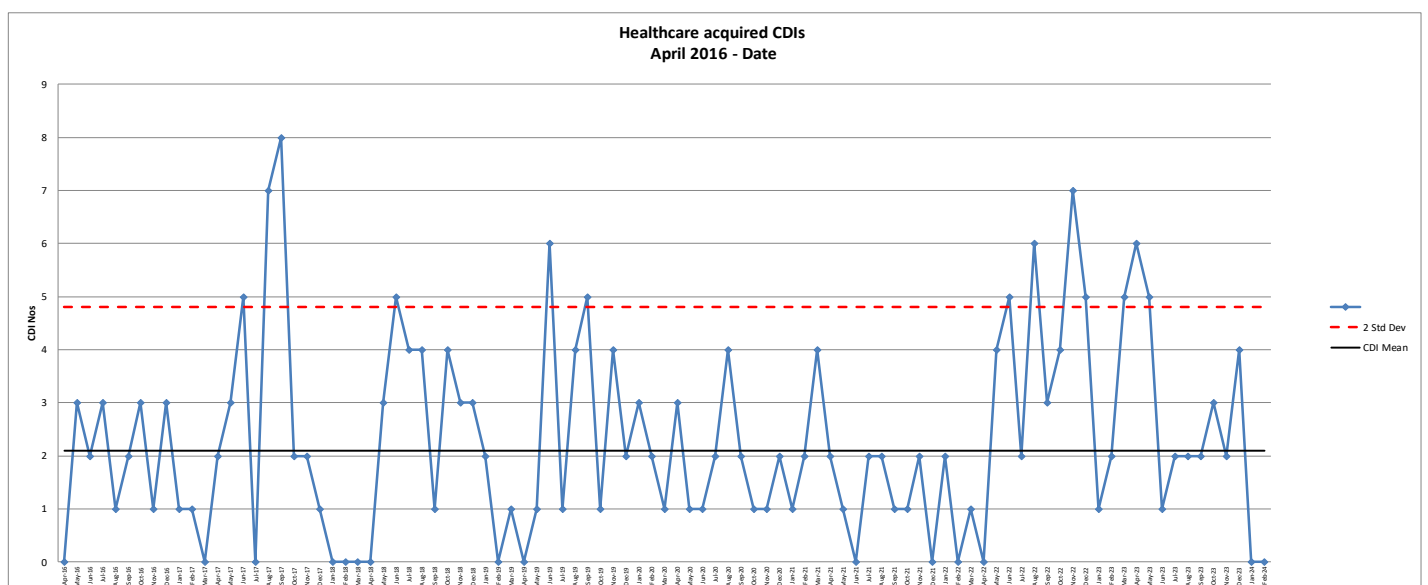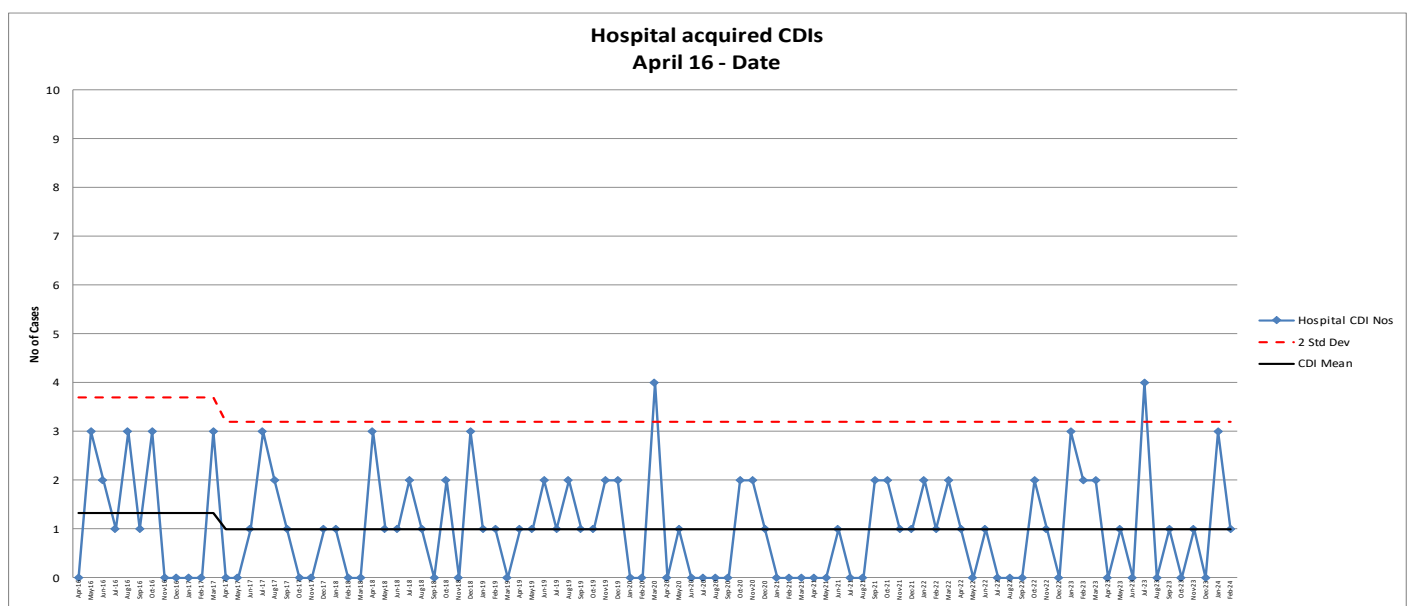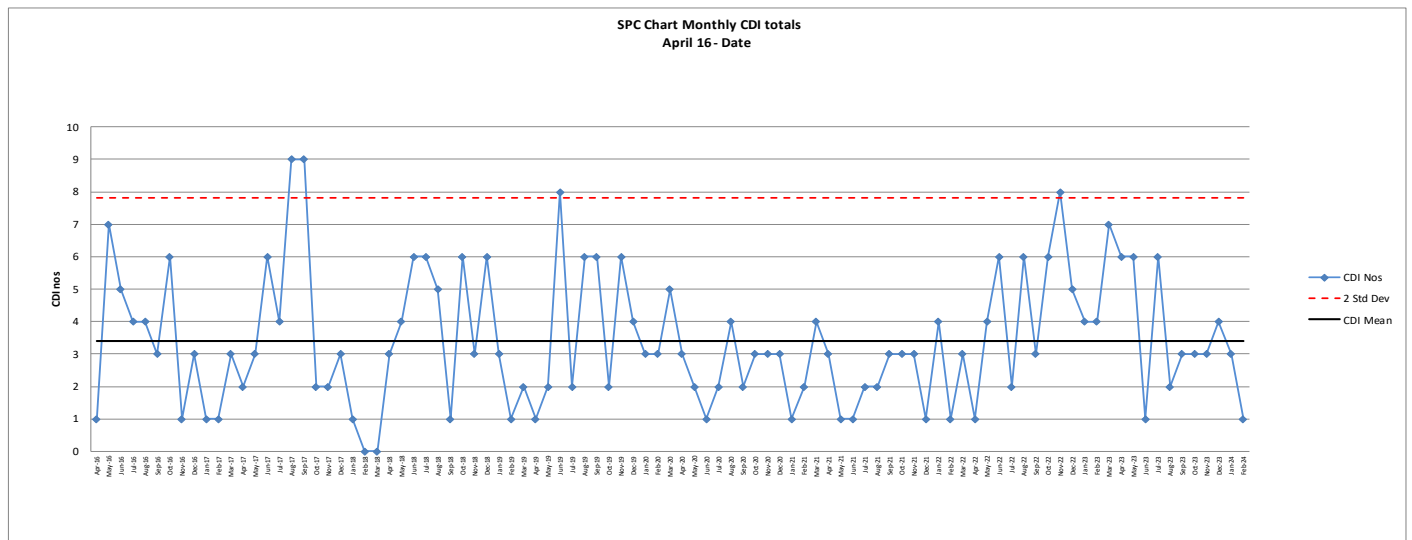
FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2024

7.4 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:

- **consider** 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, benchmarking and narrative detail is presented to the NHS Board and Performance and Resources Committee on a monthly basis for scrutiny and discussion. The scorecard is continually reviewed to ensure appropriate revisions or amendments are included in a responsive and timely manner.

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

Key Issues to be considered
Following a period of remobilisation, the focus remains on recovery as the Board works to stabilise and improve. The Performance 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, 62-day and 31-day 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, with metric around Primary Care out of hours within the scorecard.

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 January 2024 was 51.0%; Minor Injuries Unit 100%, Emergency Department 42.5%. A total of 2,727 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,489 waits longer than eight hours, 920 waits longer than 12 hours and 277 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 1,364 patients, noting this is an increase from 916 in January 2023. 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 801 patients waiting beyond 4 hours with Clinical reasons accounting for 128 breaches.

In January 2024 there were 598 new attendances to Rapid Assessment and Care Unit (RACU), 185 of which were via ED.

- ### *Scheduled Care*

At the end of January 2024, the number of patients on the waiting list for a first outpatient appointment was 15,332 compared with 18,235 in January 2023 with the number waiting beyond 12 weeks 6,588 compared to 8,538 in January 2023. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to January 2024 as 99% compliance.

The number of inpatients/daycases waiting increased to 5,474 with an increase in those waiting beyond 12 weeks. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to January 2024 as 116% compliance.

At the end of January 2024, 5,906 patients were waiting beyond the 6-week standard for imaging with 378 patients were waiting beyond 6 weeks for endoscopy. Activity against the remobilisation plan April to January 2024 is noted as 95% and 153% respectively.

Cancer target compliance in December 2023:
  o 62-day target – 76.8% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is compared with the December 2022 position of 73.5%.

o 31-day target – 97.9%

The position for the October to December 2023 quarter is that 76.0% 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, 98.7% of patients were treated within 31 days of the decision to treat.

- *DNA*

The new outpatient DNA rate across acute services in January 2024 is noted as 5.8% which is an improvement from the position in January 2023 of 6.7%. The return outpatient DNA rate across acute services in January 2024 was 6.9%.

- *Psychological Therapies*

In January 2024, 64.3% of patients started treatment within 18 weeks of referral.

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

In January 2024, 86.1% of patients started treatment within 18 weeks of referral.

- *Workforce*

The sickness absence target is 4.0%. Absence remains above the target at 7.67% in December 2023 noting a reduction from 8.31% in December 2022.

Special leave absence for Coronavirus reasons is noted as 0.38% in December 2023, with the overall absence for December 2023, 8.05%.

- *Delayed Discharges*

The January 2024 census position in relation to standard delays (excluding Code 9 and guardianship) is 67 delays; this is compared with 58 in January 2023. There was a total of 53 code 9 and guardianship delays and no infection codes. The total number of delayed discharges was noted as 120.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the January 2024 census was 2,897, this is an increase from 1,836 in January 2023.

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

REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL	SCOTLAND POSITION	SCOTLAND DATE	NOTES
BETTER CARE												
HOSPITAL STANDARDISED MORTALITY RATE												
MR1	SG	Rolling 12 mth	Hospital Standardised Mortality Ratio (HSMR)	30-Sep-23	<⁄= 1.00	0.89	0.92	-	▲	1.00	30-Sep-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-Jan-24	Reduction	4,999	5,109	-	▲	-	-	
US1	SG	Monthly	Number of ED Attendances (4 hour access target)	31-Jan-24	Reduction	4,742	4,867	-	▲	-	-	
US2	SG	Monthly	Emergency Department % compliance against 4 hour access target	31-Jan-24	95%	42.5%	43.4%	✓	▼	62.2%	31-Dec-23	Number of ED attendances and a target of 'Reduction' is relevant in relation to capacity and flow.
US3	S5	Monthly	Number that waited >4 hours in ED	31-Jan-24	Reduction	2,727	2,753	-	▲	-	-	National standard for A&E waiting times is that unplanned attendances at an A&E
US4	SG	Monthly	Number that waited >8 hours in ED	31-Jan-24	Reduction	1,489	1,466	-	▼	-	-	service should be seen and then admitted, transferred or discharged within four
US5	SG	Monthly	Number that waited >12 hours in ED	31-Jan-24	Reduction	920	782	-	▼	-	-	hours. This standard applies to all areas of emergency care such as EDs,
US6	SG	Monthly	Number that waited >23 hours in ED	31-Jan-24	Reduction	277	101	-	▼	-	-	assessment units, minor injury units, community hospitals, anywhere where
	FV	Monthly	Total Number of MIU Attendances	31-Jan-24	Reduction	1,522	1,436	-	▼	-	-	emergency care type activity takes place.
US7	SG	Monthly	Number of MIU Attendances (4 hour access target)	31-Jan-24	Reduction	820	720	-	▼	-	-	The measure is the proportion of all attendances that are admitted, transferred or discharged within four hours of arrival.
US8	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	31-Jan-24	95%	100.0%	99.7%	-	▲	-	-	95% of patients should wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment.
US9	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	31-Jan-24	95%	51.0%	50.7%	✓	▲	65.6%	31-Dec-23	
US10	FV	Monthly	Number of ED attendances - Mental Health (4 hour access target)	31-Jan-24	Reduction	50	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-Jan-24	95%	36.0%	20.8%	-	▲	-	-	
US12	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	31-Jan-24	-	596	492	-	-	-	-	
US13	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	31-Jan-24	-	138	87	-	-	-	-	
US14	FV	Monthly	Number of Re-directions from ED	31-Jan-24	-	559	497	-	-	-	-	Redirections from ED to a more suitable setting enabling receipt of the right care,
US15	FV	Monthly	Re-directions from ED %	31-Jan-24	-	11.2%	9.7%	-	-	-	-	in the right place at the right time
US16	FV	Monthly	Number of Emergency Admissions	31-Jan-24	Reduction	3,183	3,190	-	▲	-	-	Admission to a hospital bed following an attendance at an A&E service.
OUT OF HOURS												
OH1	FV	Monthly	Number of Out of Hours Presentations	31-Jan-24	Reduction	5,518	6,139	-	▲	-	-	
	FV	Monthly	Advice	31-Jan-24	-	3,776	4,440	-	-	-	-	
	FV	Monthly	Attend OOH Appointment	31-Jan-24	-	1,427	1,393	-	-	-	-	
	FV	Monthly	Home Visit	31-Jan-24	-	202	175	-	-	-	-	
	FV	Monthly	Mental Health	31-Jan-24	-	32	45	-	-	-	-	
	FV	Monthly	SAS In Attendance	31-Jan-24	-	80	85	-	-	-	-	
	FV	Monthly	Video Consultation	31-Jan-24	-	1	1	-	-	-	-	
OH2	FV	Monthly	Out of Hours % Rota Fill	31-Jan-24	-	93%	89%	-	▲	-	-	
SCHEDULED CARE												
OUTPATIENTS												
SC1	SG	Monthly	Total Number of New Outpatients Waiting	31-Jan-24	Reduction	15,332	15,877	✓	▲	-	-	
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	31-Jan-24	Reduction	6,588	7,049	✓	▲	-	-	An outpatient is categorised as a new outpatient at his first meeting with a
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	31-Jan-24	95%	57.0%	55.6%	-	▲	40.1%	31-Dec-23	consultant or his representative following an outpatient referral. Outpatients
SC4	SG	Monthly	Compliance with Annual Delivery Plan trajectories - New Outpatients	31-Jan-24	100%	107%	99%	-	▲	-	-	whose first clinical interaction follows an inpatient episode are excluded. Scotland position quarterly
SC5	SG	FYTD	Compliance with Annual Delivery Plan trajectories - New Outpatients	31-Jan-24	100%	99%	97%	-	▲	-	-	
SC6	Audit	Monthly	Outpatient Unavailability	31-Jan-24	Monitor	0.8%	0.9%	✓	▲	0.8%	31-Dec-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-Jan-24	5%	5.8%	6.5%	-	▲	6.3%	31-Dec-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
SC8	FV	Monthly	Return Acute Services Outpatient % DNA	31-Jan-24	5%	6.9%	7.3%	-	▲	-	-	admission date, or for any appointment. Scotland position quarterly

DIAGNOSTICS - Imaging												
SC10	SG	Monthly	Total number waiting - Imaging	31-Jan-24	Reduction	9,396	8,855		▼	-	-	
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	31-Jan-24	0	5,906	5,474	-	▼	-	-	
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	31-Jan-24	100%	37.1%	38.2%	✓	▼	51.5%	31-Dec-23	
SC13	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Imaging	31-Jan-24	100%	107%	82%	-	▲	-	-	Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations - Xray, Ultrasound, CT, MRI, Colonoscopy, Upper Endoscopy, Lower Endoscopy, Cystoscopy Scotland position monthly, available quarterly
SC14	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Imaging	31-Jan-24	100%	95%	94%	-	▲	-	-	
DIAGNOSTICS - Endoscopy												
SC15	SG	Monthly	Total number waiting - Endoscopy	31-Jan-24	Reduction	906	1025		▲	-	-	
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	31-Jan-24	0	378	424	-	▲	-	-	
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	31-Jan-24	100%	58.3%	58.6%	✓	▼	39.4%	31-Dec-23	
SC18	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Endoscopy	31-Jan-24	100%	217%	131%	-	▲	-	-	
SC19	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Endoscopy	31-Jan-24	100%	153%	147%	-	▲	-	-	
CANCER												
SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	31-Dec-23	95%	76.8%	74.2%	✓	▲	70.2%	31-Dec-23	Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 62 and 31 day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance.
SC21	SG	Monthly	62 Day Cancer - Number seen within target against total	31-Dec-23	-	63/82	72/97	-	-	-	-	
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	31-Dec-23	95%	97.9%	99.0%	✓	▲	93.5%	31-Dec-23	
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	31-Dec-23	-	93/95	104/105	-	-	-	-	
SC24	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	31-Dec-23	95%	76.0%	68.2%	✓	▲	69.9%	31-Dec-23	The 62-day standard states that 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment.
SC25	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	31-Dec-23	95%	98.7%	98.1%	✓	▲	93.5%	31-Dec-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%	-	▲	57.6%	31-Dec-23	
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	31-Jan-24	Reduction	5,474	5,188	✓	▼	-	-	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
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	31-Jan-24	Reduction	3,076	2,837	✓	▼	-	-	
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	31-Jan-24	100%	43.8%	45.3%	✓	▼	31.6%	31-Dec-23	
SC31	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	31-Jan-24	100%	122%	99%	-	▲	-	-	
SC32	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	31-Jan-24	100%	116%	116%	-	▲	-	-	
SC33	Audit	Monthly	Inpatient/Day case Unavailability	31-Jan-24	Monitor	3.9%	4.8%	✓	▲	3.0%	31-Dec-23	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly
READMISSIONS												
R1	FV	Monthly	Readmissions - Surgical 7 day	31-Jan-24	Reduction	4.3%	2.5%	-	▼	-	-	This is the measure of patients readmitted as an emergency to a medical/surgical specialty within 7 days or 28 days of the index admission. Emergency readmissions as a percentage of all admissions.
R2	FV	Monthly	Readmissions - Surgical 28 day	31-Jan-24	Reduction	7.2%	5.9%	-	▼	-	-	
R3	FV	Monthly	Readmissions - Medical 7 day	31-Jan-24	Reduction	0.8%	1.4%	-	▲	-	-	
R4	FV	Monthly	Readmissions - Medical 28 day	31-Jan-24	Reduction	3.3%	3.5%	-	▲	-	-	
MENTAL HEALTH												
PSYCHOLOGICAL THERAPIES												
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	31-Jan-24	90%	64.3%	74.6%	✓	▼	-	-	
MH2	FV	Monthly	Total Number Waiting for Psychological Therapies Initial Assessment	31-Jan-24	Reduction	636	703	-	▲	-	-	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.
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	31-Dec-23	90%	68.9%	70.7%		▼	80.6%	31-Dec-23	
CHILD & ADOLESCENT MENTAL HEALTH SERVICES												
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Jan-24	90%	86.1%	76.8%	✓	▲	-	-	
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	31-Jan-24	Reduction	169	172	-	▲	-	-	
MH6	SG	Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Dec-23	90%	66.4%	37.2%		▲	83.8%	31-Dec-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	The Scottish Government set a Standard that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.
SM2	SG	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)	31-Dec-23	100%	64.5%	57.6%	✓	▲	-	-	Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda
C2		Monthly	% Compliance Stage 1 (inc. prisons)	31-Dec-23	100%	70.1%	63.1%	✓	▲	-	-	
C3		Monthly	% Compliance Stage 2 (inc. prisons)	31-Dec-23	100%	19.7%	8.0%	✓	▲	-	-	

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	31-Dec-23	-	173	139	-	▼	-	-	From 1st September 2022 coronavirus absences are included within the sickness absence totals however there are some still instances recorded as Special Leave and are not included within the sickness absences. Hours lost due to sickness absence / total hours available (%).
WF2	FV	Monthly	COVID-19 Special Leave	31-Dec-23	-	0.38%	0.34%	✓	▼	-	-	
WF3	SG	Monthly	Overall Absence (excluding Covid Special Leave)	31-Dec-23	4.0%	7.67%	7.35%	✓	▼	6.68%	31-Dec-23	
WF4	FV	Monthly	Short Term Absence	31-Dec-23	-	2.85%	2.77%	-	▼	-	-	Short Term Absence - a period of sickness absence of 28 days or less
WF5	FV	Monthly	Long Term Absence	31-Dec-23	-	4.82%	4.58%	-	▼	-	-	Long Term Absence - a period of sickness absence lasting over 28 days
WF6	FV	Rolling 12 mth	Overall Absence (excluding Covid Special Leave)	31-Dec-23	-	7.07%	7.11%	-	▲	6.16%	31-Dec-23	Absence Management is a standing item on the Staff Governance Committee

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-Jan-24	Reduction	67	68	✓	▲	-	-	
			Falkirk	31-Jan-24	Reduction	47	48	✓	▲	-	-	
			Clackmannanshire	31-Jan-24	Reduction	4	11	✓	▲	-	-	
			Stirling	31-Jan-24	Reduction	13	8	✓	▼	-	-	
			Outwith Forth Valley	31-Jan-24	Reduction	3	1	✓	▼	-	-	
VA2	FV		Code 9 & Guardianship Delays	31-Jan-24	Reduction	53	51	✓	▼	-	-	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-Jan-24	Reduction	29	25	✓	▼	-	-	
			Clackmannanshire	31-Jan-24	Reduction	4	6	✓	▲	-	-	
			Stirling	31-Jan-24	Reduction	16	16	✓	◀▶	-	-	
			Outwith Forth Valley	31-Jan-24	Reduction	4	4	✓	◀▶	-	-	
VA3	FV		Total Bed Days Occupied by Delayed Discharges	31-Jan-24	Reduction	2,897	3,291	✓	▲	-	-	
			Falkirk	31-Jan-24	Reduction	1,562	2,037	✓	▲	-	-	
			Clackmannanshire	31-Jan-24	Reduction	182	310	✓	▲	-	-	
			Stirling	31-Jan-24	Reduction	514	341	✓	▼	-	-	
			Outwith Forth Valley	31-Jan-24	Reduction	639	603	✓	▼	-	-	
VA4	FV	Daily	Number waiting for a Community Bed	31-Jan-24	Reduction	58	56	-	▼	-	-	
AVERAGE LENGTH OF STAY												
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	31-Jan-24	Reduction	8.35	6.48	-	▼	7.70	30-Sep-23	This is the mean length of stay (in days) experienced by inpatients in FVRH Acute wards, does not include MH or W&C. Scotland position quarterly - All Inpatients
EFFICIENCY												
E1	FV	Monthly	ED Attendances per 100,000 of the population - Forth Valley	31-Jan-24	Reduction	1,551	1,592	-	▲	-	-	
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	31-Dec-23	Reduction	813	829	-	▲	-	-	
E3	FV	Monthly	% Bed Occupancy - FVRH	31-Jan-24	Reduction	114.1%	111.3%	-	▼	-	-	The percentage occupancy is the percentage of average available staffed beds that were occupied by inpatients during the period. 85% is the nationally agreed standard supporting optimum flow
E4	FV	Monthly	% Bed Occupancy - Assessment Units	31-Jan-24	Reduction	117.2%	111.2%	-	▼	-	-	
E5	FV	Monthly	% Bed Occupancy - ICU	31-Jan-24	Reduction	88.5%	82.7%	-	▼	-	-	
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) screening 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%	34.2%	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%	37.6%	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	30-Jun-23	86.75	51	69	-	▼	-	-	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	30-Jun-23	100%	58.8%	73.5%	-	▼	66.1%	30-Jun-23	
FINANCE												
F1	SG	FYTD	Year to date revenue position	31-Jan-24	Breakeven	-£8.3m	-£7.7m	-	▼	-	-	

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.
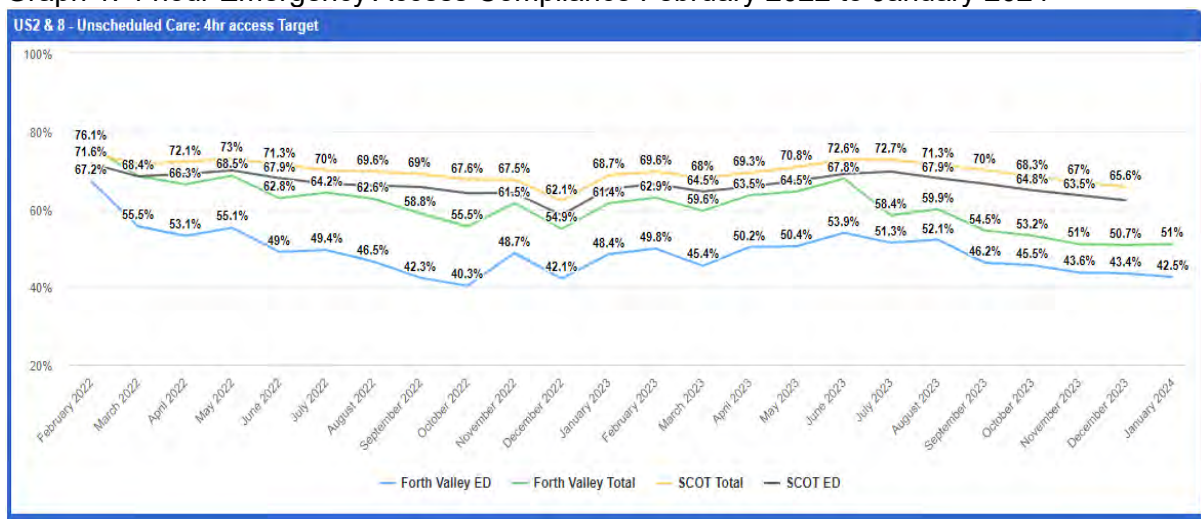
Current Performance
- January 2024 ED Compliance 51.0% - Forth Valley Total.
- January 2024 ED Compliance 42.5% - ED Only.

Scotland Performance
- December 2023 ED Compliance 65.6% - Scotland Total.
- December 2023 ED Compliance 62.2% - Scotland ED Only.

Graph 1: 4 hour Emergency Access Compliance February 2022 to January 2024

Overall compliance with the 4-hour emergency access standard (EAS) in January 2024 was 51.0%; Minor Injuries Unit 100%, Emergency Department 42.5%. A total of 2,727 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,489 waits longer than eight hours, 920 waits longer than 12 hours and 277 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 1,364 patients, noting this is an increase from 916 in January 2023. Wait for a bed accounted for 801 patients waiting beyond 4 hours with Clinical reasons accounting for 128 breaches.

In January 2024 there were 598 new attendances to Rapid Assessment and Care Unit (RACU), 185 of which were via ED. This is compared to 524 new attendances in January 2023, 132 of which presented via ED. There were 138 scheduled returns in January 2024 compared with 82 in January 2023. 559 patients were redirected from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time. This number equates to 11.2% of all ED attendances in January.

Given the recent performance an intervention plan has been developed to improve the 4-hour performance on the Forth Valley Royal site. This is being progressed in conjunction with the work currently being undertaken through the Urgent and Unscheduled Care Delivery plan. Immediate actions being undertaken are:

- 4-bed bay in the Acute Assessment Unit will be cleared and ring fenced to provide an assessment area for rapid turnover of patients who can be seen, discharged, or moved

on from the ED. A senior decision maker will be brought in to solely undertake this where possible.

- Focus on the Discharge lounge with more patients to be received earlier in the day. Lead nurses to support identification of patients and to provide leadership to ensure rapid movement of patients early in the morning.
- Daily formal meetings with the acute team and CEO.
- Direct assistance and support to ED through the Centre for Sustainable Delivery.
- Senior nurse and managerial leadership will start to attend ED Out of Hours.

Frailty cohorting is in place in the Acute Assessment Unit, the Manchester triage is now being undertaken in ED, and discharge without delay work continues. Key performance indicators and trajectories are in place to support monitoring and management of performance in this area.

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
- January 2024 8,744 patients waiting within 12 weeks for new outpatient appointment – 57.0% compliance.
- In quarter 3, 56.3% of new outpatients were waiting less than 12 weeks.

Scotland Performance
- In quarter 3, 40.1% of new outpatients were waiting less than 12 weeks.

Graph 2: Outpatient waits over 12 weeks – February 2022 to January 2024
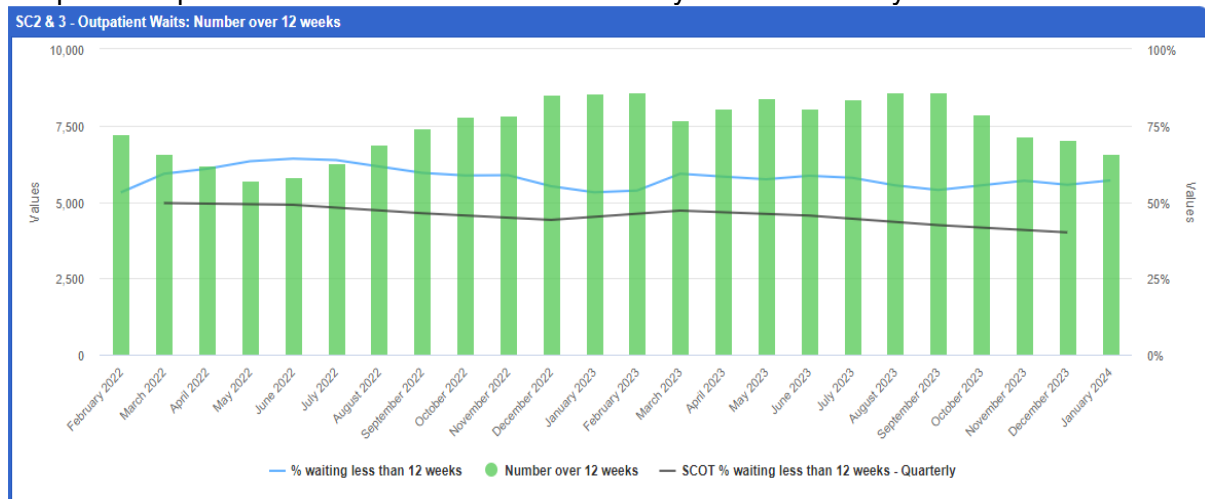
At the end of January 2024, the number of patients on the waiting list for a first outpatient appointment was 15,332 compared with 18,235 in January 2023 with the number waiting beyond 12 weeks 6,588 compared to 8,538 in January 2023. Note 57.0% of patients were waiting less than 12 weeks for a first appointment; a slight improvement in performance from 53.2% the same period the previous year. 99% of the agreed planned outpatient activity was undertaken for the period April 2023 to January 2024.

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 Quarter 2 - 48.6%.
- January 2024 – 5,474 patients waiting on an inpatient/daycase treatment – 43.8% waiting under 12 weeks.
- In quarter 3, 53.8% of inpatients and daycases had an ongoing wait under 12 weeks.

Scotland Performance
- Inpatient/Daycase treatment time guarantee Quarter 3 – 57.6%.
- In quarter 3, 31.6% of inpatients and daycases had an ongoing wait under 12 weeks.

Graph 3: 12 Week Treatment Time Guarantee
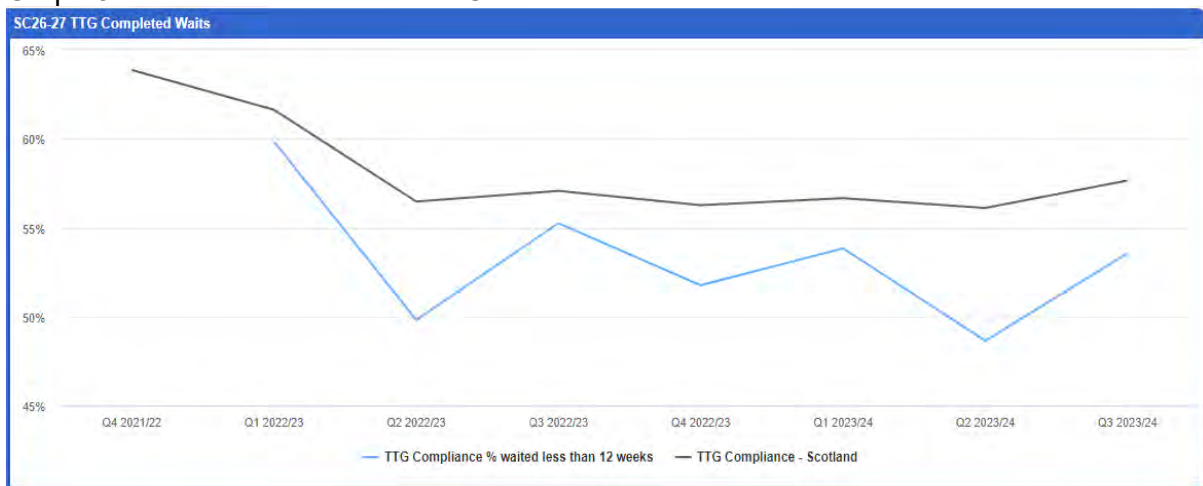
Graph 4: Inpatients/Daycase waits over 12 weeks – March 2022 to January 2024
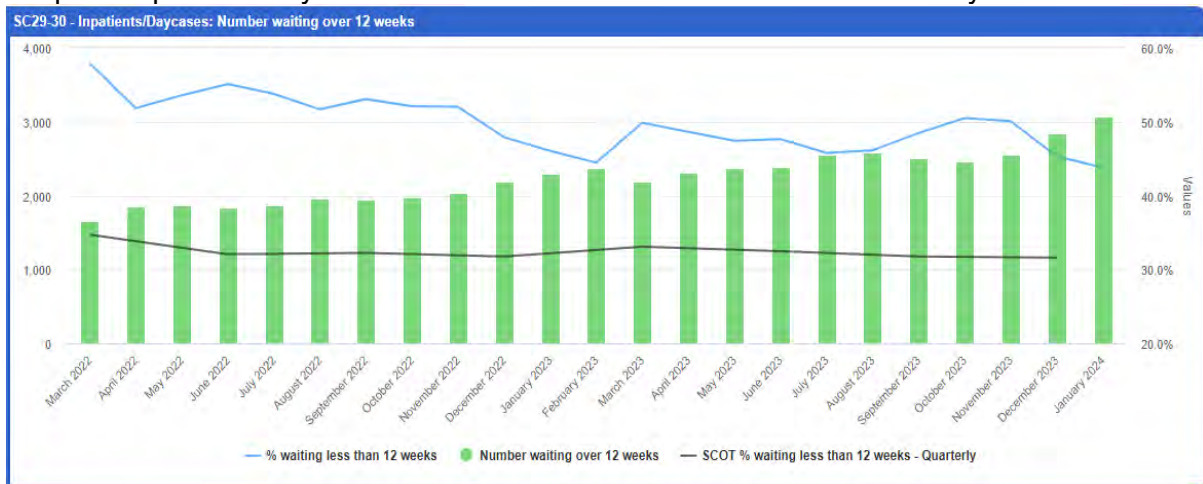
In January 2024, the number of inpatients and daycases waiting increased to 5,474 from 5,188 the previous month and 4,264 in January 2023. An increase in those waiting beyond 12 weeks was also noted. 116% of the agreed planned inpatient and daycase activity was undertaken for the period April 2023 to January 2024.

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 January 2024 was 0.8% of the total waiting list.
- Inpatient/daycase unavailability in January 2024 was 3.9% compared to 5.3% in January 2023. The unavailability rate is less than 10% for all specialties except for General Surgery Plastics 16.7% (1 patient). This position is monitored on an ongoing basis.

3.5 Did Not Attend (DNA)
The new outpatient DNA rate across acute services in January 2024 is noted as 5.8% which is an improvement from the position in January 2023 of 6.7%. Variation across specialties continues with rates ranging from 33.3% to 0%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 7.4% (58 patients) and Orthopaedics 4.1% (40 patients).

The return outpatient DNA rate across acute services in January 2024 was 6.9%. There continues to be a high number of DNAs in Diabetes with 247 patients (15.5%), Ophthalmology 178 patients (5.7%), Dermatology 150 patients (6.4%) and Orthodontics 119 patients (10.9%).

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.

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
- January 2024 - Imaging – 5,906 patients waiting beyond 6 weeks; 37.1% were waiting less than 6 weeks.
- January 2024 - Endoscopy - 378 patients waiting beyond 6 weeks; 58.3% were waiting less than 6 weeks.

Scotland Performance
- Imaging – 51.5% of patients were waiting less than 6 weeks in December 2023.
- Endoscopy – 39.4% of patients were waiting less than 6 weeks in December 2023.

Graph 5: Imaging waits over 6 weeks and total - March 2022 to January 2024

Graph 6: Endoscopy waits over 6 weeks and total - March 2022 to January 2024
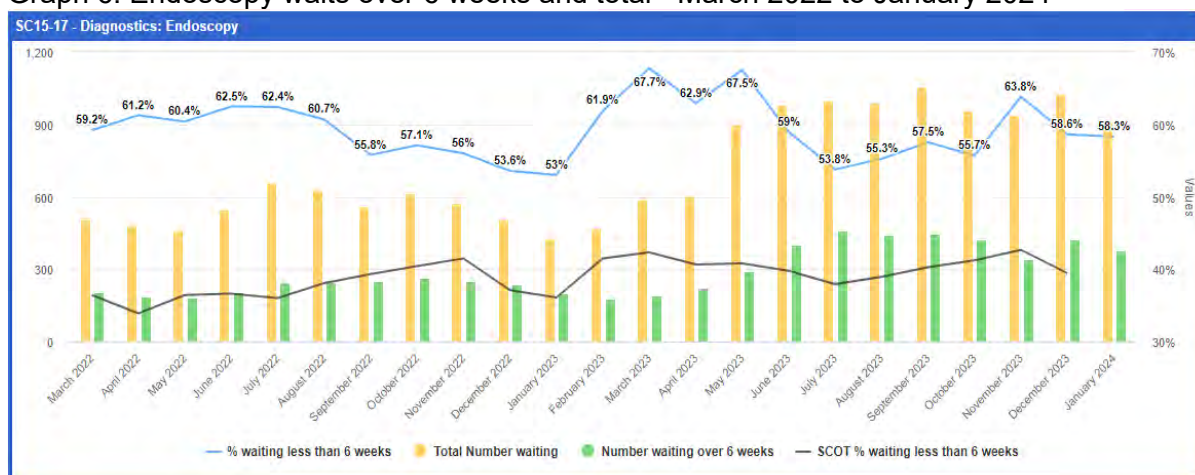
3.6.1 Imaging

At the end of January 2024, 5,906 patients were waiting beyond the 6-week standard for imaging, an increase from 648 in January 2023 with 37.1% of patients were waiting less than the standard. 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 January 2024 was 9,396; an increase from 3,685 in January 2023.

95% of the agreed planned imaging activity was undertaken for the period April 2023 to January 2024.

There are specific challenges with the waiting times for CT scan however NHS Forth Valley is evaluating the feasibility of a third scanner. Funding routes are being explored nevertheless the current financial constraints are having an impact. It is unlikely that our position will improve and may in fact deteriorate further without this additional capacity.

3.6.2 Endoscopy

At the end of January 2024, 378 patients were waiting beyond 6 weeks for endoscopy compared to 202 in January 2023 with 58.3% of patients waiting less than the 6-week standard. Activity against the agreed Remobilisation Plan trajectory remains better than plan with 153% of the agreed planned endoscopy activity undertaken for the period April 2023 to January 2024. Despite this level of activity, the total number of patients waiting for endoscopy remains significant with 906 patients in January 2024 noting an increase from 430 in January 2023.

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.

Current Performance
- In December 2023, 76.8% of patients were seen within the 62-day standard.
- In the quarter ending December 2023, 76.0% of patients were seen within the 62-day standard.

Scotland performance
- In the quarter ending December 2023, 69.9% of patients were seen within the 62-day standard.

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
- In December 2023, 97.9% of patients were seen within the 31-day standard.
- In the quarter ending December 2023, 98.7% of patients were seen within the 31-day standard.

Scotland Performance
- In the quarter ending December 2023, 93.5% of patients were seen within the 31-day standard.

Graph 7: 62-day cancer performance (monthly) – March 2022 to December 2023
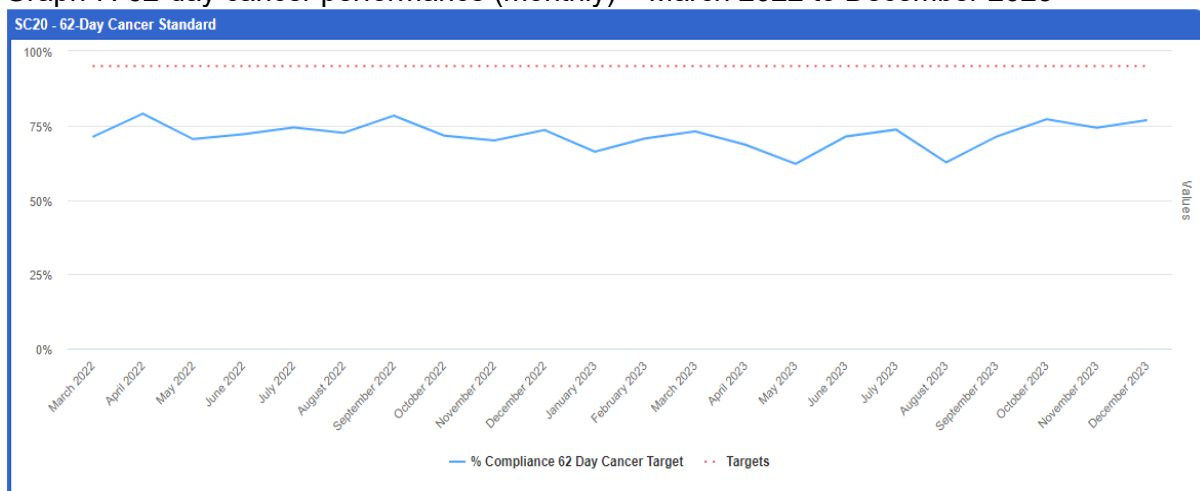
Graph 8: 62-day cancer performance (quarterly)
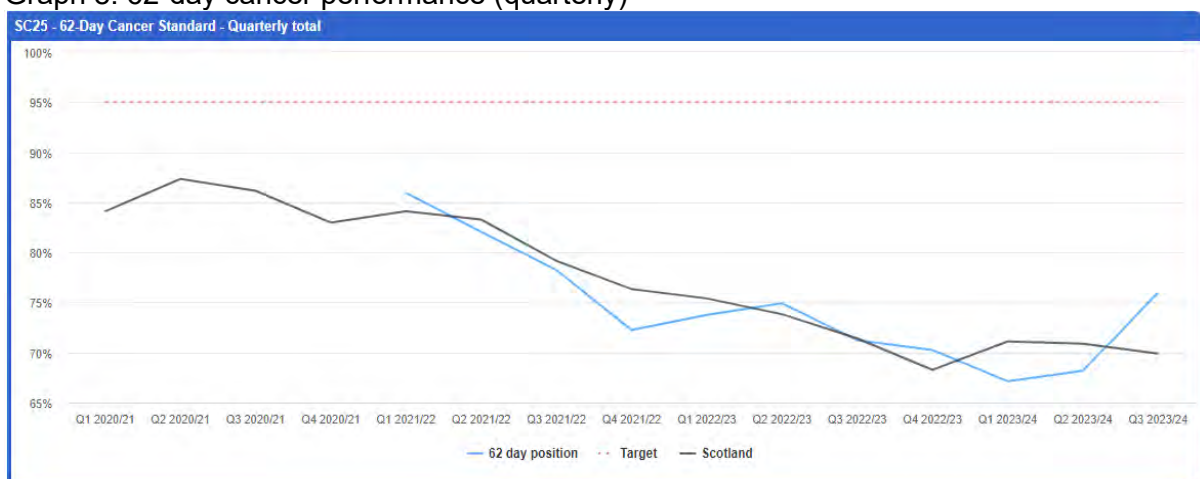
Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 31-day and 62-day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system

has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance.

The number of patients being tracked on the 62-day cancer pathway is currently approximately 950 of which 11% are confirmed cancer patients.

Five of the 10 cancer pathways achieved 100% with lung 87.5%, colorectal 81.8%, upper GI 75%, head and neck 71.4% and urology 60%.

Pressure continues 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.

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
- In January 2024, 64.3% of patients were treated within 18 weeks.
- In quarter 3, 68.9% of patients were treated within 18 weeks.

Scotland Performance
- In December 2023, 82.8% of patients were treated within 18 weeks.
- In quarter 3 Compliance, 80.6% of patients were treated within 18 weeks.

Graph 9: Psychological Therapies 18-week RTT – February 2022 to January 2024
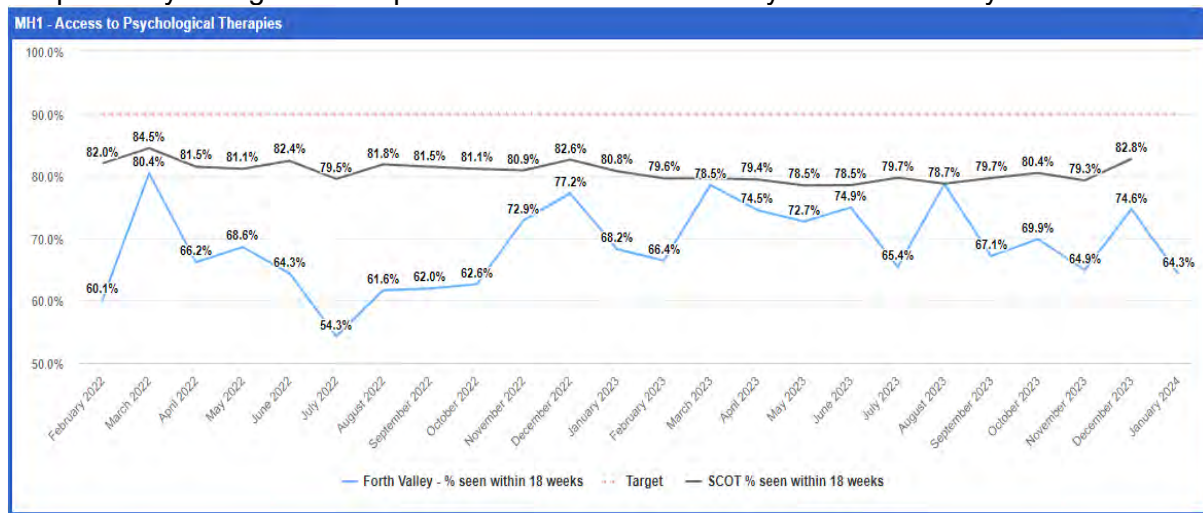
Graph 10: Psychological Therapies 18-week RTT – Quarterly

MH3 - Access to Psychological Therapies - Quarterly
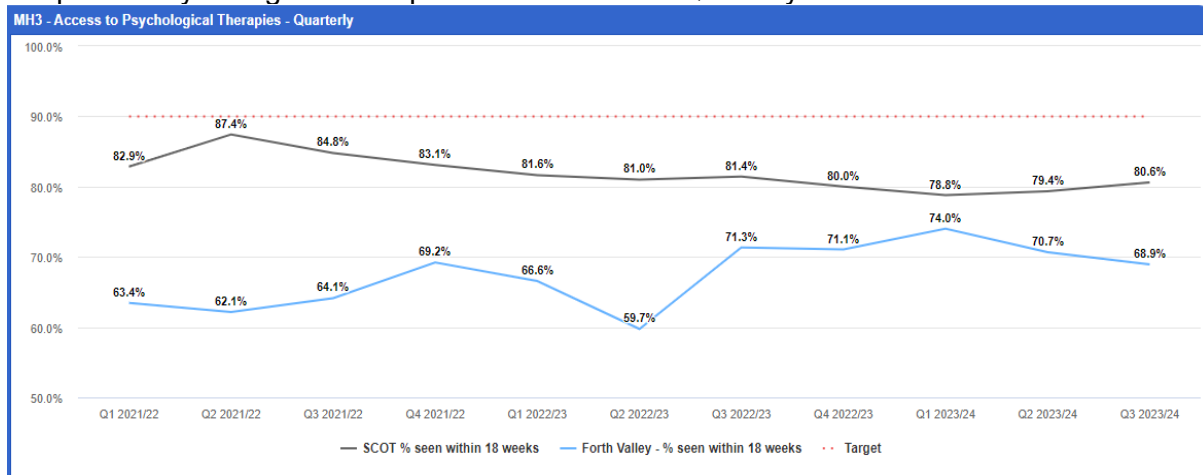
In January 2024, 64.3% of patients started treatment within 18 weeks of referral. This is a reduction in performance from the previous month position of 74.6% and from 68.2% in January 2023.

Performance against the standard has consistently been above 60% with a high of 79% in August 2023, however the 90% target has not been reached. It is acknowledged that as patients that have waited a long period of time, and have already waited longer than 18 weeks, are treated the target will not be achieved. Once the long waiting patients are seen the target will come back into line.

The improvements to above 70% from March to June 2023 were as a result of significantly improved data quality with ongoing quality checks; alignment of reporting of Digital Therapies with national guidelines; increasing inclusion of psychological therapies from other areas including eating disorders; the expansion of IESO digital therapy with increased uptake initially.

The subsequent variance in the RTT can be explained by seasonal trends; a plateau in terms of IESO uptake by those with short waits as it became business as usual; new clinicians taking up caseloads comprised of patients who had been waiting for a very long time; and group therapy starting for some cohorts of patients who had been waiting a long time. Four groups comprising of people who had been waiting a long time started in January 2024 which may explain the reduction in RTT performance.

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
- In January 2024, 86.1% of patients were treated within 18 weeks.
- In quarter 3, 66.4% of patients were treated within 18 weeks.

Scotland Performance
- In December 2023, 86.0% of patients were treated within 18 weeks.
- In quarter 3, 83.8% of patients were treated within 18 weeks.

Graph 11: CAMHS 18-week RTT – March 2022 to January 2024
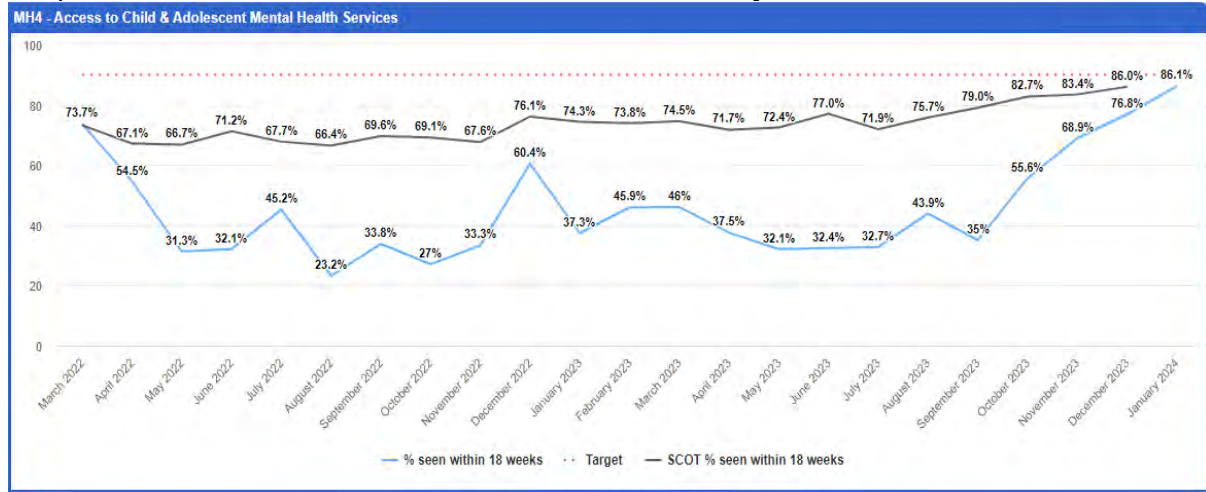
Graph 12: CAMHS 18-week RTT – Quarterly
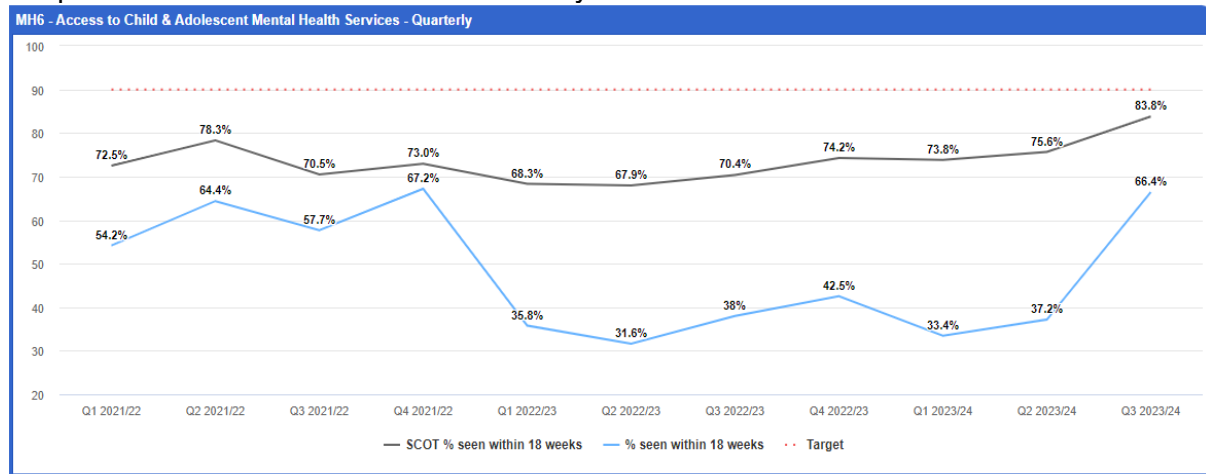
Performance against the 18-week referral to treatment standard indicates a further improvement in the position to 86.1% in January, an increase of 9.3% when compared to the previous reporting period. Performance has exceeded the projection of 60% in quarter 3 and remains on track to achieve full compliance 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.

Significant progress has been made in reducing long waits for first assessment. In June 2022, 319 patients had been waiting for assessment for over 18 weeks, as of January 2024 there is 1 patient waiting over 18 weeks. The full waiting list for assessment has decreased from 591 patients in June 2022 to 168 patients as of January 2024, a decrease of 71%.

Continued significant progress has been made in reducing long waits for treatment. In June 2022, 470 patients had been waiting for treatment for over 18 weeks, as of January 2024 these long waits have decreased to 6. The total waiting list for treatment has decreased from 765 patients as of June 2022 to 184 patients as of January 2024, a decrease of 76%.

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 January 2024 census:

- 36 patients were delayed in their discharge for more than 14 days.
- 31 patients delayed less than 14 days.
- 41 guardianship delays.
- 12 code 9 delays.
- 120 delays in total.
- 3 code 100 delays.
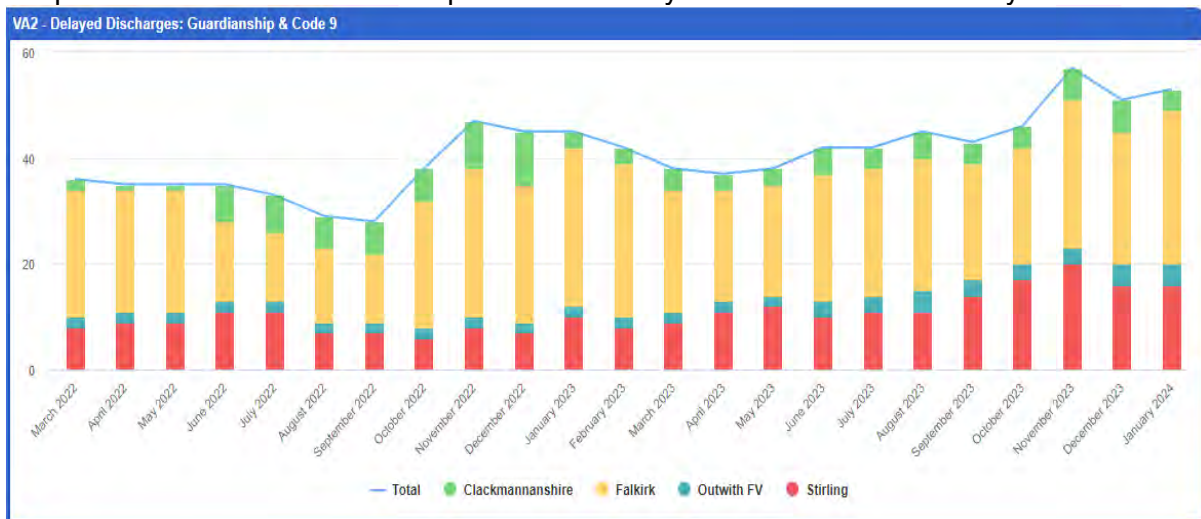- 2,897 bed days were lost due to delays in discharge.

Scotland Performance

- There is no direct Scotland comparison.

Graph 13: Number of standard delays – March 2022 to January 2024

Graph 14: Number of Guardianship or Code 9 delays - March 2022 to January 2024

Graph 15: Delayed Discharge occupied bed days – March 2022 to January 2024

The January 2024 census position in relation to standard delays (excluding Code 9 and guardianship) is 67 delays; this is compared to 58 in January 2023. There was a total of 53 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 120.

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 January 2024 census was 2,897, this is an increase from 1,836 in January 2023. Local authority breakdown is noted as Clackmannanshire 182, Falkirk 1,562, and Stirling 514. There were a further 639 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.

Actions included are enabling the right short-term support at home through responsive community care and support, coordination of community support with less duplication and a more efficient support model, care home multi agency working, interim placements to care homes and third sector link worker based on the acute site.

3.11 Workforce
To reduce sickness absence to 4%

Current Performance
- 7.67% absence rate in December 2023

Scotland Performance
- 6.68% absence rate in December 2023

The sickness absence target is 4.0%. Absence remains above the target at 7.67% in December 2023 noting a reduction from 8.31% in December 2022. The 12-month rolling

average January 2023 to December 2023 is noted as, NHS Forth Valley 7.07%; Scotland 6.16%.

Graph 16: Sickness Absence (excluding Covid reasons) – January 2022 to December 2023

Sickness Absence Rate (%) by month

From 1 September 2022 Covid absences are included within the sickness absence totals however there are still some instances recorded as Special Leave and are not included within the sickness absences. The Special Leave absence for Covid reasons is noted as 0.38% in December 2023 compared with 0.45% in December 2022. Note that from 1 April 2024 all Covid related symptoms will be treated in line with all other sickness absence.

Total absence for December 2023 is 8.05%.

The management of absence and the improvement of staff wellbeing remain key priorities for NHS Forth Valley noting a 2% reduction in absence has been agreed as part of the escalation response and has been included in the Executive Leadership Team objectives. A multidisciplinary improvement programme is on-going supported by a partnership working group.

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

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 <u>A policy for NHS Scotland on the climate emergency and sustainable development</u>*. (please tick relevant box)*
☐   *Yes*
✓   *N/A*

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

Quality / Patient Care Implications
There are no specific quality or patient care implications in respect of this paper.

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

Risk Assessment / Management
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.

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 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

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Executive Summary
This report provides a high-level summary of the financial results for the 11-month period ending 29 February 2024.

Recommendations
The Board is asked to:

- **note** that following confirmation of additional non-recurring funding being provided by Scottish Government to all NHS Boards, a break-even position against Revenue Resource Limit is forecast for 2023/24. This remains subject to receipt of final anticipated allocations and expected spend profile for March.
- **note** that despite the favourable year-end forecast, significant financial pressures continue to be experienced within the Acute Services Directorate, due to ongoing temporary workforce demand and surge capacity, wider inflationary pressures, and Covid-19 legacy issues.
- **note** that delivery of the £25m savings programme remains on track however this remains largely non-recurring and further work to accelerate delivery of recurring savings is being progressed through the efficiency workstreams identified as part of the financial sustainability action plan.
- **note** a balanced capital position as at 29th February 2024 with a forecast break-even position against the Capital Resource Limit.

Assurance
Proposed assurance level:

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

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

Key Issues to be considered

2023/24 Financial Position
The 2023/24 financial plan approved by the NHS Board on 28th March 2023 set out an initial £40.6m deficit partly offset by a £25m savings plan, leaving a projected £15.6m residual gap for the year. The residual gap was subsequently reduced to £10.3m and has been revised downwards again to breakeven following confirmation of a significant unplanned funding allocation from the Scottish Government, reducing the risk of brokerage requirements.

The Scottish Government wrote to all NHS Boards on 15th February 2024 to confirm that £150m of additional non-recurring funding would be issued to all NHS Boards on a NRAC basis. This is linked to Barnett consequentials arising from additional funding provided by HM Treasury to the UK Department of Health and Social Care. The NHS Forth Valley share is £8.2m which has resulted in a material improvement in the forecast outturn.

In addition, a significant reduction (£1.9m) in CNORIS costs has also contributed to the improved position following confirmation that the value of settled legal claims is likely to be £45m across Scotland as opposed to £80m during 2023/24. We have also received recent confirmation that a long running VAT dispute has been successfully resolved with HRMC resulting in a £1.0m non-recurring benefit in year. As a result, a breakeven forecast outturn is currently being reported.

Despite the favourable forecast outturn position, there are ongoing financial pressures, particularly within the Acute Services Directorate, reflecting high levels of service demand and continued to use of unfunded contingency areas.

A summary of the forecast outturn by Directorate is summarised in table 1 below:

TABLE 1: NHS Forth Valley 2023/24 Financial performance	Annual Budget £m	Forecast expenditure £m	Underspend/ (Overspend) £m
Set Aside & Non-Delegated Functions			
Acute Services	239.295	259.035	(19.740)
Women & Children's	58.745	60.385	(1.640)
Cross Boundary Flow/External SLAs	64.237	64.641	(0.404)
Non-delegated Community Services	36.549	38.926	(2.377)
Facilities and Infrastructure	126.634	128.024	(1.390)
Corporate Functions	26.831	25.934	0.897
Ringfenced and Contingency Budgets	20.172	5.508	14.664
Banked capital (transferred to revenue)		(3.928)	3.928
Balance sheet opportunities & other savings		(4.991)	4.991
Income	(39.357)	(40.429)	1.072
Sub total	**533.106**	**533.106**	**(0.000)**
Delegated Functions			
Operational Services	136.513	131.246	5.267
Universal Services	175.177	183.063	(7.886)
IJB reserves	9.908	7.289	2.619
Sub total	**321.598**	**321.598**	**0.000**
TOTAL	**854.704**	**854.704**	**(0.000)**

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 a significant proportion of total operating expenditure and is therefore a key financial risk area.

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 this 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 11 FINANCIAL RESULTS

1.1 Revenue year to date (YTD) results as at 29 February 2024

An overspend of £2.6m is reported for the 11-month period ending 29 Feb 2024 as summarised in Table 1 below.

TABLE 1: NHS Forth Valley 2023/24 Finanical performance	Annual Budget £m	Apr - Feb Budget £m	Apr - Feb Expenditure £m	Underspend/ (Overspend) £m
Set Aside & Non-Delegated Functions*				
Acute Servies	239.295	217.554	236.684	(19.130)
Women & Children's	58.745	53.746	55.552	(1.806)
Cross Boundary Flow/External SLAs	64.237	58.896	59.147	(0.251)
Non-delegated Community Services	36.549	33.449	35.559	(2.110)
Facilities and Infrastructure	126.634	115.399	116.649	(1.250)
Corporate Functions	26.831	23.795	22.704	1.091
Ringfenced and Contingency Budgets	20.172	19.886	0.000	19.886
Income	(39.357)	(36.411)	(37.348)	0.937
Sub total	**533.106**	**486.314**	**488.947**	**(2.633)**
Delegated Functions				
Operational Services	136.513	123.956	119.707	4.249
Universal Services	175.177	162.980	169.175	(6.195)
IJB reserves	9.908	1.946	0.000	1.946
Sub total	**321.598**	**288.882**	**288.882**	**(0.000)**
Reserve transfers (to)/from IJB				
Clackmannanshire & Stirling IJB				
Falkirk IJB				
Sub total	**0.000**	**0.000**	**0.000**	**0.000**
TOTAL	**854.704**	**775.196**	**777.829**	**(2.633)**

* 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 £533.106m above is £79.332m. An oversepnd of £10.817m is reported at month 11.

This continues to reflect ongoing capacity and staffing issues, combined with increases in medicines costs and the impact of inflation on energy, premises and IT contracts as previously reported.

Cumulative expenditure on total supplementary staffing amounted to £44.28m at end February (up £13.4m or 44% on the same period in the previous year). The majority of this total (£30.7m; 70%) relates to nurse bank and agency. Whilst an element of this relates to cover for funded vacancies, the vast majority relates to cover for sickness absence, ongoing use of contingency/unfunded areas and requirements for special observations in certain ward areas. Further controls and restrictions recently applied to healthcare support worker agency bookings has resulted in a material reduction in usage and this is expected to translate to cost improvement for March.

Despite the national withdrawal of a range of covid-19 measures, ongoing covid-19 legacy costs is also a factor in driving overspends within the set aside and non-delegated functions (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 £6.2m 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.

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 £24.6m 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 1).

Table 2: Savings category (Set Aside & non-delegated services only)	Annual Target £m	Apr - Feb Target £m	Apr - Feb Actual £m	Variance £m
Workforce	4.586	4.146	1.493	(2.653)
Procurement & Contracts	0.405	0.423	0.107	(0.316)
Prescribing	4.372	4.008	3.358	(0.650)
Estates & Infrastructure	1.497	1.418	0.950	(0.468)
Income Generation	3.421	3.297	2.567	(0.730)
Non-recurring actions	10.300	8.878	16.138	7.260
Other	0.419	0.384	0.000	(0.384)
Total	**25.000**	**22.554**	**24.612**	**2.059**
Recurring	10.000	7.909	2.650	(5.259)
Non-Recurring	15.000	14.644	21.962	7.318
Total	**25.000**	**22.554**	**24.612**	**2.059**

The vast majority (89%) of the savings delivered at end of February 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 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- DELEGATED FUNCTIONS - CLINICAL DIRECTORATES

Clinical Directorates reported a combined overspend of £2.5m as at 29 February 2024 as summarised in Table 3 below.

TABLE 3: Clinical Directorates*	Annual Budget £m	Apr - Feb Budget £m	Apr - Feb Expenditure £m	Underspend/ (Overspend) £m
Acute Servies	239.295	217.554	236.684	(19.130)
Women & Children's	58.745	53.746	55.552	(1.806)
Cross Boundary Flow/External SLAs	64.237	58.896	59.147	(0.251)
Non-delegated Community Services	36.549	33.449	35.559	(2.110)
Ringfenced and Contingency Budgets	20.172	19.886	0.000	19.886
Income	(39.357)	(36.411)	(37.348)	0.937
Sub total	**379.641**	**347.120**	**349.594**	**(2.474)**

* 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 £79.332m.   An oversepnd of £10.817m is reported at month 11.

Acute services – an overspend of £19.1m is reported at the end of February. This reflects ongoing service pressures within ED 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 70 additional beds currently in place across Forth Valley Royal Hospital, including in planned care areas). £26.5m of additional temporary staffing costs have been incurred to date within the Acute Services Directorate. Of this total, £18.3m (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, the Intensive Critical Care 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 £1.8m is reported at end of February. 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).

Cross boundary flow/external SLAs – an overspend of £0.3m is reported at the end of February largely due to Out of Area Treatments, unplanned activity and SLA exclusions.

Non-delegated community services – an overspend of £2.1m is reported at the end of February. 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 – a total of £19.9m has been released from central budgets as at the end of February to offset costs in respect of key service developments pending funding allocations being processed. Note that some savings plans have still to be actioned against this line.

Income – income received to the end February was £0.9m higher than planned levels. This is largely due to income from externals.

3.0 SET ASIDE & NON- DELAGATED FUNCTIONS - CORPORATE DIRECTORATES

A combined overspend of £0.2m is reported for Corporate Services and Facilities & Infrastructure as at 29 February as summarised in table 4 below.

TABLE 4: Corporate Functions and Facilities & Infrastructure	Annual Budget £m	Apr - Feb Budget £m	Apr - Feb Expenditure £m	Underspend/ (Overspend) £m
Facilities and Infrastructure	126.634	115.399	116.649	(1.250)
Corporate Functions				
Director of Finance	4.487	4.027	3.885	0.142
Area Wide Services	(7.165)	(7.592)	(7.345)	(0.247)
Medical Director	11.923	10.554	9.438	1.116
Director of Public Health	3.599	3.203	3.238	(0.035)
Director of HR	6.016	5.533	5.451	0.082
Director of Nursing	4.014	3.589	3.548	0.041
Chief Executive	2.277	2.067	2.155	(0.088)
Portfolio Management Office	0.569	0.522	0.402	0.120
Immunisation / Other	1.111	1.892	1.932	(0.040)
Corporate Functions sub total	26.831	23.795	22.704	1.091
Sub total	**153.465**	**139.194**	**139.353**	**(0.159)**

Facilities and Infrastructure – an overspend of £1.3m is reported at the end of February. 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 £1.1m is reported at the end of February. 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 29 February 2024 as summarised in table 5 below. However, reserve adjustments bring the position into balance.

TABLE 5: Health & Social Care Partnerships	Annual Budget £m	Apr - Feb Budget £m	Apr - Feb Expenditure £m	Underspend/ (Overspend) £m
Clackmannanshire and Stirling HSCP				
Operational Services	61.528	55.509	54.919	0.590
Universal Services	89.305	82.932	86.502	(3.570)
Ringfenced and Contingency Budgets	4.203	2.980	0.000	2.980
Subtotal	155.036	141.421	141.421	0.000
Falkirk HSCP				
Operational Services	74.985	68.448	64.788	3.660
Universal Services	85.872	80.047	82.673	(2.626)
Ringfenced and Contingency Budgets	5.705	(1.034)	0.000	(1.034)
Subtotal	166.562	147.461	147.461	(0.000)
TOTAL	**321.598**	**288.882**	**288.882**	**(0.000)**

The HSCP budgets summarised in table 5 exclude budgets in respect of large hospital services, also referred to as set aside, which amount to £79.3m. 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 11 results reflect actual costs for the months of April to December only. Estimates have been applied for the 2 month period covering January to February 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.

Note that 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 forecast at £10.1m. This represents a net increase of £0.3m compared to the budget previously reported largely due to an anticipated allocation to purchase medical equipment to support the Head & Neck Optimal Cancer Diagnostic Pathway and an increase in the forecast value of Capital funding required to account for new Fleet Vehicles as Right of Use Assets.

TABLE 6: 2023/24 NHS Forth Valley Capital position	Annual Budget £m	April - Feb Budget £m	April - Feb Expenditure £m	Underspend/ (Overspend) £m
Elective Care	2.632	2.445	2.445	0.000
Information Management & Technology	2.598	2.281	2.281	0.000
Medical Equipment	2.483	2.196	2.196	0.000
Facilities & Infrastructure	2.502	1.770	1.770	0.000
Energy Efficiency Capital Grants	2.742	1.182	1.182	0.000
NHS Board corporate projects	0.097	0.157	0.157	0.000
Right of Use Assets IFRS16	0.800	0.566	0.566	0.000
Indirect Capital Charged to Revenue	(3.750)	(1.163)	(1.163)	0.000
Total	**10.104**	**9.434**	**9.434**	**0.000**

As reported in table 6 above, a balanced position is reported for the 11-month period ending 29 February 2024. To date expenditure of £9.4m has been incurred, leaving a net balance of £3.2m to be spent in the remainder of the financial year. Specific commentary on each budget line is provided below.

Elective Care – expenditure on the Modular Build element of the NTC project in the current financial year equates to £2.4m (this is over and above the £9.2m already capitalised in previous financial years). The risk in relation to technical specification issues continues to be progressed with Forth Health, Contractors and NHS Assure.

Information Management & Technology – to date the sum of £2.3m has been spent on Information Management & Technology projects. During February 2024 the increase in expenditure equated to £0.6m for the Desktop and Laptop Refresh programme and staff recharges to capital.

Medical Equipment – As at 29th February 2024 expenditure committed on Medical Equipment items equates to £2.2m. During February, the key items of expenditure related to Hoists, Endoscopes, a replacement system for the Simulation Centre and new Ultrasound Scanners.

Facilities & Infrastructure - there has now been a total of £1.8m reported as spent or committed as at 29th February 2024 within Facilities and Infrastructure managed projects. Expenditure of £0.4m during February was incurred on the Greenspace project at Stirling Care Village and further Anti-Ligature works at Bellsdyke Hospital.

Capital Grants – year to date expenditure includes (PV) Panels and LED Lighting being installed at Forth Valley Royal Hospital and Green Public Sector Estate Decarbonisation works being progressed at various properties within the NHS Forth Valley estate.

NHS Board and Property Sales –key items of expenditure to date include Fleet Cars (£0.5m) which are now treated as right of use assets under IFRS 16 and a Capital Grant issued to Strathcarron Hospice to the value of £0.1m. 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 - Feb Plan £000s	Apr - Feb Actual £000s	Variance £000s	RAG status
Workforce					
Reduction in supplementary staff costs	3,454	3,108	576	(2532)	AMBER
Retinue fees & charges	132	121	0	(121)	RED
Turnover/incremental progression	1,000	917	917	0	GREEN
	4,586	**4,146**	**1,493**	**(2653)**	
Procurement & Contracts					
VAT advisory services	5	5	0	(5)	RED
Hand Towels	35	32	21	(11)	GREEN
Gloves	33	30	5	(25)	GREEN
Reducing non-contract spend	23	19	0	(19)	AMBER
Carriage charges	3	3	2	(1)	GREEN
Change of Tourniquet Supplier Via NDC	20	18	18	0	GREEN
Catering (plastic spoons to wooden spoons)	6	61	61	0	GREEN
Complex Care Education Provision Review	72	66	0	(66)	RED
Review of Complex Care Third Party Provision	208	191	0	(191)	RED
	405	**423**	**107**	**(316)**	
Prescribing					
Abiraterone switch	730	669	669	0	GREEN
Lenalidomide switch	415	380	122	(258)	GREEN
Fingolimod switch	201	184	0	(184)	RED
Patient Access Scheme rebates	2,800	2,567	2,567	0	GREEN
Cold chain/reduction in waste	66	61	0	(61)	RED
Complex rebates/review of contracts	150	138	0	(138)	RED
Review of homecare arrangements	10	9	0	(9)	RED
	4,372	**4,008**	**3,358**	**(650)**	
Estates & Infrastructure					
PPP/DBFM review of contractual arrangements	900	892	950	58	GREEN
Energy efficiency	255	213	0	(213)	RED
Review of order comms	40	37	0	(37)	RED
Review of desk top assets (incl mobiles)	50	46	0	(46)	RED
Patient hub/postages	250	229	0	(229)	RED
Waste	2	2	0	(2)	RED
	1,497	**1,418**	**950**	**(468)**	
Income Generation					
Overseas visitors	135	124	44	(80)	AMBER
Electric Vehicle charging income	300	273	24	(249)	GREEN
Mutual aid/capacity support to other NHS Boards	1,000	917	500	(417)	AMBER
Bellsdyke income	1,956	1,956	1,956	0	GREEN
Provision of training by Women & Children's service	10	9	0	(9)	RED
Travel vaccinations	20	18	43	25	GREEN
	3,421	**3,297**	**2,567**	**(730)**	
Non-recurring actions					
Revenue funding banked 22/23	3,000	3,000	3,000	0	GREEN
Annual leave carry forward	700	0	0	0	AMBER
Anticipated slippage on investment	1,429	1,429	3,425	1996	GREEN
Unplanned financial benefits	3,851	3,209	3,051	(158)	GREEN
Balance sheet opportunities	1,320	1,240	6,662	5422	GREEN
	10,300	**8,878**	**16,138**	**7,260**	
Other					
Reducing unwarranted variation	209	192	0	(192)	RED
Whole system integration opportunities	210	193	0	(193)	RED
	419	**384**	**0**	**(384)**	
Total	**25,000**	**22,554**	**24,612**	**2,059**	

2023/24: progress against 3% recurring target	Plan £m	Actual £m	Balance £m
Set Aside & non-delegated services			
Workforce	3.586	0.576	3.010
Procurement & Contracts	0.400	0.107	0.293
Prescribing	1.572	0.791	0.781
Estates & Infrastructure	0.697	0.000	0.697
Income Generation	1.465	0.611	0.854
Slippage on developments/unplanned financial benefits	2.280	0.565	1.715
Total Set Aside & non-delegated services	**10.000**	**2.650**	**7.350**
Delegated services (IJBs)			
Clacks/Stirling IJB			
Primary Care Prescribing	1.700	0.671	1.029
Community Healthcare Services	1.001	0.200	0.801
	2.701	0.871	1.830
Falkirk IJB			
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**	**3.642**	**11.072**

Scottish Government 3% total recurring target	18.932
Variance from target	(4.218)

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2024

8.2 National Treatment Centre – Forth Valley: Progress Update
For Assurance

Executive Sponsor: Mr Scott Urquhart, Director of Finance (Project Senior Responsible Owner (SRO))

Authors: Mr Jonathan Procter, NTC Programme Support; Mrs Morag Farquhar, Director of Facilities; Mrs Laura Crockert, PMO Programme Lead; Mr David Cairns, Project Manager .

Executive Summary
This paper provides an update on the progress of the National Treatment Centre – Forth Valley.

The recent Scottish Government decision, widely reported in the media, to pause the construction of new building projects across NHS Scotland, including several planned National Treatment Centres, will fortunately not have an impact on the Forth Valley project.

While the new 30 bedded modular ward building is largely complete, work continues to address several outstanding technical issues and recommendations made by NHS Scotland Assure (NHSS A). As previously noted, the project must achieve 'supported status' in agreement with NHSS A in order to open the new facility to the public. At present, the Full Business Case (FBC) and construction phase Key Stage Assurance Reviews (KSARs) have been completed, with two further stages, Commissioning and Handover, to come.

Good progress has been made in addressing many of the issues highlighted by NHS Scotland Assure in their previous review reports. While most of the recommendations have been completed, a few complex issues/ defects relating to the installation of pipework and fire safety compliance arrangements remain to be finalised. Once agreed approach to these issues has been finalised, a revised programme for opening the new ward will be developed, taking into account any design or structural changes required. Until the solutions are agreed, it is not possible to accurately forecast final completion and operational dates.

Despite the construction delays, NHS Forth Valley is continuing to treat a significant number of patients from other Health Boards with the support of the two additional operating theatres, MRI scanner and workforce already in place.

Recommendations
The NHS Board is asked to: -
- **note** the sustained effort by the National Treatment Centre project leads to secure solutions to address the outstanding NHS Scotland Assure recommendations.
- **note** the risks and work in relation to the fire safety and pipework compliance issues.
- **note** the ongoing work to progress the treatment of patients in advance of the completion of the new facility.

Assurance

Proposed assurance level:

Level of Assurance	System Adequacy	Controls
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.

A limited level of assurance has been reported because of the complex contracting arrangements in place which require Forth Health Limited to deliver a safe and compliant facility to NHS Forth Valley. To date, project delays have prevented staff from working in their substantive posts but has supported the delivery of mutual aid to other Board areas, securing the required activity levels. It has also, however, prevented the team from supporting other initiatives. Given the complex contractual arrangements and that NHS Forth Valley's ability to alter or influence the current situation is limited, the assurance offered must be restricted too. Actions to seek solutions and mitigate further delay continue to be prioritised by the NHS project team in liaison with Forth Health Limited, NHS Scotland Assure, Scottish Government and relevant advisors.

Inevitably, programme delays have increased project costs, to maintain Legal/Technical Advisor inputs and insurance costs over the short to medium term, which are being managed within the project's current year capital allocation. Given the programme uncertainty there is a risk of further cost increases and this continues to be closely monitored by the NHS project leads and finance colleagues along with Scottish Government Colleagues.

Key Issues to be Considered
Forth Health Limited are contracted to deliver a compliant National Treatment Centre 30 bed facility to NHS Forth Valley, via a Variation to the existing PPP (Public Private Partnership) contract. As such, NHS Forth Valley have no direct contractual relationship with the design and build contractor; all communication is via Forth Health Limited and Currie & Brown as their Agent.

Programme
The latest programme received from Forth Health Limited, Revision 30, indicated a Practical Completion date of 19 March 2024. This date, however, excluded any remedial works in relation to the installation of pipework and fire safety compliance and, therefore, will not be achieved. An updated programme will be required upon the finalisation of the arrangement to resolve the current issues.

The revised programme will require to take into account the final two KSARs and the Practical Completion date, when the Contractor has completed the ward to a satisfactory standard, will determine when certain technical commissioning activity can commence.

The Commissioning KSAR should commence in advance of Practical Completion and take around seven weeks to complete. The Clinical Commissioning period of around four weeks, will run concurrently with both the Commissioning and Handover KSARs, the latter expected to take one week. The outcome being, all progressing well and 'supported status' being achieved, that the ward will open some four weeks after Practical Completion.

Main Design/Installation Issues

Installation of Pipework

The current installation of the domestic water pipework, specifically its insulation, is non-compliant with the relevant British Standard and Scottish Health Technical Memorandum (SHTM) as assessed by NHS SA, NHS Forth Valley and their Technical Advisors and also Forth Health Limited. The concern is that moisture will be able to access and corrode the pipework leading to failure at some unspecified time.

Work has been ongoing to review and risk assess the installation along with any mitigating measures, the conclusion from both internal and external advisors being that the latter does not satisfactorily mitigate the risk and the defect is required to be rectified and this has now been fed back to Forth Health.

Further, there have been concerns regarding the sizing of the incoming domestic water pipework, review indicating that it may be too large (wide) for the purpose and, therefore, at risk of encouraging bacteria to gather. Calculations are awaited for the existing water pump from Forth Health Limited to provide evidence to alleviate these concerns.

Fire Safety Compliance

The review of the current design and construction has raised concerns regarding fire safety compliance, specifically the potential in the event of a fire for materials used to emit smoke and flame and for these to transfer between 'compartments'. This could compromise the integrity of the structure and the process of internal evacuation which is standard in hospital buildings.

All parties, including Falkirk Council's Building Standards department, are working collaboratively to identify a solution to the concerns raised and meetings as recent as the 13 March are now focussing on working up the detailed solution aimed at satisfying the compliance and safety concerns. The Health Board have been advised by Portakabin that a draft detailed proposal is expected in early April and the multi-agency group will convene to discuss and agree next steps.

Rectification of the issues outlined above will have implications for programme and potentially cost, which are unknown at present until the solutions are agreed.

KSAR Action Plan

The NHS project team leads continue to meet weekly with NHSS A to monitor progress and provide a comprehensive project update with a view firmly on securing confirmation of the Commissioning KSAR. With the most recent assurance feedback it has been clarified the open actions need to significantly reduce before the next stage of the process can be considered. There are excellent working relationships between the NHS Forth Valley and NHSS A teams which has facilitated additional support by way of workshops to assist in identifying the information requirements to close actions. These workshops took place during February 2024 with all parties now actively seeking to collate the evidence identified and make significant progress by mid-April 2024 if not before.

In addition to the weekly principal calls with NHSS A, there are weekly KSAR action tracker workshops attended by NHS Forth Valley, Forth Health Limited and their contractor to monitor action owners, timescales, and progress. These will continue until all actions are concluded.

From an original starting point of 214 actions to resolve, good progress has been made over the period dealing with these, meaning that as of March 2024 there are 68 actions remaining to be resolved with 10 of these actions passed to NHS Assure for their assessment leaving a net position of 58 actions in progress.

It should be noted that this report is a snapshot at a point in time and these open action numbers may fluctuate up or down depending on the outcome of the NHS Assure review of the additional evidence submitted.

An overview of the action status as at 13 March 2024 is provided below:

Actions by Stage

Stage	Complete %	Incomplete %	NHSSA Assurance Provided %	NHSSA Assurance Requested %	Remaining Actions
FBC	79%	21%	74%	4%	31
Construction	63%	38%	57%	6%	27

Actions by Element

	Governance	Water	Ventilation	Electrical	Medi Gas	Fire	IPC	Actions Summary
Total	5	15	13	6	7	11	2	58

Approximately 15 (26%) of the outstanding actions are pending the satisfactory resolution of the Fire Safety Compliance and installation of Pipework issues mentioned above.

The next NHS Assure KSAR process will be the Commissioning KSAR and will proceed when the majority of FBC and Construction KSAR actions are closed, with full assurance secured. The NHS project team are continuing to work closely with NHSS A colleagues and would like to acknowledge appreciation for all the support and guidance received to date.

It is worthy of note that the project is required to achieve overall 'supported' status from NHS Assure prior to being open to patients and public.

Operational Arrangements
Given the delay in completion of the new ward facility, NHS FV have utilised the previously commissioned new theatres and NTC funded workforce capacity to provide support to other NHS Boards across a range of medical and surgical specialties.

A plan to access temporary bed space on the FVRH site which will provide 60% of the activity agreed for NTC-FV, has been developed and put in place in March. This plan will be determined by the pressures for unscheduled care on site and access to beds across the site. This temporary move will allow the team to be established in a reduced footprint and pilot the patient pathway prior to acceptance of NHSGGC patients into this area.

A detailed update on the NTC workforce position was presented to the Staff Governance Committee on 15th March 2024. Colleagues who were originally employed for the NTC-FV unit have been redeployed to other areas awaiting the opening of the building. Some staff are

carrying out similar duties within orthopaedics for NHSFV patients and other staff are currently in areas out with orthopaedics. The opening of the temporary bed space for NTC-FV will allow the NTC team to form and build working relationships and embed processes to ensure smooth transition into the new building.

Facilities Management Minute of Amendment (FM MoA)
The FM MoA is the final part of the legal documentation required for the project, a draft is in circulation and currently under consideration by all parties. Initial mobilisation and lifecycle costs were provided by Forth Health Limited, following consultation with Serco, and these have been reviewed by NHS Forth Valley resulting in a significant volume of queries being raised; a response is awaited form Forth Health Ltd on these.

The FM MoA must be concluded prior to the stable Practical Completion date, this will require Forth Health Limited to secure Lenders' Approval which can take several months, therefore, this action is now on the critical path, representing another area for which NHS project leads are actively seeking progress and undertaking assessments, in addition to the various actions already outlined above.

Implications

Financial Implications
Capital and Revenue funding arrangements for NTC have been confirmed with Scottish Government for 2023/24. Capital costs currently remain within planned expenditure levels however further ongoing delays to the project Practical Completion date will incur additional Technical Advisor, Legal Advisor, and insurance fees. There is regular communication with finance colleagues at Scottish Government to understand and update on any cost implications. It should be noted there are no anticipated additional costs to the NHS Board for the rectification of defects.

Workforce Implications
The NTC workforce plan has been finalised, agreed and all recruitment undertaken with the workforce supporting pathway development, testing and mutual aid. There has been natural turnover since the initial appointments with any vacant posts being recruited to as soon as possible.

Infrastructure Implications including Digital
There are no specific infrastructure implications including digital implications in relation to this paper not already covered.

Sustainability Implications
There are no specific sustainability implications in relation to 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

Quality / Patient Care Implications
There are no specific quality / patient care implications in relation to this paper. The NHS project team, supported by NHS Scotland Assure, will ensure that the facility is safe and compliant before any patient access. The required patient activity is being evidenced via the

mutual aid with interim arrangements being implemented to have a dedicated National Treatment Centre area within the existing Forth Valley Royal Hospital footprint while the modular ward construction is completed.

Information Governance Implications
There are no specific information governance implications in relation to this paper. Work to test processes and system functionality to ensure patient care is seamless between Board areas is progressing through the Acute Services National Treatment Centre Operational Group with escalation via the Executive Leadership Team if necessary.

It is also noted that the Boards share data between them as per the Scottish Accord for sharing Healthcare data.

Risk Assessment / Management
A detailed risk assessment for the Programme has been developed which is scored for likelihood and impact, including mitigation, with monthly reviews scheduled. This document is held by Currie & Brown as Forth Health Limited's Employer's Agent who are delivering the project for NHS Forth Valley. Given the slippage in the project timeline and the inability to open the facility if the project remains unsupported by NHS Scotland Assure, the NHS project team have included a risk on the Corporate Risk Register which is regularly reviewed.

Delivery of the programme to timescales and budget may be impacted by:
- The recommendations of the NHS Scotland Assure KSAR processes.
- Defect rectification.
- Availability of multiple sub-contractors to align with any revised programme given the slippage in time.
- Legal/contractual issues.

Relevance to Strategic Priorities
The overall programme will deliver:
- Increased capacity to meet the national demand for elective treatments.
- Reductions in waiting times for elective treatments – progress towards meeting national waiting time standards.
- Sustainable future model of elective surgery.
- Repatriate Forth Valley patients from the Golden Jubilee National Hospital to Forth Valley Royal Hospital.

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
Extensive staff engagement has taken place with a wide range of stakeholders whose involvement is ongoing as part of the NHS project team with representation from; Acute Services, Infection Prevention and Control, Health and Safety, Allied Health Professionals, Pharmacy, Estates & Capital Planning, Digital. There is regular communication between the

Acute Services National Treatment Centre Operational Group and the project leads progressing the construction element of the programme.

Additional support has been commissioned in the form of Authorising Engineers, Technical and Cost Advisors, Legal Advisors

As a result of the complex contracting arrangements the NHS project team liaise closely with Forth Health Limited in conjunction with Currie & Brown.

A communication and governance organogram has been implemented that highlights the strategies and relationships for the construction and commissioning processes.

In addition, there is regular contact with NHS Scotland Assure who, in addition to providing assurance to the Scottish Government are providing advice and support to the project team.

Additional Information
There is no other relevant information in respect of this paper.

Appendices
None

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2024

8.3 Best Value Framework 2023
Seek Assurance

Executive Sponsor: Mr Scott Urquhart, Director of Finance

Author: Ms Kerry Mackenzie, Head of Policy & Performance

Executive Summary
The Framework is intended to illustrate the arrangements by which the Board of NHS Forth Valley ensures it can demonstrate continuous improvement in performance whilst maintaining a balance between quality and cost. In making these arrangements and securing the balance the NHS Board has had regard to the economy, efficiency, effectiveness, equal opportunities, and sustainability.

The Best Value Framework summary is presented to illustrate the breadth of work undertaken in support of Best Value arrangements.

Recommendation
The Forth Valley NHS Board is asked to:

- **consider** the detail within the Best Value Framework Summary

Assurance
Proposed assurance level:

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

A reasonable level of assurance has been reported on the basis that NHS Forth Valley broadly demonstrates delivery of its Best Value obligations as evidenced within the paper.

Key Issues to be considered

Key issues and actions are detailed within the NHS Forth Valley Best Value Framework at appendix 1.

Implications

Financial Implications
There are no specific implications in respect of this report.

Workforce Implications
There are no specific implications in respect of this report.

Infrastructure Implications including Digital
There are no specific implications in respect of this report.

Sustainability Implications
Sustainability is considered as a cross-cutting theme within the Best Value Framework.

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 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
No risk assessment has been undertaken in respect of this report.

Relevance to Strategic Priorities
Best Value is core to the ethos of NHS Forth Valley as a Public Sector organisation in ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.

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.
- Note that Equality is a cross-cutting theme detailed within the paper.

Communication, involvement, engagement, and consultation
The Best Value Framework will be considered at the Audit and Risk Committee on 22 March 2024.

Additional Information
Nil

Appendices

- **Appendix 1**: NHS Forth Valley Best Value Framework

NHS FORTH VALLEY
BEST VALUE FRAMEWORK

INTRODUCTION

The purpose of this paper is to provide an update on the Best Value Framework and supporting evidence for NHS Forth Valley. This is based on national guidance issued in March 2011 of Best Value in Public Services Guidance for Accountable Officers and on Best Value Framework reviewed by the national Corporate Governance and Audit Group.

The duty of Best Value is:
- to make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost; and, in making those arrangements and securing that balance.
- to have regard to economy, efficiency, effectiveness, the equal opportunities requirements and to contribute to the achievement of sustainable development.

The refreshed guidance regroups the previous nine characteristics of Best Value into five themes:
- Vision and Leadership.
- Effective Partnerships.
- Governance and Accountability.
- Use of Resources.
- Performance Management.

In addition, there are two cross cutting themes:
- Equality; and
- Sustainability.

KEY ISSUES

This framework is based on the concept that Best Value is simply the coordination and regulation of good governance and good management and therefore existing governance processes should be utilised wherever possible. Best Value, by its very nature, encompasses all aspects of NHS Forth Valley's operations and governance structures. There is a variety of evidence to support Best Value across the organisation with this document describing some of the measures and identifying the Assurance Committee or Executive responsible for providing leadership and governance in support of the relevant characteristic of Best Value.

Forth Valley aims to embed quality at all levels throughout the organisation using models of continuous improvement. The ethos in Forth Valley is that quality is everyone's business with the links between frontline services to the Board. In July 2021, The Quality Strategy 2021-2026 was approved by Forth Valley NHS Board. It sets out the principles of approach, and tools to help Health and Social Care Partnership teams and services to deliver the National Health and Wellbeing Outcomes. Our Quality Management System is designed to support a coordinated a consistent approach to quality and consists of Quality Planning, Quality Assurance and Quality Improvement.

In support of Good Governance, assurance mapping work is ongoing which aims to deliver an effective and efficient framework that provides continuous and reliable evidence of assurance on NHS Forth Valley's stewardship and the management of the strategic risks. A suite of

supporting documents is in place including the Performance Management Framework, Risk Management Strategy, and the Code of Corporate Governance.

A programme of focussed reviews in relation to strategic risks commenced in October 2021 with the finance risk examined in detail at the Performance & Resources Committee. This work was paused in 2022 however recommenced in December 2022 with the Cyber Risk examined at the Performance & Resources Committee. A programme of focussed review aligned to Assurance Committees functions was undertaken in 2023 supported by the Corporate Risk Manager and Risk Management Team. These will continue into 2024/2025 with the programme agreed.

Formal forward planners have been developed and are in place for all Board Assurance Committees linking the Terms of Reference to the agenda and activities of the Committee ensuring it fulfils its remit. The focussed reviews of Strategic Risks are referenced within these documents.

VISION AND LEADERSHIP

This focuses on how a best value organisation achieves an open and inclusive leadership style. This will be demonstrated by having a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
Executive and Non-Executive leadership are involved in setting clear direction and organisational strategy with a mechanism for internal scrutiny of performance and service outcomes	The Annual Operational Plan is agreed by Forth Valley NHS Board along with supporting strategies.	NHS Board Performance & Resources Committee	Annual/ Bi-monthly Bi-monthly	Annual Delivery Plan 2023/24. Draft Medium-Term Plan. Quarterly Annual Delivery Planning Template to Performance & Resources Committee. Quarterly updates submitted biannually per Scottish Government guidance. Performance Scorecard to NHS Board and Performance & Resources Committee bi-monthly (alternate months). Note Performance Scorecard reviewed in November and now

				Performance Report (this incorporates the scorecard). High level performance update circulated to Board members on a weekly basis. Board Self-Assessment Undertaken in September 2023. Actions mapped to the review of Corporate Governance undertaken in 2023 and aligned to the Assurance and Improvement Plan.
Strategic priorities are agreed, reviewed, and updated on a regular basis and leaders communicate the strategy to all staff and stakeholders and ensure that it is translated into meaningful actions and outcomes.	Structure around Executive Leadership Team, Programme Boards and the Whole System Leadership Team are in place to support delivery of the Healthcare Strategy.	NHS Board Programme Boards Executive Leadership Team Whole System Leadership Team	Programme boards reinstated throughout 2022. Monthly	Performance & Resources Committee. Progress has been made with refreshing the healthcare strategy, including completion of a stocktake of the extant Strategy: Shaping the Future 2016-2021, identifying the key themes and priorities for inclusion in the refreshed strategy. The Strategy development has been refocussed to ensure a Population Health approach with senior clinical leadership in place. Strategy Working Group has been established. Whole System Leadership Team workshop held in December 2023 focussing on creating the culture and vision and defining the priorities, with a view to the financial and workforce implications and constraints. Revised timeline to be

| | | | | agreed (NHS Board March 2024).

Corporate Communication Strategy.

Regular staff briefings. |
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| Executive and Non-Executive leadership and senior managers have developed a vision of how Best Value contributes to achieving effective outcomes for the organisation and that this is communicated clearly in relevant corporate and operational documents. | Annual Delivery Plan implemented as the key document defining NHS Forth Valley's objectives with the ethos of Best Value at its core. | NHS Board

Board Assurance Committees

Executive Leadership Team

Whole System Leadership Team | Annual | Annual Delivery Plan 2023/2024.

Draft Medium-Term Plan.

Quarterly Annual Delivery Planning Template submitted biannually per Scottish Government guidance.

Document published on NHS Forth Valley website.

Board and Assurance Committee Papers. |
| Both the setting of priorities and the assessment of performance are undertaken transparently and openly. | Forth Valley NHS Board conducts its business in public. | NHS Board | Bi-monthly | Normally 6 Board meetings held throughout the year in public.
Board meetings have returned to being held in person following restrictions imposed by the pandemic.

Assurance Committee minutes presented to NHS Board meetings.

All relevant documentation and papers published on the NHS Forth Valley Website. |
| Executive and Non-Executive leadership ensure accountability and transparency through effective performance reporting for both internal and external stakeholders and that there is a willingness to be open to external scrutiny, for example, through formal external accreditation tools. | Forth Valley NHS Board fulfils its role in terms of ensuring scrutiny of organisational performance | NHS Board

Board Assurance Committees | Bi-monthly

Minimum of quarterly | Performance Scorecard to NHS Board and Performance & Resources Committee.
Note Scorecard reviewed in November and now Performance Report.

Forth Valley NHS Board papers |

				published on the NHS Forth Valley Website. Audit colleagues in receipt of Performance & Resources Committee papers. Internal and External Audit represented at the Audit & Risk Committee.
Executive and Non-Executive leadership demonstrate a commitment to high standards of probity and propriety and that the organisation has, and implements, appropriate codes of conduct for all staff, directors, and trustees.	NHS Forth Valley staff live the organisations values and behaviours for success and champion work to ensure staff feel and are supported in carrying out all aspects of their role.	NHS Board Staff Governance Committee Executive Leadership Team Whole System Leadership Team	Bi-monthly Quarterly Weekly Monthly	Code of Corporate Governance incorporating Code of Conduct. Grievance Policy. Whistleblowing Arrangements. Speak Up initiative. NHS Forth Valley Values: Person Centred, Respectful, Integrity, Committed Team Member, Ambitious & Supportive.
The organisation has a strategy with realistic and achievable objectives and targets which are matched to their financial, asset base and other resources and which is explicitly translated into clear responsibilities for implementation.	NHS Forth Valley works to ensure that targets and objectives are agreed and supported by the necessary resources and that these are managed appropriately to ensure delivery of objectives.	NHS Board Performance & Resources Committee Staff Governance Committee Executive Leadership Team Whole System Leadership Team	Annual	5-year Financial Plan 2023/24 – 2027/28. Savings Plans - savings schemes and associated governance arrangements are in line with the four aims of the Scottish Government's new Sustainability and Value Board. As we move into financial year 2024/25 a system-wide Finance Sustainability Programme has been developed. Workforce Plan. Property & Assets Management Strategy noting the Whole System Infrastructure Planning approach will be developed in

| | | | | line with Scottish Government guidance. Guidance received January 2024.

The Digital Health and Care Strategy 2023/27. Better insight, improved outcomes: a Strategic Framework for data and information in NHS Forth Valley 2023/27. |
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| Statements, strategies and plans clearly show a systematic approach by the organisation towards risk management. | NHS Forth Valley assesses and manages its risks at the appropriate level within the organisation ensuring that appropriate plans are in place to mitigate such risks.
Strategic level risks are highlighted to the NHS Board. | NHS Board

Board Assurance Committees

Executive Leadership Team

Whole System Leadership Team

Programme Boards | Quarterly | Strategic Risk Register.

NHS Forth Valley Risk Register Guidance

Risk Management Strategy 2022-2025

Strategic Risks are aligned to Board Assurance Committees to enable appropriate oversight and scrutiny. Strategic Risk Register presented to NHS Board and Assurance Committees including Audit & Risk Committee. |
| There are clear statements about how the organisation is working with partner organisations to provide joined up services that meet stakeholder and community needs in the most effective manner, including through Community Planning Partnerships where relevant. | NHS Forth Valley encourages and supports staff to work in partnership with external agencies for the benefit of patients and stakeholders. | NHS Board

Performance & Resources Committee

Executive Leadership Team

Whole System Leadership Team | Bi-monthly Community Planning Partnership updates to Performance & Resources Committee | Progress has been made with refreshing the healthcare strategy, including completion of a stocktake of the extant Strategy: Shaping the Future 2016-2021, identifying the key themes and priorities for inclusion in the refreshed strategy. The Strategy development has been refocussed to ensure a Population Health approach with senior clinical leadership in place. Strategy Working Group has been established.
Whole System Leadership Team |

| | | | | workshop held in December 2023 focussing on creating the culture and vision and defining the priorities, with a view to the financial and workforce implications and constraints. Revised timeline to be agreed (NHS Board March 2024).

Work with the three Community Planning Partnerships in Forth Valley.

Community Planning Partnership Strategic Plans: Falkirk SOLD, Clackmannanshire Local Outcome Improvement Plan, Stirling Local Outcome Improvement Plan. |
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| There are mechanisms within the organisation to develop leadership skills and that Executive and Non-Executive staff in leadership roles have the key skills and exhibit the behaviours which make them highly effective. | All staff receive an annual appraisal and have a personal development plan in place. Non-Executives receive appropriate induction, development, and support. | NHS Board

Staff Governance Committee | Bi-monthly

Quarterly

Ongoing | TURAS Appraisal.

iMatter.

Learning Zone – NHS Forth Valley Intranet.

NHS Forth Valley Training Events.

Our People Strategy.

Leadership and Management Development Programme.

Talent Management and Succession Plan.

Non-Executive induction pack reviewed per guidance from Scottish Government. |
| There is an explicit and systematic approach to integrating continuous improvement into everyday working practices and involving all staff in developing the organisation's approach to Best Value. | NHS Forth Valley supports staff to ensure they have the skills and knowledge to embed continuous improvement into | NHS Board

Board Assurance Committees

Executive Leadership Team | Bi-monthly

Ongoing | Shaping the Future NHS Forth Valley Healthcare Strategy remains extant – current focus on NHS Forth Valley's 10 priorities however stocktake of current |

	their working practices.	Whole System Leadership Team		Healthcare Strategy undertaken with work to determine vision and priorities underway. • Prevention • Person-Centred • Inequalities • Personal Responsibility • Closer To Home • Partnership Working • Planning Ahead • Minimising Delays • Reducing Variation • Workforce The Strategy development has been refocussed to ensure a Population Health approach with senior clinical leadership in place. Whole System Leadership Team workshop held in December 2023 focussing on creating the culture and vision and defining the priorities. Corporate Programme Management Office model with links to Strategy, Savings, Sustainability and Forth Valley Quality.

EFFECTIVE PARTNERSHIPS

The 'Effective Partnerships' theme focuses on how a Best Value organisation engages with partners in order to secure continuous improvement and improved outcomes for communities, not only through its own work but also that of its partners.

A Best Value organisation will show how it, and its partnerships, are displaying effective collaborative leadership in identifying and adapting their service delivery to the challenges that clients and communities face. The organisation will have a clear focus on the collaborative gain which can be achieved through collaborative working and community engagement in order to facilitate the achievement of its strategic objectives and outcomes.

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
An organisational culture which recognises the value of working with wider stakeholders and partners to achieve more effective and sustainable policy development, better services, and customer-focused outcomes.	NHS Forth Valley actively works with IJBs in respect of delivering their Strategic Plans. Active participation in Regional Planning, predominantly West of Scotland however some services are aligned to South East & Tayside Regional Planning Group.	NHS Board IJBs Health & Social Care Partnerships Director of Public Health Executive Leadership Team Whole System Leadership Team	Ongoing	Membership on, and attendance at various groups including. Strategic Planning Group. Community Planning Partnerships. Directors of Planning Collaborative. National Directors of Public Health meetings. Forth Valley University College NHS Partnership. NHS Forth Valley Anchor Strategic Plan 2023 – 2026. Anchor Board. Work undertaken to take this forward regionally with agreement there will be a Forth Valley wide Anchor Institute led by the Chief Executives of the 3 Local Authorities and the Chief Executive of NHS Forth Valley. Minutes of meetings including IJBs. Anchor and CPP updates to NHS Board.

Leaders and senior managers actively encourage opportunities for formal and informal partnerships, including through joint use of resources and joint funding options, where this will offer scope for improvement in outcomes, as well as continuous improvement in organisational performance.	Joint working is encouraged as the norm in terms of service developments. In support of efficiency saving opportunities, this is supported by joint funding bids, and joint funding across organisations where appropriate	NHS Board Executive Leadership Team Health & Social care partnerships IJBs Community Planning Partnerships	Ongoing	IJB Performance Reports. Integration Schemes – pan Forth Valley review underway. Minutes of meetings. Funding applications. Community Planning Partnership Local Outcome Improvement Plans. Clackmannanshire & Stirling Health & Social Care Partnership Strategic Commissioning Plan 2023/2033. Falkirk Health & Social Care Partnership Strategic Plan 2023/2026. Forth Valley University College NHS Partnership. Anchor Board. Work undertaken to take this forward regionally with agreement there will be a Forth Valley wide Anchor Institute led by the Chief Executives of the 3 Local Authorities and the Chief Executive of NHS Forth Valley.
The organisation is clear about the intended outcomes and likely impacts of partnership working and that it has identified, and is sensitive to, the needs of the potentially different communities it and its partners serve.	NHS Forth Valley works with partner agencies to ensure that all populations receive the same advantages ensuring that the diverse population is provided for.	NHS Board Whole System Leadership Team Executive Leadership Team Director of Public Health.	Ongoing	Fair For All Group. Nursing & Midwifery Strategy. Person Centred Health & Care Strategy. Clinical and Care Governance Committees. Community Planning Partnership Local Outcome Improvement Plans.

| | | | | Clackmannanshire & Stirling Health & Social Care Partnership Strategic Commissioning Plan 2023/2033.

Falkirk Health & Social Care Partnership Strategic Plan 2023/2026.

Anchor Board. Work undertaken to take this forward regionally with agreement there will be a Forth Valley wide Anchor Institute led by the Chief Executives of the 3 Local Authorities and the Chief Executive of NHS Forth Valley. |
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| Partnership plans have agreed a set of measures and targets to track progress and can clearly demonstrate (and regularly reports on) the impact of, and the outcomes from, any partnership working. | NHS Forth Valley works with local authority colleagues in terms of measuring and monitoring the performance of all joint activities including Integration Joint Boards, Community Planning Partnerships. | NHS Board

IJBs

Executive Leadership Team

Whole System Leadership Team | Ongoing | Community Planning Partnership Updates received by the NHS Board.

IJB Performance Reports.

NHS Forth Valley Performance Reports to Performance & Resources Committee and NHS Board.

Ongoing development of partnership portals in Pentana linking to Local Authorities. |
| Where the partnership is involved in joint delivery, governance arrangements include:
 (a) agreeing appropriate respective roles and commitments and areas of collective responsibility;
(b) integrated management of resources where appropriate;
(c) effective monitoring of collective performance; and
(d) joint problem-solving and learning. | Clear governance arrangements are in place or being finalised, with reporting to relevant committees detailing the performance management and governance position. | NHS Board

IJBs

Health & Social Care Partnerships

Executive Leadership Team

Whole System Leadership Team | Ongoing | Joint performance reports to IJBs.

NHS Forth Valley Performance Reports to Performance & Resources Committee and NHS Board.

Directorate Reviews.

Integration Schemes.

Clinical and Care Governance Committees. |

				Ongoing development of partnership portals in Pentana linking to Local Authorities.
Where appropriate, the organisation participates effectively in Community Planning Partnerships and other joint working initiatives, working openly to agreed objectives, performance management and reporting mechanisms and integrating these into local planning mechanisms to deliver outcomes. The organisation seeks to explore and promote opportunities for efficiency savings and service improvements through shared service initiatives with partners.	NHS Forth Valley participates in Community Planning with all relevant partners and supports the activities of the Community Planning Partnerships in delivering their plans in respect of improving outcomes for the local population, whilst exploring opportunities to ensure that appropriate efficiencies are made.	NHS Board and partner organisations IJBs Health & Social care partnerships Director of Public Health & Strategic Planning Executive Leadership Team Whole System Leadership Team	Ongoing	IJB meeting papers. Community Planning Partnership Updates received by NHS Board. Community Planning Partnership Local Outcome Improvement Plans.
Leaders address impediments and barriers which inhibit integrated approaches to joint funding and joint management of activities with internal and external partners and undertake appropriate engagement (including with the Scottish Government) where this would help promote more effective use of resources and better value for money.	NHS Forth Valley is working with partners to ensure that any barriers to joint funding and management are minimised by ensuring a shared vision, common language, and ongoing dialogue	NHS Board HSCP Chief Officers Director of Finance Chief Finance Officers IJBs Performance & Resources Committee Executive Leadership Team	Ongoing	IJB meeting papers including Finance Report. NHS Board meeting papers including Finance Report. Corporate Programme Management Office projects.

GOVERNANCE AND ACCOUNTABILITY

The 'Governance and Accountability' theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities, and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities, and relationships within the organisation. Good governance arrangements informed by the 'Blueprint for Good Governance' will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisation's activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
The organisation has developed a corporate plan which is focussed on the successful delivery of outcomes, takes account of statutory responsibilities, and is translated into specific actions to be carried out at both corporate and operational levels to achieve those outcomes.	The Annual Delivery Plan is agreed by Forth Valley NHS Board along with supporting strategies.	NHS Board Performance & Resources Committee Executive Leadership Team Whole System Leadership Team	Monthly Ongoing	Corporate Plan and Corporate Objectives 2023/2024 approved by NHS Board in March 2023. Annual Delivery Plan 2023/2024.
Plans, priorities, and actions are informed by an understanding of the needs of its stakeholders, citizens, customers, and employees.	NHS Forth Valley has identified its stakeholders and works with them to ensure shared understanding and goals.	NHS Board IJBs Health & Social Care Partnerships Clinical Governance Committee. Staff Governance Committee Executive Leadership Team Whole System Leadership Team	Ongoing	Safe Delivery of Care work in response to HIS reports. Person Centred Health Care section on NHS Forth Valley Intranet. NHS Forth Valley Complaints Handling Procedure. Care Opinion. Workforce Plan. Staff Governance Standards.

				Communications section of NHS Forth Valley Website and Intranet. Communications Framework 2023 – 2028.
Decision-making processes are open, transparent, and clearly based on evidence that can show clear links between the activities and the outcomes to be delivered to customers and stakeholders.	NHS Forth Valley has a clear structure of delegation and decision making.	NHS Board Board Assurance Committees	Ongoing	NHS Board papers. Assurance Committee papers. Code of Corporate Governance.
The approach to Public Performance Reporting is balanced, enabling the discharge of statutory requirements together with provision of concise, relevant, and accessible reporting of information that is useful for the public and other stakeholders, including information on use of financial resources.	To ensure transparency, NHS Forth Valley Board meets in public bi-monthly with meeting papers published on the NHS Forth Valley website.	NHS Board	Bi-monthly	Availability of NHS Board papers: - On website - At public meeting 2023 Annual Review follow up letter from the Cabinet Secretary for NHS Recovery, Health and Social Care was presented to the NHS Board in January 2024 and published on the website. Recording of the public session of the Annual review posted on the website.
Where delivery is through others, a robust framework of corporate governance is in place to manage that delivery which sets out roles and responsibilities, objectives and outcomes and a process for performance and risk management and reporting.	Integration Joint Boards meet as per their meeting schedule but no less than quarterly with meeting papers published on the respective websites.	NHS Board IJBs	Ongoing	Integration Schemes – pan Forth Valley review underway. Partnership Updates to the NHS Board – biannually. IJB Directions.
The organisation has a framework for planning and budgeting that includes detailed and realistic plans linked to available resources together with an effective system for financial stewardship and reporting in order to achieve the organisation's goals, ensure appropriate financial governance, deliver high-quality and efficient services and ensuring continuous improvement in both performance and delivery of outcomes.	NHS Forth Valley has a robust financial plan in place which links to all activities across health and social care.	NHS Board Performance & Resources Committee Executive Leadership Team Strategic Prioritisation Review and Implementation Group (SPRIG)	Ongoing	5-year Financial Plan 2023/24 – 2027/28. Savings Plans - savings schemes and associated governance arrangements are in line with the four aims of the Scottish Government's new Sustainability and Value Board. As we move into financial year 2024/25 a

				system-wide Finance Sustainability Programme has been developed.
				Cost Improvement Programme.
				Corporate Programme Management Office projects.
				Finance Reports received by NHS Board and Performance & Resources Committee.
				Finance focus at Executive Leadership Team.
				Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update to Performance & Resources Committee.
				Strategic Prioritisation Review and Implementation Group – process developed to support improved decision making around developments. Led by Director of Public Health.
Organisational budgets and other resources are allocated and regularly monitored to ensure that they are not only delivering agreed objectives but also (crucially) outcomes in a manner which is keeping a suitable balance between cost, quality, and price in making the best use of resources.	The NHS Board, its Committees and the IJB work together to ensure that the decision-making process is evidence based and has clear links to activity and outcomes.	NHS Board IJBs	Ongoing	Finance and Performance Reports received by NHS Board and IJBs. NHS Board and IJB meeting papers. Cost Improvement Programme.
The organisation has a robust framework of corporate governance to not only manage delivery of, and reporting on, outcomes but also provide assurance (using quantitative as well as qualitative indicators) to relevant stakeholders that there	NHS Forth Valley has a robust framework of governance to provide assurance to relevant stakeholders that	NHS Board Board Assurance Committees	Annual	Forth Valley NHS Board Annual accounts and performance report. Assurance and Improvement Plan actions aligned to

are effective internal control systems in operation which comply with the SPFM and other relevant guidance.	there are effective internal control systems in operation			Review of Corporate Governance undertaken in 2023. Assurance Committee Annual Reports.
The approach to external accountability is supported by its governance arrangements, including an Outcomes Based Approach continually improving the clarity of reporting structures, responsiveness, and accessibility for all stakeholders	The Annual review was held on 20 November 2023 and was chaired by the Cabinet Secretary for NHS Recovery, Health, and Social Care. The meeting was attended by NHS Forth Valley Chair, Chief Executive and Executive Leadership Team. The meeting was held in public and via MS Teams.	NHS Board Health & Social Care Partnerships Executive Leadership Team	Annual	Forth Valley NHS Board Annual accounts and Performance report. 2023 Annual Review follow up letter from the Cabinet Secretary for NHS Recovery, Health and Social Care was presented to the NHS Board in January 2024 and published on the website. Recording of the public session of the Annual review posted on the website.
The organisation regularly conducts review and option appraisal processes of all areas of work that are rigorous and transparent and develop improvement actions which are clearly described, readily understood, clearly explained in terms of importance, relevance, and priority, and demonstrably integrated into the organisation's management arrangements.	NHS Forth Valley continually monitors its own performance through the scrutiny of areas of poor or deteriorating performance whilst acknowledging improvements.	NHS Board Board Assurance Committees Executive Leadership Team IJBs Whole System Leadership Team	Ongoing	Meeting papers, presentations, and minutes. Strategic Prioritisation Review and Implementation Group – process developed to support improved decision making around developments. Led by Director of Public Health.
The organisation has developed and implemented an effective and accessible complaints system in line with all relevant Scottish Public Services Ombudsman (SPSO) guidance on complaints handling processes.	NHS Forth Valley has developed an appropriate complaint handling system in line with guidance	NHS Board Clinical Governance Committee	Bi-monthly Quarterly Annual	NHS Forth Valley Complaints Handling Procedure. Complaints Report to Clinical Governance Committee. Annual Report: Feedback, Comments, Concerns, Compliments and Complaints presented to NHS Board and submitted to Scottish Government.
The organisation has in place appropriate mechanisms for ensuring that it is aware of citizen, customer, partner and stakeholder views, perceptions,	NHS Forth Valley actively listens to the views, perceptions, and expectations of all	NHS Board Staff Governance Committee	Ongoing	NHS Forth Valley Complaints Handling Procedure.

		Clinical Governance Committee		Lay membership of Clinical Governance Committee.
and expectations so that these can inform its actions including its improvement actions.	its stakeholders including members of the public, to support continual learning and improvement	Nurse Director		Care Opinion. iMatter.

USE OF RESOURCES

The 'Use of Resources' theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware, and evidence-based decisions on the use of all its resources.

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective e management of all resources (including staff, assets, information, and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
The organisation is making the best use of public resources (including employees, ICT, land, property, and financial resources) based on evidence and intelligence-led – keeping a considered and appropriate balance between quality, sustainability, and cost.	NHS Forth Valley reports on the financial position along with operational performance aligned to key targets thus ensuring organisational budgets and resources are effectively managed.	NHS Board Performance & Resources Committee	Monthly	Finance Report. 5-year Financial Plan 2023/24 – 2027/28. Savings Plans - savings schemes and associated governance arrangements are in line with the four aims of the Scottish Government's new Sustainability and Value Board. As we move into financial year 2024/25 a system-wide Finance Sustainability Programme has been developed. Cost Improvement Programme. Performance Report. Corporate Programme Management Office projects.
Leaders and managers regularly review the management of resources across all activities, including their impact on outcomes.	NHS Forth Valley evaluates and assesses opportunities for efficiency savings and service improvements	NHS Board Performance & Resources Committee	Ongoing	5-year Financial Plan 2023/24 – 2027/28. Savings Plans - savings schemes and associated governance

Interdependencies between different activities and outcomes are recognised, organisational budgets and other resources are allocated and regularly monitored to ensure that they are delivering agreed objectives and outcomes, and effective co-ordination and alignment is actively championed by senior management in making the best use of public resources.	including comparison with similar organisations. This considers the interdependency of varying activities and related outcomes.	Executive Leadership Team		arrangements are in line with the four aims of the Scottish Government's new Sustainability and Value Board. As we move into financial year 2024/25 a system-wide Finance Sustainability Programme has been developed. Cost Improvement Programme. Finance Report. Performance Report. Corporate Programme Management Office projects.
The organisation ensures that it has the organisational capacity to implement its plans makes full use of its staff and that any relevant statutory and professional responsibilities of its staff are appropriately supported through an appropriate policy of Continuous Professional Development (CPD).	NHS Forth Valley manages its staff in a supportive, efficient, and effective manner ensuring safe practice.	NHS Board Staff Governance Committee Area Partnership Forum	Ongoing	Heath & Safety Strategy and Governance Framework 2021 – 2024. Workforce Plan. Staff Governance Standards. Staff Governance Committee papers and minutes. Area Partnership Forum papers and minutes.
All employees are treated as a key strategic resource and are supported (by an appropriate combination of approaches, ideas, and techniques) in actively managing how they bring further learning to their role and add value to the Public Body. The organisation ensures that all employees are managed effectively and efficiently, that they know what is expected of them, their performance is regularly assessed, and they are assisted in improving. The contribution of staff to ensuring continuous improvement	NHS Forth Valley staff are performance managed in a way that recognises and monitors contribution to continuous improvement and quality whilst supporting and measuring personal learning and development in support of organisational objectives and standards.	NHS Board Staff Governance Committee Remuneration Committee Area Partnership Forum	Ongoing	Workforce Plan. Staff Governance Standards. Staff Governance Committee papers and minutes. Monthly Workforce Performance Reports to directorates and teams. IMatter. TURAS/LearnPro training.

				Organisational Development. Staff Coaching. TURAS Appraisal supporting annual appraisal process. Area Partnership Forum papers and minutes.
The organisation has a strategy for procurement and the management of contracts (and contractors) which treats procurement as a key component in achieving its objectives and outcomes. The organisation is aware of the need to conduct its business in a manner which demonstrates appropriate competitive practice. Organisational procurement processes are economic, sustainable in the longer-term, efficient and ensure the outcomes of efficient contract management and comply with the SPFM and other relevant guidance which may reasonably be regarded as proper arrangements for this purpose.	NHS Forth Valley has a strategy for procurement and the management of contracts/ contractors which complies with the SPFM and demonstrates appropriate competitive practice.	NHS Board Executive Leadership Team Performance & Resources Committee	Ongoing	Code of Corporate Governance. Standing Financial Instructions. Scheme of delegation. Procurement Strategy. NHS Forth Valley Intranet sections: • Sustainable Procurement (Link to Cross Cutting Theme – Sustainability) • Procurement
The organisation maintains an effective system for financial stewardship and reporting in order to ensure appropriate financial governance as well as provide evidence to support continuous improvement.	NHS Forth Valley maintains an effective system for financial stewardship and reporting in line with the SPFM.	NHS Board Audit & Risk Committee	Ongoing Annual	Forth Valley NHS Board. Annual accounts.
The organisation has in place a systematic approach to risk management in relation to the organisation's resources which is cascaded as appropriate throughout the organisation.	Risk Management in NHS Forth Valley is supported by a Risk Management strategy. Risk management updates are presented to the Forth Valley NHS Board.	NHS Board Board Assurance Committees including Audit & Risk Committee	Ongoing	Strategic Risk Register. Risk Management Strategy 2022/2025. Risk Management Annual Report.
There is a robust information governance framework in place that ensures proper recording and transparency of all the organisation's activities and supports appropriate exploitation	NHS Forth Valley's information Governance Strategy supports proper recording	NHS Board Performance & Resources Committee	Ongoing	Information Governance Strategy Information Governance Policies: Corporate Records Management,

				Cryptographic Controls, Data Breech, Data Protection & Confidentiality, Data Protection Subject Access, FOI, Email & Internet Acceptable Use, Information Security, Moveable Media, Password Policy, Remote Access Policy, Remote or Off-Site Working, social media, Secure Development, Transport of Health Records, Transport & Handling of Confidential or Sensitive Information, Website & Non-Clinical Apps Content and Development.
of the value of the organisation's information.	and transparency of all activities.			
				Information Governance Annual Report.
				P&RC Annual report.
The organisation has evaluated and assessed opportunities for efficiency savings and service improvements, including through joint funding, joint management of activities with internal and external partners and sharing initiatives with partners.	Joint working is encouraged as the norm in terms of service developments. In support of efficiency saving opportunities, this is supported by joint funding bids, and joint funding across organisations where appropriate	NHS Board Health & Social Care Partnerships IJBs Executive Leadership Team	Ongoing	Meeting papers and minutes – NHS Board, IJBs, Executive Leadership Team. Corporate Programme Management Office projects. Corporate Portfolio Management Office Update/Cost Improvement Plan update to the Performance & Resources Committee bi-annually.
Fixed assets including land, property, ICT, machinery, and vehicles are managed efficiently and effectively and that asset bases are aligned appropriately to organisational strategies.	NHS Forth Valley efficiently manages all assets relating to property	NHS Board Performance & Resources Committee Executive Leadership Team	Annual Ongoing	Property & Assets Management Strategy noting the Whole System Infrastructure Planning approach will be developed in line with Scottish Government guidance. Guidance received January 2024.

| | | | | Annual state of NHSScotland Assets & Facilities Report.

Financial Operating Procedure – Asset & Capital management.

Medical Equipment Policy.

Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update to Performance & Resources Committee. |
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PERFORMANCE MANAGEMENT

The 'Performance Management' theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
Leaders champion the use of performance management (including self-assessment) as a key means for achieving improvement. Leaders lead by example in proactively managing performance and talking publicly about improving performance.

Performance is systematically measured across all key areas of activity and that a performance management framework for the organisation extends throughout the structures of delivery in order to ensure effective governance | NHS Forth Valley Board receives a performance report at its public meeting bi-monthly highlighting performance but focussing on areas of poor or deteriorating performance and actions being undertaken to improve performance. | NHS Board

Board Assurance Committees

IJBs

Executive Leadership Team

Whole System Leadership Team

Key managers and leaders' system-wide | Ongoing | Performance Scorecard to NHS Board and Performance & Resources Committee bi-monthly (alternate months). Note Performance Scorecard reviewed in November and now Performance Report (this incorporates the scorecard).

Executive Leadership Team and Board Non- |

and accountability and enable public performance mechanisms which track delivery outputs and outcomes through to high level objectives. The organisation's performance management system is based on a culture of constructive challenge that is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice, and monitoring implementation. Performance is reported upon systematically to staff and management, Executive and Non-Executive leadership, users, and the public. Performance management is seen as part of the day job – integral to the way in which all staff operate. There is learning across the organisation on how to improve performance with time and opportunities explicitly made available to do so.	The Board and its Committees review the format and content of the performance reports they receive. The Senior Leadership Team receives a weekly performance update highlighting key areas of performance based around the eight key targets that matter to patients. The IJBs receive a performance report at its quarterly meeting highlighting performance and focussing on areas of poor or deteriorating performance and any key actions to support improvement. The performance management system ensures a focus on performance, identifies scope for improvement, notes remedial action and monitors implementation.			Executives Weekly Performance Update. IJB Performance Reports. Weekly Performance snapshot to ELT.
The organisation links Performance Management with Risk Management to support prioritisation and decision-making at Executive level and support continuous improvement.	NHS Forth Valley overtly links Performance Management with Risk Management to support prioritisation and decision-making at Executive level, support continuous improvement and provide	NHS Board Performance & Resources Committee Executive Leadership Team	Ongoing	Committee papers and minutes. Strategic risks reviewed through relevant Assurance Committees. Strategic Risk updated presented to each meeting of the relevant Assurance Committee to track

	assurance on internal control and risk.			and scrutinise risk mitigation progress, to provide assurance to NHS Board on the management of risk. Risk Management Strategy 2022/2025. Strategic Risk Register presented to NHS Board quarterly and publish on website. Assurance Committee and Board cover paper proposes level of assurance in relation to processes and linked to risk.
The performance management system is sufficiently flexible to allow for any necessary differences across the organisation and encourage wide ownership of performance management.	NHS Forth Valley has a system in place which supports all levels within the organisation to take ownership of their own performance.	NHS Board Performance & Resources Committee Executive Leadership Team	Ongoing	Development of Pentana system-wide to support the linkage, monitoring and reporting of risk, performance, and action plans. The hierarchy system allows data, reports, performance, and progress to be split at various levels to support appropriate levels of scrutiny and assurance. Performance Management Framework.
The information provided through public performance reporting allows stakeholders to compare performance against: ◊ objectives, targets, and service outcomes. ◊ past performance. ◊ improvement plans. ◊ where relevant, the performance of other bodies. and allows stakeholders to make a reasonable and informed judgement on how the organisation is likely to perform in future. Information provided in each case is relevant to its audience and clearly shows whether strategic and operational objectives and targets are being met.	Forth Valley NHS Board, its Committees, IJBs and the Senior Management Team receive reports that are honest and balanced. Performance reports are subject to proportionate and appropriate scrutiny and challenge. Information within reports is as	NHS Board Board Assurance Committees Health & Social Care Partnerships IJB Executive Leadership Team	Ongoing	Performance Scorecard to NHS Board and Performance & Resources Committee bi-monthly (alternate months). Note Performance Scorecard reviewed in November and now Performance Report (this incorporates the scorecard). Executive Leadership Team and Board Non-Executives Weekly Performance Update.

Reports are honest, balanced, and include information about what improvements are required during the forthcoming period.	accurate and up to date as possible.			IJB Performance Reports. Weekly Performance snapshot to ELT. Forth Valley NHS Board Annual accounts and Performance report.

CROSS-CUTTING THEMES

The National Performance Framework for Scotland aims to: create a more successful country; give opportunities to all people living in Scotland; increase the wellbeing of people living in Scotland; create sustainable and inclusive growth; and reduce inequalities and give equal importance to economic, environmental, and social progress.

To help achieve its purpose, the framework sets out 11 National Outcomes which describe the kind of Scotland it aims to create.

The outcomes:
- reflect the values and aspirations of the people of Scotland.
- are aligned with the United Nations Sustainable Development Goals
- help to track progress in reducing inequality.

The work of NHS Forth Valley and its role within Community Planning Partnerships is central to supporting achievement of these outcomes. This is realised through participation in the development, design and delivery of local improvement plans and locality plans as well as in their review, revision, and reporting.

CROSS-CUTTING THEME – SUSTAINABILITY

The 'Sustainability' theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies' duties set out in section 44 of the Climate Change (Scotland) Act 2009.

The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term.

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:
- promoting good governance.
- living within environmental limits.
- achieving a sustainable economy.

- ensuring a stronger healthier society.
- using sound science responsibly.

Individual Public Bodies should consider comparisons within the wider public sector, rather than within their usual public sector "family." This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make.

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

A Policy for NHS Scotland on the Climate Emergency and Sustainable Development - DL (2021) 38, was issued on 10 November 2021, with requirements mandatory and with immediate effect. The DL is underpinned by Scottish Government's Climate Emergency and Sustainability Strategy 2022-2026 which was published in August 2022.

Milestones have been set out towards NHS Boards becoming net-zero by 2040 and governance arrangements are detailed. An internal audit of NHS Forth Valley's initial steps in implementing the structure and governance arrangements was undertaken and concluded that reasonable assurance has been provided that the appropriate initial steps have been taken with management structure, governance, and scrutiny arrangements in place.

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
The organisation is contributing to sustainable development by actively considering the social, economic, and environmental impacts of activities and decisions both in the shorter and longer term, underpinning the principles of *promoting good governance* actively supporting effective participative system of governance in all levels of society – engaging people's creativity, energy, and diversity. • *living within environmental limits* respecting the limits of the planet's environment, resources, and biodiversity – to improve our environment and ensure that the natural resources needed for life are unimpaired and remain so for future generations. • *achieving a sustainable economy* building a strong, stable, and sustainable economy which provides prosperity and	NHS Forth Valley demonstrates that it is contributing to sustainable development by actively considering the social, economic, and environmental impacts of activities and decisions both in the shorter and longer term. NHS Forth Valley demonstrates that it respects the limits of the planet's environment, resources, and biodiversity to improve the environment and ensure that the natural resources needed for life are	NHS Board Performance & Resources Committee Audit & Risk Committee	Annual Bi-annual	Sustainability and Environmental report incorporated in the Annual Accounts. Property & Assets Management Strategy noting the Whole System Infrastructure Planning approach will be developed in line with Scottish Government guidance. Guidance received January 2024. Annual Sustainability update to the Performance & Resources Committee. Annual focussed review of environmental and sustainability risk.

opportunities for all, and in which environmental and social costs fall on those who impose them (polluter pays) and efficient resource use is incentivised. . • *ensuring a strong, healthy, and just society* meeting the diverse needs of all people in existing and future communities, promoting personal well-being, social cohesion, and inclusion, and creating equal opportunity. • *using sound science responsibly* ensuring policy is developed and implemented on the basis of strong scientific evidence, whilst taking into account scientific uncertainty (through the precautionary principle) as well as public attitudes and values. Use of diagnostic questions to assist public bodies in equipping themselves available in the Public Bodies Climate Change Duties Guidance.	unimpaired and remain so for future generations.	27		Annual state of NHSScotland Assets & Facilities Report Annual Public Bodies Climate Change reports 2022/23 for: • Clackmannanshire & Stirling IJB • Falkirk IJB • NHS Forth Valley Reports reviewed and published by Sustainable Scotland Network. Sustainability Strategy 2019-2024 NHS Forth Valley Intranet - Sustainable Procurement (link to Use of Resources section). Anchor Board. Work undertaken to take this forward regionally with agreement there will be a Forth Valley wide Anchor Institute led by the Chief Executives of the 3 Local Authorities and the Chief Executive of NHS Forth Valley.

CROSS-CUTTING THEME – EQUALITY

This section should be read in conjunction with guidance on the UK Equality Act 2010.

The 'Equality' theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities regarding equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
The organisation meets the requirements of equality legislation, has a culture which encourages equal opportunities and is working towards the elimination of discrimination.	NHS Forth Valley meets its requirements in respect of equality legislation	NHS Board NHS Board Governance Committees	Ongoing	Equality & Inclusion Strategy 'everyone means everyone' 2021/2025. Equality Declaration NHS Board and Assurance Committee papers. Equality impact assessment of policies, procedures and guidelines as laid down in the development framework for policies, procedures, and guidelines. This is also detailed on HR Connect. Equality Act 2010 section on NHS Forth Valley website.
Executive and Non-Executive leadership and senior managers recognise the diversity of their customers and stakeholders, engage in an open, fair, and inclusive dialogue to ensure information on services and performance is accessible to all and commit to contribute to the achievement of equal opportunities in all it does.	Within NHS Forth Valley, the Board and senior managers understand the diversity of their customers and stakeholders.	NHS Board Staff Governance Committee Whole System Leadership Team Executive Leadership Team	Ongoing	Equality & Inclusion Strategy 'everyone means everyone' 2021/2025. NHS Forth Valley Equality and Diversity Employment Duties Progress Report NHS Forth Valley website – Disability

The organisation ensures that all members of staff are informed of the organisational commitment to, and objectives for, equality outcomes and that the contribution by the organisation to the achievement of equality outcomes is reflected throughout the corporate processes. The organisation can demonstrate that all leaders and senior officers within the organisation are committed to considering the needs of equality groups in their policies, functions, and services, where relevant. Equality is mainstreamed into all processes.		Community Planning Partnerships Health & Social Care partnerships IJBs		Equality & Access Service. Equality, Diversity & Human Rights Policy. LGBTI Awareness training. NHS Forth Valley Foundation Equality and Diversity LearnPro module. Equality impact assessment of policies, procedures and guidelines as laid down in the development framework for policies, procedures, and guidelines. This is also detailed in HR Connect.
The organisation reflects in its planning, design, and continuous improvement of services that different groups within the community have different needs, which must be taken into account to allow them to access those services. The organisation, wherever relevant, collects information and data on the impact of policies, services, and functions on different equality groups to help inform future decisions and that it engages with and involves equality groups to improve and inform the development of relevant policy and practice.	NHS Forth Valley policies, functions and service planning consider the different current and future needs and access requirements of all groups within the community. NHS Forth Valley collects, where relevant, information and data on the impact of policies, services, and functions on different equality groups to help inform future decisions.	NHS Board Board Assurance Committees	Ongoing	Committee papers and minute. Equality, Diversity & Human Rights Policy. NHS Forth Valley website – Disability Equality & Access Service. Equality, Diversity & Human Rights Policy. Fair For All Group. Interpreter & Translation Service. Staff intranet - Gender Based Violence.
As part of the Performance Management approach the organisation regularly measures and reports their performance in contributing to the achievement of equality outcomes.	NHS Forth Valley ensures that all members of staff are aware of its equality objectives.	Staff Governance Committee	Ongoing	Committee papers and minute. Taking forward Equality and Diversity In NHS Forth Valley progress report.

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2024

9.2 Clackmannanshire and Stirling HSCP Assurance Report
For Assurance

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Author: Ms Lesley Fulford, Senior Planning Manager, Clackmannanshire & Stirling Health & Social care Partnership

Executive Summary
To provide assurance to NHS Forth Valley Board of performance in Clackmannanshire and Stirling Health and Social Care Partnership (HSCP).

The report to Health Board presents:
- Revenue Budget 2023/24
- Integration Scheme Review
- Performance Reporting

In addition to the report presented to Health Board, the HSCP has provided reports to Council and members briefings.

Recommendation
The Forth Valley NHS Board is asked to: -

- **note** the report and progress by the HSCP in meeting its priorities in the Strategic Plan
- **request** a further assurance report in 6 months.

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

Links to NHS Forth Valley risk register number SRR005 and SRR009.
See implications section.

Proposed assurance level:

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

Key Issues to be Considered

No key issues identified.

Implications

Financial Implications

The revenue budget relies on £2M from reserves and this comes with significant and ambitious savings requirement of £4.392M. Should the savings requirement not be achieved, this would present a risk to the Partners, per the Integration Scheme.

Workforce Implications
Team Managers will be required to ensure there are savings made and this will be monitored through grip and control meetings.

Infrastructure Implications including Digital
The range of recording systems (both health and social care) in the HSCP are not designed to share information / data to enable analysis of performance. This poses a challenge for demonstrating performance for the HSCP and requires manual manipulation of information / data.

There is a risk around the complexity of storage systems when HSCP staff are employed by three partner bodies.

Sustainability Implications
There could be a risk to service delivery in line with SRR004 which states the "impact of cessation of treatment/diagnosis on patients, and the risk to the NHS Board that failure to prioritise effectively and plan for the impending changes to case-mix and population need could cause additional, preventable death and harm, as part internal audit action point 08/22."

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

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

Quality / Patient Care Implications
Impending changes to case-mix and population need could cause additional, preventable death and harm and result in an increase in demand - if as a result service delivery is reduced this would have a negative impact on quality of care.

Information Governance Implications
See infrastructure section above.

Risk Assessment / Management
A risk assessment has been undertaken and can be viewed as part of the IJB Audit and Risk Committee Papers.

Relevance to Strategic Priorities
This report supports the ten-year Strategic Commissioning Plan, Locality Plans and Integrated Workforce Plan

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

This paper has been written by the Senior Planning Manager with input from relevant service leads.

Additional Information

None

Appendices

- Appendix 1: Clackmannanshire and Stirling HSCP Assurance Report

Appendix 1: Clackmannanshire and Stirling HSCP Assurance Report

Revenue Budget 2024/25

Work on development of the 2024/25 IJB Revenue Budget has been ongoing for several months taking due account of recurrent overspends from 2023/24 financial year and additional financial pressures being faced for 2024/25. This work has included extensive engagement across the constituent authorities and with the IJBs Strategic Planning Group and Locality Planning Groups.

A revised IJB Business Case was approved by the IJBs Finance and Performance Committee on 28 February 2024 and estimated a savings requirement in excess of £21.5m across both the Integrated Budget (£14m) and Set Aside Budget for Large Hospital Services (£6.5m) for the coming financial year.

The key approaches to developing implementing the Strategic Commissioning Plan in a 'Needs Led: Resource Bound' way aligned to strategic priorities and developing a sustainable IJB budget are:

- Removal of Unfunded Beds, Posts and Supplementary Staffing
- Redesign of Social Work/Care Front Door through a Right Care Right Time Programme
- Maximising Charging Income with existing charging policies
- Full and systematic implementation of revised Self-Directed Support provision
- Parameters placed on use of long-term care with emphasis on continuing to support individuals in their own homes and communities
- Redesign and reform of Learning Disability Services
- Medicines Optimisation including Polypharmacy reviews
- Robust Project Management on transformational change including budget and efficiencies programme implemented and monitored from 1 April 2024.
- Refresh of the directions policy and issuing and appropriate monitoring of directions from 1 April 2024

Achievement of a task with this level of ambition and complexity will take a significant amount of effort and across the whole health and care system and, indeed the whole public sector over the coming weeks and months but is vital for whole system sustainability.

Integration Joint Board – March 2024

The Annual Committee Assurance statements, revised directions policy and review of committee Terms of Reference will be presented to the IJB at their meeting on 27 March 2024 for noting and approval.

Integration Scheme Review

The Integration Scheme is a legally binding agreement between Councils and Health Board who are known as 'the parties' in the Integration Scheme. The scheme describes what the parties will do to enable the Integration Joint Board (IJB) to meet its responsibilities (or

'delegated functions'). The current <u>Integration Scheme</u> was approved by all Constituent Authorities and endorsed by the then Partnership Transition Board in June 2015.

Under Section 44 of the Public Bodies (Joint Working)(Scotland) Act 2014 paragraph (5) the Constituent Authorities have a legal duty to formally review the Integration Scheme five years from its date of approval, in this case by October 2020.

An external facilitator is leading this review for both IJBs in the Forth Valley area.

Performance Reporting

The Finance and Performance Committee and the Integration Joint Board received quarterly performance reports and the Annual Performance Report (APR). The IJB notes and approves all of these and approved the publication of the APR.

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2024

9.3.1 Audit and Risk Committee Draft Minute: 26/01/2024
For Assurance

Committee Chair: Cllr Fiona Collie, Non-Executive Director

Executive Summary

This 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 26 January 2024.

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 26 January 2024.
- **note** the draft minute of the Audit and Risk Committee held on 26 January 2024 at Appendix 1.

Key Issues to be Considered

The key issues considered by the Committee were:

- Internal Audit
- External Audit
- Internal Audit Follow-Up Report
- Strategic Risk Report
- Counter Fraud Services Quarterly Report
- Fraud Action Plan

Internal Audit Progress Report
- The Committee noted that the report provided reasonable assurance on progress with delivery of the 2023/24 Annual Internal Audit Plan, despite some delays in audit work due to staffing issues.

2023/24 Internal Control Evaluation report
- The Committee noted the report, which highlighted improvements with Governance processes.
- It was agreed that the report would be distributed to Assurance Committees for consideration.

External Audit Update
- The Committee was updated on planning work, with the 2023/24 External Annual Plan to be presented at the Audit and Risk Committee on 22 March.

- Section 22 Report – concludes that NHS Forth Valley are responding well to the Escalation Framework, has put appropriate governance in place, and has made progress on the Assurance and Improvement Plan.
- Board representatives are due to appear in Parliament on 29 February to respond to questions regarding the Section 22 report.
- Further outcomes or actions arising from the Section 22 Report would be presented to the Audit and Risk Committee.

Audit Follow-Up Report
- The report summarised progress on delivery of audit recommendations and provided Reasonable Assurance that timely action has been taken to address identified control weaknesses as expected.
- The Director of Finance would continue to reinforce requirement for timeliness of responses through ELT.

Quarter 3 Strategic Risk Report
- The risk profile of the strategic risks since the last Audit and Risk Committee in October 2023 remained static.
- Quarter 3 deep dives were conducted in Information Governance, Cyber Resilience and Financial Sustainability.
- The Committee endorsed the proposed changes to the Strategic Risk Register for onward reporting and approval by the NHS Board.

Counter Fraud Services Quarterly Report
- For the period ending 30 September 2023 there had been two new referrals made relating to NHS Forth Valley during the quarter:
- The new Counter Fraud Strategy for NHS Scotland had been launched and was promoted via the NHS Forth Valley Intranet during International Fraud Awareness week in November 2023.
- The first annual self-assessment on each of the twelve components of the Fraud Standards had been submitted to CFS by the Director of Finance on 14 March 2023.

Fraud Annual Action Plan
- It was intended that all actions within the plan would be completed by 31 March 2024 and subsequently these actions would support and inform the 2023/24 CFS self-assessment.
- The Committee approved the Fraud Action Plan for 2023/24.

Forth Valley NHS Board

This report relates to
Item 3.1 on the agenda

FORTH VALLEY NHS AUDIT & RISK COMMITTEE

22nd MARCH 2024

MINUTES OF NHS FORTH VALLEY AUDIT & RISK COMMITTEE MEETING

Minute of NHS Forth Valley Audit & Risk Committee Meeting
held on 26th January 2024

AUDIT and RISK COMMITTEE

DRAFT Minute of the NHS Forth Valley Audit and Risk Committee meeting held on Microsoft Teams on Friday 26th January 2024.

Present:	Cllr Fiona Collie (Chair)
	Mr John Stuart
	Cllr Gerry McGarvey
	Mr Robert Clark

In Attendance:	Mr Scott Urquhart, Director of Finance
	Mrs Cathie Cowan, Chief Executive
	Mrs Jocelyn Lyall, Chief Internal Auditor, FTF Audit Services
	Mrs Anne Marie Machan, Regional Manager, FTF Audit Services
	Ms Shona Slayford, Principal Auditor, FTF Audit Services
	Mr Sandy Denholm, Deloitte, External Auditors
	Ms Kerry Mackenzie, Head of Performance
	Ms Vicky Webb, Risk Manager
	Mrs Jillian Thomson, Deputy Director of Finance
	Ms Jennifer Rodgers, Consultant in Dental Public Health
	Mr Graeme Bowden, Capital Accountant

1/   APOLOGIES

No apologies for absence were intimated.

2/   DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3/   MINUTES OF PREVIOUS MEETING

The Minute of the Audit Committee meeting held on 20th October 2023 was approved as a correct record.

4/   MATTERS ARISING – ACTIONS FROM PREVIOUS MEETINGS

4.1   Action Log

Cllr Collie presented the Audit & Risk Committee Action Log that highlighted six agreed actions, three of which were complete and a further three In Progress. Following discussion, it was agreed that two further actions were also now complete.

The Committee noted the Audit & Risk Committee Action Log.

5/   INTERNAL AUDIT

5.1   Internal Audit Progress Report

Mrs Machan presented the Internal Audit Progress Report and highlighted that since the last meeting one final report had been issued that would be presented separately at a later agenda item. In addition, three draft reports had also been issued to management for comment. Mrs Machan indicated that since the last Audit and Risk Committee meeting, their focus had been the 2023/24 Internal Control Evaluation (ICE). Mrs Machan highlighted that this is a key piece of work that provides a midyear position statement for NHS Forth Valley, highlighting any concerns to allow remedial work to be undertaken by year end.

Mrs Machan indicated that Internal Audit had previously reported time lost due to staff sickness absence and the Chief Internal Auditor's unplanned leave. In addition, recruitment to the NHS Forth Valley / NHS Tayside Regional Audit Manager post started in early August and the successful candidate commenced at the end of December 2023, meaning the post was vacant for more than five months. These factors have resulted in some delays in delivering ongoing audits. Mr Urquhart highlighted that the important point for the Board was that the Chief Internal Auditor could provide assurance, and Mrs Lyall advised that sufficient work will be completed to allow for assurance to be provided.

The Committee noted that the report provided reasonable assurance on progress with delivering the Annual Internal Audit Plans.

5.2   Internal Control Evaluation

Mrs Lyall presented the Internal Control Evaluation (ICE) for 2023/24. Mrs Lyall advised that the ICE is produced to provide assurance on the system of internal control that supports the achievement of the Board's objectives in parallel with the Sustainable Services review, and Follow-up of previous recommendations. The report also highlighted key developments over the past year.

Mrs Lyall summarised the key points from the report and also indicated that with regard to recommendations made within the 2022/23 Annual and ICE reports, of the twenty four recommendations made, twelve had been completed and the remaining twelve were on track for completion. Management had also agreed actions to address the recommendations made within the 2023/24 ICE report and progress would be monitored and reported to the Audit and Risk Committee through the Audit Follow Up process.

Mrs Lyall concluded by highlighting that despite a very challenging landscape, stepped improvements had been made with the Governance processes, and Cllr McGarvey indicated he had been impressed by the volume of positive progress made since the last report was issued.

The Committee noted the Internal Control Evaluation for 2023/24 and agreed that the report would be distributed to Assurance Committees for consideration.

6/   EXTERNAL AUDIT

6.1   External Audit Progress Report

Mr Denholm provided a verbal update to the Committee and highlighted that External Audit's planning work was underway and they had received most of the

information requested. The Annual Plan for 2023/24 would be presented to the Audit and Risk Committee at the March 2024 meeting however no significant changes were anticipated. The final audit fee would also be noted within the Annual Plan.

The Committee noted the verbal updated on External Audit progress to date.

6.2 Section 22 Report

Mr Urquhart presented and paper that highlight that under Section 22 of the Public Finance and Accountability (Scotland) Act 2000, the Auditor General can prepare a report on matters arising from the audit of the accounts of a public body. Audit Scotland had therefore published a Section 22 Report 'The 2022/23 Audit of NHS Forth Valley' on 5th December 2023. The purpose of the report was to draw Parliament's attention to concerns in relation to governance, culture, and leadership at NHS Forth Valley, and to set out the progress that NHS Forth Valley is making in addressing those issues.

Mr Urquhart highlighted that the report concluded that the NHS Board is responding positively to the Escalation Framework, has put appropriate governance arrangements in place, and has made progress on the Escalation Improvement Plan. The report also highlighted the importance of continuing and sustaining those improvements going forward. In terms of next steps, Mr Urquhart advised that the Auditor General would be briefing the Scottish Parliament's Public Audit and Post Legislative Scrutiny Committee, and Board representatives had also been requested to attend a session of the Scottish Parliament Public Audit Committee on 29th February 2024 to respond to questions regards the Section 22 report.

The Committee noted the publication and content of the Section 22 Report, including key findings and conclusions, and also noted that updates on any further outcomes or actions arising from the Section 22 Report would be presented to the Audit and Risk Committee.

7/   AUDIT FOLLOW-UP

7.1   Audit Follow-Up Report

Mrs Machan presented the Audit Follow-Up (AFU) report and indicated that it was drafted with progress in addressing recommendations as at 31st December 2023. Mrs Machan indicated that the report provided Reasonable Assurance that timely action has been taken to address identified control weaknesses as expected. Mrs Machan highlighted that there were variances in the quality and timeliness of responses and Mrs Lyall also highlighted that there had been a drop-off in recommendations being addressed promptly and this has been escalated to the Director of Finance who will ensure ELT scrutiny of outstanding actions.

The Committee noted the status of all internal audit recommendations and the action required to ensure identified control weaknesses are being addressed, and also noted that the Follow Up report provided Reasonable Assurance that action to address identified control weaknesses was being implemented as expected.

8/   RISK MANAGEMENT

8.1   Quarter 3 2023/24 Strategic Risk Report

Ms Webb presented the Quarter 3 Strategic Risk Report and highlighted that since the previous review of the Strategic Risk Register presented to the Audit and Risk Committee in October 2023, the risk profile of the strategic risks remained static. Ms Webb also highlighted that during Quarter 3 deep dives had been conducted in the following areas:

- **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.

The Committee noted the Quarter 3 2023/24 Strategic Risk Report, and endorsed the proposed changes to the Strategic Risk Register for onward reporting and approval by the NHS Board.

9/   GOVERNANCE ISSUES

9.1   Best Value Framework

The Committee noted that this agenda item had been deferred to the March 2024 Audit and Risk Committee meeting.

9.2   SEPC – NSS Internal Audit report on Core Financial Controls: Salary overpayments and pay protection

Mrs Thomson presented the SEPC report and advised that the report presented the findings of this recent Internal Audit review of NHS National Services Scotland's (NSS) "Core Financial Controls: salary overpayments and pay protection". This review encompassed the entire NSS payroll service, including the South East Payroll Consortium (SEPC) which provides NHS Forth Valley's payroll service. The review was conducted by NSS' internal auditors (KPMG). Mrs Thomson summarised the key findings of the review and confirmed that Forth Valley would continue to liaise with NSS through the established SEPC Quality Board to monitor implementation of the agreed management actions. Mr Stuart expressed his surprise that there were still no SLA s in place.

The Committee noted the SEPC report and also noted the recommendations made and agreed management action by NSS.

10/ NHS SCOTLAND PERFORMANCE ESCALATION FRAMEWORK

10.1 Corporate Governance Review

Mr Urquhart presented the Corporate Governance Review paper and indicated that on the 23 November 2022, NHS Forth Valley (NHSFV) was escalated to Stage Four of the NHS Scotland Performance Management Framework for concerns relating to governance, leadership, and culture. In response a comprehensive NHSFV Improvement Plan, approved by the NHS Board, was developed by the Executive Leadership Team. This included commissioning an external review of the corporate governance arrangements in the organisation.

The corporate governance review was commissioned to assist the NHSFV Board in identifying any improvements to their approach to corporate governance that would be required to address any identified performance-related issues. The review commenced in January 2023 with Terms of Reference approved at the NHS Board on 31 January 2023. The NHS Forth Valley Corporate Governance Review final report was published on 6 October 2023. The findings and recommendations of the review team were reported to the NHS Board and the Executive Leadership Team and were also shared with the Assurance Board established by the Scottish Government to support and scrutinise the delivery of the NHSFV Improvement Plan developed in response to escalation.

The Committee noted the Corporate Governance Review report and recommendations made within it.

11/ COUNTER FRAUD SERVICES

11.1 Counter Fraud Services Quarterly report
~ Quarter ending 30th September 2023

Ms Slayford presented the Counter Fraud Services (CFS) Quarterly Report for the period ending 30th September 2023 and highlighted that there had been two new referrals made relating to NHS Forth Valley during the quarter. Ms Slayford highlighted that the new referrals related to:

- An allegation that a staff member within a GP surgery had been prescribing a drug for unknown use – Operation Orwell; and
- An allegation that a staff bank member was suspected of stealing NHS drugs – Operation Lea.

Ms Slayford summarised the status of CFS intelligence reports during the quarter, and also highlighted that the new Counter Fraud Strategy for NHS Scotland had been launched and was promoted via the NHS Forth Valley Intranet during International Fraud Awareness week in November 2023. With regard to Fraud Standards, Ms Slayford confirmed that the first annual self-assessment on each of the twelve components of the standards had been submitted to CFS by the Director of Finance on 14th March 2023. The CFS fraud training and awareness page was also now live on the TURAS site, where a suite of awareness and guidance products were accessible to NHS Scotland employees.

Regarding Patient Exemption Checking, Ms Slayford indicated that for the period 1st April 2023 to 30th September 2023 NHS Forth Valley had made patient recoveries to the value of £31,985 that represented 5.2% of the Scotland wide total.

The Committee noted the Counter Fraud Services Quarterly Report for period ending 30th September 2023.

11.2   Fraud Action Plan 2023/24

Ms Slayford presented the Fraud Annual Action Plan (FAAP) that had been drafted to support the Board's response to the threat of fraud and the achievement of the Counter Fraud Standards. The plan would provide oversight of the actions that NHS Forth Valley will carry out during 2023/24 to address priorities identified in partnership with CFS. Ms Slayford advised that it was the intention that all actions within the FAAP would be completed by 31st March 2024 and subsequently these actions would support and inform the 2023/24 CFS self-assessment. Ms Slayford reconfirmed that the first annual self-assessment on each of the twelve components of the standards had been submitted to CFS on 14 March 2023 by the Director of Finance with the assistance of the Fraud Liaison Officer (FLO). The Fraud Standards will require iterative development over the period of the Partnership Agreement between CFS and the Board to establish its optimal status. The NHS Forth Valley 2022/23 self-assessment concluded that of the 12 standards, six were complete and six were partially complete.

The Committee approved the Fraud Action Plan for 2023/24.

12/   ANY OTHER COMPETENT BUSINESS

There being no further business the meeting closed at 10.40am.

13/   DATE OF NEXT MEETING

The next meeting of the NHS Forth Valley Audit Committee will take place on Friday 22nd March 2024 via Microsoft Teams.

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2024

9.3.2 Clinical Governance Committee Ratified Minute: 16/01/2024
For Assurance

Committee Chair: Dr Michele McClung, Non-Executive

Executive Summary
This 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 Clinical Governance Committee held on 16th January 2024.

Recommendation
The Forth Valley NHS Board is asked to:
- note the key issues being highlighted to the Board following the Clinical Governance Committee on 16th January 2024.
- note the minute of the Clinical Governance Committee held on 16th January 2024 (Appendix 1)

Key Issues Considered

The key issues considered by the Committee were:

- Escalation report.
- GP Out of Hours report.
- Safe Delivery of Care Oversight report.
- Patient Safety Conversation Visit report.
- Cancer Update report.
- Safety & Assurance report.
- Significant Adverse Event report.

The Escalation report was presented to the committee with a reasonable level of assurance in relation to Forth Valley's escalation position.

The GP Out of Hours report was presented to the committee with a reasonable level of assurance in recognition of the current GP Out of Hours service improvement plan and the wider strategic planning around Out of Hours services. The committee were also advised that in August 2023 the Scottish Government was content with the plans for an integrated approach to all urgent care services. The long term redesign of primary care out of hours services as part of a wider out of hours health and social care provision continues, which is being taken forward through the Reimaging Care Close to Home programme.

The Safe Delivery of Care Oversight report was presented to the committee with a reasonable level of assurance. The Oversight Group is supported in the main by a Working Group and several Short Life Working Groups (SLWG). These groups incorporate leaders and multiprofessional practitioners from across the organisation and are taking forward actions to address HIS specific requirements, as well as understanding the impact of these actions. This structured governance approach ensured there was clear accountability and strong leadership to drive cultural changes forward.

The Patient Safety Conversation Visit report was presented to the committee with a reasonable level of assurance. The programme of PSCVs is continuing to support triangulation of information as well as Board members visibility. Unfortunately, of the 28 visits arranged during the reporting period 16 were cancelled for a variety of reasons but mainly last-minute diary clashes.

The Cancer report was presented to the committee with a limited level of assurance, with a specific focus on the risks associated with Lung and breast cancer. The papers provided assurance of the clinical governance structure within cancer services and the cancer services action plan was shared with committee members.

The Safety and Assurance report was presented to the committee with a reasonable level of assurance. This is a standard agenda item and the main risks highlighted were in relation to CT scan access. This had an impact on stroke bundle compliance, cancer waiting times and mental health waiting times. There was also a risk related to transport of patients from prisons being delayed or cancelled and therefore impacting on risk of patient harm.

The Significant Adverse Event report was presented to the committee with a limited level of assurance. The review process is robust, and person centred but the numbers of SAERs commissioned does not match the capacity of the staff who facilitate the review, therefore parts of the SAER process are currently not compliant with national timescales.

CLINICAL GOVERNANCE COMMITTEE

APPROVED Minute of the Clinical Governance Committee meeting held on Tuesday 16 January 2024 at 9.00am via Microsoft (MS) Teams

Present:	Mrs Kirstin Cassels
	Mr Robert Clark
	Mr Gordon Johnston
	Cllr Wendy Hamilton
	Dr Michele McClung (Chair)
	Ms Janie McCusker
	Mrs Helen McGuire
	Mr John Stuart

In Attendance:	Mrs Lynda Bennie	Mr Andrew McCall (Item 6.2)
	Ms Laura Byrne	Dr Oliver Milling-Smith (Item 7.3)
	Dr Jennifer Champion	Mr Andrew Murray
	Prof Frances Dodd	Mr Kevin Reith
	Ms Eilidh Gallagher (Item 9.1)	Mr John Ratcliffe
	Mr Jonathan Horwood (Item 7.2)	Miss Vicky Webb (Item 8.3)

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Ms Amanda Croft and Ms Margo Biggs. The Chair confirmed the meeting was quorate.

2. Declaration (s) of Interest (s)

There were no declarations of interest offered at this time.

3. Draft Minute of Clinical Governance Committee meeting held on 14 November 2023

The draft minute of Clinical Governance Committee meeting held on Tuesday 14 November 2023 was approved as an accurate record.

An update was provided on the Public Protection Assurance Committee. A group was established to review the Scottish Government's Public Protection Assurance Framework, where a programme of governance committees to formally report into the Clinical Governance Working Group and Clinical Governance Committee was being devised.

4. Matters Arising from the Minute/Action Log

The Clinical Governance Committee noted the below updates from the action log:
- Action 1: Due to a lack of capacity within the team to progress with a business case, the action remained outstanding. It was agreed that a paper would be presented to the Executive Leadership Team (ELT) and the March Clinical Governance Committee (CGC) meeting.
- Action 2: A paper would be taken to ELT and NHS Board to decide how to structure data provided to assurance committees.

- Action 5: A meeting was scheduled to develop the 2024/25 Committee Planner. It was agreed that the Controlled Drugs Annual Report would be added to the 'Are Our Systems Reliable' section of the May CGC agenda.
- Action 9: Work was ongoing to align assurance processes to the requirements of audits carried out. Due to significant change in Clinical Leads, the focus of work was to reaffirm the importance of ownership of clinical governance and whole system accountability of infection control.

Actions:
- Provide a paper on the capacity of the Clinical Governance team and future demands of Significant Adverse Event Reviews.
- Add Controlled Drugs Annual Report to May Clinical Governance Committee agenda.

5. Clinical Governance Committee Planner

The Clinical Governance Committee **noted** the Clinical Governance Committee Planner.

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 successful piloting of the Well Led Framework assessment for unscheduled care.***
- ***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:
- Assurance Committees of the board were delegated oversight of several actions that sit within the escalation process and report to the Escalation Performance & Resources Committee. The Clinical Governance Committee was assigned the Out of Hours Improvement plan, in conjunction with leadership assessment, allowed for piloting the Well Led Framework. The Well Led Framework pilot in Unscheduled Care had successfully concluded and a report was made available to the Senior Responsible Officer (SRO).
- The development of an action plan was underway however the Unscheduled Care team's capacity to develop such actions had been significantly compromised due to exacerbated system pressures.
- Assurance was provided that the Well Led Framework process proved useful in clarifying issues and may be applicable to other parts of the organisation in relation to how to assess leadership, culture, and governance.
- Following discussion, clarity was provided that Well Led Framework was used to facilitate a process of discovery in relation to leadership and governance and not to identify weaknesses within the service.

6.2 GP Out of Hours Update

The Clinical Governance Committee received the 'GP Out of Hours Update'.

The purpose of the paper was to outline the ongoing work undertaken within GP Out of Hours.

The Clinical Governance Committee:
- ***Noted the current position, challenges of the service and the work being progressed at this time.***

Key points considered:
- A full functioning Multidisciplinary (MDP) service model was implemented as part of ongoing work to reconfigure the service. The transition of Out of Hours (OOH) nurses to the MDP team had commenced in order to achieve an integrated approach within the service.
- Assurance was provided that actions identified as part of the OOH Improvement Plan had progressed well.
- A new Depute Clinical Lead had been identified and would focus on education, supporting the trainee programme and integration within OOH teams.
- GP coverage within service remained a challenge however colleagues were advised that work was ongoing to help gain an understanding of how best to increase GP engagement. Following interest from GPs, interviews were scheduled in hopes to fill vacancies. Committee members were reassured that there had been progression since September 2023, due to there being wider coverage therefore reducing the requirement for clinical leads to provide cover at short notice.
- The GP OOH Service received minimal complaints and had positive feedback from Care Opinion.
- Clarity was provided in relation to the closed action to 'Explore and promote equitable pharmacy access' due to a lack of governance structure in place. The challenge faced when exploring the provision of a pharmaceutical vending machine was due to a potential breach of human medical regulations.
- Concern was raised over the competitive nature of Advance Nurse Practitioner (ANP) vacancies and the planned Band 6 recruitment. Prof Dodd and Mr Murray were to liaise with Ms Oswald regarding the recruitment of ANPs.

Action: Discuss ANP recruitment and banding with Ms Oswald.

6.3 Safe Delivery of Care Oversight Update

The Clinical Governance Committee received the 'Safe Delivery of Care Oversight Report'.

The purpose of the paper was to give an update on the progress of the Safe Delivery of Care work and provide a level of assurance.

The Clinical Governance Committee:
- ***Noted progress across areas for improvement.***

Key points considered:
- Work was ongoing to ensure that all actions against the recommendations were delivered as part of the improvement plan through the Safe Delivery of Care Working Group, with a focus on evidencing sustainable assurance mechanisms and measure impact.
- It was proposed that following the January Safe Delivery of Care Group, the position was to move into a business-as-usual function and transposed into a closure report as part of the Corporate Portfolio Management Team (CPMO) methodology.
- Parameters were developed for the third mock inspection report, where a final closing report would be taken to the Clinical Governance Working Group to describe the position in assurance from a system perspective.
- Further work was required to support cultural development in openness and transparency, as well as a need to evidence impact over time in relation to patient safety and experience, in addition to staff wellbeing and experience.
- Following discussion, it was proposed that the Escalation Performance & Resources Committee endorse the direction of travel in relation to the business-as-usual arrangement.

Action: Seek endorsement from the Escalation Performance & Resources Committee regarding the business-as-usual arrangement.

6.4   Patient Safety Visit Conversation Update

The Clinical Governance Committee received the 'Patient Safety Conversation Report'.

The purpose of the paper was to provide an update on the Patient Safety Conversation Visits (PSCV) undertaken from April to December 2023.

The Clinical Governance Committee:
- ***Noted the areas visited from April to December 2023.***
- ***Noted the number of visits and the number of cancellations within the timeframe.***
- ***Noted the themes from the visits.***

Key points considered:
- From April 2023 to December 2023 there were:
  - 4 initial PSCVs (3 to Acute Services & 1 to Allied Health Professionals (AHPs))
  - 8 return visits (7 to Acute Services & 1 to AHPs)
  - No visits to Mental Health, Learning Disabilities and Women & Children's Service however work was ongoing to schedule visits to the departments.
  - 16 visits were cancelled at short notice due to illness, or scheduling of board meetings at short notice. Assurance was provided that, where possible, visits were attended by another board member, or directed to an alternative available department.
- The key themes that emerged during PSCVs were related to:
  - Communication
  - Contingency Beds
  - Staffing Issues
  - IT Issues
  - Purchase of Clinical Equipment
  - Estates/ Building Works
  - Delayed Discharge and Integration of Health and Social Care
- Return PSCVs provided the opportunity to follow up on actions from the initial visit and better understand potential barriers faced when completing actions.
- All actions from PSCVs are taken through the directorate clinical governance and/ or service structures to ensure appropriate governance processes are followed and decision making takes place in the correct forums.
- Colleagues were advised that the aim for 2024 was to undertake a PSCV at least twice per month, with many already scheduled.
- Following discussion, it was agreed that further work to make benefits of PSCVs visible to staff would be of benefit to the organisation.

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 reduced to 0.92, achieving the target of below 1 for the third consecutive quarter.
- Cardiac Arrest Rate had increased from the last report of 1.65 to 2.8 per 1,000 adult admissions. The Clinical Governance Working Group had been commissioned to undertake work to gain further detailed information on cardiac arrests.
- Overall Stroke Bundle compliance had reduced to 38% from the reported rate of 42% in October. Colleagues were reminded of the variability in stroke rates due to the required compliance in all four areas, and the challenge faced with accessing a CT scanner impacting compliance.
- Hospital Acquired Pressure Ulcer (HAPU) rate was 0.3 per 1000 occupied bed days for Grades 2-4 reportable compared to the previous month's rate of 0.6.
- Falls with harm rate had increased from the last report of 0.4 to 0.71 per 1000 occupied bed days, and 9.8% of total number of falls from previous report of 6.1%. The Falls with Harm Group had changed workstream to the Safer Mobility Group facilitating collaboration with Allied Health Professionals (AHPs) to focus on mobility.
- Further work within the Acute Services Directorate was to continue in order to align and standardise the clinical governance framework. Ensuring all groups, services and specialities can provide assurance with all aspects of good clinical governance within their areas.
- The Director of AHPs was leading work on safer mobility, combining falls with harm, to achieve a wider multidisciplinary approach to positive risk taking in a measured environment.
- Committee members were advised of delays in CT scans and the mitigation in place.
- Colleagues were made aware of the formal escalation of issues experienced when transporting patients from prison to health appointments resulting in potential harm.

Action: Provide an update on the escalation of transporting patients from prison to health appointments.

7.2   Healthcare Associated Infection Executive Summary

The Clinical Governance Committee received the 'Healthcare Associated Infection (HAI) Executive Summary.'

The Clinical Governance Committee:
- ***Noted the HAI Executive Summary.***
- ***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.***

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 issues considered:
- Total SABs, DABs, CDIs and ECBs reported cases remained within control limits.
- Within the month of November:
  - 6 reported cases of SABs (4 hospital & 2 healthcare acquired)
  - 4 reported cases of DABs (3 healthcare & 1 nursing home acquired)
  - 3 reported cases of CDIs (1 hospital & 2 healthcare acquired)
  - 10 reported cases of ECBs (1 hospital, 7 healthcare & 2 nursing home acquired)
  - No surgical site infections
  - 1 C.difficile associated death
  - No MRSA associated deaths

- Within the month of December:
    - 1 hospital acquired SABs
    - No hospital acquired DABs
    - No hospital acquired CDIs
    - 3 hospital acquired ECBs
    - No recorded MRSA or C.difficile associated deaths.
    - 1 surgical site infection
    - 4 outbreaks recorded
- Due to a lack of success achieving targets nationally. The National Surveillance Group were awaiting confirmation following a review, where it was suggested that targets would change from 25% in March 2025 to 10% in March 2029.
- Due an anticipated rise in influenza cases, preparation work had commenced. Colleagues were advised that there had been an Influenza outbreak within the hospital, resulting in 10 related cases out of the 23 reported.
- Colleagues were reassured that there was confidence in infection controls within the ward that experienced an outbreak of both Norovirus and Covid. It was noted that the transmission was linked to several patients with dementia walking with purpose within the ward.

7.3   Cancer Update

The Clinical Governance Committee received the 'Cancer Update'.

The Clinical Governance Committee:
- ***Supported the development of a FV cancer strategy aligned to the Scottish Government's 'Cancer Strategy for Scotland 2023'.***
- ***Supported the completion of a review of the oncology unit and plan for urgent for urgent expansion.***
- ***Noted the challenge in achieving the 62 day waiting times target due to CT and endoscopy (diagnostic) capacity.***
- ***Noted the recent Quality Performance Indicator (QPI) issues highlighted by the Regional Oversight Group to the Chief Executive on 4 January 2024.***

The purpose of the update was to highlight the work being undertaken with relation to cancer waiting times, QPIs and the National Cancer Strategy.

Key points considered:
- Reassurance was provided that the operational team had good oversight and understanding of cancer services within Forth Valley.
- NHS Forth Valley regularly met the 31 Day Decision to Treatment Standard, however struggled to achieve the 62 Day Referral to Treatment Standard in line with other Scottish Health Boards. Colleagues were reassured that the 62 Day Standard had been added to the risk register.
- NHS Forth Valley's cancer services had been benchmarked against the 'Framework for Effective Cancer Management' to support achieving the 62 Day Standard where quarterly updates are sent to the Scottish Government.
- The continual yearly increase in the delivery of oncology care in conjunction with increased survivorship in the ageing population resulted in a critical shortage in resources within infrastructure and workforce. Work was ongoing to help increase the availability of consulting rooms and treatments chairs.
- Committee members were reassured of the effective annual review process undertaken with each specific tumour group using national QPIs.
- Lung Cancer Services were identified as an outlier for treatment rates and was escalated in December 2023. Survival impact as a result of QPI performance had not been ascertained however plans were in place to liaise with the Managed Clinical Network (MCN) lead to review data and investigate causes.

- Concern was raised over the rate of immediate breast reconstruction provided with NHS Forth Valley. Colleagues were advised that discussions had commenced with the Plastics team in NHS Lanarkshire regarding potential access to resources.
- In June 2023, the 10-year Scottish National Cancer Strategy was published with the aim to improve cancer survival and provide excellent, equitably accessible care to all.
- Committee members were advised that NHS Forth Valley would benchmark against the national strategy and build the health board's local framework, with the support from the Planning team.
- Concern was raised over the Oncology Unit requiring an expansion due to the increased demand on service and resource. Assurance was provided that a business case was awaiting approval from the Accommodation Committee and the lack of capacity within the Oncology Unit was accounted for as a registered risk.
- Further registered risks noted within Cancer Services were:
  o Waiting times
  o Access to diagnostics
  o Workforce & Non-recurring funding
- Due to there being no Acute Oncology Service, a proposal and description was established with the aim to implement an out of hour service specific to cancer patients and alleviate pressures within A&E. However, it was recognised as a challenge for the service due to withdrawal of the Scottish Government funding in 2022.
- Following discussion, it was agreed that the Lung and Breast tumour groups would be incorporated in the update provided to the Clinical Governance Working Group via the Acute Services Directorate Update.

8. In Our Services, Will Care Be Safe in the Future?

8.1   Public Health Update

The Clinical Governance Committee received the 'Public Health Update'.

The Clinical Governance Committee:
- ***Considered the assurance provided within the paper.***

The purpose of the paper was to provide assurance that the principles and standards of clinical governance were applied to the Public Health Directorate, specifically the health improvement and health protection and Health Care Public Health activities of the NHS Board.

Key points considered:
- Priority workstreams were developed to identify intentions and outcomes, routinely discussed at fortnightly Public Health Advisory Team meetings, and aligned to governance reporting structures.
- The directorate considers its departmental governance progress against key staff governance areas.
- Colleagues were advised that the rate of staff absence within the directorate was high however it was noted that due to the small size of the department, the high rate was attributed to one long term absence and good staff wellbeing was experienced.
- Appropriate identification and scaling of risk across all aspects of Public Health was included in the Strategic Risk Register, monitored and updated monthly.
- The 3 mains areas within the Public Health Directorate were noted as:
  o Health Improvement- A collaborative for Health Improvement work with themed subgroups being developed with Health and Social Care Partnerships (HSCPs) and other local population health stakeholders to promote improvement of public health such as the 'Stop Smoking' campaign.
  o Health Care Public Health- Work was ongoing to define aims, outcomes, and consider NHS Forth Valley as a population health organisation.

- Health Protection- Regional health protection work focussed on listening to all stakeholders to gain an understanding of their experience with NHS Forth Valley's health protection services.

8.2   Risk Management Update

The Clinical Governance Committee received the paper 'Strategic Risk Register- Update to Clinical Governance Risks'.

The Clinical Governance Committee:
- ***Considered the assurance provided regarding the effective management and escalation of Clinical Governance risks.***
- ***Endorsed the Clinical Governance Strategic risks, for onward reporting to he NHS Board.***

The purpose of the paper was to provide assurance in support of the committee's role in maintaining an overview of the Strategic risks aligned to the Clinical Governance Committee and agreeing appropriate escalation to the board.

Key points considered:
- All of the below strategic risks aligned to the Clinical Governance Committee were reviewed and noted as static:
  - SRR002 Urgent & Unscheduled Care- Subject to a Focused Review in January 2024, where the output would be discussed at the March 2024 Clinical Governance Committee meeting.
  - SRR016 Out of Hours Service
  - SRR004 Scheduled Care
- 20 mitigating actions were identified across the three risks:
  - 9 completed within the quarter.
  - 8 overdue controls relating to SRR016 Out of Hours. Assurance was provided that it was anticipated that the control related to the recruitment of a Senior Out of Hours Service Manager would be completed as the preferred candidate's start date had been confirmed.
  - 9 further controls due within the next quarter.
- Colleagues were advised that the recruitment process of Strategic Risk Manager had commenced.
- The Clinical Governance Committee were informed that risk updates would be provided on a regular basis to effectively track and scrutinise the risk mitigation progress and provide onward assurance to the NHS Board on the successful management of clinical risk. In addition, as the organisational and directorate level risk profiles develop, the committee would receive expanded reporting on a larger range of risks.

9. Is Our Care Person Centred?

9.1   NHS FV 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 complaints position and offer assurances of local level discussion regarding the importance of timely responses and engagement with the patient relations team.***

- ***Noted the challenges in demand and capacity within the service and the proposal for further workforce analysis in year 2024.***
- ***Noted the action and mitigation plan.***

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, Scottish Public Services Ombudsman (SPSO) referrals and examples of actions taken following complaints.

Key points considered:
- Despite work undertaken, pressures remained therefore impacting the team's ability to address the backlog experienced.
- From 1 April 2023- 31 October 2023 there were:
  - 244 live cases
  - 158 cases that breached the 20-day response timeframe.
  - The April 2023- October 2023 20-day performance was 58.25%.
  - 23 cases received by the SPSO.
  - 32% increase in complaints received in November 2023. Where the key complaint themes identified were related to:
    - Staff attitude
    - Failed discharge/ discharge issues
    - Delays to care provision
    - Lack of communication
  - Acute Services and Women & Children's received the highest number of complaints however it was advised that both services had local plans and governance forums in place.
- To address complaints regarding staff attitude and communication, work was being undertaken to include training modules and information within a team's workforce dashboard. In addition, the Simulation Centre offered support sessions for staff to deal with conflict on a person centric basis.
- The average complaint response time saw an overall increase, reflecting the focused work undertaken to close all long-standing complaints consequentially presenting a skewed data set.
- Care Opinion Feedback saw a decline in positive stories in November 2023. Colleagues were advised that work was required to support and foster compassionate communication following negative feedback on staff attitude and communication.
- Committee members were made aware of the challenge of demand and capacity within the team due to sickness absence. Furthermore, noting that NHS Forth Valley had one of the smallest complaints workforces, with two whole time equivalent staff fewer than other health boards. Local additional staffing was to be implemented on a short-time basis to support demand however it was predicted that without workforce and capacity resolution, a backlog would still be present in January 2025.
- It was noted that the aim was to build a system wide culture of learning through feedback intertwined with support from patient relations, governance, and risk to support operational services.
- It was noted that NHS Forth Valley was the only known health board to address prison healthcare complaints, whilst experiencing the implications of a further 200 prisoners being assigned to Forth Valley prisons.

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:
- There were 55 SAERs at various stages of the process:
  - 4 newly commissioned
  - 10 previously commissioned still to commence
  - 2 reports submitted
  - 1 report re-submitted
  - 8 ongoing
  - 8 commenced
  - 22 learning summaries progressing via local clinical governance groups
- The team's skill mix was reviewed, where it was proposed that work undertaken by senior staff could be completed by administration staff to free capacity for senior level tasks.
- Committee members were advised that a job description had been submitted to Agenda for Change, with the aim of providing the team with support whilst awaiting the review of the SAER capacity business case.
- A key challenge noted when completing SAERs was the need for facilitators. However, reassurance was provided in reference to the positive number and retention of lead reviewers trained to carried out SAERs.
- It was suggested that a proposal would be presented at a future Clinical Governance Committee meeting to refine the SAE Report by including infographics and reduce the information included.
- Committee members were assured that comparisons of SAER rates with other health boards were not outlined within the report due to Healthcare Improvement Scotland (HIS) not disclosing such information. However, it was noted that NHS Forth Valley was consistent with other health boards and that the significant increase of SAERs in 2023 was due to an improved recognition of when a SAER is required, and the process involved therefore reflecting a positive position in comparison to previous years reported.
- Following discussion regarding bank contacts for SAER Lead Reviewers, it was agreed that Mrs Lynda Bennie would liaise with Mr Michael Brown to provide assurance.

Action: Liaise with Mr Brown regarding the SAER Lead Reviewer job evaluation.

11. For Noting

11.1 The Clinical Governance Committee **noted** the Clinical Governance Strategic Implementation Plan.

11.2 The Clinical Governance Committee **noted** the below reports from Associated Clinical Governance Groups.

11.2.1 Clinical Governance Working Group Minute 181023
11.2.2 Organ Donation Committee Minute 041023
11.2.3 Child Protection Assurance Group Minute 241023

11.3 The Clinical Governance Committee **noted** the below Standards and Reviews Report.
11.3.1 Standards and Reviews Report August 2023
11.3.2 Standards and Reviews Report September 2023

12. Any Other Competent Business

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

13. Date of Next Meeting

Tuesday 12 March 2024 at 09:00, in the Boardroom, Carseview House.

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2024

9.3.3 Escalation Performance & Resources Committee Draft Minute: 20/02/2024 and Ratified Minute 19/01/2024
For Assurance

Committee Chair: Mr Martin Fairbairn, Non-Executive Director

ESCALATION PERFORMANCE & RESOURCES COMMITTEE

DRAFT Minute of the Escalation Performance & Resources Committee meeting held on Tuesday 20 February 2023 at 10.00am.

Present:	Mrs Kirstin Cassells	
	Mr Robert Clark	
	Mr Martin Fairbairn (Chair)	
	Mrs Janie McCusker	
	Mr Allan Rennie	

Attendance:	Ms Amanda Croft	Ms Kerry Mackenzie
	Mrs Patricia Cassidy	Ms Jackie McEwan
	Prof Frances Dodd	Dr John Ratcliffe
	Mrs Morag Farquhar	Miss Rebecca Reid (Minute)
	Mr Garry Fraser	Mr Kevin Reith
	Mr Scott Jaffray	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 from Cllr Fiona Collie and Dr Michele McClung.

3. **Declarations of Interest**

   There were no declarations of interests.

4. **Minute of the meeting held on Tuesday 19 January 2024**

   The minute of the meeting held on Tuesday 19 January 2023 was approved following two minor spelling amendments.

5. **Matters Arising / Action Log**

   There were no matters arising. Action point 048 was discussed. It was highlighted that this was an operational issue however Ms Amanda Croft agreed to discuss this with Mr Allan Rennie outwith the meeting.

6. **Assurance and Improvement Plan**

The Escalation Performance & Resources Committee considered the 'Assurance and Improvement Plan'.

The Escalation Performance and Resources Committee:
- **Noted the progress to date and that 24 out of 30 high-level actions are now reported as complete.**
- **Considered the summary and the impact of completed high-level actions in Table 2 within the paper.**
- **Noted that progress in relation to the 4 performance actions will continually be ongoing and monitored through the Performance Management Framework.**
- **Noted the action in relation to the Safe Delivery of Care Programme is complete however work will continue in terms of ongoing delivery.**
- **Considered and agreed the proposed level of assurance.**

Key Points:
- The rationale for the change in format of the Assurance & Improvement plan was shared with committee members. It was noted that feedback from the Assurance Board had been considered and it was felt that the presented format supported an easier read. Focussed work had been undertaken to support the closing of high-level actions and supporting sub actions.
- Although 80% of high-level actions were reported as closed, work would continue to ensure activity becomes embedded as part of the normal business process.
- Work to review and refresh the integration schemes continued with the expectation that this work would further develop and strengthen relationships between the relevant organisations.
- Evidence to support progress against each area of work would continue to be articulated throughout the plan as work to deliver against the actions continued.
- Consideration was given to how best to monitor and scrutinise ongoing progress and to further review the detail within the Assurance & Improvement plan going forward.
- The Escalation Performance & Resources Committee Terms of Reference to be reviewed to ensure they reflect the current position. In addition, following the agreement that governance issues and actions will be reviewed by the Escalation Performance & Resources Committee, the Terms of Reference should be amended to reflect this.
- Questions were raised regarding the commentary beside actions noted as closed where the description detailed work as continuing. It was highlighted that many of the actions were things that should be part of the day-to-day business and was now being monitored to ensure policies and processes were being executed fully. Work against closed actions would not stop as these actions would be monitored continuously to recognise new learning and development opportunities. It was agreed that the wording would be reviewed to describe this more clearly.

Actions:
- Subject Assurance Committees will review the finer detail relevant to their area and provide feedback and assurances to the Escalation Performance & Resources Committee.
- Escalation Performance & Resources Committee Terms of Reference to be reviewed and updated.
- Wording to be updated around closed actions that are continuing as normal business to describe the rationale for this more clearly.
- As a result of discussion around whether the Internal Auditors could have a role in providing assurance that work has been completed appropriately, Mr Scott Urquhart to pick this up as part of the internal audit planning for 2024/2025.

- To further emphasise the good work being undertaken, the broader impact of actions to be articulated within the update.
- Issues and actions in respect of Governance to be examined at the Escalation Performance & Resources Committee and not the regular Performance & Resources Committee.

7. NHS Scotland Support & Intervention Framework

The Committee considered the 'NHS Scotland Support & Intervention Framework'.

The Escalation Performance & Resources Committee:
- **Noted the NHS Scotland Support & Intervention Framework.**

Key points:
- It was agreed that the detail within the NHS Scotland Support & Intervention Framework could be clearer when describing how to achieve the necessary steps to get to a position to discuss de-escalation.
- It was thought it would be of importance for NHS Forth Valley to document the journey as a learning opportunity for other Health Boards.

Actions:
- Ms Amanda Croft agreed to discuss de-escalation with Christine McLaughlin, Chair of the Forth Valley Assurance Board.

8. Any Other Competent Business

Mr Martin Fairbairn highlighted the Assurance Board minutes circulated noting that they were in the public domain.

There being no other competent business the chair closed the meeting.

9. Date of Next Meeting
Tuesday 2 April 2024 at 3pm.

ESCALATION PERFORMANCE & RESOURCES COMMITTEE

DRAFT Minute of the Escalation Performance & Resources Committee meeting held on Friday 19 January 2023 at 10.00am.

Present: Mrs Kirstin Cassells
                   Mr Robert Clark
                   Mr Martin Fairbairn (Chair)
                   Dr Michele McClung
                   Mrs Janie McCusker
                   Mr Allan Rennie

Attendance: Ms Amanda Croft   Ms Jackie McEwan
                   Dr Jennifer Champion   Mr Andrew Murray
                   Mrs Morag Farquhar   Dr John Ratcliffe
                   Mr Garry Fraser   Miss Rebecca Reid (Minute)
                   Mr Scott Jaffray   Mr Kevin Reith
                   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 from Cllr Fiona Collie and Prof Frances Dodd.

3. Declarations of Interest

There were no declarations of interests.

4. Minute of the meeting held on Friday 15 December 2023

The minute of the meeting held on Friday 15 December 2023 was approved as an accurate record.

5. Matters Arising / Action Log

There were no matters arising. The action log was reviewed recognising that some actions points would be covered within today's agenda.
   - A focused review of Integration would be presented at the February Performance & Resources Committee meeting.
   - Following a discussion regarding the mapping of a decision-making matrix, Mr Allan Rennie stated, as Chair of the Integration Joint Board (IJB), he had not seen this. Mrs Janie McCusker stated the decision-making matrix was developed pre-escalation. Ms Amanda Croft confirmed she would pick this up offline with Mr Allan Rennie.
   - In future, the section in the cover paper that's describing overall progress against the domains should be clearly described as such.

- A typo on page 2 of the cover paper having been highlighted, it was confirmed that the discovery and synthesis phase of the Culture Change Compassionate Leadership team would sit with the Staff Governance Committee.

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:
- **Noted the detail within the Highlight Report at Appendix 1 for the month to 25/12/2023.**
- **Considered the Assurance and Improvement Plan at Appendix 2.**
- **Noted the progress to date against those actions set out in the Action Plan.**
- **Considered the proposed level assurance.**
- **Agreed it is content with progress.**
- **Noted and agreed the additional actions included in the Plan in response to the Corporate Governance review and the Board self-assessment outputs.**

Key Points:
- Work was continuing to ensure the Assurance & Improvement plan was becoming business as usual with a large amount of work ongoing in each of the 3 key domains of Governance, Culture & Leadership.
- John Ratcliffe confirmed that a mapping exercise had been undertaken to review the recommendations from the Corporate Governance Review and the Board self-assessment. This had resulted in 24 additional actions that have been included within the Plan. Each action had been assigned a lead and timescale, with evidence of work against each action detailed within the plan.
- Work to develop the Assurance Framework was ongoing with a number of component parts in place including the Performance Management Framework and the Risk Management Strategy. A strategic planning checklist aligned to the Blueprint for Good Governance was in place, and a review of strategies had been undertaken and required to be concluded. Work was ongoing in the production of an overarching document to tie all areas of work together.
- The Culture Change and Compassionate Leadership Programme had completed the diagnostics phase and findings had been shared with both ELT and Staff Side colleagues before advancing to the design phase. Engagement with staff would be carried out as part of the work within the programme to ensure staff felt represented. A high priority across the organisation remained enabling staff to feel heard to create significant change in the culture across the whole system.
- The findings from the 2023 iMatter cycle detailed a number of areas that required improvement including the visibility of managers. ELT had made significant progress in increasing visibility through walk arounds in various sites and the introduction of videos from each member of ELT being posted on the staff intranet. This aimed to increase familiarisation of ELT members with staff.
- Ms Amanda Croft shared that ELT was continuing to develop and evolve as a team allowing open, honest, and constructively challenging conversations to take place. Positive feedback on how ELT was evolving and progressing was continually being expressed along with how the conversations taking place meant that a whole system approach was being taken to achieve the required goals.
- Work was underway to continue expanding the engagement of ELT members and wider teams across the organisation to ensure all organisational functionalities were represented at all meetings.

- The Well-Led Framework was being tested within Unscheduled Care which consisted of 8 key lines of enquiry and through conversations with staff it was possible to tease out their thoughts of the strengths and weaknesses within Unscheduled Care. These findings allowed for an action plan to be created and taken forward.
- Committee members highlighted that the work being undertaken by ELT and the resultant progress was not being articulated fully within the paper. In particular, the extensive work being carried out within ELT to continue to strengthen the team could be detailed further.
- Clinical Governance Committee assurance:
  - At its most recent meeting, the committee was reasonably assured with the update of the safe delivery of care report that was presented. Several actions were noted as complete and moving to business as usual. It was highlighted that mock inspections had been carried out to support the organisation to be inspection ready at all times. Consideration was being given to the information that would be presented to future Escalation Performance & Resources Committee meetings in relation to safe delivery of care. The Clinical Governance Committee discussed Out of Hours (OOH) and recognised the considerable amount of work that had been undertaken within the service and that Scottish Government was satisfied with the plan produced to create a sustainable OOH.
- Staff Governance Committee assurance:
  - The committee discussed how the triangulation of data in respect of recruitment, retention, turnover, absence management could be triangulated with performance, and finance to better understand any underlying issues. It was noted that senior manager objectives were aligned to the corporate objectives. It was confirmed that non-executive director formal appraisals were undertaken annually and that this process was undertaken by the chair and overseen by Scottish Government.
- Performance & Resources Committee assurance:
  - The committee has not yet reviewed Governance (because the external report has only recently been completed). Urgent & Unscheduled Care was presented at the October meeting and despite evidence of appropriate actions being implemented the impact on performance within this service was yet to be identified; the committee was therefore unable to provide assurance to the Board. Challenges within Child & Adolescent Mental Health Services on achieving the national target were noted but recognition was given to the actions implemented to achieve the target. Performance within Psychological Therapies had improved although the service was still facing some challenges. Integration would be discussed at the Performance & Resources Committee meeting in February.

10. Escalation Performance & Resources Committee – Next Steps

The Escalation Performance & Resources considered the 'Escalation Performance & Resources Committee - Next Steps'.

The Escalation Performance & Resources Committee:
- **Considered the two options in this paper for continuation/dissolving of the Committee.**
- **Noted the addition of 24 new actions from the recent mapping exercise of remaining recommendations from the NHS Forth Valley Corporate Governance Review and outputs from the Board Self-Assessment of Governance.**

- **Agreed it was content with the recommendation of continuing regular monthly meetings until the end of the 2023/2024 financial year and would reassess the requirement of this committee at this time.**

11. Any Other Competent Business

There being no other competent business the chair closed the meeting.

12. Date of Next Meeting
Tuesday 20 February 2024 at 10am.

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2024

9.3.4 Performance & Resources Committee Draft Minute: 27/02/2024
For Assurance

Committee Chair: Mr Martin Fairbairn, Non-Executive Director

Executive Summary
This 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 27 February 2024.

Recommendation
The Forth Valley NHS Board is asked to:
- **note** the key issues being highlighted to the Board following the Performance & Resources Committee on 27 February 2024.
- **note** the draft minute of the Performance & Resources Committee held on 27 February 2024 at Appendix 1.

Key Issues Considered

The key issues considered by the Committee were:

- Escalation Update
- 2023/24 Internal Control Evaluation
- Information Governance Strategic Risk Focussed Review
- Scheduled Care
- Draft Financial Plan

The Committee considered an 'Escalation Update' specifically tailored to the work on Integration. The Committee:
- noted the presentation of the Integration Review Scheme.
- agreed it was assured of the positive impact as a result of the actions from the Assurance & Improvement Plan in relation to Integration.
- noted that whole system working would allow for open and transparent conversations, a shared governance structure and shared decision making where necessary to continue to drive improvement on integration.

The Committee considered the Internal Control Evaluation report. The Committee:
- considered the outcomes of the 2023/24 Internal Control Evaluation.
- noted the action points within the report of specific concern to the Performance & Resources Committee in the areas of Corporate Governance, Financial Governance and Information Governance.
- decided that some aspects may be relevant in the production of the Performance & Resources Committee annual report and assurance statement.

The Committee considered the 'Information Governance Strategic Risk Focussed Review'. The Committee:

- noted the progress made in managing information governance risk across NHS Forth Valley.
- endorsed the actions identified to further manage this strategic risk into appetite.
- endorsed the reasonable level of assurance reported on the basis that key controls to manage information governance and risk were assessed to be in place and mostly effective.
- noted that the report provided a detailed list of actions that will be taken forward in the next calendar year to improve the effectiveness of weaker controls.

The Committee considered an update on Scheduled Care. The Committee:

- noted the status of Planned Care performance and improvement work underway.
- noted the potential for continued improvement to meet national waiting times standards with further investment and invest to save opportunities highlighted.
- acknowledged the good work that had been carried out within Scheduled Care.
- recognised the challenges being faced within Scheduled Care to drive performance including CT scanner requirements and access to beds for planned care.

The Committee considered the Draft Financial Plan. The Committee:

- noted the draft 5-year Revenue and Capital Financial Plan 2024/25–2028/28 and Financial Sustainability Action Plan.
- noted the draft plan meets requirements set out by Scottish Government and delivers on actions recommended by Internal Audit and External Audit.
- noted the significant level of financial challenge identified and the associated risk to delivery of financial balance in each year of the plan.
- noted that work will continue to refine projections and cost improvement plans prior to submission to the NHS Board and Scottish Government in March.
- Noted the proposed funding contributions to IJBs for financial year 2024/25 in line with Scottish Government requirements and Integration Scheme provisions and noted progress on the development of IJB Business Cases.
- Considered the appropriateness of the proposed assurance level in light of the overall financial position and strategic financial sustainability risk rating.
- Approved the content within the draft financial plan for reporting to the NHS Forth Valley Board.

PERFORMANCE & RESOURCES COMMITTEE

DRAFT Minute of the Performance & Resources Committee meeting held on Tuesday 27 February 2024 at 9.30am, Boardroom Carseview House/MS Teams

Present:	Cllr Fiona Collie	
	Mr Robert Clark	
	Mr Martin Fairbairn (Chair)	
	Cllr Wendy Hamilton	
	Mrs Janie McCusker	

In Attendance:	Mrs Patricia Cassidy	Mrs Juliette Murray (Item 8.1)
	Prof Frances Dodd	Mr John Ratcliffe
	Mrs Morag Farquhar	Miss Rebecca Reid (Minute)
	Ms Claire Giddings	Ms Jennifer Rodgers
	Mrs Laura Henderson	Mrs Jillian Thomson
	Mrs Sarah Hughes-Jones	Mr Scott Urquhart
	Mr Derek Jarvie (Item 7.4)	Miss Vicky Webb
	Mr Andrew Murray	Mr David Williams

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Mrs Kirstin Cassells, Dr Jennifer Champion, Ms Amanda Croft, and Ms Kerry Mackenzie.

2. Declaration (s) of Interest (s)

There were no declarations of interest.

3. Minute of Performance & Resources Committee meeting held on 19 December 2023

The minute of the meeting held on 19 December 2023 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

There were no matters arising. The action log was reviewed noting that some actions would be discussed under the appropriate agenda item of this meeting.

In relation to action point 45 Mr Scott Urquhart confirmed weekly reports were being shared with Scottish Government of the ongoing work, Mr Jonathan Proctor had returned temporarily to liaise with NHS Assure.

Action:
- In-depth reports to be provided at the next NHS Forth Valley Board meeting and the April meeting of the Performance & Resources Committee.

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.**

6. FOR APPROVAL

6.1   Performance & Resources Committee Terms of Reference

The Performance & Resources Committee considered the 'Performance & Resources Committee Terms of Reference'.

The Performance & Resources Committee:
- **Considered the updates to the Performance & Resources Committee Terms of Reference as detailed within the paper.**
- **Endorsed the Terms of Reference for inclusion in the Code of Corporate Governance ahead of presentation to Audit & Risk Committee thereafter the NHS Board for approval in March 2024.**
- **Approved the Terms of Reference subsequent to the actions being considered below.**

Key points:
- A detailed review of the Performance & Resources Committee Terms of Reference was undertaken in February 2023 and approved by the Committee.
- Following further review there were a few amendments suggested for consideration which include:
  - The Director of Facilities and Infrastructure has been removed from the attendance section. Issues in relation to facilities and infrastructure will be scheduled per the Committee Planner and as required with appropriate senior managers in attendance.
  - Corporate Planning was removed as this is now a function to be considered by the NHS Forth Valley Board and the Executive Leadership Team.
  - Property Asset Management was redefined to 'Ensure the Whole System Infrastructure Planning approach is progressed in line with Scottish Government Guidance.'
  - Capital Projects were removed as this is now a function of the Audit & Risk Committee.
- Clarity was requested on the expectations of executives' attendance noting system wide pressures may need to be prioritised ahead of attending some meetings.

Action:
- The Chief Executive and senior team to give consideration to the expected attendance for executives.

6.2   Strategic Risk Register Update

The Performance & Resources Committee considered the 'Strategic Risk Register Update'.

The Performance & 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 as of February 2024 for onward reporting to the Forth Valley NHS Board.**

Key points:
- A new way of reporting was being produced that allowed for data being presented to be more up to date at the time off the committee meetings.
- The seven risks that aligned to the Performance & Resources Committee were reviewed and two risks had reduced in score whilst the others remained static.
- SRR010 Estates and Supporting Infrastructure was reassessed and rescored due to shifts in Scottish Government funding and the strategic focus on the Whole System Plan. As a result, the risk score was reduced from 20 to 16.
- SRR014 Healthcare Strategy was reassessed and rescored in line with progress. As a result, the risk score reduced from 15 to 9.
- There were currently 67 internal controls in place across the 7 risks aligned to the Performance & Resources Committee.
- 4 actions had been completed within the last 3 months and a total of 14 completed within the last 12 months.

7. BETTER GOVERNANCE

7.1 Escalation Update

The Performance & Resources Committee were presented with an 'Escalation Update' specifically tailored to the work with the Integration.

The Performance & Resources Committee:
- **Noted the presentation of the Integration Review Scheme.**
- **Agreed they were assured of the positive impact as a result of the actions from the Assurance & Improvement Plan in relation to Integration.**

Key points:
- Mr Fairbairn highlighted as part of the Escalation for NHS Forth Valley the subject of Integration was being brought to this committee for consideration to allow assurances to be provided to the Escalation Performance & Resources Committee of the ongoing work and the implementation of actions.
- Over the previous months work had been undertaken to strengthen relationships and transfer a number of services to both Falkirk and Clackmannan & Stirling Partnership's.
- Relationships between both Partnerships and the NHS Forth Valley Health Board were progressing recognising the importance of inclusion from all parties at necessary meetings including ELT.
- Whole system working had been implemented across various areas within the organisation to continue building positive relationships and increase the opportunities for collaborative working.
- Detail of the work being carried out in the transferred services of Primary Care, GP Out of hours, Mental Health Services and Prison Healthcare services were highlighted to committee members.
- Noted was that whole system working would allow for open and transparent conversations, a shared governance structure and shared decision making where necessary to continue to drive improvement against integration and continue developing the essential relationships.

7.2 Internal Control Evaluation

The Performance & Resources Committee considered the 'Internal Control Evaluation'.

The Performance and Resources Committee:

- **Noted the outcomes of the 2023/24 Internal Control Evaluation.**
- **Noted the action points of specific interest to the Performance & Resources Committee.**
- **Noted that some aspects may be relevant in the production of the Performance & Resources Committee annual report and assurance statement.**
- **In relation to 'Action Point Reference 12 - IG Annual Assurances', the Committee agreed that, based on all the information provided to it during the year, it was assured that the Information Governance systems had and were operating satisfactorily throughout the whole of the 2023-24 financial year.**

Key Points:
- The internal audit Internal Control Evaluation (ICE) aims to provide early warning of any significant issues that may affect the Governance Statement.
- On 26 January 2024 the Audit and Risk Committee noted the assurance on the overall system of controls provided within the ICE report and agreed that the final report be distributed to Standing Committees for consideration.
- The ICE 2023/24 contained 12 recommendations, intended to embed good governance principles and to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance.
- Key sections that were relevant to the remit of Performance & Resources Committee included action points 1 to 3 under Corporate Governance, Financial Governance in which there were no new actions and Information Governance action point 12.
- Action point 1 under Corporate Governance was in relation to Firebreak learning and deemed as significant. Audit recommendation included that findings from the firebreak must be shared highlighting lessons learned and measures being implemented.
- Action point 2 under Corporate Governance was deemed as a moderate risk as it was recommended that a programme of strategic risk deep dives was to be carried out on a regular basis whilst taking into consideration additional deep dives where necessary. As focussed reviews were carried out on a regular basis an annual programme of strategic risk focussed reviews would be developed for 2024/25 and detailed within Assurance Committee Planners.

7.3   Information Governance

7.3.1   Information Governance Annual Report

The Performance & Resources Committee received the 'Information Governance Annual Report'.

The Performance & Resources Committee:
- **Noted the assurance activity referenced in this report.**
- **Noted the level of assurance provided with this report.**

Key Points:
- The Annual Report was structured into four sections: Governance & Accountability, Disclosure, Compliance, and Assurance. Due to the change to delivering this information by calendar year, some of the content overlaps with the previous annual report covering the financial year 2022-23.
- NHS Forth Valley's Governance & Accountability arrangements continue to be an area of strength. However, challenges were being experienced in relation to Disclosure arrangements, specifically regarding compliance with freedom of information laws.

- A general assessment of reasonable assurance regarding NHS Forth Valley's information governance compliance was provided to the committee.

7.3.2 Information Governance Strategic Risk Focussed Review

The Performance & Resources Committee considered the 'Information Governance Strategic Risk Focussed Review'.

The Performance & Resources Committee:
- **Noted the progress made in managing information governance risk across NHS Forth Valley.**
- **Endorsed the actions identified to further manage this strategic risk into appetite.**
- **Endorsed the level of assurance provided.**

Key Points:
- This report was presented for the calendar year in order to inform the Committee's assessment of information governance arrangements and controls ahead of the preparation of their Annual Assurance Statement in April 2024.
- A reasonable level of assurance was reported on the basis that many key controls to manage information governance and risk were assessed to be in place and mostly effective.
- The report provided a detailed list of the actions that will be taken forward in the next calendar year to improve the effectiveness of weaker controls.
- SRR003 Information Governance was assessed to be within risk tolerance with a current score of 12 with a target appetite score of 8 being identified.

7.4 Sustainability Update

The Performance & Resources Committee received a 'Sustainability Update'.

The Performance & Resources Committee:
- **Noted the level of scrutiny around the Board's climate emergency response.**
- **Noted the progress being reported to Scottish Government in terms of climate change and sustainability action and the multi-disciplinary approach to delivery of the outcomes.**
- **Noted the shifting landscape in regard to reportable emissions and the effect that this is having on the Board's stated carbon footprint.**
- **Noted the ongoing requirement for commitment (staff input, capital and revenue) to enable action towards achievement of national and local targets and the impacts that financial constraints are likely to have on the Board's ability to comply with the requirements of DL (2021) 38.**

Key Points:
- Assurances were shared with the committee that work was ongoing to ensure expected outcomes could be delivered.
- The NHS Scotland Climate Emergency & Sustainable Development Policy, DL (2021) 38 (DL38) required NHS Scotland Boards to include additional reportable emissions in climate change submissions. Meaning that reporting performance must be in comparison to 2 different emissions baselines.
- The level of scrutiny around NHS Scotland's climate emergency response is considerable. In addition to the Statutory Public Bodies Climate Change Duties

submission and the Annual Climate & Sustainability Report, for 2024/25 and up to 2027, a Climate Change section will now be included within Board Delivery Plans.

- NHS Forth Valley had previously been successful in obtaining funding from Scottish Government to support the transition to net zero. It was becoming more difficult to obtain funding meaning that future projects would need to be funded by NHS Forth Valleys own capital or revenue budget.
- An NHS Forth Valley Climate Emergency and Sustainability Board had been established to oversee the work and monitor NHS Forth Valley Boards response to the climate emergency.
- Committee members recognised the good work that had been carried out in response to the climate emergency and noted the importance of maintaining the momentum of work despite potential funding pressures.

8. BETTER CARE

8.1   Scheduled Care Update

The Performance & Resources Committee received a 'Scheduled Care update'.

The Performance & Resources Committee:
- **Noted the status of Planned care performance.**
- **Noted the Improvement work underway.**
- **Noted the potential for continued improvement to meet national waiting times standards with further investment and invest to save opportunities highlighted.**
- **Acknowledged the good work that had been carried out within Scheduled Care.**
- **Recognised the challenges being faced within Scheduled Care to drive performance including CT scanner requirements and access to beds for planned care.**

Key Points:
- NHS Forth Valley were now in the third year of developing a sustainable workforce plan to deliver planned care. The ADT team were working to ensure consistent delivery of sustainable services with further potential to increase capacity through agile and flexible use of all available core resources.
- Work would continue to ensure a resilient workforce was in place with the correct skill mix in the appropriate areas.
- There was a current overspend of around £1m within scheduled care due to a number of challenges including increased medicine cost and inflationary costs for consumables. It was likely that income generated from support to external Health Boards would offset this overspend.
- New outpatient targets were set including a national standard that 95% of new outpatient targets were to be seen within 12 weeks of referral. NHS Forth Valley were currently achieving a target of 60%. National interim targets to eradicate long waits over 52 weeks by March 2023 was achieved by NHS Forth Valley.
- 59.3% of new outpatients were waiting less than 12 weeks during Q1 in September 2023 in comparison to NHS Scotland's average of 45.5%.
- 43.8% of inpatient and day case patients were being treated in less than 12 weeks as at Q1 in September 2023 in comparison to 31.8% across NHS Scotland.
- A number of activities were being put in place to as part of an improvement plan to further drive progression across the Scheduled care services.
- Due to a considerable rise of patients on the inpatient/day case surgery list over the winter period this has resulted in a reduction in access to planned care beds as they have been acquired to accommodate unscheduled care patients.

- Performance within radiology was recognised as the biggest concern as targets were not being achieved resulting on increased pressures within cancer pathways. A business case was being developed for the purchasing of a 3rd CT scanner as it was expressed that all other avenues to utilise the 2 scanners in place already had been exhausted.
- Committee members recognised and commended the good work that was being carried out within scheduled care to achieve the necessary targets and improve performance.
- Assurances were shared that the NHS Forth Valley Board had considered a business case for a 3rd CT scanner but due to system wide financial pressures there were no available resources to purchase a further scanner. Work would continue to consider what could be done locally to utilise the current scanners in place.

8.2   Performance Scorecard

The Performance & Resources Committee received the 'Performance Scorecard'.

The Performance & Resources Committee:
- **Noted the current key performance issues.**
- **Noted the detail within the Performance Report.**
- **Noted the Annual Delivery Plan Update.**
- **Agreed they were content with the proposed level of Assurance.**

Key Points:
- Overall compliance with the 4-hour emergency access standard (EAS) in January 2024 was 51.0%; Minor Injuries Unit 100%, Emergency Department 42.5%. A total of 2,727 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,489 waits longer than eight hours, 920 waits longer than 12 hours and 277 waits longer than 23 hours.
- Cancer target compliance in December 2023 saw 76.8% of patients waited less than the 62-day target. Activity against the 31-day target achieved 97.9%.
- In January 2024, 64.3% of patients started treatment within 18 weeks of referral within Psychological Therapies.
- In January 2024, 86.1% of patients started treatment within 18 weeks of referral within Child & Adolescent Mental Health Services.
- There was total of 120 delayed discharges in January 2024, 67 of these were standard delays whilst 53 were a result of code 9 and guardianship delays.
- The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the January 2024 census was 2,897, this is an increase from 1,836 in January 2023.

9. BETTER VALUE

9.1   Finance

9.1.1   Finance Report

The Performance & Resources Committee received the 'Finance Report'.

The Performance & Resources Committee:
- **Noted 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.**

- **Noted that the 2023/24 forecast outturn reduced from £15.6m overspend to £10.3m overspend in January following further non-recurring action taken in-year (including a £4m capital to revenue transfer relating to banked capital funds from prior years).**
- **Noted that the forecast outturn is currently being reviewed following recent confirmation of additional non-recurring funding from Scottish Government (correspondence dated 19th February). We are currently working through the implications of the allocation, which was unplanned, and expect it to result in a material improvement in the forecast outturn position.**
- **Noted that delivery of the £25m savings programme remains on track however this remains largely non-recurring and further work to accelerate delivery of recurring savings is being progressed through workstreams identified as part of the financial planning process.**
- **Noted a balanced capital position as of 31 January 2024 with a forecast break-even position against the capital resource limit.**
- **Noted a draft Financial Plan and Financial Sustainability Action Plan are provided under separate cover.**

Key points:
- 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 forecast deficit was recently revised to £10.3m and remained subject to review following confirmation of a significant unplanned funding allocation from the Scottish Government.
- Scottish Government shared correspondence with all NHS Boards on 19 February 2024 to confirm that £150m of additional non-recurring funding arising from Barnett consequentials issued by HM Treasury to the Department of Health and Social Care, will be allocated on an NRAC basis.
- Of the additional allocation NHS Forth Valley will receive £8.199m. Work was ongoing to understand the implications of this unexpectant funding allocation which would result in a material improvement in the forecast outturn and potentially reducing the risk of a brokerage loan.
- Cost base within Acute Services remained volatile due to the ongoing high levels of service demand. Women & Childrens services were also an area of monitoring for overspend.
- Reduction in agency spend was reported to committee members noting the positive work would continue to ensure agency usage was reduced further.

9.1.2 Draft Financial Plan

The Performance & Resources Committee considered the 'Draft Financial Plan'.

The Performance & Resources Committee:
- **Noted the draft 5-year Revenue and Capital Financial Plan 2024/25–2028/28, together with a Financial Sustainability Action Plan.**
- **Noted the financial planning assumptions made and the planning scenarios presented.**
- **Noted the draft plan meets requirements set out by Scottish Government and delivers on actions recommended by Internal Audit and External Audit**
- **Noted the significant level of financial challenge identified and the associated risk to delivery of financial balance in each year of the plan.**

- **Noted that work will continue to refine projections and cost improvement plans prior to submission to the NHS Board and Scottish Government in March.**
- **Noted the final Revenue and Capital Financial Plan 2024/25–2028/28, will be presented to the NHS Board for approval on 26th March 2024**
- **Noted the proposed funding contributions to IJBs for financial year 2024/25 in line with Scottish Government requirements and Integration Scheme provisions.**
- **Noted progress on the development of IJB Business Cases.**
- **Considered the appropriateness of proposed assurance level in light of the overall financial position and strategic financial sustainability risk rating.**
- **Approved the content within the draft financial plan for reporting to the NHS Forth Valley Board.**

Key points:
- The scale of the financial challenge over the next 5 years was unprecedented and given the nature of the current financial environment and operating context, it remained extremely unlikely that financial balance would be delivered during the timeframe of the revenue plan.
- In order to address long term financial sustainability a whole system transformation would be required.
- As advised by Scottish Government the 2024/25 pay award was not factored into the draft financial plan as assumptions should remain that additional funding would be allocated to support this pay deal.
- Guidance issued by Scottish Government stated that the draft financial plan must demonstrate a programme of work to achieve the anticipated 3% recurring savings target, provide evidence of an improved forecast outturn position for 2023/24 and produce financial sustainability action plans.
- An initial financial gap for 2024/25 was identified as £57.9m.
- The 5-year financial plan would remain a live document which would continue to be reviewed and updated as clarity on the financial planning assumptions become available.
- The financial plan carried a significant level of financial risk, particularly in relation to ongoing capacity and workforce pressures which continue to drive increased use of temporary staffing and contingency beds in the aftermath of the pandemic.
- Mr Urquhart reiterated the difficult financial position for NHS Forth Valley and confirmed that to ensure targets were achieved focus work on a whole system wide basis would be required. This would include focus work to address high areas of concern such as sickness and absence.
- Open and honest conversations with wider teams and communities would be required to provide an understanding of what's expected in relation to budgets given the financial climate.
- A communications plan would need to be considered to allow for information to be shared across the organisation and the wider audience but to also provide an opportunity for engagement.

9.2 Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update

The Performance & Resources Committee received the 'Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update'.

The Performance & Resources Committee:
- **Noted the updates for Capital & Infrastructure, Medical Equipment and Digital / eHealth.**
- **Noted the position with Whole System Planning.**

Key Points:
- The RAG status applied to the capital projects status report as of mid-February 2024 allowed for areas of slippage to be identified and to ensure focus shifted to these particular areas.
- As at the October 2023 Performance & Resources Committee, Carronshore Clinic was declared surplus to requirements and a timescale for expressions of interest was set to the end of 2023. As no interest was received this property will now be prepared for the trawl process.
- Work against the Whole System Infrastructure Plan was progressing. A recent director's letter set out a phased approach, with a business continuity investment plan against maintenance of existing estate to be submitted by the end of January 2025.

10. FOR NOTING

10.1 Information Governance Group Minute 19092023 & 07122023

The Performance & Resources Committee **noted** both minutes of the Information Governance Group.

11. ANY OTHER COMPETENT BUSINESS

12. DATE OF NEXT MEETING

Tuesday 30 April 2024 at 9:30am in the Boardroom, Carseview House

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2024

9.4.1 Area Clinical Forum Ratified Minute: 09/11/2023
For Assurance

Committee Chair: Mrs Kirstin Cassells, Non-Executive Director

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Minute of the **Area Clinical Forum** meeting held on **Thursday 9 November 2023 a**t **6.15pm** via MS Teams.

Present: Kirstin Cassells (Chair); David Herron; Geraldine Law; James King; Liz Kilgour; Lucie Risk; Rhona McNab

In Attendance: Amanda Croft, Interim Chief Executive; Frances Dodd, Executive Nurse Director (Item 6.1 only); Sarah Smith, Corporate Services Assistant/PA *(Minute Taker)*

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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 6 July 2023**

       The note of the meeting held on 6 July 2023 was approved as an accurate record.

4.   **Matters Arising from the minute/action log**

       The action log was discussed and would be updated as below:
       • AMC – A meeting has been organised for late November 2023.
       • Board expectation from reporting group minutes would be followed up at the next meeting.

5.   **ACF Committee Planner**

       The Committee Planner was discussed and would be updated as required.

6. FOR DISCUSSION

6.1 Safe Staffing *(this item was taken first on the Agenda)*

The Area Clinical Forum received a Presentation on The Health and Care (Staffing) (Scotland) Act 2019, led by Frances Dodd, Executive Nurse Director who noted she had responsible for the implementation of the Act within NHS Forth Valley.

The Presentation outlined the following areas:
- Who was included?
- Main Duties
- Guiding Principles
- Governance Arrangements
- Benchmarking
- Actions
- Reporting Requirements

During discussion, it was noted that self assessment work was currently underway with completion required by the end of November 2023. Anticipation was to provide clarity around implications and requirements for contracted staff.

In response to an enquiry, it was confirmed the Board should not employ Agency Workers at a cost that would exceed 150% of a regular member of staff. If this was done, then appropriate recording and reporting would be required. The understanding was that this requirement would also apply to independent contractors which was unexpected by the Independent Contractors present. Frances Dodd confirmed she would seek confirmation on this.

Challenge was also noted with Independent Contractors as pay was set based on supply and demand. Challenge was also noted around obtaining a return of data. Incorporation of different models of care was also highlighted.

Optometry highlighted a particular issue with the majority of income originating from retail sales rather than NHS Eye Tests. A dictation around staffing spend levels could then generate significant problems. Involvement within the preparatory process was confirmed, noting Optometry was a service targeted by the Contracted Services Group. Frances confirmed Nicola Wood, Head of Nursing for Care Assurance and Safe Staffing (Interim), would link in with appropriate ACF members to discuss their particular areas. It was also noted that the Primary Care Operational Group had been made aware of the legislation.

Understanding around implications would be required, with Frances confirming the main duties were focussed around ensuring there was the following in place:

- A system of understanding
- Appropriate level of staffing
- Tracking where there was insufficient staffing
- Actions to address
- Recording and understanding of current risks

It was recognised that some of these areas may already be in existence, however the Health Board had an obligation to confirm. There was a need to obtain confirmation from Contractors around there being a system in place around real time staffing, tracking and mitigation of real and recurrent risks.

Timelines for the working groups were discussed, noting the significant existing pressures on staff that may impact on ability to provide feedback. Frances noted this had been highlighted through a number of groups, with particular challenge around medical and dental due to capacity issues. The development of multi professional tools would take time, noting this would create a greater responsibility to utilise the common staffing method. The wider expansion of systems such as eRostering would greatly assist in providing data to aid in compliance with requirements.

It was agreed all ACF members would take this topic as a standing item to highlight within their respective Committees. This would also remain on the ACF Agenda for future discussion around developments. **Action: ALL**

Frances confirmed she would seek take the following actions and advise ACF accordingly:
- Did 150% Agency cost limit also apply to Independent Contractors?
- Reporting expectations for Independent Contractors
- Link Nicola Wood, Head of Nursing for Care Assurance and Safe Staffing (Interim), with Rhona King.
- Common staffing method triangle and slides would be shared with colleagues with any additional questions to be forwarded to Frances Dodd.

The ACF noted the significant work underway, recognising the overall positive position within NHS Forth Valley.

6.2 Interim Chief Executive – update since coming into post/Assurance Board

The ACF welcomed Amanda Croft who had taken up post as Interim Chief Executive.

Amanda outlined her background, noting a number of professional and leadership roles throughout her career. She was Nurse Director and then Chief Executive in NHS Grampian. Her last post was as Chief Nursing Officer for Scottish Government. Her wide-ranging focus had been around Acute, Primary Care, Health and Social Care and Scottish Government. The Chief Executive post within NHS Forth Valley was noted to be on an interim basis until permanent appointment was made, with advert anticipated over the next few months.

It was reiterated to ACF that NHS Forth Valley have been under escalation for almost 1 year. The Assurance Board had been meeting with the Executive Leadership Team for that period of time, with a number of Scottish Government colleagues. From September, representation had reduced to Christine McLaughlan who Chaired the Assurance Board; Angie Wood, the Director of Health and Social Care; Fiona Hogg, Chief of People and Robert Kirkwood, who covered Governance. Meetings have also reduced to monthly. The attendance of Scottish Government was due to the Board being escalated for Leadership, Culture and Governance. Permanent Assurance Board members from NHSFV were Amanda and the Chair, Janie McCusker. Two meetings have taken place to date with detail provided around content, with the most recent focussed on next iteration of the Assurance and Improvement Plan, which would be led by the ELT.

Due to the fast-moving requirements, it had not been possible to co-produce the document with input from Committees like the ACF, as would have been preferred. The final version of the third Assurance and Improvement Plan would be presented to the Performance and Resources Escalation Committee next week, then to Board at the end of November. It was then hoped to cascade throughout the organisation.

It was requested that the ACF add this Plan to the Agenda to enable review and discussion. This was a live and iterative plan with any feedback or comment welcomed.

Since taking up post, Amanda confirmed significant work had been undertaken by the ELT around co-working. Future areas of work to address culture issues were being identified and the structure of the meetings had also been amended to enable prioritisation of items, with decision making devolved as required.

Amanda noted she had been impressed with professionalism and honesty of staff within NHS Forth Valley. The legacy of Covid was still being seen, however this was against a focus on improving resilience and staff motivation.

Challenges around performance targets were noted, especially around ED; CAMHS; Out of Hours and Psychological Therapies. These were areas of particular focus by Scottish Government. The positive position regarding Planned Care was recognised, with NHS Forth Valley being one of the best performing Boards in Scotland. Work was continuing within the area of Integration and relationship building with Chief Executives of all three Councils.

It was agreed V3 of the Assurance and Improvement Plan would be shared with the ACF in advance of the next Performance & Resources Escalation Committee. This was with the recognition that the document remained in Draft. **Action: Admin**

David Herron highlighted Primary Care now sat within the HSCP and a lack of clarity around escalation process for issues was highlighted. Amanda advised she would highlight this to ELT, noting they now had alternate Strategic and Business meetings. A further area of focus would be around finances with an inclusive discussion to be held. Work had also commenced, prior to Amanda taking up post, around decision-making work within HSCP's with a focus on progression without removal of IJB authority.

The ACF thanked Amanda for her attendance.

7. **FOR NOTING**

7.1 **Allied Health Professionals - Flash Report October 2023**

Geraldine McEwan advised monthly meetings were held with key topics discussed. Good new stories were also highlighted, along with key challenges. ACF were advised that 3 international recruits had been employed through the Scottish Government Scheme. A 12-week induction was undertaken with posts being super-nummary initially.
With these posts now on the Band 5 rotation. Challenges and successes were noted, with formal report to be issued at the end of 2023. Recruitment/retention of newly qualified practitioners continued to be challenge, particularly around physiotherapy and training places did not match vacancy rate. Podiatry pre-registration course had not been filled. Cameron Marr, Clinical and Operational Lead for APPs, would be presenting at the Annual Review around the Advanced Practice role within Primary Care and role of the Primary Care Improvement Plan. Service redesign was noted within Community Dietetics, recognising the referral rate for Adult Weight Management was still significant. MSK challenges continued particularly around Physiotherapy vacancy rates. Work was ongoing in these areas. Rehab Services within HSCP and Children Services were also highlighted.

7.2   Area Dental Committee – verbal update

No-one was present to provide an update.

7.3   Area Medical Committee – meeting arranged for 28/11/23

The AMC noted the next meeting would take place on 28 November 2023.

7.4   DRAFT Area Optical Committee 28/08/23

An update was provided by Rhona King who noted the last meeting held was 30 October 2023, with minutes still in draft. National Scottish roll-out for Optometry of Emergency Care Summary would be taking place, this had been a long-standing requirement of the service. Forth Valley however were considering the option of Clinical Portal instead, with potential ring-fenced ECS items. Board provision of sharp disposal was discussed, with work ongoing around a proposal to establish Independent Prescribing Optometrists without access. Ophthalmology Department Hospital Service working on Dry-Eyed Shared Care SBar to re-establish this practice with Community Optometry. Rhona also advised the Committee would no longer have Admin Support for 2024.

Kirstin highlighted Sharps Service established within Community Pharmacists and would provide Rhona with contact details for the Waste Team. **Action: Kirstin Cassells**

7.5   Area Pharmaceutical Committee – 07/06/23 & 02/08/23 (DRAFT)

Kirstin Cassells advised the last meeting held was in August with the minutes remaining in draft due to cancellation of the October meeting. Workforce had continued to be a significant discussion topic with previous significant challenge within Community Pharmacies, with a number of unplanned closures. The Acute site was also struggling around staffing with a number moving into Primary Care to provide Pharmacotherapy Service. The future of pharmacy services was discussed, with potential options that could feed into LES monies. This had resulted in Contractor discussions around Sunday rota service and model hours.

7.6   GP Sub Committee

David Herron provided an update, noting a number of significant topics were being discussed. This included finance, noting for around 6% of the budget, Primary Care provided in excess of 2000 appointments a day in Forth Valley. The success of the Primary Care Improvement Plan was noted, with around 130 WTE staff into Practices. Additional posts were required, however there was no additional funding. Therefore, 3 demonstrator sites were being sought, with NHSFV submitting an application. Recruitment and retention work had been undertaken to establish requirements within Primary Care. Additional focus areas included Summary Enhanced Services; Protection Learning Time and Educational events. It was recognised that more GPs under 30 left posts, than those over 60, therefore a focus was on connecting with GPs at the start of their career. BMA Safe Staffing Limit Guidance was highlighted hoping the majority of Practices would adopt. If not, patients may be advised to attend A&E due to a lack of availability. The Guidance did include a number of potential improvement areas to enable GPs and Clinical Staff to feel they were working in a safe and reasonable environment.

7.7   HCS National Leads meeting/HCS meeting – October 2023

Liz Kilgour noted a local Forum meeting on 10 October 2023, with another to be held next week. A National Leads meeting also took place. In terms of Policy update, a National Healthcare Science Strategy was ongoing within Scottish Government, noting a Policy Officer now in post. Part of the development was a Job Description for the Leads, recognising many were voluntary. Safe Staffing was another area of particular focus with benchmarking being reviewed. In terms of the Annual Review, for Healthcare Sciences, a Presentation was being submitted from Audiology. Good work was recognised within Forth Valley. Challenges were focussed within Physiological Sciences, with the role of eRostering and Safe Staffing would aid in streamlining staffing. Significant review of education framework was ongoing and note was made of the good work being undertaken by the Lab Lead through the Academy at the Golden Jubilee with delivery of central training. NES work was also ongoing around Healthcare Science Support Workers, with Liz noting she was a member of the Advisory Group. At the forthcoming Staff Awards, it was noted 2 Scientists had been shortlisted for an award.

7.8   Psychology Advisory Committee 13/09/23

Lucie Risk provided an update on the last meeting. Discussion around impact of waiting list focus on staff wellbeing was noted. However, staff did note they felt well supported within Psychology with good compassionate leadership and job planning to support. Sickness absence rates were low compared to other services, which was positive. In terms of therapeutic space, discussions were ongoing around suitable accommodation, with development into consideration of trauma informed accommodation with impact of maintenance and estates work noted on provision of psychological therapies. Interruptions and last minute cancellations due to ongoing work did not aid in creating a safe space for therapeutic work to take place. Lucie confirmed a review of the Terms of Reference and structure of the Psychology Advisory Committee with recent launch of the Psychology Therapies Matrix highlighted. This was a live and iterative process.

8.   FOR APPROVAL

8.1   ACF 2024 meeting dates

The proposed 2024 dates were reviewed with the following agreed:
- March date to be changed to 21 March
- 16 May to be changed to 23 May

The ACF approved the 2024 dates and the proposed changes.

9.   BETTER GOVERNANCE

9.1   Annual Review

Kirstin expressed her thanks to colleagues who would be attending the forthcoming review. A prior meeting had taken place to confirm the ACF Programme for the day. This would include presentations from Feraz Ahmed on Audiology; Laura Byrne on Medicines Safety messages and Cameron Marr on work undertaken within Primary Care.

Amanda provided detail around the remainder of the day.

9.2   Draft Board Agenda 28/11/23

The Draft Agenda was reviewed with no questions or comments raised.

10.   AOCB

There were no additional items raised.

11.   DATE OF NEXT MEETING

The next meeting would take place on 18 January 2024 at 6.15 pm, via MS Teams.

AREA PARTNERSHIP FORUM
TUESDAY 23 JANUARY 2024

Item 3   **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)
Elaine Bell, Associate Director of HR
Elaine Macdonald, HR Service Manager
Frances Dodd, Executive Nurse Director
Gillian Morton, Director of Women & Children Services
Hilary Nelson, RCN
Jennifer Borthwick, Head of Psychology Services
Karren Morrison, UNISON
Kevin Reith, Interim Director of Human Resources
Linda Robertson, HR Service Manger
Lynsey Walker, British Dietetic Society
Margaret Kerr, Head of Organisational Development
Morag Farquhar, Associate Director of Facilities & Infrastructure
Scott Urquhart, Director of Finance

In Attendance: Phylis Wilkieson, Chief Nurse (for Acute)
Sarah Smith, Corporate Services Assistant/PA (minute)

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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 – 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. **Action: Robert Clark**

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 and 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.

Mr 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 that clarified 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 Chief Executive and Ms Janie McCusker as Board Chair, have 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 of this 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 highlighted the role of the SPRIG Group noting there were no Partnership colleagues in the attendance. Concern was raised around this noting 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. 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 highlighted that a number of staff were becoming aware of moves and changes being made within the Acute. Specifically, around Ward 6 and SAU Department. Ms Morrison highlighted limited engagement with press coverage noted and staff becoming anxious.

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 advised she would pick this up through the Triumvirate.

Morag Farquhar confirmed this was raised at the Health and Safety Committee which was reporting to the Board.

Ms Jennifer Borthwick 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

FORTH VALLEY NHS BOARD
TUESDAY 26 MARCH 2024

9.3.4 Clinical Governance Committee Ratified Minute: 20/02/2024
For Assurance

Committee Co-chair: Mr Robert Clark, Employee Director

Item 3	**DRAFT** Minute of the Area Partnership Forum meeting held on Tuesday 20 February at 2 pm, within the Boardroom, Carseview and via MS Teams.
Present:	Robert Clark, Employee Director (Chair) Frances Dodd, Executive Nurse Director Garry Fraser, Acute Services Director Janet Sneddon, RCM Jennifer Borthwick, Head of Psychology Services Karren Morrison, UNISON Kevin Reith, Interim Director of Human Resources Laura Byrne, Director of Pharmacy Linda Robertson, HR Service Manager – Workforce Planning & Staff Governance Lynsey Walker, Dietetics Margaret Kerr, Head of Organisational Development Nicholas Hill, GMB Scott Urquhart, Director of Finance Thomas French, LMC

In Attendance: Sarah Smith, Corporate Services Assistant/PA (minute)
                       Rebecca Reid, Observer

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

    Apologies for absence were noted on behalf of: Morag Farquhar; Una Madill; Elaine Bell; Gillian Morton; Amanda Croft; Elaine Macdonald; Hilary Nelson; Lorna Dougans; Patricia Cassidy.

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

    There were no declarations of interest made.

3. **Draft Minute of Area Partnership Forum meeting held on 23 January 2024**

    The note of the meeting held on 21 November 2023 was approved as an accurate record subject to the following amendments:
    • Page 3 – Robert updated on the statement from Fujitsu which confirmed "they would voluntarily undertake not to bid for Government contracts while the enquiry is ongoing, unless of course the Government ask them to."

4.   **Action Log**

The action log was reviewed and would be updated as follows:
25   Mr Kevin Reith provided an update advising of previous commitment to review recommendations. A date was being sought with staff side colleagues and this would be followed up. Background work was being undertaken with update to the next meeting
32   Mr Robert Clark confirmed discussion with Elsbeth Campbell, Head of Communications. A page would be provided on the Intranet where the minutes could be uploaded. The APF agreed this was not the Partnerships role to update the website, however would wish to work with colleagues to ensure updates. Robert Clark agreed to provide an update to the next meeting. **Action: Robert Clark**
33   Item was on the Agenda.
35   Mr Kevin Reith confirmed he would clarify in a paper would be brought to the next meeting
36   Mr Kevin Reith would seek clarification with John Ratcliffe to agree an appropriate date for him to join an APF meeting.
37   Item on the Agenda
38   Item was on the Agenda
39   Item would be brought to March meeting.
40   This item would be incorporated within Item 39. Terminology of 'attendance' was proposed rather than 'absence management' with learning from areas of good attendance suggested.
41   Mr Scott Urquhart confirmed he would provide a verbal NTC update under AOCB. It was also confirmed a paper would be taken to the Public Board meeting in March 2024 would be provided in the meeting.
42   Mr Robert Clark confirmed this item was complete.

5.   **Matters arising from the minute/action log**

There were no further matters arising from the minute or action log.

6.   **Assurance & Improvement Plan Update**

The Area Partnership Forum received a verbal update on the Assurance and Improvement Plan presented by Mr Kevin Reith, Interim Director of Human Resources. A combined approach with Partnership colleagues was noted.

A summary position was provided, noting 24 of the 30 high level actions were completed, in line with the requirements of the Assurance Board. Areas of continued work were noted, especially around Culture, with the aim of bringing into normal day to day activities. The plan was in its last iteration, with the Escalation Performance & Resources Committee confirming their assurance around the contents.

7.   **BETTER CARE**

7.1   **Firebreak Update**

The Area Partnership Forum received a paper on the 'Firebreak' presented by Ms Karen Goudie, Director of Nursing.

The reasons for undertaking the Firebreak were noted, with the aim of with this being a short and sharp process undertaken through a multi agency approach and covering the full acute site, community hospitals, HSCP and Partnerships. The aim was to understand constraints; identify areas of good practice and improve patient flow. Detail was provided around the roles and responsibilities of all involved, including Senior and Community Teams

The primary aim of the Firebreak was to provide a focus on system stabilisation and diagnostic data around key areas. Page 8 outlined the additional aims. Criteria to Reside was the tool used, which had been digitalised by Richard Hendry, Principal Information Analyst. This provided a

score to measure patient care requirements and to determine if they were Clinical Ready for Discharge. An example of the data required was outlined within the paper.

Measurement framework was also outlined, with a daily Sitrep developed along with a data pack to track Firebreak activities.

The data output would form part of the continued improvement work to be taken through 5 System Reset Task and Finish Groups. Detail was provided around members; scope; and objectives.

Ms Goudie provided some specific insight from week 1 of the Firebreak. This had shown around 200 patients clinically ready for discharge, however for a number of reasons were unable to progress on their journey. Another early outcome within week 1 was an increase in recorded delays, believed due to better recording. This co-related into Discharge Hubs. Close working with the Integrated Discharge Teams was noted.

The paper detailed Key Improvement Themes, noting a summary of findings; opportunity and actions. Specific measurement areas were provided which showed the position before, after and at point of Firebreak. An increase in offsite capacity was noted to 30 staff.

Mr Garry Fraser, Acute Site Director, confirmed an action plan had been compiled which utilised learning and experience from the Firebreak, along with information contained in a paper prepared by the Centre for Sustainable Delivery. The plan was aligned through the Unscheduled Care Workstreams and Board to aid in addressing flow through the system while working with partners.

The Area Partnership Forum recognised the significant work undertaken, noting the useful information obtained. The importance of staff experience was recognised noting a number of the aims noted on page 8 had not been met, potentially due to unrealistic expectations. The need for clarity around requirements was requested to enable appropriate planning. There was also recognition of the need for staff communication around the positive pieces of work.

8.   BETTER VALUE

8.1   Finance Report

The Area Partnership Form received a paper 'Finance Report' presented by Mr Scott Urquhart, Director of Finance. This paper covered the period to 31 December 2023.

During his update, Mr Urquhart noted that the budget for the year 2023/24 was £844m; with a starting gap of £40m. Through a £25m savings plan, this was reduced to £15m. A further reduction to £10m had been achieved through a number of activities, including a change in Capital allocation. Areas of pressures were unchanged. The Board had been advised that break-even could not be achieved unless additional funding received.

The APF were advised a letter had now been received from Scottish Government which announced additional funding, which further reduced the deficit to around £4m. Significant work was ongoing to reduce the position to as near break-even as possible.

For the year 2024/25, cost pressures would remain with no additional cash to offset. A number of inflationary pressures were expected. The starting gap had been quantified as £57m.

A full discussion had taken place at the recent ELT meeting, with staff side involvement noted. A financial sustainability action plan had been developed which was aligned with the Assurance and Improvement Plan created as part of the Escalation work. 8 key themes were identified.

The APF were advised the key action for the organisation was withdrawal from all unfunded areas, which would require significant action around the whole system.

Circulation of the draft plan had been undertaken with staff side colleagues included. Comments and feedback was welcomed. This would then be presented to the Performance & Resources Committee along with a draft 5 year financial plan.

Ongoing discussion was noted at Board Chief Executive level in terms of what actions other Boards were looking to take collectively to address these pressures. Decisions and actions were anticipated over the coming weeks.

Laura Byrne outlined work being undertaken within Pharmacy. This included a Medicines Efficiency Programme with focus on both immediate and longer-term actions.

The APF noted the ongoing significant challenge and recognised the additional complexity in staff messaging following receipt of additional funding. The need for clear messaging by managers was recognised.

8.2 Facility Time (taken after Item 7.1)

The Area Partnership Forum received a verbal update on Facility Time led by Mr Kevin Reith, Interim Director of Human Resources.

Clarification was provided around the position noting original presentation to the APF in September 2024. Return was made in October 2024 with Mr Keith confirming the 6 week timeline in respective of facilities time.

A change in position was noted, with Ms Hilary Nelson leaving the organisation. It was noted she was a full-time staff side representative, with the additional burden falling on a small number of people. The additionality of risk was noted.

Following discussion, it was therefore agreed that outstanding requests would be reviewed with short term adjustments to be agreed as required. **Action: Kevin Reith**

Mr Clark highlighted the Scottish Government requirement for himself and HR colleagues to sign off the required time and monies spend on facilities. The need for accuracy around this was recognised.

The APF noted the position.

9. BETTER WORKFORCE

9.1 Professional Leadership

The Area Partnership Forum considered a paper "NMAHP Professional Leadership" presented by Professor Frances Dodd. Apologies were noted for it not being presented previously.

The aim of the paper was to outline a strengthening of the professional leadership across the organisation and to provide clear alignment for structures. No change had been made to roles that had both mix of operational and professional leadership. The change was to purely professional leadership roles and was not intended to be an organisational change process. The aim being to create a contemporary leadership model across NMAPS, particularly substantiating and strengthening of the AHP roles. It was aimed to provide a mapping across all NMAP families.

Professor Dodd then outlined the following areas:
- Job evaluation process agreed subsequent to paper being issued.
- Strengthening of Practice Development function for AHPs and midwives
- Opportunities for succession planning
- No change to operational/managerial roles

- Focus was on professional leadership role, noting potential dual role
- Aim to strengthen governance in relation to accountability and responsibility

During discussion, Jennifer Borthwick noted the Chief Nurse for Clackmannan was also Head of Learning Disabilities Nursing and raised concern this was not referred to within the paper. Professor Dodd provided reassurance that work was being undertaken by Ms Goudie with the Chief Nurses to understand relevant portfolios and ensure appropriate representation. Gillian Morton and Pauline Beirne would lead on the Allied Health Professional and Midwifery aspect of this. Ms Borthwick highlighted the complexity of the service area and national initiatives and Professor Dodd confirmed she recognised this and the importance of discussion at local level was acknowledged. Ms Sneddon highlighted the need for staff in the hospital to have clarity around the structure they were to follow. Also, reference was noted in the paper around a Chief Midwife, which was a new role, with the longer-term ambition noting no Head of Service. Professor Dodd confirmed she was unable to influence operational delivery but noted the intent to create professional only arrangements. There would be no change to the existing structure until an opportunity arose through vacancy.

Professor Dodd confirmed her long-term intention was to disaggregate professional and operational structures from being interlinked. There was acknowledgement of the challenges that would be created through the current structure.

Ms Morrison sought clarification around timings and staff perception around the number of additional new posts at Band 8 and above. Professor Dodd confirmed there was no new money within the proposal. The only area of potential additional finance was the Deputy Chief Nurse post within the 2 Partnerships. The cost would be around £10k each with the aim of creating succession planning opportunities. The longer-term aim being to achieve savings particularly around AHP delivery. The focus was on providing clear leadership structure.

The aim was to recognise the AHP leadership structure aligned with the other professional structures across Forth Valley and in Health Boards across Scotland. Due to their operational and professional leadership Due to the AHP structure, this could not be disaggregated.

The Area Partnership Forum noted the paper as presented.

9.2   Bank HCSW Band 2 to 3 Process

The Area Partnership Forum received a verbal update on the Bank Healthcare Support Workers Band 2 to 3 process, presented by Mr Michael Brown, Head of HR Resourcing.

Mr Brown outlined the process undertaken and confirmed approval from STAC to include Bank Staff. This commenced in August/September 2023, with 2419 Band 2 staff were contacted and given information around the Banding review. Detail was provided around the content on the information pack provided as well as the options for staff.

It was confirmed that work was ongoing with currently 780 staff who were Band 3 in Nursing. 355 had been processed in 2024. Once the proforma had been received from staff, changes were made on pay slips, Staff Bank system and eESS. All staff were added to a spreadsheet which was sent to payroll on a weekly basis. A waiting list was in place to ascertain if they were entitled to any back pay which would date from October 2021.

Mr Brown advised the APF that this was not a process that would close, noting Bank Staff would reach the level of HCSW at different times.

For background, APF were advised there were 150 shifts used each day, with 68% now filled with Band 3. A reduction of Band 2 Agency was ongoing, with 50% reduction to date.

Ms Morrison highlighted an issue raised by Staff around undertaking a shift as a Band 3, then the following shift would be a B2 in the same area and doing the same role. It was also noted that special/enhanced ops were not within a Band 2 job description. This was based on national profiles. Professor Dodd confirmed she would follow up on the requests and seek clarity around the role requirements. Mr Brown requested that any staff experiencing this should contact him to discuss. It was confirmed there was both a Band 2 and Band 3 job description.

10. FOR NOTING

10.1 Update on Organisation Development Priorities including Learning, Education and iMatter

The Area Partnership Forum received a paper "Update on Organisation Development Priorities including Learning, Education and iMatter" presented by Ms Margaret Kerr, Head of Organisational Development. The following key points were highlighted:

- iMatter planning ongoing for 2024 cycle, with request for staff to encourage
- Training and costs agreed for CPD and Supervision 4 (Internal and Group Mediators)
- Mentoring – matching would commence on 13 March with Go Live of 1 May 2024.
- Leading for the Future - expectation to hear from NES in next few weeks regarding recruitment for this year. Only 5 places available with contingency outlined.

Ms Morrison sought clarification around finances for the Cultural Review Programme with assurance provided by Mr Urquhart that funding for identified costs would be funded by Scottish Government. No confirmation had been provided for future funding.

Culture support was identified as a key role within Organisational Development, with assurance sessions facilitated and delivered by Michael West had been funded through the OD budget.

In terms of Leading for the Future, confirmation was provided this was open to all disciplines, with a Band 8 and above focus.

The Area Partnership Forum noted the paper as presented.

11. ANY OTHER COMPETENT BUSINESS

NTC - Mr Scott Urquhart provided a verbal update on the National Treatment Centre. Original opening was planned for September 2023, however this had been delayed. NHS Assure had identified pipework compliance issues. NHSFV would be unable to open the Centre without an approved status from NHS Assure. Any issues raised would require work with Forth Health and Portakabin with close working ongoing with all parties. A number of options and proposals were currently being reviewed with conclusion awaited around potential opening date. Governance had been reinforced with escalation to the Senior Partner within Forth Health and Mr Jonathan Procter had taken up a role as Programme Director to lead on the project. A fortnightly meeting was being undertaken with all key parties. A full update would be provided to the Public Session of the NHS Board in March 2023. It was acknowledged that 130 WTE staff had been recruited with a number providing mutual aid support for a number of Boards.

'Breathtaking' Covid Documentary – Ms Morrison highlighted this could be a triggering programme for staff. Potential increase in acute Mental Health requests was potentially noted for both staff and families. It was also recognised sickness absence may increase in key areas.

Risk Manager - The APF were also informed that Vicky Webb had been appointed as the Board's Risk Manager.

12. **DATE OF NEXT MEETING**

Tuesday 19 March 2024 @ 2 pm, in the Boardroom, Carseview

There being no other competent business, the Chair closed the meeting at 4.15 pm.

A meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **29 November 2023 2 pm – 4 pm** at Ceteris, Alloa Business Centre, Alloa, and hybrid via MS Teams

Please notify apologies for absence to:
fv.clackmannanshirestirling.hscp@nhs.scot

AGENDA

1. **NOTIFICATION OF APOLOGIES**   **For Noting**

2. **NOTIFICATION OF SUBSTITUTES**   **For Noting**

3. **DECLARATION(S) OF INTEREST**   **For Noting**

4. **CASE STUDY – Community Pharmacy, Campbell Shimmins**   **For Noting**
    (Presented by Annemargaret Black, Chief Officer)   2 – 2.10 pm

5. **URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/ EMERGENCY ITEMS**

    5.1   **ACTION LOG**   **For Noting**
                                                                  2.10 – 2.20 pm

6. **DRAFT MINUTE OF THE INTEGRATION JOINT BOARD MEETING**   **For Approval**
    HELD ON 27 SEPTEMBER 2023   2.20 – 2.30 pm

7. **CHIEF OFFICER UPDATE**   **For Noting & Approval**
    (Paper presented by Annemargaret Black, Chief Officer)   2.30 – 2.50 pm

8. **BUDGET AND FINANCE**

    8.1   **FINANCIAL REPORT**   **For Noting & Approval**
            (Incorporating updated financial recovery considerations)
    (Paper presented by Ewan Murray, Chief Finance Officer)   2.50 – 3.10 pm

9. PLANNING, COMMISSIONING, DIRECTIONS AND NEEDS ASSESSMENT

9.1   ADP COMMISSIONING   **For Approval**
(Paper presented by Wendy Forrest, Head of Strategic Planning   3.10 pm – 3.20 pm
and Health Improvement)

9.2   IJB AND COMMITTEE DATES 2024/25   **For Noting & Approval**
(Paper presented by Lesley Fulford, Senior Planning Manager)   3.20 – 3.30 pm

10. PERFORMANCE

10.1   QUARTER 2 PERFORMANCE REPORT   **For Noting & Approval**
(JULY - SEPTEMBER 2023)
(Paper presented by Annemargaret Black, Chief Officer)   3.30 – 3.50 pm

11. FOR NOTING

11.1   DECISION LOG   **For Noting**

11.2   MINUTES   **For Assurance**

   a. **Finance and Performance Committee – 06/09/2023**
   b. **Joint Staff Forum – 05/07/2023**
   c. **Strategic Planning Group – 23/08/2023**
   d. **Clinical & Care Governance – 20/07/2023**

12. ANY OTHER COMPETENT BUSINESS (AOCB)

13. DATE OF NEXT MEETING

27 March 2024

Meeting Date and Paper Number	Report Title	Action	Responsible Officer	Timescale	Progress/Outcome	Status
27 September 2023 Paper 8.1	Budget and Finance	Financial Recovery Plan	Mr Murray	November 2023	Will be presented to the November IJB	In progress
27 September 2023 Paper 8.1	Budget and Finance	Resolution of use of COVID funding	Mr Murray	November 2023	To be formally approved at the November IJB	In progress
27 September 2023 Paper 8.1	Budget and Finance	Future discussion around funding and savings opportunities	Mr Murray	December 2023	Updates will be provided after the series of finance workshops	In progress
27 September 2023 Paper 8.3	Financial Regulations	<u>Policy Review</u> Review of the Financial Regulations	Mr Murray	2025	N/A	Not started
27 September 2023	Locality Plans	Locality Plan updates are to be recorded in the performance report going	Ms Forrest	Quarter 3 March 2024	Will be updated to the quarter 3 performance	Ongoing

Paper 9.1		forward as part of our development journey			report on the 27 March IJB	
27 September 2023 Paper 9.2	**Primary Care Update**	**PCIP GMS Contract – Transition Plan to achieve financial sustainability. The results of the options appraisal are to be brought back to a future IJB for discussion**	**Dr Brennan and Mr Murray**	**March 2024**	**To be discussed at the 27 March IJB alongside the proposed budget**	**In progress**
27 September 2023 Paper 10.1	**Performance Report (April – June 2023)**	**Add an executive summary to the performance report**	**Ms Forrest**	**June 2024**	**Will be actioned for the Annual Performance Report 2023/24**	**Ongoing**

Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held on 27 September 2023

For Approval

Approved for Submission by	Annemargaret Black, Chief Officer
Paper presented by	N/A
Author	Sandra Comrie, Business Support Officer
Exempt Report	No

Draft Minute of the **Clackmannanshire & Stirling Integration Joint Board meeting** held on **Wednesday 27 September 2023, in the Boardroom, Carseview House, Stirling and hybrid via MS Teams**

PRESENT

Voting Members
Allan Rennie (Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Martha Benny, Clackmannanshire Council
Councillor Wendy Hamilton, Clackmannanshire Council
Councillor Janine Rennie, Clackmannanshire Council
Councillor Rosemary Fraser, Stirling Council
John Stuart, Non-Executive Board Member, NHS Forth Valley
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley

Non-Voting Members
Annemargaret Black, Chief Officer, IJB and HSCP
Ewan Murray, Chief Finance Officer, IJB and HSCP
Narek Bido, Third Sector Representative, Clackmannanshire
Eileen Wallace, Service User Representative, Stirling
Helen McGuire, Service User Representative, Stirling
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Marie Valente, Chief Social Work Officer, Stirling Council
Sharon Robertson, Chief Social Work Office, Clackmannanshire Council
Nicola Wood, acting Chief Nurse, HSCP
Robert Clark, Employee Director, NHS Forth Valley

Advisory Members
Lesley Fulford, Senior Planning Manager
Heather Buchanan, Resources & Governance-Legal Services, Clackmannanshire Council

In Attendance
Wendy Forrest, Head of Strategic Planning and Health Improvement
David Williams, Scottish Government
Sandra Comrie, Business Support Officer (minutes)

1.   **APOLOGIES FOR ABSENCE**

The Chair welcomed everyone to the meeting.

Mr Rennie explained any questions/queries raised by IJB members prior to the meeting had been responded to or would be covered within the presentation of papers.

Apologies for absence were noted on behalf of:

Councillor Martin Earl, Stirling Council

Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley
Andrew Murray, Medical Director, NHS Forth Valley
Alan Clevett, Third Sector Representative, Stirling
Helen Duncan, Third Sector Representative, Stirling

2. NOTIFICATION OF SUBSTITUTES

Nicola Wood was a substitute for Lorraine Robertson, Chief Nurse

3. DECLARATIONS OF INTEREST

There were no declarations of interest noted.

4. CASE STUDY Joy's ReACH Team Story

Due to technical issues, this item was moved to the end of the meeting.

5. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/EMERGENCY ITEMS

Mr Rennie confirmed that on 29 August 2023, the NHS Chief Executive announced her resignation. Amanda Croft, former Chief Nursing Officer, for the Scottish Government and Chief Executive of NHS Grampian, was providing support on an interim basis until a new Chief Executive is appointed.

5.1 ACTION LOG

Noted

6. MINUTE OF MEETING HELD ON 27 SEPTEMBER 2023

The Integration Joint Board approved the draft minute of the meeting held on 27 September 2023.

7. CHIEF OFFICER UPDATE

The Integration Joint Board considered the report provided by Ms Annemargaret Black, Chief Officer.

Ms Black provided an overview of the content of the report and the key papers on the agenda.

Ms Black explained that delayed discharge performance had deteriorated from the previous period. She confirmed that Maxine Ward, interim Head of Community Health and Care, had a recovery plan in place, which was still in the development stages, and there had been an improvement in standard delays in hospital.

Ms Black referred to the Verity House Agreement, to highlight the risks relating to the agreement around ringfencing. As adult social care budgets had been relatively protected, any potential reductions to finances would be a risk to the support required for people living independent lives. Ms Black explained that Clackmannanshire and Stirling Councils were under enormous financial pressure and fewer resources in Social Care would impact whole system performance across health and social care.

The Board discussed winter staffing challenges and challenges faced with IT, data, and information systems. Mr Clark asked whether the Verity House Agreement should be included on the risk register. Ms Black confirmed it wouldn't be added at the moment as no decisions had been made relating to adult social care, but this would be monitored.

The Integration Joint Board:

1) **Noted the content of the report.**
2) **Noted that the 29 November 2023 IJB development session will be delivered by the Standards Commission Scotland.**
3) **Approved Helen Duncan as a third sector representative on the IJB as nominated by Stirling Voluntary Enterprise.**
4) **Noted the resignation of the Stirling Council voting member Cllr Danny Gibson from the IJB.**
5) **Noted Cllr Gerry McGarvey as the new IJB voting member for Stirling Council.**
6) **Noted that Stirling Council will provide a nomination for the IJB Vice Chair role after their next Council Meeting which will be held on 5 October 2023. This will be confirmed at next IJB in November 2023.**
7) **Noted that Les Sharp who was previously approved as third sector representative for Clackmannanshire third sector, will no longer be able to take up his position.**
8) **Members were asked to note the NHSFV interim Chief Executive appointment, and that NHS FV Health Board will nominate a new voting member to the Board.**
9) **Noted that the Audit and Risk Committee is seeking a (non-voting) member of the IJB to join the committee.**
10) **Noted that the IJB Finance and Performance Committee is seeking a Stirling Council voting member to join the committee.**
11) **Noted the memorandum of understanding for Scottish Prisons.**

8. BUDGET AND FINANCE

8.1 FINANCIAL REPORT
(INCORPORATING INITIAL FINANCIAL RECOVERY CONSIDERATIONS)

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Mr Murray confirmed the report had been presented to the Finance and Performance Committee on 13 September 2023. The style of the financial report had been restructured to provide a more integrated view of the partnership's finances. It was received positively by the Committee and Mr Murray welcomed the IJB members' feedback. He explained the format of the report would continue to evolve and address the recommendations within the Annual Audit Report.

Mr Murray provided an overview of the key pressure areas which included large hospital services, prescribing, and costs associated with adult social care services, which involved increases in long term care and care at home services. As there was not sufficient traction on the delivery of the improved savings and efficiency plans, agreed upon at the IJB in March, Mr Murray explained further efforts were required to increase delivery of savings. The potential financial recovery measures were detailed in the report. He discussed the estimated financial recovery impacts which could, if successful, reduce the projected overspend on the integrated budget to £2.9 million.

Mr Murray explained the report detailed the proposed position in relation to residual COVID funding as a source of bridging finance for 2023/24, across both the integrated budget and set aside budget. This was based on an initial discussion with Scottish Government Finance Officers, NHS Forth Valley Director, and Deputy Director of Finance, and a discussion with the Finance and Performance Committee on 6th September 2023 which was supportive of the approach.

Mr Murray confirmed work on financial recovery options would continue for the current year and a sustainable plan would be worked on for 2024/25 explaining that, as many of the financial recovery measures in 2023/24 were non recurrent, the recurrent challenge continued to grow, and this was a significant risk for the partnership and the constituent authorities. The IJB and Finance and Performance Committee would be updated on the progress. Additional capacity to support this programme was secured and a series of finance workshops had been arranged over the coming months.

Finally, Mr Murray explained that whilst opportunities to reduce costs through transformation and efficiency programmes remained there was also a need to prioritise and make service reductions to balance financial and service sustainability.

The Committee discussed the Scottish Government approval timescale for COVID funding, savings, service reductions, and prescribing cost issues. Ms Black confirmed the Heads of Service were looking at areas of savings which would be discussed at the finance workshops.

Mr Clark wanted to ensure that the Trade Union would be involved in all aspects of discussion about the reduction of staff levels. Ms Black confirmed she had recently discussed the financial situation at the Joint Staff Forum and agreed ongoing engagement with Trade Unions was required.

The Integration Joint Board:

1) **Noted the projected overspend based on financial performance to Month 4 of £7.221m on the Integrated Budget and £5.850m on the Set Aside Budget for Large Hospital Services.**
2) **Noted and commented on the integrated financial report including commentary on areas of material variance**
3) **Noted that estimated financial recovery measures are projected to reduce the overspend on the Integrated Budget to £2.901m.**
4) **Approved the proposed approach in respect of residual Covid funding in earmarked reserves and deployment of a further £1m of service pressures reserve as part of the financial recovery plan for 2023/24.**
5) **Noted that, on the basis of recommendation 3, it is not possible to give the IJB assurance on financial recovery in 2023/24 at this point.**
6) **Agreed that further updates in respect of financial recovery, funding, and 2024/25 financial planning are brought to the Finance and Performance Committee and IJB in November 2023.**
7) **Noted that a combination of transformative activity and service reduction will be required to achieve service and financial sustainability in the short, medium, and longer term.**

8.2   2022/23 IJB AUDITED ACCOUNTS AND ANNUAL AUDIT REPORT

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Mr Murray explained it was a statutory requirement for the IJB to approve and publish annual accounts by 30th September each year.

The Audited Annual Accounts and the Annual Audit Report were considered by the Audit and Risk Committee at the meeting on 13 September 2023. Although the Audit and Risk Committee Chair and Vice Chair were not in attendance at the IJB, Mr Murray confirmed there was robust scrutiny of the accounts and discussion on the improvements and actions required to address the recommendations within the Annual Audit Report at the meeting. Mr Murray confirmed that initial discussions had taken place to reflect on ways future audits could be conducted more efficiently.

Mr Murray explained the Audited Annual Accounts now included key performance indicators and should be read alongside the IJB Annual Performance Report.

1) **Noted the recommendation of the IJB Audit and Risk Committee to approve, sign, and publish the accounts.**
2) **Noted the content of the Annual Audit Report from Deloitte LLP including the recommendations and management responses contained within the action plan.**
3) **Noted that progress on the action plan will be monitored by the IJB Audit and Risk Committee.**

8.3   FINANCIAL REGULATIONS

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Mr Murray explained the IJB was required to agree on a set of financial regulations as part of governance frameworks. A review was due to be carried out in 2020/21, which was impacted by the COVID-19 pandemic and ongoing operational pressures.

Mr Murray carried out a review and proposed changes to the Financial Regulations, which were discussed at the Audit and Risk Committee in June 2023. He proposed that the Financial Regulations be reviewed every two years.

The Integration Joint Board:

1) **Note the recommendation of the IJB Audit and Risk Committee to approve the revised and updated Financial Regulations**
2) **Note the revised financial regulations have been updated based on experience since establishment of the IJB including reflecting current terminology.**
3) **Approve the revised financial regulations and agree these will be subject to a two yearly review by the IJB Audit and Risk Committee unless a requirement for a more urgent review is identified.**

9.   PLANNING, COMMISSIONING, DIRECTIONS AND NEEDS ASSESSMENT

9.1   LOCALITY PLANS

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Mr Forrest presented the refreshed Locality Plans which aligned with the Strategic Commissioning Plan and the Annual Delivery Plans. Each Locality

has focused on the individual needs of its geographical area, based on feedback from local people and local community organisations.

Ms Forrest explained the Locality Plans each have agreed actions which will be monitored through the Locality Planning Networks. The Finance and Performance Committee agreed, at the meeting on 13 September 2023, that the updated Locality Plans were more informative and focused; the Board asked that the actions be added to the Quarterly Performance Report for members to monitor the progress of the actions.

Ms Forrest confirmed that the focus for each of the Locality Plans was to improve the well-being of local communities, as well as focus on developing integrated and joint working across all our Localities.

The Integration Joint Board:

1) **Considered and approved the three proposed Locality Plans created in partnership with stakeholders and communities which align to the newly agreed Strategic Commissioning Plan (2023-2033).**
2) **Sought that Officers provide an annual update to the Integration Joint Board in line with the annual review of the Strategic Commissioning Plan, and in addition, six monthly updates to be provided to the Strategic Planning Group.**

9.2   PRIMARY CARE UPDATE

The Integration Joint Board considered the paper presented by Dr Kathleen Brennan, GP Clinical Lead.

Dr Brennan explained the report provided an update on the work carried out over the past six months:

Progress with the Delegation of Primary Care Services
Significant progress has been made to update processes and systems to streamline and refine the approval processes to make them more straightforward for everyone involved.

General Practice and the Primary Care Improvement Plan (PCIP)
The plan has been delivered well at a local level, making a significantly positive impact on the delivery of patient care. Full implementation of the 2018 General Medical Services (GMS) Contract in relation to Pharmacotherapy and Community Treatment and Care (CTAC) was not yet fully delivered.

PCIP GMS Contract – Transition Plan
At the end of March 2023, CTAC and Pharmacotherapy Services should have been fully implemented and activity moved from GP practices, this has not been completed. Funding had been agreed to bridge the gap to ensure people could access the services they require. An options appraisal process

was being undertaken to consider ways in which mandatory PCIP services could be delivered within the PCIP funding envelope with all risks being identified within each option. The results of the options appraisal would be brought back to a future IJB for discussion.

Mental Health and Wellbeing in Primary Care Programme
The aim of the plan was to expand Community Link Workers across all Localities. The Mental Health & Wellbeing in Primary Care programme funding had not been confirmed and this has been delayed several times. The most recent correspondence from Scottish Government suggested funding was unlikely to be available in 2023/24.

General Practice Sustainability
Sustainability continued to represent a significant risk for General Practice and was included on the HSCP Strategic Risk Register. This would provide the IJB with better understanding of the pressures GP Practices were facing and allowed for monitoring of the risk.

Locality Planning and Integrated Working
Progress was being made with each Locality which has seen engagement from GP colleagues across all Localities who had welcomed the opportunity to contribute to the development of a more collaborative and integrated model of care within each community.

GP Cluster Network and Quality Improvement
The GP Cluster Quality Leads in Forth Valley meet monthly to discuss the work being carried out within their cluster practices. Work was ongoing to help them in their roles which involved identifying training priorities and support measures.

Dr Brennan concluded that GP Practice sustainability remained a significant risk, but positive progress was being made with regard to integrated working in Localities alongside GP cluster working.

The Integration Joint Board:

1) **Noted the progress with the transfer of coordination of Primary Care Services to Falkirk HSCP and the progress of implementing key posts to support this team.**
2) **Noted the significant impact that the delivery of the Primary Care Improvement Plan (PCIP) has on general practice capacity.**
3) **Noted that transitionary payments, funded from IJB Primary Care earmarked reserves, are being provided to GP practices for a six-month period while an options appraisal is developed to consider delivery of PCIP services within the available funding envelope.**
4) **Approved an update on the options appraisal being reported to a future IJB meeting.**
5) **Noted the challenges in General Practice capacity and sustainability as set out in the report.**

6) **Supported plans to arrange a joint development session to take members of both IJBs through the challenges facing GP Practice and the proposals that are being developed to address them.**
7) **Noted the progress being made towards effective Integrated Locality working with the engagement of General Practitioners across the localities.**
8) **Noted developments within our local GP Cluster Network.**

10.   PERFORMANCE

10.1   QUARTER 1 PERFORMANCE REPORT
(APRIL – JUNE 2023)

The Integration Joint Board considered the paper presented by Ms Annemargaret Black, Chief Officer

Ms Black discussed the new reporting format of the report which had recently been presented at the Finance and Performance Committee on 06 September 2023. Positive feedback and constructive comments had been received by the Committee and Ms Black welcomed feedback from the IJB also.

Ms Black explained the performance report was developed around the 10 year Strategic Commissioning Plan and its themes to ensure the work was aligned. It was agreed at the Finance and Performance Committee that additional deep dives would be arranged. Ms Black suggested areas for discussion such as delayed discharge, mental health, social care, unscheduled care, unmet needs, and community waiting lists.

Ms Black addressed the falls rates contained in the report as there had been such a significant reduction in the past year. It appeared from the data that the number of people with falls, going into Forth Valley Royal Hospital, had almost halved. Ms Black had cautioned this may not be an accurate reflection and confirmed a new falls prevention officer was in post, who had been undertaking improvement work.

Ms Black acknowledged the volume of work which had been carried out to modernise this report and thanked Ms Forrest and her team for the hard work.

Mr Rennie suggested that an executive summary covering the key points and areas of risk would be helpful going forward.

The Integration Joint Board:

1) **Reviewed the content of the report.**
2) **Noted that appropriate management actions continue to be taken to address the issues identified through these performance reports.**
3) **Approved Quarter 1 April to June 2023 report.**

11. POLICY AND LEGISLATIVE REQUIREMENTS

11.1 CLIMATE CHANGE REPORT 2022/23

The Integration Joint Board considered the paper presented by Ms Lesley Fulford, Senior Planning Manager.

Ms Fulford explained the IJB had a statutory duty to produce a Climate Change Report, and whilst the IJB does not have direct responsibility for staff, buildings, or fleet cars, the report did not contain a significant level of detail and aspects relating to these would be contained within the constituent authorities reports.

Requirements of The Climate Change Act were mitigation, adaptation, and acting sustainably. Ms Fulford confirmed there were historical climate change reports available through the Sustainable Scotland Network and discussed the Scottish Government policy about transitioning to net zero.

Ms Fulford explained that as a public sector body, that commissioned services from partner bodies, the IJB was required to take account of this in the papers presented to the board. She confirmed the IJB had a responsibility to make decisions about service change, service redesign, and investment and had an indirect responsibility to consider the climate change implications of these decisions. This would happen going forward.

Ms Black highlighted the importance of understanding the accountabilities of the IJB and how these related to the delivery bodies that the IJB commissioned. She confirmed that Ms Fulford would be attending climate change workshops and would provide updates on these to the IJB.

The Integration Joint Board:

1) **Noted statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.**
2) **Approved the draft Climate Change Report 2022 / 2023 for submission to Sustainable Scotland Network.**

11.2 INFORMATION ASSURANCE REPORT

The Integration Joint Board considered the paper presented by Ms Sarah Hughes-Jones, Data Protection Office.

Ms Hughes-Jones explained the purpose of the report was to provide assurance to the IJB about the arrangements for Information Governance activities and compliance. As highlighted in previous reports the IJB had

limited exposure from an Information Governance perspective as it processes limited records and information.

Ms Hughes-Jones confirmed the IJB had arrangements in place to meet the legislation, which were working well and there were no areas of concern to highlight.

As there had been a rise in Freedom of Information requests, received by NHS Forth Valley, the response times had been impacted. Ms Hughes-Jones confirmed that ongoing weakness in relation to compliance with freedom of information responsibilities was being addressed through wider project work, which was being monitored by Forth Valley Information Governance colleagues.

Overall Ms Hughes-Jones confirmed it had been a reasonable assessment with action being taken in relation to the compliance of Freedom of Information responsibilities.

The Integration Joint Board:

1) **Considered and approved the Information Governance activity for the year 2022/2023**

12.   FOR NOTING

12.1   Decision Log
Noted

12.2   Minutes
Noted

   a. **Finance and Performance Committee – 2023.05.31**
   b. **Audit and Risk Committee – 2023.06.28**
   c. **Joint Staff Forum – 2023.05.03**
   d. **Strategic Planning Group – 2023.06.15**
   e. **Clinical and Care Governance Group – 2023.05.18**

CASE STUDY Joy's ReACH Team Story
A short film about Joy's ReACH Team Story was shared with the IJB.

13.   ANY OTHER COMPETENT BUSINESS (AOCB)

There was no other competent business.

14.   DATE OF NEXT MEETING

Wednesday 29 November 2023 2pm – 4pm

Clackmannanshire & Stirling Integration Joint Board

29 November 2023

Agenda Item 7

Chief Officer Update

For Noting and Approval

Paper Approved for Submission by:	Annemargarget Black, Chief Officer
Paper presented by	Annemargarget Black, Chief Officer
Author	Lesley Fulford, Senior Planning Manager
Exempt Report	No

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To provide the Integration Joint Board with updates and progress on a range of areas not covered in detail in other Board reports.

Recommendations:	The Integration Joint Board is asked to: 1) Note the content of the report. 2) Note the appointment of Councillor Gerry McGarvey to Vice Chair of the IJB. 3) Approve Councillor Gerry McGarvey as the Stirling Council voting member to join the IJB Finance and Performance Committee. 4) Approve Robert Clark as the non-voting member to join the Audit and Risk Committee.

Key issues and risks:	Service sustainability and the requirements to achieve significant savings both in-year and in 2024/25 Winter pressures and demands are approaching and planning is underway to maximize our capacity to respond. As the IJB will recall system pressures have been reported through the pandemic and up until the present time. These pressures continue to be an ongoing issue across health and social care services. Work is underway to ensure our model of care is as efficient as possible as well as being outcome focused. Improvement work can be shared in the future

1.   **Background**

1.1.   As always, there are a number of key papers on the agenda, these include:

- Finance Report
- ADP Commissioning Paper
- Programme of IJB and Committee Meeting dates 2024/2025
- Quarter 2 performance report

1.2.   Verbal updates on time sensitive items will be provided at the Board meeting.

2.   Vice Chair of IJB

2.1.   The IJB is asked to note Councillor Gerry McGarvey has been nominated by Stirling Council to the Vice Chair of the IJB.

3.   Committee Membership

3.1.   The IJB is asked to approve Councillor Gerry McGarvey as the Stirling Council voting member to join the IJB Finance and Performance Committee.

3.2.   The IJB is asked to approve Robert Clark as the non-voting member to join the Audit and Risk Committee.

4.   Delayed Discharges

4.1.   The latest published data available from Public Health Scotland[1] (September 2023); states number of delays for standard reasons (health & social care or patient & family related) at census point were 18 people across the HSCP area. With total number of people delayed (including code 9's) standing at 36 people.

4.2.   Delayed discharge information is collated internally on a daily basis and is up to date operational data. As of 7 November 2023, there were 16 people who are experiencing 'standard delays' (health & social care or patient & family related) across the HSCP area. This includes 2 people in Forth Valley Royal Hospital. This is down from 39 people experiencing 'standard delays' on 9 December 2022 (of whom 6 were in Forth Valley Royal Hospital). This performance was delivered in the context of significant and enduring service pressures.   Overall, this represents approximately 58% reduction in standard delays from 9 December 2022.

4.3.   As of 7 November 2023, there were 21 people in NHS beds with special codes, this includes guardianship. This is an increase from the 15 people on 9 December 2022. Assurance checks have been carried out by the interim Chief Nurse and the increase in the numbers of people with a special code is correct representing significant additional demand than pre-pandemic.

4.4.   A delayed discharge recovery plan is in place and subject to further development and the ambition is to have no one delayed in hospital for longer than they need to be there. This is a challenging ambition and one with people at the heart.

4.5.   The HSCP teams continue to work on a whole system basis to support people back to their own homes or homely setting on a daily basis.

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[1]Delayed discharges in NHSScotland monthly - Figures for September 2023 - Delayed discharges in NHSScotland monthly - Publications - Public Health Scotland

5. Medication Assisted Treatment (MAT)

5.1. The national Medication Assisted Treatment (MAT) Standards outline how care should be delivered for people with substance use issues. As per the national guidance, care should be organised to support people's long-term recovery, and delivered in a rights-based manner. Public Health Scotland's *MAT Benchmarking* report demonstrated limited progress towards implementation in 2022-23 across FV Health Board area. Scottish Government has now requested more frequent, monthly reporting on progress from both ADPs against each of the MAT Standards.

5.2. A new updated Plan has been developed and submitted to Scottish Government to reflect the increased reporting schedule. Actions relate to HSCP Substance Use Services who are primarily responsible for MAT prescribing in the current system of care. Work is underway to review activity. The Commissioning Consortium has agreed the tiered model of care and a paper to that effect is being presented at Integration Joint Board today. Full implementation of the MAT Standards remains the goal but requires substantial adaptation to the system of care, including increased Primary Care prescribing capacity and clear arrangements for people experiencing co-occurring Mental Health and Substance Use care.

6. Pan Forth Valley PCIP Pathfinder

6.1. Health and Social Care Partnerships (HSCPs) and Health Boards were invited and encouraged to apply to participate in the Primary Care Improvement Phased Investment Programme, funded by the Scottish Government and supported by Healthcare Improvement Scotland (HIS).

6.2. Demonstrator sites will be supported to use improvement methodologies to fully implement Pharmacotherapy and Community Treatment and Care (CTAC) services locally, while maintaining full delivery of the Vaccination Transformation Programme, and to understand the impact for people, the workforce and the healthcare system, with reduction in GP and practice workload and improvement in patient outcomes a key aim.

6.3. In partnership NHS Forth Valley, Falkirk Health and Social Care Partnership & Clackmannanshire and Stirling Health and Social Care Partnership submitted a bid to be a pathfinder. Bids will be assessed on: Feasibility, Leadership Culture, General Applicability and Affordability.

6.4. The pan Forth Valley bid focussed on full implementation of CTAC and Pharmacotherapy services and included measures to efficiently and effectively deliver services through local 'hubs' and using a booking model for appointments.

6.5. The outcome will be provided to IJB when they next meet.

7. Forth Valley Escalation

7.1. Previous reports to the IJB on NHS Forth Valleys escalation described the progress made by the Health Board.

7.2. The Assurance and Improvement Plan details some new actions which are relevant to the HSCP. These are:

- Improved access to enable partnership inclusion and utilisation of technology and systems.
- Transfer of pan Forth Valley operational management of services, staff, and budget responsibilities,
  o This includes due diligence work through facilitated session to review budgets, risks to self-assessment and completeness of transfer.
  o Review position around Prison transfer.
  o Complete recruitment to key senior leader posts.
- Performance - Responsibility for overall delivery of Child and Adolescent Mental Health Service (CAHMS) plan.
- Performance - Responsibility for overall delivery of Psychological Therapies Referral to Treatment Time (RTT) plan.

7.3. Progress against the Assurance and Improvement Plan is being monitored through NHS ELT.

8. Winter Plan 2023/2024

8.1. HSCP officers continue to develop our winter plan to respond to the demands presented by the winter season.

8.2. The purpose of the Clackmannanshire & Stirling Health and Social Care Partnership (HSCP) Winter Plan for 2023/24 is to set out HSCP commitment to deliver high quality community health and care services whilst also ensuring that arrangements in place have sufficient capacity, accurate costs and reflect impact this will have.

8.3. We do not anticipate additional winter funding from Scottish Government. In recognition of this and the financial pressures facing the IJB there is no ability to put increased capacity in place to respond to additional system pressures over the winter period and into future years. However service management and leadership is looking for ways to release capacity in order to respond to people in need.

9. National Care Service National Forum

9.1. The National Care Service National Forum was held on 30 October at Glasgow Science Centre. There were 250 people in attendance both at the venue and online.

9.2. The Scottish Government is working with people and organisations across the country to improve community health and social care support in Scotland. They want everyone to have access to consistently high-quality social care support across Scotland, whenever they might need it.

9.3. The event hear from co-chairs Lorraine McGrath, CEO of the Simon Community Scotland and Shea Moran, Senior Representative for Aff The Streets with speeches from Donna Bell, Director for Social Care and NCS Development, Lucy Challoner, an unpaid young carer and newly qualified social worker and Minister for Drugs and Alcohol Policy, Elena Whitham.

9.4. There was also a panel discussion led by Minister for Social Care, Mental Wellbeing and Sport, Maree Todd. The minister was joined by representatives of trade unions, the third sector, NHS, local authorities and those with lived experience to discuss how service users and workforce can work together to make changes. This was following with a question and answer session.

9.5. There were then tabletop discussions in the room around the following topics:

- Topic 1: Care and support should follow people and their friends and family through changes.
- Topic 2: Prevention is important too.
- Topic 3: Needing care support should not feel unusual or stigmatising.
- Topic 4: Shared decision making is needed at all levels.
- Topic 5: We must be careful not to exclude anyone as we develop the National Care Service.

9.6. Further communication around this will be forthcoming when it is all combined and into a report.

10. 2024 / 2025 Business Case

10.1. Utilising the additional capacity approved by the IJB in March 2023 a series of 4 facilitated workshops to develop options for the 2024/25 Revenue Budget have been scheduled. The first workshop took place on 8 November and the final workshop will take place on 13 December. This process aims to identify 6 key Transformation and Sustainability projects which will form the basis of the structure and decisions required to meet the challenge of producing and delivering a balanced budget for 2024/25. This and timelines for budget development process are outlined in sections 9.5 and 9.6 of the Finance Report today.

11. Conclusions

11.1. This report provides the Integration Joint Board with updates on key developments.

11.2. Thanks are extended to all HSCP staff, NHS Forth Valley colleagues, Local Authority colleagues, delivery partners, and unpaid carers for their hard work, dedication, and ongoing commitment as we approach winter.

11.3. Demand pressures continue to challenge the service while a significant waiting list remains for people awaiting assessment, including Occupational Therapy assessment for aids and adaptations. A recovery plan is in development.

12. Appendices

None to note

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting Empowered People and Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☒
Workforce Plan	☒
Commissioning Consortium	☒
Transforming Care	☒
Data and Performance	☒
Communication and Engagement	☒
Implications	
Finance:	None
Other Resources:	None
Legal:	There are no legal implications arising from this report.
Risk & mitigation:	There are no risks arising from the content of this report as it is provided for information purposes.
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at:

	[Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)](www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Clackmannanshire & Stirling Integration Joint Board

29 November 2023

Agenda Item 8.1

Financial Report (incorporating further financial recovery considerations)

For Noting and Approval

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

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To provide the IJB with an overview of financial performance and projected outturn for the 23/24 Budget along with further options in respect of financial recovery

Recommendations:	The Integration Joint Board is asked to: 1) Note the projected overspend based on financial performance to Month 6 of £4.434m on the Integrated Budget and £2.674m on the Set Aside Budget for Large Hospital Services giving a total projected overspend of £7.107m 2) Note the integrated financial report including commentary on areas of material variance from budget. (Section 4) 3) Note the outcome of discussions with Scottish Government finance and approve the deployment of residual covid earmarked reserves (Section 6). 4) Note that, to allow continued focus on budget recovery measures, development of the 24/25 IJB Business Case and development of the 24/25 Revenue Budget a refreshed medium term financial plan will be brought forward with the 24/25 Revenue Budget in March 2024. 5) Discuss, consider and subject to approve the short-term budget recovery options (Section 7) 6) Delegate authority to the IJB Finance and Performance Committee to consider the draft 2024/25 IJB Business Case, subject to those considerations approve formal submission to the constituent authorities. 7) Approve the establishment of a member/officer budget working group between now and presentation of the 2024/25 IJB Revenue Budget in March 2024.

Key issues and risks:	*As a public body it is best practice for the IJB to set a balanced budget and deliver services within resources available. There is, however, significant service and financial pressures across the entire Health and Social Care system both locally and nationally.* *Based on best available information IJB is at substantial risk of overspend for the current financial year unless*

	further significant corrective action is taken and/or additional funding support is forthcoming. The IJB also at risk of not being able to set a balanced budget for 2024/25.
	Furthermore, should the projected outturn set out in this paper come to fruition the IJB and the overspend be met from general reserves the IJB would breach its own reserves policy. The reserves policy, itself, requires annual review and this is scheduled to be discussed at the Audit and Risk Committee meeting in December 2023 and considered by the Board as part of the 2024/25 IJB Revenue Budget.
	Whilst opportunities to transform and modernise services, be more efficient and reduce costs remain, there is also a need to prioritise and make service reductions to balance financial and service sustainability. This will have implications for risk and service performance.

1.   Background

1.1.   The IJB set an initial balanced revenue budget for 23/24 at its meeting of 29 March 2023. This incorporated £2m of non-recurrent support from IJB reserves and an ambitious savings and efficiency programme of £4.392m in relation to the Integrated Budget. The budget incorporated a set of planning assumptions and a risk assessment of both assumptions and the savings and efficiency programme.

1.2.   As a result of the level of risk associated with the revenue budget the financial resilience risk scoring within the IJBs strategic risk register was increased to 25, the highest possible level.

1.3.   From discussions with Chief Officers and Chief Finance Officers groups the service and financial pressures set out in this report are being experienced across Scotland albeit to differing degrees.

The Quarter 1 Integration Authority (IJBs) Financial Overview report illustrated this with 21 of 31 Integration Authorities projecting net overspends and key cost pressures being.

- Non-Delivery of Savings
- Other Overspends
- Demand / Complexity of Need
- Staffing
- Prescribing
- Prices/ Inflation
- Demographic Pressures

The analysis accompanying the overview report suggests Clackmannanshire and Stirling are towards the higher end of partnerships under financial pressure. A significant number of partnerships are relying on deployment of reserves though which is clearly not sustainable on a recurrent basis.

1.4.   Given early indications of significant financial pressures building the IJB agreed at its June meeting to trigger the requirement for a financial recovery plan per the requirements of the Integration Scheme.

1.5.   This was further discussed with the Finance and Performance Committees of 6 September and 1 November and at the IJB meeting 27 September 2023. There is a requirement for financial recovery measures/options to continue to be presented and considered until the IJB is assured that service delivery is within resources available in line with the provisions of section 8 of the Integration Scheme.

1.6.   The Finance and Performance Committee received and discussed an extensive presentation on the drivers of the overspend and impacts on the financial position at their meeting of 1 November 2023. This discussion has informed the content of this report.

2.   Financial Outlook and Programme for Government

2.1.   The financial outlook for the Scottish and UK economies, and therefore public expenditure, continues to look challenging. Given the need to focus on financial recovery options for 23/24 and the 24/25 revenue budget development it is proposed that a revised medium term financial plan (MTFP) is brought forward alongside the 24/25 Revenue Budget in March 2024.

2.2.   The UK Autumn Statement was presented to parliament on 22 November 2023 and a Scottish Draft Budget will be published on 19 December 2023 setting out the Scottish Governments taxation and expenditure plans for 2024/25.

2.3.   The Scottish Government published its Programme for Government 2023 Programme for Government 2023 to 2024 - gov.scot (www.gov.scot) to 2024 on 5 September 2023. Specific commitments in relation to the accountabilities of the IJB included:

- Commitment to provide the necessary funding in the next Budget to increase the pay of social care workers in a direct care role to at least £12 per hour.
- Restated commitment to agreeing an approach to end all non-residential social care support charges within the lifetime of this Parliament.
- Improving workforce planning practice and culture supported by the commencement of the Heath and Care (Staffing)(Scotland) Act 2019
- Improving access to GP services through further expansion to multi-disciplinary teams
- Delivering the National Care Service legislation
- Reopening the Independent Living Fund on a phased basis
- Publishing the new Mental Health and Wellbeing Delivery Plan and accompanying workforce plan in the autumn.

It remains to be seen what provision in the budget will be made for these commitments however the commitment to increase social care pay requires an uplift of c10% from the current Scottish Living Wage so funding is likely to have opportunity costs in terms of any funding being available for other areas notably any funding for population and changing demographic driven increases in demand for services. As demand, complexity and associated costs continue to rise this will become increasing challenging meaning that increasingly difficult decisions on resource allocation and prioritisation will be required and there is increasing risk of not having sufficient resource to discharge statutory responsibilities.

3.   Overview of Projected Budget Outturn

3.1.   The projections summarised below based the mid-year point to Month 6 (the period to 30 September 2023) continues to set out a deeply concerning position despite ongoing efforts across the system to reduce expenditure levels.

	Annual Budget £m	Annual Forecast £m	Forecast Variance £m
Integrated Budget			
Health Services	**149.436**	**153.505**	**(4.069)**
Adult Social Care			
Stirling Locality	51.229	53.585	(2.356)
Clackmannanshire Locality	26.209	30.690	(4.481)
Adult Social Care Total	**77.438**	**84.276**	**(6.837)**
Non-Recurrent Support from Reserves			
Service Pressure Reserve	3.000	-	3.000
Covid Reserve	2.370	-	2.370
	5.370	-	5.370
Estimated Impact of Allocations Still to be Recieved (MDT and Band2-4)	1.103	-	1.103
	1.103	-	1.103
Integrated Budget Outturn	**233.348**	**237.781**	**(4.434)**
Set Aside Budget			
Set Aside Budget for Large Hospital Services	33.160	38.333	(5.174)
Ward 5 Costs not in Projection to be met from covid funding	-	0.270	(0.270)
COVID Reserve Allocation	2.770	-	2.770
Set Aside Total	**35.930**	**38.603**	**(2.674)**
Partnership Outturn	**269.277**	**276.384**	**(7.107)**

3.2.   There are eight key areas or drivers of financial pressure, and these are common with other areas across Scotland. These are:
- Family Health Services Prescribing Costs and Volumes
- Unfunded Beds remaining in system (also referred to as contingency beds)
- Temporary Workforce Costs
- Legacy Covid related costs
- Traction on Delivery of Efficiency and Savings Programmes
- Inflationary cost pressures
- Pay (particularly local government pay > 2% assumption)
- Potential additional winter costs.

3.3.   The financial risk associated with the set aside budget for large hospital services has been met to date by NHS Forth Valley and it is assumed, subject to agreement, this will be the case for 2023/24 also. Many of the cost pressures within the set aside budget are related to additional unfunded beds (often referred to as contingency beds) within the system at both Forth Valley Royal Hospital and on the Stirling Health and Care Village site. This also drives additional usage of temporary workforce solutions. The IJB Chief Finance Officers are working with acute finance colleagues to understand the cost drivers and financial implications associated with this and improve reporting and understanding for IJB members. It is envisaged this will continue to develop further in future reports to supporting the IJBs accountabilities.

3.4.   There was an underlying deterioration in the projections between month 4 and 6 particularly in the Clackmannanshire 'arm' of the Integrated Budget. This is subject to ongoing line by line review to understand the drivers and a detailed review is scheduled for 23 November. This review will also seek to identify actions that can be taken to strengthen control and improve accuracy of reporting and/or projections.

3.5.   There remains some scope for improvement in the position over the remainder of the financial year through grip and control actions, continued actions to further savings delivery and ensuring financial assessments and complete and income recovered. The report to the September IJB estimated a range of £0.5m to £1m potential improvement with an estimated £0.750m impact. Continued delays in progressing some of the savings and efficiency programmes which are dependent of staffing capacity, particularly in relation to Medicines Optimisation means the potential improvement in savings delivery is becoming more limited. This is balanced by confirmation of drug tariff adjustments now being confirmed viewed meaning a £0.750m improvement is still possible (the tariff adjustment was confirmed post Month 6 closure so is not yet reflected in projection). This would result in a net projected overspend on the integrated of £3.684m.

4. Integrated Financial Report

4.1. The table below forms the proposed main basis of integrated financial performance to the IJB. Where there are material variances against budget a brief narrative will be provided to give further information on the key issues and drivers.

4.2. This format has the benefit of examining the IJB budget on a service and care group basis rather than along organisational silos supporting the IJBs accountability for achieving maximum benefit from public resources at its disposal.

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Health & Social Care Partnership
Projections Overview
Financial Year 2023-24
M6

Service Area	Annual Budget £000	Forecast Expenditure £000	Forecast Variance £000	Prior IJB Report Variance £000	Variance Movement £000
Community Nursing	5,299	5,216	83	46	37
Complex Care Adults	1,359	1,921	(562)	(523)	(39)
Community Hospitals & Bellfield	11,166	11,981	(816)	(465)	(350)
Palliative Care in the Community	69	78	(9)	(10)	2
Older People/Physical Disabilities - Residential	22,196	26,026	(3,829)	(3,438)	(392)
Older People/Physical Disabilities - Non Residential	22,563	24,365	(1,802)	(1,888)	86
Learning Disabilities - Residential	6,041	5,908	133	660	(528)
Learning Disabilities - Non Residential	24,011	24,473	(462)	168	(630)
Mental Health - Residential	1,750	2,177	(427)	(125)	(302)
Mental Health - Non Residential	8,046	7,367	679	(19)	698
Assessment & Care Management	10,576	10,559	18	30	(12)
Reablement	12,602	12,099	504	301	203
Housing Aids & Adaptations	835	835	-	-	-
Health Promotion, Health Improvement & Corporate Services	1,720	1,530	190	197	(7)
Addictions	4,026	3,944	81	81	(0)
Public Dental Service	1,181	1,248	(67)	(80)	13
Management & Other	537	485	51	58	(7)
Community Admin	1,563	1,493	70	23	47
Transformation Funds	2,977	2,977	-	(0)	0
Leadership Funds	14	14	0	-	0
COVID	21	21	-	-	-
Family Health Services	49,813	49,817	(3)	10	(14)
GP Out of Hours Services	2,308	2,012	296	480	(185)
Primary Care Improvement Plan	3,208	3,208	(0)	-	(0)
Prescribing	31,413	36,447	(5,034)	(4,729)	(306)
Community Pharmaceutical Services	1,958	1,958	-	-	-
Vaccinations (Woman & Children Team)	432	432	-	-	-
Non-recurrent support from Service Pressure Reserve	3,000	-	3,000	2,000	1,000
Non-recurrent support from COVID Reserve	2,370	-	2,370	-	2,370
Estimated Impact of Allocations Still to be Recieved (MDT and Band2-4)			1,103	-	1,103
Integrated Budget Total	**232,245**	**237,781**	**(4,434)**	**(7,221)**	**2,787**
Set Aside Budget for Large Hospital Services	33,160	38,333	(5,174)	(5,850)	676
Ward 5 Costs not in Projection to be met from covid funding	-	270	(270)	-	(270)
COVID Reserve Allocation	2,770	-	2,770	-	2,770
Set Aside Total	**35,930**	**38,603**	**(2,674)**	**(5,850)**	**3,176**
Partnership Total	**268,174**	**276,384**	**(7,107)**	**(13,071)**	**5,964**

NOTE: Total budget differs from table on page 6 as a result of allocations still to be received.

Areas of Material Variance

1. Complex Care – related to costs associated with patients/ service users cared for under complex care arrangements. These are often patients who would have previously required hospital care and they often require medical devices to facilitate care provision at home. The service is managed by Falkirk HSCP on a pan FV basis, and the figures reflect a population-based share of budget and costs. The overspend is largely driven by a few very high-cost packages including one out of area patient.
2. Community Hospitals and Bellfield Centre - relates to the wards at Clackmannanshire Community Healthcare Centre and Intermediate Care Beds at the Bellfield Centre. These areas experience increases in temporary workforce costs during the past year and there are additional beds open in Bellfield as part of whole systems responses to Covid and system pressure over and above beds run by acute services within the centre. These are largely offset in year by residual covid funding however this is not a sustainable solution. There has been a need to respond to staffing and care challenges in recent months at CCHC due to clinical risk which is resulting in increased staffing costs at least in the short term.
3. Older People/Physical Disabilities – Residential – relates to Menstrie House and placements in Care Homes. Care Home placements are now significantly in excess of pre Covid levels and the increase being observed across both Clackmannanshire and Stirling. This level of increase may not be being experienced to the same degree in most other partnerships. Head of Service implementing a resource allocation group during November to ensure control and monitor appropriateness of placements.
4. Older People / Physical Disabilities – Non-Residential. This is predominantly Care at Home which, whilst projecting an overspend is interdependent with hospital and residential care. Care at home is generally more cost effective than residential care and is, often, the place of choice for service users.
5. Mental Health Residential – this relates to social care residential placements. Inpatient hospital mental health sits within the Set Aside budget.
6. Reablement – The projection includes underspend on the AHP element of the Rapid Respond Team for posts not yet recruited to (£0.198m year to date). Additional staff are in process of being appointed.
7. GP Out of Hours Service – Out of hours primary care services provided on a pan FV basis now hosted by Falkirk partnership. Budget and variance reflect a population-based share.
8. Prescribing – Cost associated with drugs and other therapeutics (such as some dressings etc.) prescribed in Primary Care by GPs and other primary care prescribers such as nurse prescribers. This is the most material element of projected overspend in the Integrated Budget.
Actual data was 5 months in arrears when month 6 projections were prepared therefore the costs and volumes are based on best information available at the current point in time including the impact of inflation on prices.
23/24 costs include Buvidal (a medicine used to treat dependence on opioid drugs) which was formerly separately funded by Scottish

Government. This amounts to a projected £0.6m for the year for Forth Valley c£0.3m per partnership. Discussion with other HSCPs has found that most are meeting the costs of Buvidal from ADP budgets thus limiting the resource available to pursue progress against MAT standards but not simply adding to the overspend within Prescribing Budgets. It is proposed that a similar approach is taken within Forth Valley from this point on. Costs associated with the Pharmacy First service also illustrate significant year of growth with April 2023 seeing a 30% growth in volumes and an almost 90% growth in costs. This is estimated to add between £0.127m and £0.250m to the prescribing bill for the year.

It is possible the current 5 month estimate within prescribing is over prudent however it is clear volumes and costs are increasing overall. It is envisaged that May and June data will be available soon and an additional month's data every 21 days thereafter however it will take some months to get back to the normal 2-month delay in prescribing data.

5. Savings and Efficiency Programme Progress and Risk Assessment

5.1. As detailed above there is a lack of traction to date in delivery of the savings and efficiency programme.

5.2. The table below reflects the current risk assessment of these savings and quantification of estimated savings delivery in year. This assessment is subject to ongoing review based upon best information available at any point in time.

Clackmannanshire & Stirling IJB - Approved Savings and Efficiency Plan

Grip and Control	Target £m	RAG Rating	Est Saving £m	Underachievement of Savings Viewed as Recoverable late 23/24 into 24/25	Comments
Workforce - Reducing Reliance on Temporary Workforce	0.359	Amber	0.200	✓	Bellfield reduction evident but increase in CCHC linked to current actions to address risks. Scope for further improvement but may be offsets from impacts of Safe Staffing legislation.
Review of Ordinary Residence Cases	0.200	Red	0.000	✓	Recent focus on stabilising MH/LD services and addressing service risks.
Continence Products	0.046	Amber	tbc	?	New contract now in place. Assessment of financial impact required.
Address/Reduce Existing Cost Pressures in Community Health Services (Complex Care/Westmarc)	0.100	Red	0.000	?	No evidence of positive impact to date. Westmarc contract review meetings upcoming and review of complex care arangements planned.
Strategic Approaches					
Prescribing - PC Elements of Medicines Optimisation Programme	1.700	Amber	0.671	✓	Some evidence of acheivement (PII) but some delayed due to recruitment (non med prescribing and care home prescribing). Delay in prescribing informaton compromising accurate reporting will be reviewed based on July prescribing information. Savings included tariff adjustment benefit.
LD Coming Home	0.250	Red	0.000	✓	Business case reviewed and template submitted to SG. Unlikely significant impact in 23/24. Recruitment of review team required to deliver change and benefits.
Strategic Commissioning and Health Improvement	0.500	Green	0.500		Plans in place but some non recurrent (c£.2m requires recurrent solutions)
Demand Management	1.000	Amber	0.255	✓	Some evidence of cost reduction but not at planned scale (70-80% of review result in no change)
Charging	0.045	Green	0.045		Stirling element not implement but compensatory funding to be provided instead
Policy Options					
Review of 22/23 investments	0.192	Green	0.192		
Total	**4.392**		**1.863**		

42% forecast achievement in year

NOTES:

Est Saving where provided is based on available intelligence at M6 and subject to ongoing review.
Where scope is idenified to recover underachievement this requires to be quanitified further in recovery plans and 24/25 IJB Business Case.
Delivery of savings potential in non-medical prescribing and care home prescribing is dependent on recruitment of specialist capacity.

6. Residual Covid Funding within IJB earmarked reserves

6.1 As previously reported to the Board a balance of £5.140m of residual covid reserves remained in IJB reserves on 1 April 2023. The reasons for this were reported within the financial report to the IJB in June 2023.

6.2 Although technically the Scottish Government could have withdrawn this funding the IJB Chief Finance Officer has had ongoing dialogue with both Scottish Government Finance and NHS Forth Valleys Director and Deputy Director of Finance and a proposal for retention and matching the funding with evidence of ongoing costs attributable to covid across both the integrated and set aside budgets.

6.3 Scottish Government finance were initially keen to see a significant greater weighting to the set aside budget than the 50% split discussed with the IJB in September.

6.4 On the basis of evidence submitted by the IJB Chief Finance Officer Scottish Government finance agreed a £2.370m allocation to the covid driven cost pressures within the Integrated Budget with the balance offsetting pressures in the Set Aside budget. This is contingent on no covid funding remaining in IJB reserves on 31 March 2024.

6.5 This is viewed as the best achievable outcome to resolve the matter and retain these resources within the wider partnership budget. On this basis the IJB is asked to approve allocating £2.370m to the Integrated Budget and £2.770m to the set aside budget from the Covid Earmarked Reserve.

6.6 The element allocated to the Integrated Budget is in respect of

- Ongoing covid related workforce costs and marginal increased costs of supporting additional beds in Bellfield and Menstrie House £1.270m
- Agency & Additional Staffing Costs in other integrated services £0.337m
- Rural vaccination costs incurred in 23/24 £0.020m
- IT Equipment (slippage of approved covid cost in 22/23) £0.028m
- Exceptional Long Term Care Demand (marginal cost over Care at Home) £0.483m

6.7 The element allocated to the Set Aside Budget is in respect of Contingency Beds Costs and covid related staffing costs.

7. Budget Recovery Plan

7.1. It is assumed that NHS Forth Valley will meet the financial pressures associated with the set aside budget for large hospital services, net of non-recurrent support from covid residual funding, as in previous years. There is a need to pursue progress in the set aside arrangements and this will be discussed further with NHS Forth Valley soon as part of an updated self-assessment of progress against the Ministerial Strategic Group (MSG) recommendation on progress with the outcome reported to the IJB in due course.

7.2. Focussing on the Integrated Budget Financial Pressure most of the short-term recovery measures are non-recurrent. Whilst this helps to mitigate financial risk in the short term it is critical that measures to reduce cost on a recurrent basis are pursued at pace to have positive financial impact in both this and the coming financial year.

7.3. Possible short-term measures to mitigate financial risk in the current financial year were discussed with the Finance and Performance Committee on 1 November. Whilst the table at 5.2 sets out a view that many of the un or underdelivered savings and efficiency programmes in 2022/23 still have significant potential to deliver financial benefits it is unlikely these will have a

material impact over and above the possible improvement already set out in this paper. Therefore, it is viewed that only blunt short-term measures are likely to bring a material improvement in the financial position within the current financial year.

Budget Recovery Plan Options

Measure	Timing	Implementation Risk (RAG)	Service Impact	Financial Impact
1. Implement a resource allocation group (or panel) to review the appropriateness of proposed admissions to long term care. This is consistent with strategic priority of Care Closer to Home	Mid Nov 22	Low	Low	£TBA likely to mitigate risk of further increases. If overall numbers in LTC reduced as result of measure, there would be net saving. Impacts (financial and non-financial will be monitored closely.
2. Refocussing and enhancing review activity and including team leader capacity and review officers across both Clackmannanshire and Stirling localities	Revised business case prepared and partner Chief Exec support secured Nov 23 for 2-year fixed term appointments. Funded from Invest to Save Earmarked Reserve.	Medium (Risk of not appointing to fixed term posts).	Low (as based on ensuring care packages appropriate to assessed need and outcome focussed.	£0-£0.1m in current financial year dependent on timing of appointments
3. Offset projected underspend in transformation funding for 2023/24 to general position.	Immediate. Not in line with extant budget strategy. Likely transformation funding will be required in future to sponsor change to support whole system sustainability.	Low	Low	£0.650-£0.700m
4. Implement an enhanced vacancy management approach within delegated services progressing critical vacancies only.	Immediately post decision. A complete vacancy freeze would likely increase temporary workforce spend in some areas	Medium	Medium	£0.100-£0.250m difficult to accurately assess financial impact. Cost reduction dependent on risk thresholds applied.

	(particularly bed-based services) however other posts could be held vacant for a period and subject to additional scrutiny on a risk basis with criteria to be determined.			
5. Take further action to reduce level of adult social care services commissioned including review of application of eligibility criteria and consideration of responding only to critical only for a period.	Dependent upon decision.	Medium-High (Would likely require resource allocation groups / panel so resource intensive).	Medium-High (Could adversely impact whole system performance especially over winter)	£? Difficult to estimate however a peer partnership implemented for a period pre pandemic and did not observe significant cost reductions.
6. Encourage further engagement in Respiratory Prescribing Improvement Initiative (PII). 67% of practices have completed or are progressing at least part one.	Ongoing	Medium – primary care under ongoing pressure and winter demands beginning to be observed.	Low	£ dependent on further engagement.
7. Consider further options to reduce costs in Prescribing Budget whilst not negatively impacting patient care. Additional Primary Care Medicines Resources Group held 2 Nov and requires follow up. Material further impacts this financial year maybe unlikely.	Ongoing	High	Low-Medium	£?
8. Review of earmarked reserves. Deploy balance of MDT and Band2-4 earmarked reserves to offset integrated budget overspend.	Immediate dependent upon position	Medium	Low	£1.300m

9. Review of accruals	Immediate	Low	Low	£0.050m

Potential savings £2.1m to £2.4m

It is extremely difficult to accurately quantify the likely financial impact of the measures above although modelling is ongoing. There is also evidence from elsewhere (albeit short term and pre pandemic) that measures such as responding to critical only in terms of eligibility criteria did not make a material impact on costs. The potential impact of the short-term budget recovery measures on whole system performance, capacity and safety also requires to be considered particularly with regard to additional pressures on Health and Social Care over Winter 23/24. However, the IJB must balance this with the responsibility within the integration scheme to consider a financial recovery plan.

Additionally, given the risks associated with the short-term recovery options ongoing engagement with the Corporate Management Teams of the constituent authorities and close monitoring of whole system impacts is vital particularly over winter period.

8.   Reserves Position

8.1.   The IJB commenced the year with total reserves of £22.525m consisting of £4.398m of general or contingency reserves and £18.127m of earmarked reserves.

These earmarked reserves included the residual balance of £5.140m of Covid funding considered elsewhere in this report.

8.2.   At the current point in time a balance of earmarked reserves of £4.964m is projected at 31 March 2024 subject to decisions set out in this paper being approved by the Board. A summary of the projected reserves position of the IJB at 31 March 2024 is appended to the report.

8.3.   There is significant risk that the IJBs general reserves position will fall below target should financial recovery options not significantly reduce expenditure. This would increase the financial risk profile of both the IJB and constituent authorities and breach the IJBs extant reserves policy.

9.   Progress on Development of 24/25 IJB Business Case, 24/25 Revenue Budget Options and Key Timelines

9.1.   The Integration Scheme requires development of an annual IJB Business Case using a defined methodology based on national guidance.

9.2.   The draft business case is under development and will be presented to the Finance & Performance Committee in draft on 20 December 2023. A further iteration of the business case, taking account of the implications of the Scottish Draft Budget will be presented to the IJB at its February meeting.

9.3.   The IJB are asked to delegate authority to the Finance and Performance Committee, subject to their considerations, to submit the business case to the constituent authorities for consideration in their budget setting processes.

9.4.   Given the complexities and difficulties associated with the 24/25 Revenue Budget it will be important to keep contact with Board members during the development process. To aide this, in addition to programmed IJB and Committee meetings the merits of a member/officer budget working group meeting fortnightly between now and the end of March should be considered.

9.5.   Utilising the additional capacity approved by the IJB in March 2023 a series of 4 facilitated workshops to develop options for the 24/25 Revenue Budget have been scheduled. The first workshop took place on 8 November and the final workshop will take place on 13 December. This process aims to identify six key Transformation and Sustainability projects which will form the basis of the structure and decisions required to meet the challenge of producing and delivering a balanced budget for 2024/25.

9.6.   Key timelines in the budget development process are:

- Draft IJB Business Case & Initial Feedback from Budget Workshops – (20 December 2023 F&P)
- Consider impact of Scottish Draft Budget and update draft business case (7 Feb 2024 IJB)
- Present draft Revenue Budget and MTFP (28 Feb 2024 F&P)
- Constituent Authorities Confirm Payment / Budget Contributions to IJB for 2024/25 (28 Feb 2024.
- Present 24/25 Revenue Budget and MTFP for Approval (27 March 2024)

10.   Conclusion

10.1.   This report sets out a deeply concerning position both for the IJB and its constituent authorities. Whilst these issues and pressures are being experienced in partnerships across Scotland we require to focus on sustainable options and solutions.

10.2.   Managing these challenges whilst balancing service sustainability and safety requires to be the over-arching priority for the partnership over the coming period.

11.   Appendices

Appendix 1 – Summary of Forecast Reserves @ 31 March 2024

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting Empowered People and Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☒
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☐
Data and Performance	☐
Communication and Engagement	☐
Implications	
Finance:	Per body of report.
Other Resources:	As detailed.
Legal:	There will be legal implications for both the IJB and constituent authorities which require consideration as part of sustainable service planning.
Risk & mitigation:	The IJB is at high risk of overspending based on current projections and significant reduction in spend on a recurrent basis is required to mitigate this risk. Reducing spend in turn heightens care and clinical risk and risk of not achieving demonstrable progress against the Strategic Commissioning Plan priorities. The IJBs risk appetite and tolerance was discussed at a development session prior to the IJB meeting on 27 September and requires further consideration by both the Audit and Risk Committee and IJB. Financial resilience is
Equality and Human Rights:	The content of this report **does not** require an EQIA

Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: [Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)](www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

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APPENDIX 1

Clackmannanshire & Stirling Integration Joint Board
Financial Year 2023/24
Reserves Balance Summary @ Month 6
Forecast Reserves Position @ 31 March 2024

Reserve Category	Forecast Reserve Balance £000
General Reserve	4,398
Transformation Fund	1,571
Leadership Fund	400
Invest to Save Fund	250
Community Living Fund	450
Other Earmarked Reserves	2,293
Total Reserves	**9,362**

Note: Any net overspend on Integrated Budget @ 31 March 24
would reduce general reserves balance.

£1.434m net overspend would reduce general reserves position to £2.964m

Clackmannanshire & Stirling Integrated Joint Board

29 November 2023

Agenda Item 9.1

ADP Commissioning Consortium

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Wendy Forrest Head of Strategic Planning and Health Improvement
Author	Simon Jones, ADP Lead Officer
Exempt Report	No

Directions	
No Direction Required	☐
Clackmannanshire Council	X
Stirling Council	X
NHS Forth Valley	☐

Purpose of Report:	To update the Integrated Joint Board on the progress made against the ADP Commissioning Consortium programme of work focused on tiered model of care, support and treatment for those affected by issues of substance use.

Recommendations:	The Integrated Joint Board is asked to: • Agree the proposed commissioning arrangements for Tier 3 service delivery; • To seek for the procurement of third sector services through Clackmannanshire Council and Stirling Council.

1.   Background

1.1.   Clackmannanshire and Stirling Alcohol and Drugs Partnership Board (ADP) comprises of local delivery partners and stakeholders from statutory, third and independent sectors. The ADP Board has strategic planning responsibility for the whole system of substance use care and support, from reducing stigma to the delivery of specialist interventions. The work is always guided by the desire to improve outcomes for people affected by substance use.

1.2.   Throughout 2022 - 2023 Clackmannanshire and Stirling ADP Board has been preparing to recommission the third sector specialist substance use external contract. The preparation has been undertaken jointly with colleagues in Falkirk HSCP, after agreement by both HSCPs, as there are operational and financial benefits to a joint strategic approach for all our Localities.

1.3.   As such, a mirror version of this paper will be considered by the Falkirk IJB at their upcoming meeting. The content of this paper was approved for IJB consideration at the most recent Finance and Performance Committee meeting.

1.4.   The ADP Board is extremely grateful to all people with lived and living experience, and providers, who have contributed their perspectives and reflections throughout this process. Third Sector partners and those with a lived experience have repeatedly expressed confidence in the Commissioning Consortium process to support collaborative working and better strategic planning. As such, the plans detailed in this paper respond to the expressed needs and aspirations of people's experiences at a local level.

1.5.   In line with the agreement of a Commissioning Consortium approach by IJB members, the ADP Commissioning Consortium began work in January 2023.

1.6.   Following a range of meetings with partners, collaborative debate and discussion on levels of need, care and support required across multi-agency and multi-disciplinary teams, as well as taking account of feedback from those who have a lived experience and their families. There was agreement for a five tiered model of care and support across Forth Valley including both ADP Board areas and Localities.
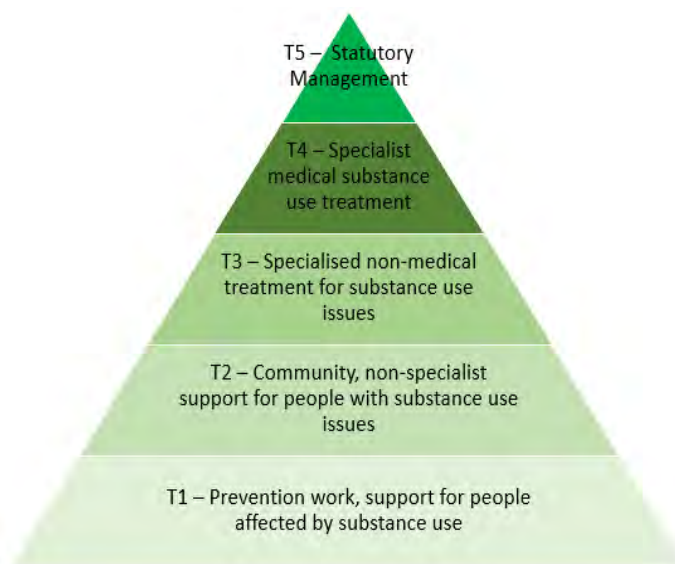
1.7.   The 5-tier model of care was presented and discussed at the January 2023 ADP Commissioning Consortium and then subsequently at the March 2023 meeting. Partners and stakeholders at this stage gave positive feedback and highlighted the use of the model in evaluating contributions from across the whole system.

1.8.   A further ADP Commissioning Consortium meeting in April 2023 saw continued discussion amongst partners to refine the model and ensure all partners were listened to. At this point a Strategic Commissioning Plan for the ADP was developed, this was discussed at the Commissioning Consortium meeting and refined, there then followed agreement at the ADP Board meeting in June 2023. This allowed for discussion of the balance of investments across the system, the alignment of an early intervention and prevention approach, as outlined in the IJB Strategic Commissioning Plan, and alignment to wider national strategic drivers including the National Drug Mission.

1.9.   At August 2023 ADP Commissioning Consortium meeting, further plans were presented which outlined, in response to partners' requests, the opportunities for learning from lived and living experience reflection across the wider system. These proposals were warmly received by partners, particularly among third sector providers, who highlighted their confidence in the Commissioning Consortium process to address complex issues with a partnership ethos.

Value-based commissioning in practice: MAT Standards and ADP
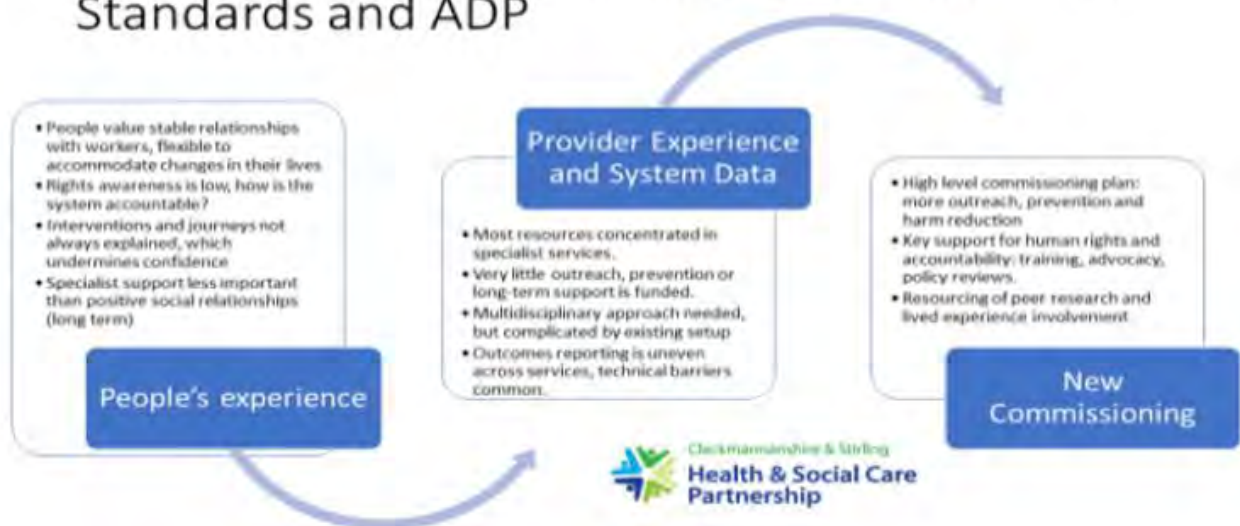
1.10. Lastly at the September 2023 ADP Board meeting, the proposed light-touch recommissioning approach to the Tier 3 contract was approved. Partners agreed the need for a clearer remit for the Tier 3 contract, within the context of continued work to rebalance and modernise the system of substance use care. Public Health Scotland, who are supporting MAT Implementation on behalf of Scottish Government, expressed confidence that ADP plans would support sustainable delivery of MAT Standard care.

1.11. Since the September 2023 ADP meeting, work has continued with third sector providers to manage expectations linked to commissioning and procurement. The ADP Board were clear that continuity of care and close alignment between operational delivery and strategic planning is at the core of this approach.

1.12. These plans complement other initiatives being delivered across the ADP to implement a Human Rights Based Approach, improve support for families affected by substance use and provide high quality harm reduction services to people regardless of their treatment status. The proposed new Tier 3 contract will explicitly support MAT Standard care for all people with substance use issues as such aligning the approach to the National Drug Mission.

2. Tier 3 Specialist Substance Use

2.1. As outlined above, the Tier 3 proposed contract provides for specialist substance use support to families and communities across all our Localities. The proposed contract will establish the third sector provider as the default provider of substance use key working, to help people navigate their recovery journey over the long term.

2.2. The approach has taken learning from feedback from those with a lived experience of substance use, as well as reflections gathered as part of the engagement work which has been delivered through the implementation of MAT Standards.

2.2.1. People told us they valued stable, flexible relationships with key workers to help them address their substance use in the context of their wider lives.

2.2.2. People told us that being able to access support for housing, education, and employment, physical and mental health (the social determinants) was far easier if it could be delivered through one provider.

2.3. This feedback aligns with other lived experience contribution gathered through the implementation of Recovery Hubs. This model of delivery supports the co-location of multi-disciplinary support across Localities. In one visit people can access multiple forms of support, often reducing the possibility of crises in other aspects of their life which might jeopardise their progress.

2.4. The provider has fed back that they could facilitate the move to multidisciplinary, co-located working across localities with approximately the same resource currently allocated, providing there is strategic support to develop the wider system of care.

2.7. To align with the ongoing development of our human rights based approach across HSCP, the ADP Board will support the use of the AAAQ human rights assessment framework to effectively plan service delivery that is Available, Accessible, Acceptable, and of high Quality for people.
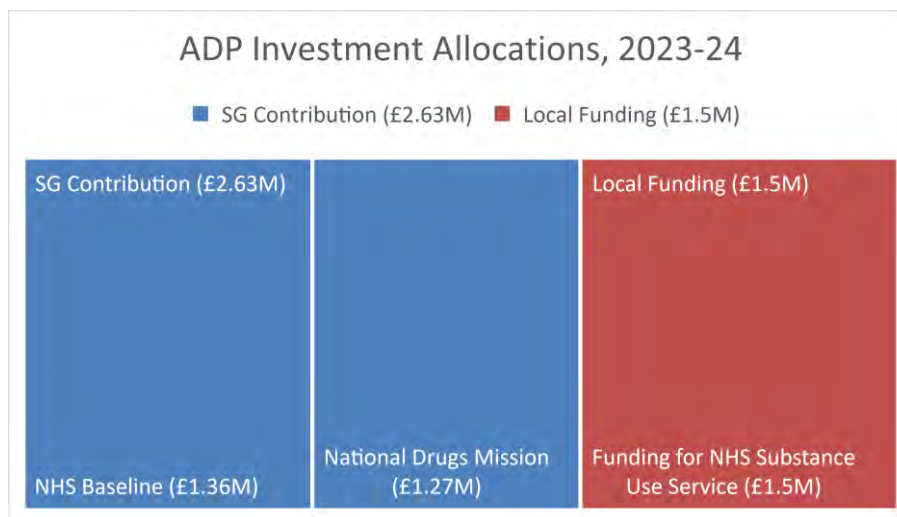
3. Supporting harm reduction and recovery, in line with MAT Standards

3.1 The participation of providers and learning from lived and living experience input has prompted the ADP Commissioning Consortium to examine how else we can ensure the delivery of high quality care and support earlier in people's lives.

3.2 The excellent work already underway across the system of care to support harm reduction and long-term recovery could, according to lived and living experience feedback, benefit from additional strategic support. The success of our peer recovery workers in transforming practice, and the increasing involvement of lived and living experience across ADP activity, are bringing new perspectives to our strategic planning activity. Creating opportunities to support people to take up learning and employment opportunities, access different forms of recovery activity across their areas and benefit from support closer to home are all now in our thinking. By working with local trauma informed, learning and development partners, there is an opportunity for those in recovery to influence and guide our model of care, support and treatment.

3.3 With the ADP Board commitment to this work, there is an intention to continue planning, with the benefit of increased lived and living experience input, and feedback from a wider range of providers who support long-term recovery, in the coming months. ADP Board discussions are focussed on how we can demonstrate reaching people earlier in their lives and supporting harm reduction and long term recovery in new ways. With the support of the recently delegated Health Improvement Team, there is an increased capacity of

knowledge, skills and experience to deliver change in this complex area of work.

4.   Financial implications

4.1   ADP funding comes from Scottish Government via NHS Forth Valley, as well as local authorities. In turn, this section focuses on funding granted from Scottish Government, and disbursed through NHS Forth Valley.

ADP Investment Allocations, 2023-24

■ SG Contribution (£2.63M)   ■ Local Funding (£1.5M)

| SG Contribution (£2.63M) | | Local Funding (£1.5M) |
| NHS Baseline (£1.36M) | National Drugs Mission (£1.27M) | Funding for NHS Substance Use Service (£1.5M) |

4.2   National Drug Mission funding is guaranteed to ADPs in each year from 2021 - 26 and relates to nationally-described strategic priorities. To date, Scottish Government has indicated no plans to continue this funding beyond 2026. The ADP Board has assumed the withdrawal of this funding from that point, and intends to use it to support transformational work across the system while it remains in place.

5.   Conclusions

5.1.   The ADP Board has supported the ongoing development of the Commissioning Consortium, with positive feedback from partners around the opportunity for shared learning and for people with lived experience to influence our approach.

5.2.   HSCP officers are continuing the work of the ADP Commissioning Consortium to support the modernisation of services in Tiers 2 and 4. Further papers will follow which will lay out plans for the Tiered model approach.

6. Appendices

This report has no appendices.

Fit with Strategic Priorities:	
Care Closer to Home	☒
Primary Care Transformation	☐
Caring, Connected Communities	☐
Mental Health	☒
Supporting people living with Dementia	☐
Alcohol and Drugs	☒
Enabling Activities	
Technology Enabled Care	☐
Workforce Planning and Development	☐
Housing and Adaptations	☐
Infrastructure	☐

Implications	
Finance:	The proposals in this paper will be met within the existing ADP commissioning budget for external provision of services; approximately £800,000 per HSCP area.
Other Resources:	
Legal:	
Risk & mitigation:	
Equality and Human Rights:	The content of this report **does** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2

The content of this report **does/does not** require Fairer Duty Scotland Assessment |

Equality Impact Assessment Process

Guidance on how to complete an EQIA can be found here:

https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-scottish-public-authorities

and here

https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-and-equality-duty

Q1: Name of EQIA being completed i.e. name of policy, function etc.

ADP Commissioning Update to IJB

Q1 a; Function ☐ **Guidance** ☐ **Policy** ☒ **Project** ☐ **Protocol** ☐ **Service** ☐
Other, please detail ☐

Q2: What is the scope of this SIA

Service Specific	☒	Discipline Specific	☐	Other (Please Detail)	☐

Q3: Is this a new development? (see Q1)
Yes ☐   No ☒

Q4: If no to Q3 what is it replacing?

Recommends re-commissioning of existing specialist drug and alcohol treatment provision.

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

ADP

Q6: Main person completing EQIA's contact details

Name:	Simon Jones	Telephone Number:	
Department:	ADP	Email:	Simon.jones2@nhs.scot

Q7: Describe the main aims, objective and intended outcomes

To recommission existing provision of specialist substance use treatment and support. New contract will resource increased choice for people seeking support, and care closer to home which will reduce intersectional barriers to substance use treatment. Multidisciplinary delivery of care will support long-term recovery in partnership with community groups of lived and living experience, in line with MAT Standards requirements.

Q8:
(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?

Staff	Service Users	Other	☐ Please identify ___ Providers, third sector, independent sector
☐	☒		

(ii) Have they been involved in the development of the function/service development/other?

Yes   ☒   No   ☐

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Experiential data was gathered through focus groups and individual interviews as part of the MAT Standards work and HSCP locality planning processes. This has informed the development of this high level commissioning approach. In turn we anticipate further lived and living experience involvement in the design of operational processes and the expansion of the hub model of delivery across localities.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments: Demographic data from routine commissioning meetings has informed the design of the commissioning proposals. This has been combined also with the lived and living experience data outlined above.

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

•   eliminate unlawful discrimination, harassment and victimisation;

•   advance equality of opportunity between different groups; and

•   foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)
Age	X			LLE data from young people shows that ability to access services is dependent on transportation links which are unaffordable for some who do not qualify for age-related transportation benefits. The proposed move to a hub model of delivery, closer to people's homes, should remedy this.

Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	X			The new model of hub delivery across localities should reduce or eliminate physical barriers to substance use treatment access. While the option of long-term key-working support in third sector should facilitate the development of closer links with community-led disability groups which can support people's recovery and general health.
Gender Reassignment	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
Marriage and Civil partnership	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
Pregnancy and Maternity	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
Race/Ethnicity	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
Religion/Faith	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
Sex/Gender (male/female)	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
Sexual orientation	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity

				around all protected characteristics.
Staff (This could include details of staff training completed or required in relation to service delivery)	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics. For staff this would include a focus on co-produced solutions to common problems.

Cross cutting issues: Included are some areas for consideration. Please delete or add fields as appropriate. Further areas to consider in Appendix B				
Unpaid Carers	X			The legal situation of people who care for others with substance use issues is uneven. However the anticipated co-location of this service alongside expanded support for people affected by substance use, and advocacy, should provide for better identification and resolution of threats to people's rights.
Homeless	X			The increase of choice for people who are homeless or at risk, combined with the routinisation of multidisciplinary care and encouragement of greater harm reduction delivery, should demonstrate significant benefits for people.
Language/ Social Origins	X			
Literacy	X			Increased advocacy capacity facilitated through this contract should support people with literacy and related accessibility requirements.
Low income/poverty	X			The development of co-located hubs closer to home should remedy the barriers to treatment which have been identified through lived and living experience involvement.
Mental Health Problems	X			This contract is intended to support the co-occurring delivery of substance use and mental health care as anticipated under MAT

				Standards. Additionally the longer-term keyworking offer should support recovery in a social context which includes support for mental health issues of all kinds.
Rural Areas	X			The delivery of care closer to home and integration with mobile delivery mechanisms should remove barriers to treatment which are currently experienced among people living in rural areas.

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes ☐   No ☒

Q11: Is a detailed EQIA required?

Yes ☐   No ☒

Please state your reason for choices made in Question 11.
The evidence gathered through lived and living experience involvement has been included in planning and we are confident that the proposal should support a reduction in barriers to access and support for all people with personal characteristics and intersectional traits. There should be no reduction in service for any groups.
N.B. If the screening process has shown potential for a high negative impact you will be required to complete a detailed impact assessment.

Date EQIA Completed	08/11/2023		
Date of next EQIA Review	DD / MM / YYYY		
Signature	Simon Jones	Print Name	Simon Jones
Department or Service	ADP		

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to:
fv.clackmannanshirestirling.hscp@nhs.scot

Equality & Diversity Impact Assessment Action Plan

Name of document being EQIA'd:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:

Signed: Date:

Clackmannanshire & Stirling Integration Joint Board

29 November 2023

Agenda Item 9.2

IJB and Committee Dates 2024 / 2025

For Noting and Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Lesley Fulford, Senior Planning Manager
Author	Lesley Fulford, Senior Planning Manager
Exempt Report	No

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To request Board approval of the Programme of Meeting Dates for the Integration Joint Board for 2024 / 2025.

Recommendations:	The Integration Joint Board is asked to: 1) Approve the proposed Integration Joint Board programme of meeting dates for 2024 / 2025 set out in paragraph 3.1. 2) Approve March 2025 meeting is focussed on budget, associated Directions and delivery plan only set out in paragraph 3. 3) Approve the proposed Integration Joint Board Audit and Risk Committee programme of meeting dates for 2024 / 2025 set out in paragraph 4.1. 4) Note June 2024 Audit and Risk Committee meeting is in the morning. 5) Approve the proposed Integration Joint Board Finance & Performance Committee programme of meeting dates for 2024 / 2025 set out in paragraph 5.1. 6) Note December 2024 Finance and Performance Committee meeting is in the morning.

1.   Background

1.1.   Section 7 paragraph number 7.1 in the Clackmannanshire & Stirling Integration Joint Boards Standing Orders states "the IJB will operate a quarterly cycle of meetings and will keep its meeting frequency under review. All meetings will be held on days, at the times and in the places fixed by the IJB and then published in its Programme of Meetings.   These are published here https://clacksandstirlinghscp.org/about-us/meeting-schedule/

1.2.   Section 22 of the Standing Orders allows for Committees to be established and there are currently two in place:

- Audit and Risk Committee
- Finance and Performance Committee

2. 2024 / 2025 IJB Meeting Dates

2.1.   Due to the uniqueness of the Clackmannanshire and Stirling Health and Social Care Partnership there are a significant number of commitments to consider. For example:

- Clackmannanshire Council, Committees, Planning Boards, CMT and other meetings
- Stirling Council Committees, Planning Boards, CMT and other meetings
- NHS Forth Valley Health Board, Executive Leadership Team, Planning Boards and other meetings
- Health and Social Care Partnerships management and governance meetings
- Serving four Public Body governance structures
- Locality Planning Network groups
- Falkirk Integration Joint Board for some Clackmannanshire and Stirling IJB members.
- Transforming Care Board and other working, planning and implementation groups within the Health and Social Care Partnerships
- Supervision and supports to direct reports and wider teams
- Engagement with stakeholders to ensure the continued development of the HSCP inclusive culture.
- Other operational governance groups
- Summer recess

2.2.   Planning of dates has actively tried to avoid the above commitments to enable the attendance of Integration Joint Board & Committee members.

2.3.   Details of meetings held previously by the Clackmannanshire & Stirling Integration Joint Board and Committees are set out below:

Table 1 – Previous year's meetings

Financial Year	Integration Joint Board	Audit & Risk Committee	Finance & Performance Committee
2016 / 2017	6	3	N/A
2017 / 2018	6	3	N/A
2018 / 2019	4	4	4
2019 / 2020	6[1]	4	5
2020 / 2021	5	4	5
2021 / 2022	5	4	5
2022 / 2023	5	4	4
2023 / 2024	4[2]	4	5

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[1] This includes two special IJB's
[2] February 23 IJB was cancelled, Finance and Performance briefing session was held.

3. Proposed 2024 / 2025 IJB Meeting Dates

3.1. The Integration Joint Board is asked to approve the proposed IJB meeting dates in table 2 for the year 2024 / 2025. Venues (or MS Teams links) will be sought after confirmation of the dates.

Table 2 – Proposed Programme of Meeting Dates

Date	Time
Wednesday 19 June 2024	1400 – 1600
Wednesday 2 October 2024	1400 – 1600
Wednesday 20 November 2024	1400 – 1600
Wednesday 26 March 2025[3]	1400 – 1600

3.2. Members should note the 29 June 2024 is the beginning of summer recess.

3.3. These meeting dates align with the proposed Committee dates listed in sections 4 and 5 of this report and will allow scrutinised papers to be brought forward for the Board's decision.

3.4. It is proposed the March meeting is a focussed meeting on the budget, associated Directions and delivery plan only.

3.5. Board members are asked to approve this proposed Integration Joint Board dates in table 2.

4. Proposed 2024 / 2025 Audit and Risk Committee Dates

4.1. The Integration Joint Board is asked to approve the proposed Audit and Risk Committee meeting dates in table 3 for the year 2024 / 2025. Venues (or MS Teams links) will be sought after confirmation of the dates.

Table 3 – Proposed Audit and Risk Committee Meeting Dates

Date	Time
Wednesday 26 June 2024	1030 – 1230
Wednesday 18 September 2024	1400 – 1600
Wednesday 4 December 2024	1400 – 1600
Wednesday 19 February 2025	1400 – 1600

4.2. Board members are asked to approve the proposed dates for Audit and Risk Committee in table 3.

4.3. Board members are asked to note June 2024 Audit and Risk Committee meeting is in the morning.

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[3] Focussed meeting on the budget, associated Directions and delivery plan.

5. Proposed 2024 / 2025 Finance and Performance Committee Dates

5.1. The Integration Joint Board is asked to approve the proposed Finance and Performance Committee dates in table 4 for the year 2024 / 2025. Venues (or MS teams links) will be sought after confirmation of the dates.

Table 4 – Proposed Finance and Performance Committee Meeting Dates

Date	Time
Wednesday 5 June 2024	1400 – 1600
Wednesday 6 November 2024	1400 – 1600
Wednesday 18 December 2024	1030 – 1230
Wednesday 29 January 2025[4]	1400 – 1600
Wednesday 26 February 2025[5]	1400 – 1600

5.2. Board members are asked to approve the proposed dates for Finance and Performance Committee in table 4.

5.3. Board members are asked to note December 2024 Finance and Performance Committee meeting is in the morning.

6. Conclusions

6.1. The above proposals will allow Integration Joint Board and Committee members to robustly discuss business, take decisions and agree directions (where required).

6.2. The paper also sets out the uniqueness and complexity the HSCP operates within.

7. Appendices

None to note

Fit with Strategic Priorities:	
Care Closer to Home	☐
Primary Care Transformation	☐
Caring, Connected Communities	☐
Mental Health	☐
Supporting people living with Dementia	☐

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[4] Budget briefing session
[5] Budget briefing session

Alcohol and Drugs	☐

Enabling Activities	
Technology Enabled Care	☐
Workforce Planning and Development	☐
Housing and Adaptations	☐
Infrastructure	☐

Implications	
Finance:	Financial and performance reporting as well as reporting on the transformation programme will be key features of the reporting to the IJB and Committees.
Other Resources:	Time commitment from Board members to prepare for and attend the meetings. Officer and support services resources in preparation and consultation on business brought forward.
Legal:	Will provide the IJB and Committees with an opportunity to discuss business, take decisions and agree directions (where required).
Risk & mitigation:	The proposed schedule is significantly more comprehensive and complex than has been previously in place. This will be challenging to deliver within existing capacity. If the Integration Joint Board wish to meet more regularly: • This will place additional work on officers, operational staff and professional advisors. • There will be a risk that key people will not be available to input to development of Board agenda items or attend the Board, due to other commitments. o There will be additional costs in terms of officers, operational staff and professional advisors and members time and potentially venue hire. To mitigate these risks consideration of further additional resource will be required.
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)

	Please select the appropriate statement below:
	This paper **does not** require a Fairer Duty assessment

Clackmannanshire & Stirling Integrated Joint Board

29 November 2023

Agenda Item 10.1

Quarter 2 Performance Report (July to September 2023)

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Annemargaret Black, Chief Officer
Author	Wendy Forrest, Head of Strategic Planning and Health Improvement
Exempt Report	No

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To ensure the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, and relevant targets and measures included in the Integration functions as set out in the current 2023-2033 Strategic Commissioning Plan.

Recommendations:	The Finance and Performance Committee is asked to: 1) Review the content of the report. 2) Note that appropriate management actions continue to be taken to address the issues identified through these performance reports. 3) Approve Quarter 2 July to September 2023 report (Appendix 1).

Key issues and risks:	Routine collection and collation of data across constituent organisations recording systems.

1.   Background

1.1.   The Integration Joint Board has a responsibility to ensure effective performance monitoring and reporting, this paper is being presented to committee to support the ongoing scrutiny role of the IJB of HSCP performance.

1.2.   Underpinning scorecards for the delegated services are established and work is ongoing to provide this data down to Locality level. Some delegated NHS data is now included in the attached report and other data will follow in due course.

1.3.   Service plans and related performance indicators are also being developed, as well as key indicators aligning to the new Strategic Commissioning Plan. This Quarterly Performance Report will therefore continue to develop as data becomes available, and performance measures are agreed.

1.4.   The content of this report is actively monitored, and the information supports wider planning and delivery in areas such as Locality Planning, Strategic Commissioning Plan, Service Planning and the Transforming Care Board programme of work.

1.5.   There are key measures linked to national programmes to improve NHS Unscheduled Care. The approach aims to reduce delay in every patient journey by whole-system planning and preparation for discharge and adopting 'home first' with 'discharge to assess' as good practice.

1.6.   The Chief Officer and Chief Finance Officer manage and maintain the Strategic Risk Register. The Register outlines the key risks to achieving the Integration Joint Board's Strategic Plan, and monitors processes in place to mitigate those risks. The Audit & Risk Committee last reviewed the Strategic Risk Register on 13th September 2023, and exception details are found in Appendix 2.

1.7.   The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. These Outcomes focus on improving the experiences and quality of services for people using those services, unpaid carers and their families.

1.8.   Integration Authorities are responsible for planning, commissioning and delivering of a wide range of health and social care services and are accountable for delivering the National Health and Wellbeing Outcomes. Each Integration Authority is required to publish an Annual Performance Report reporting on performance against core integration indicators aligned to the above outcomes.

1.9.   It had been agreed with the Chief Officer that where quarterly national data was available, that this would be included in the report. However, Public Health Scotland (PHS) have stated that the future reporting arrangement for both national data MSG and Core Suite Integration Indicators will be put in place for Annual reporting and thereafter it is not intended to provide updates to management data. However, PHS has granted HSCP (Principal Analysts) level 2 access to Discovery which offers a wider range of data which will inform this report.

1.10.   The quarter two report has been aligned to the new Clackmannanshire & Stirling Integration Joint Board Strategic Commissioning Plan 2023-2033. It also sits within the context of the HSCP's developing Integrated Performance Framework, which will be modernised over the coming year.

1.11.   In line with Annual Performance reporting recommendations, this report highlights the source of the data i.e. from national reports (which means that when it is NHS data it will include all residents of the HSCP area who may have attended more than one acute hospital), local NHS systems or local authority social work recording systems.

1.12.   This report is seeking to ensure that it is as accessible as possible to a range of readers and is therefore following guidance around the presentation of the data.

1.13.   This report is principally to report on data at HSCP level, where it is appropriate data may be reported at local authority or locality level. However,

where numbers are lower than 5 these will be noted to prevent the risk of identification of an individual.

1.14. Where data is not available for the current quarter this will be noted as "to follow" and will be included in the following quarterly report.

1.15. Where data is affected by completeness this is denoted with a "p".

2. Development of Quarterly Performance Reports

2.1. The Board is asked to approve quarterly performance reports.

Quarter One	April 1st to June 30th 2023
Quarter Two	July 1st to September 30th 2023
Quarter Three	October 1st to December 31st 2023
Quarter Four	January 1st to March 31st 2024

2.2. The Performance Reports are continuing to develop based on areas of focus and feedback from members of the Finance and Performance Committee, IJB and wider stakeholders. Some key performance indicators relating to NHS delegated functions are now included in the body of the report.

2.3. Reporting timetable:

Presentation	Finance & Performance Committee	Integration Joint Board
Q2 QPR 23/24	1st November 2023	29th November 2023

2.4. Due to the lead in times for the presentation of the Quarterly Performance Report to the Finance & Performance Committee, data which was not available was noted. Where the data becomes available following the F&P Committee it will be inserted.

3. Performance Summary

3.1 Strategic Theme 1 Prevention, Early Intervention & Harm Reduction
- Standard Delayed Discharges and Code 9 In quarter two there has been a slight increase on the numbers of delayed discharge from the previous quarter, however, the average over the quarter is lower than the same quarter last year.
- Another Positive CHART visit on 21 September provided assurance of continuous improvement around management, leadership, staff skills and knowledge.
- Allied Health Professionals (AHP) Lead has been appointed and will progress the Pathway redesign project under the Transforming Care Board TCB).
- First Clackmannanshire and Stirling Community Falls Group held, with over 20 stakeholders from emergency services and third sector organisations in attendance. The aim is to provide shared learning,

monitor improvement projects and embed an integrated and consistent approach to falls across the HSCP area.

3.2   Strategic Theme 2: Independent living through choice and control

- Coming Home implementation report was published. CSHSCP have identified 70 individuals with a learning disability as living out of their local authority area. We will review the needs of each individual and the best support suited to their needs.

- The Dementia Commissioning Consortium is underway and is working towards aligning the proposed Model of Care with Scotland's new Dementia Strategy - "Everyone's Story", which was published on 31st May 2023, and the subsequent action plan.

3.3   Strategic Theme 3: Achieving care closer to home

- Deteriorated indicators:
  - Number of HSCP residents moved into Intermediate Care (step down) from hospital
  - % HSCP residents with reduced or no hours after Reablement
  - Delayed over 2 weeks awaiting a Package of Care at the end of the quarter (2 people)

- Improved Indicators:
  - HSCP residents moved into Intermediate care (step up) from home
  - HSCP resident waiting for reablement, or waiting to move out of reablement to a provider, and those requiring reduced or no hours of care following reablement.
  - Number of HSCP residents waiting to move out of Reablement to a framework provider snapshot last week in quarter

3.4   Strategic Theme 4: Supporting empowered people and communities

- Social prescribing went up from quarter one (39) to 81 referrals in Quarter two. There has also been a considerable increase in the number of encounters, with 143 reported in quarter one and 406 reported in quarter two.

3.5   Strategic Theme 5: Reducing loneliness and isolation

- Work with TSIs to develop quantitative and qualitative data round this strategic theme is being progressed.

4.   Conclusion

4.1   The Integration Joint Board is responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in the Strategic Commissioning Plan. This report represents the process in terms of presenting a formal performance report to the Board.

4.2 Performance reports are used across the service areas to inform planning, priorities and management actions. This data is quality assured at a local level and may differ from nationally reported data.

4.3 Work continues to develop and modernise an Integrated Performance Framework.

5   Appendices

Appendix 1 – Quarter two Performance Report (July to September)
Appendix 2 – Exceptions reporting. Risk Register

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting Empowered People and Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☐
Data and Performance	☒
Communication and Engagement	☐

Implications	
Finance:	The management of performance is critical to managing the overall budget of the Integration Joint Board.
Other Resources:	
Legal:	Performance reporting is a statutory requirement under the Public Bodies (Joint Working)(Scotland) Act 2014 and the Integration Joint Board's Integration Scheme.
Risk & mitigation:	Strategic Risk Register – appendix 2.
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	See 1.13. The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to)

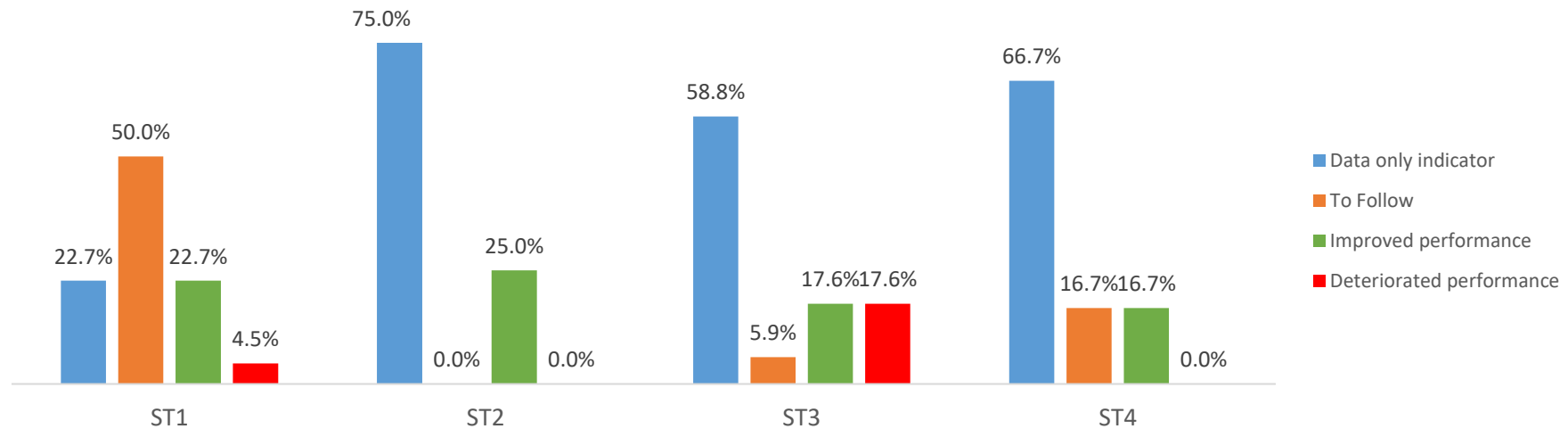|	how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: [Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)](www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Clackmannanshire & Stirling Integration Joint Board

Quarter Two
Performance Report

(July to September 2023)

Introduction

Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) delivers a wide range of delegated services on behalf of NHS Forth Valley, Clackmannanshire Council and Stirling Council as described in the integration scheme. The HSCP is working towards the delivery of the Strategic Commissioning Plan 2023-2033 which is cognisant of the national outcomes of integration, NHS Forth Valley Strategic Plan, Clackmannanshire Local Outcomes Improvement Plan and Stirling Council's Thriving Stirling.

The purpose of this report is to demonstrate our progress towards the Strategic Commissioning Plan while monitoring the resources and the volume of service delivery. This report details the performance relating to partnership service which include national and local performance as well as performance targets and direction of travel. Many indicators are new to the Quarterly Performance Report and are currently under development. Many indicators have been included to monitor volume, for information only, and it is not appropriate to set a target to increase or decrease demand, but only to meet demand.

Quarterly Performance Report overview by Strategic Theme - Q1 2023-24

Legend:
- Data only indicator
- To Follow
- Improved performance
- Deteriorated performance

ST1: 22.7%, 50.0%, 22.7%, 4.5%
ST2: 75.0%, 0.0%, 25.0%, 0.0%
ST3: 58.8%, 5.9%, 17.6%, 17.6%
ST4: 66.7%, 16.7%, 16.7%, 0.0%

Finance

This report should be read in conjunction with the finance report being presented to the IJB.

Strategic Theme 1: Prevention, early intervention & harm reduction

Prevention, early intervention and harm reduction is focused on working with partners and communities to improve overall health and wellbeing and preventing ill health. By promoting positive health and wellbeing, physical activity and reducing exposure to adverse behaviours we can prevent pressures on people's health and in turn health and social care services. Early intervention and harm reduction is about getting the right levels of support and advice at the right time, maintaining independence and improving access to services at times of crisis.

Standard delayed discharge

Standard delayed discharge patients waiting to return home from hospital with a package of care have been consistently low. This is supported by the continued Hospital Discharge Redesign work which is improving the planning and coordination of patients prior to their Planned Date of Discharge (PDD). In quarter two there has been a slight increase on the numbers of delayed discharge from the previous quarter, however, the average over the quarter is lower than the same quarter last year.

Intermediate Care at Bellfield

The senior team are working hard on quality assurance across the suites and use of the dependency tools to support safe staffing based on the needs of people using the service is established and is providing good information. This work meets Care Inspectorate and legal requirements. There has also been another positive CHART visit on 21/9/23 and provided assurance that the effort to ensure continuous improvement is recognised by a visiting service. Reviews carried out included; management and leadership and staff skills and knowledge. All were assessed at Level 1 (low level concerns/no concerns).

District Nursing

The District Nurses work with services such as GPs, Allied Health Professionals (AHP), Social Care staff and care providers to enable people to remain in their own homes safely. Working within the HSCP, district nursing supports people in the community through the treatment rooms available, providing advice over the phone and where required provides home visits. Advice can be given on long term conditions, complex nursing care, end of life care and support, wound management, bowel and urinary problems, assess for equipment to promote and maintain independence and referral to other speciality services. The service can also support packages of care on discharge where a care provider is unable to pick up straight away, they have done this on several occasions in this quarter to support system pressures.

The District Nursing Advanced Nurse Practitioner and trainee District Nursing Advanced Nursing Practitioner roles support the prevention of hospital admission, managing long-term conditions, reviewing medications, and supporting District Nursing teams to manage more complex patients. The staff are actively reviewing caseloads with District Nursing teams to put Future Care Plans (formerly Anticipatory Care Plans) in place for those patients with a high frailty score.

There has been an increase in end of life patients who have been supported to die at home. The District Nursing teams along with care/social care colleagues have continued to support those individuals who expressed choice to die at home to do so, thereby preventing hospital admission.

Pathway redesign
The new Allied Health Professionals (AHP) lead has been appointed and will progress the project to redesign pathways under the Transforming Care Board (TCB).

Falls
Due to technical issues with PHS the rate of falls was reported incorrectly in the last quarterly report. 2022/23 Q4 should have been 6.4 per 1,000 population and 2023/24 Q1 was 5.6 per 1,000 population.

We hosted our first Clackmannanshire & Stirling Community Falls Group, which will run quarterly and consists of over 20 stakeholders ranging from emergency services to third sector organisations. The aim is to provide an environment to enable shared learning, monitor improvement projects and ensure there is an integrated and consistent approach to falls prevention across the partnership and third sector.

We have 15 confirmed falls champions representing our care homes across Clackmannanshire & Stirling at a Falls Champion Care Home Forum where we will meet for the first time in November. This platform will allow us to begin collecting timely and accurate falls data and provide opportunity to empower staff in care homes to be confident in using evidence-based falls prevention strategies.

Our Falls Awareness Week social media campaign was a success with 6749 views of our posts throughout the week on the platform "X". The same content was shared 46 times on Facebook and generated 60 likes. We received feedback from the campaign citing that the content "is very informative". Another comment prompted a family member to act with regards to lifting rugs and clear their environment to improve safety which demonstrates an improved awareness of falls.

Priority 1: Mental Health and Wellbeing
We have a number of indicators in development for this priority. The Performance Team are working with services to build a robust and meaningful suite of performance indicators.

Priority 2: Drug and alcohol care and support capacity across communities
We have a number of indicators in development for this priority. The Performance Team are working with services to build a robust and meaningful suite of performance indicators.

Alcohol and Drug Partnership
The Clackmannanshire & Stirling Alcohol and Drug Partnership's (ADP) has the responsibility for developing a local substance use strategy, that ensures the provision of the appropriate range of treatment options required to promote the recovery of those affected by substance use problems at point of need.

ADP continues its work to collectively review strategic resourcing across the system of care for substance use, through its Commissioning Consortium. This is currently focussed on refreshing the Tier 3 (Specialist Non-Clinical) contract ahead of its expiry in 2024 but is looking also at how the system of care can support a social model of support with stepped care arrangements for long-term recovery. Our intention remains to strategically resource this contract as the backbone of a MAT Standards-compliant, multidisciplinary offer of care to people regardless of the nature of their substance use issue.

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 22/23	Desired trend or target	Compared to previous quarter
1.00.001	HSCP standard delayed discharge waits over 2 weeks snapshot at the last week in the quarter. Source: Local Data NHS FV	13	12	-	-	9	↓	✓
1.00.002	HSCP total number of acute delays (standard and code 9) snapshot at the last week in the quarter. Source: Local Data NHS FV	5	3	-	-		↓	✓
1.00.003	HSCP emergency admissions (age 18+) rate per 100,000 population. **National Indicator 12** Source: National Data PHS Discovery	1069	1006	-	-		↓	✓
1.00.006	Unplanned bed days (all ages) rate per 1,000 population. Source: Local data FV NHS	842	835	-	-	793	↓	✓
1.00.007	A&E attendances (age 18+) rate per 100,000 population Source: Local data FV NHS	1,347	1,337	-	-	1,359	↓	✓
1.00.008	Total number of repeat ASP (Adult Support & Protection) initial referral discussions within 6 months. **Under development** Source: Local Data Adult Social Care	<5	To follow	-	-	No data	↓	-
1.00.009	% of total ASP (Adult Support & Protection) initial case conferences held within 25 working days of AP1 alert date within quarter **Under development** Source: Local Data Adult Social Care	33%	To follow	-	-	No data	↑	-
1.00.012	Social prescribing Community Link Worker encounters Source: Primary Care	143	406	-	-	No data	Activity data	No analysis
1.00.013	Smoking quit rate at 4 weeks follow up Source: National Data PHS	74	To follow	-	-	No data	↑	-
1.00.014	Smoking quit rate at 12 weeks follow up Local Delivery Plan standard Source: National Data PHS	25	To follow	-	-	No data	↑	-
1.00.015	Number of hospital admissions due to falls (all ages) Source: National Data PHS Discovery	240	To follow	-	-		↓	-
1.00.016	Falls rate per 1,000 population aged 65+ **National Indicator 16** Source: National Data PHS Discovery	5.6	To follow	-	-		↓	-

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 22/23	Desired trend or target	Compared to previous quarter
1.00.017	District Nursing Activity - No of visits Source: Local Data NHS FV	24,219	24,920	-	-		Activity data	No analysis
1.00.018	District Nursing Activity - No of treatment room visits Source: Local Data NHS FV	7,830	8,072	-	-		Activity data	No analysis
1.00.019	District Nursing Activity - No of Calls Source: Local Data NHS FV	1,964	2,290	-	-		Activity data	No analysis
1.00.020	District Nursing Activity - No of supported deaths at home Source: Local Data NHS FV	85	105	-	-		Activity data	No analysis
	Priority 1 Mental Health & Wellbeing							
1.01.001	% of FV patients who commenced psychological therapy within 18 weeks of referral by quarter. Local Delivery Plan standard. Source: Local Data NHS FV	74%	70.7%	-	-	59.7%	90%	✗
1.01.002	% of FV patients aged 65+ who commenced psychological therapy - within 18 weeks of referral by quarter. Local Delivery Plan standard. **Under development** Source: National Data/Public Health Scotland	To follow	To follow	-	-		90%	-
1.01.003	Unplanned bed days mental health at last month in quarter **MSG** Source: National Data PHS Discovery	779 p	To follow	-	-		↓	-
1.01.004	Mental health readmissions of HSCP residents within 28 days Source: Local Data NHS FV	35	To follow	-	-		Activity data	No analysis
	Priority 2: Drug and alcohol care and support capacity across communities							
1.02.001	% of FV people referred with their drug or alcohol problem who wait no longer than three weeks for treatment that supports their recovery. **Under development** Source: National Data PHS	96.5%	To follow	-	-	89.1%	90%	-
1.02.002	Participants from HSCP who completed the Overdose Awareness and Naloxone Intervention training in the period. Does not include online training. **Under development** Source: Local Data NHS FV	32	To follow	-	-		↑	-

Strategic Theme 2: Independent living through choice and control.

This Strategic Theme focuses on how the HSCP supports people and carers to actively participate in making informed decisions about how they live their lives and meet agreed outcomes. Services are focussed around helping people identify what is important to them to live full and positive lives and make decisions that are right for them.

Coming home

A new implementation report was published (Coming Home Implementation report[1]) with aims to reduce delayed discharge and provide care closer to home for people with learning disabilities and complex needs. The HSCP have identified 70 individuals with a learning disability as living out of their local authority area. Care closer to home is not necessarily a more effective use of resources and does not lead to an improved experience for all, e.g. families, cared for person or carers. While it is the policy aspiration and is the starting point this is not always the correct individual solution. Our plan is to review these out of area (OOA) placements to review needs and where these would be best met.

Priority 3: Self-Directed Support information and advice promoted across all communities

Work is underway preparing the infrastructure required to meet our ambition for Self-Directed Support (SDS). Indicators around Self-Directed Support are in development as part of the SDS approach design. This includes the number of HSCP staff who have received training, monitoring the volume of support plans, Option 1 and Option 2. There were 7 new support plans for Options 1 & 2 in this quarter.

Priority 4: Support those affected by dementia at all stages of their journey.

The Quarterly Performance Report contains two indicators for Priority 4. The Community Mental Health Team provide a minimum of 3 sessions of post-diagnostic support for every Clackmannanshire and Stirling resident who receives a diagnosis of dementia. This post-diagnostic support follows the five pillars model. Alzheimer Scotland are currently commissioned to provide additional ongoing post-diagnostic support to individuals living with a diagnosis of dementia and have seen 49 new individuals this quarter, which is higher than the quarter 1 figure of 39.

The Dementia Commissioning Consortium is underway and is working towards aligning the proposed Model of Care with Scotland's new Dementia Strategy - "Everyone's Story", which was published on 31st May 2023, and the subsequent action plan. This work will inform the HSCP's approach to commissioning services and support individuals on their dementia journey as well as their families and carers.

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[1] Coming Home Implementation report - gov.scot (www.gov.scot)

Key   ↑ **increase**   ↓ **decrease**   ↔ **no change**   ✓**performance has improved**   ✗**performance has deteriorated**

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 22/23	Desired trend or target	Compared to previous quarter
2.00.001	Number of people in Learning Disability care group receiving personal care at home on last day of the quarter. Source: Local Data Adult Social Care	226	235	-	-	No data	Activity data	No analysis
2.00.002	Number of people in Learning Disability care group living in supported accommodation on last day of the quarter. Source: Local Data Adult Social Care	5	5	-	-	No data	Activity data	No analysis
2.00.003	Number of people in Learning Disability care group living in care home on last day of the quarter. Source: Local Data Adult Social Care	68	72	-	-	No data	Activity data	No analysis
	Priority 3 Self-Directed Support information and advice promoted across all communities							
2.03.002	Number of new support plans in the quarter Source: Local Data Adult Social Care	6	7	-	-	No data	↑	✓
2.03.003	Number of Self-Directed Support Option 1 Source: Local Data Adult Social Care	148	141	-	-	No data	Activity data	No analysis
2.03.004	Number of Self-Directed Support Option 2 Source: Local Data Adult Social Care	165	167	-	-	No data	Activity data	No analysis
	Priority 4 Supporting people living with Dementia							
2.04.001	Number of people who completed 1 year of post diagnostic support in the quarter. Source: Alzheimer's Scotland	15	39	-	-	No data	↑	✓
2.04.003	Number of new individuals seen by Alzheimer's Scotland during the quarter Source: Alzheimer's Scotland	39	49			No data	Activity data	No analysis

Strategic Theme 3: Achieving care closer to home

Achieving care closer to home shifts delivery of care and support from institutional, hospital-led services towards services that support people in their community and promote recovery and greater independence where possible. Investing in and working in partnership with people, their carers and communities to deliver services. Improving access to care, the way services and agencies work together, working efficiently, improving the customer journey, ensuring people are not delayed in hospital unnecessarily, co-design of services, primary care transformation and care closer to home. It is also about providing people with good information and supporting our workforce.

Unmet Need

An Adult Social Care Front Door Assessment and Review Processes Oversight Group has been established with terms of reference, project brief and plan developed.

New requests for care and support to people in their own homes

In Clackmannanshire, 69 new requests for care and support were received in September 2023 (excluding requests made directly to Reablement, Mental Health & Learning Disability Team). In Stirling, 135 packages of care were requested in September 2023. In Clackmannanshire, the average number of requests each month has been 79. In Stirling the average number of requests each month has been 139. All requests are for older adults and people with physical disability.

Waiting list for care and support to people in their own homes as at 3rd October 2023

In Clackmannanshire, the waiting list for people without any care increased from 11 people (78:30 hours of care and support per week on 26 September 2023 to 14 people (86:00 hours of care and support per week), excluding requests made directly to Reablement, Mental Health & Learning Disability Team. The total waiting list including people looking to change provider decreased from 27 people (220:30 hours of care and support per week) on 26 September 2023 to 26 people (191:00 hours of care and support per week). The waiting lists are lower than in 2021 and 2022.

In Stirling the waiting list for people without any care decreased from 48 on 26 September 2023 to 42. The waiting list for people without care was highest on 11 January 2022 when 194 people were waiting for 1791 hours of care and support. The total waiting list including people looking to change provider decreased from 104 on 26 September 2023 to 102.

Placed packages of care and support to people in their own homes

53 packages of care, not including learning disability clients, were placed in Clackmannanshire in September 2023 (Average of 58/month). In Stirling, 113 packages of care were started in September 2023. This compares to an average of 104 in a typical month.

Priority 5: Good public information across all care and support working

We are currently reviewing and updating the Communications, Engagement and Participation Strategy to align to the deepening empowerment of people and communities in co-producing and co-designing our services in line with the Strategic Commissioning Plan, the National Standards for Community Engagement and the Scottish Governments Planning for People.

ALISS continues to be promoted and has seen a 100% increase in sign up by local organisations. New ways to promote ALISS are being identified, such as requiring applicants to the Communities Mental Health and Wellbeing Fund to be registered on ALISS.

We are also working with our Third Sector Interface partners to provide detailed information on community groups and supports as well as updating the HSCP website information and accessibility. How we report this work and the levels of engagement with resources will be developed.

The Locality Working and Locality Planning Networks are focussed on good information and communication as part of the Action Plans and work is progressing to work with communities and partners to increase knowledge and information sharing throughout the system and our communities.

Priority 6: Workforce capacity and recruitment

Many of the indicators listed in this report are for monitoring. Data around staff absence and turnover for the HSCP is under development. It may be that reporting for individual organisations will be provided. Work to develop appropriate and robust workforce figures is underway as part of the implementation of the Integrated Strategic Workforce Plan. The Strategic Workforce Plan Implementation Group is established and has identified actions for Year 2 of the plan with leads for each of the five pillars.

Palliative and end of life care

Work is underway to review the current Forth Valley wide model of palliative and end of life care to ensure that a sustainable model of care that meets the changing needs of local communities is delivered based on Best Value principles.

Rural Care at Home Team

The Rural Care at Home Team is now managed as a mainstream service. Recruitment in rural Stirling proved challenging, with several approaches undertaken to fill posts, there are currently two vacancies in this area. Regular weekly audits on allocated visits are being undertaken to ensure service efficiency. New medication administration training was introduced and delivered by District Nurses to ensure staff competency, while assisting/prompting medication. Additional medication administration training for all staff is being explored. Over the last few months, the Rural team responsiveness to incoming referrals significantly improved which, resulted in the team being able to clear their waiting list. Currently the team prioritises supporting the discharge of people who are in acute hospital and also supports those waiting for packages of care in the rural community.

District Nursing

Since April, 215 patients have completed questionnaires. These are being reviewed with action plans being developed to improve practice. Four highlighted minor issues with only one related to District Nursing. The returned questionnaires have been complimentary and have been shared with staff. To ensure staff wellbeing and support and workforce retention a number of measures are in place which include annual i-matters feedback and individual monthly staff questionnaires where feedback is acted upon. Staff are actively encouraged to complete an exit questionnaire on EESS and also to carry out an exit meeting prior to leaving the service with any suggestions for improvement acted upon.

Current planned care and support in place for people in their own homes - All care groups at 26th September 2023

In Clackmannanshire the number of people with open packages of care slightly increased from 784 to 786 over the past week. Over the past year we have supported an average of 766 people per week. The number of commissioned hours also increased from 12,301 to 12,317. Over the past year we have commissioned an average of 11,719 hours of care and support per week.

In Stirling the number of people receiving care and support in their own homes increased from 1,159 to 1,161 over the past week. An average of 1,168 packages of care have been in place each week over 2023. The number of hours commissioned hours per week increased from 19,813 to 19,954 over the past week. We have commissioned an average of 19,861 hours per week.

Key   ↑ **increase**   ↓ **decrease**   ↔ **no change**   ✓**performance has improved**   ✗**performance has deteriorated**

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 22/23	Desired trend or target	Compared to previous quarter
3.00.001	Hospital at home bed days for HSCP residents in quarter (delegated function). **In development** Source – National Data PHS (Public Health Scotland)	447	To follow	-	-		↑	-
3.00.002	Number of HSCP residents moved into Intermediate Care (step up) from home Source: Local Data Adult Social Care	27	29	-	-		↑	✓
3.00.003	Number of HSCP residents moved into Intermediate Care (step down) from hospital Source: Local Data Adult Social Care	56	50	-	-		↑	✗
3.00.004	Number of HSCP residents waiting to move into Reablement snapshot last week in quarter Source: Local Data Adult Social Care	24	33	-	-		↓	✓
3.00.005	Number of HSCP residents waiting to move out of Reablement to a framework provider snapshot last week in quarter Source: Local Data Adult Social Care	40	39	-	-		↓	✓
3.00.006	% HSCP residents with reduced or no hours after Reablement Source: Local Data Adult Social Care	72%	30%	-	-		↑	✗
3.00.007	Delayed over 2 weeks awaiting a Package of Care at the end of the quarter Source: Local Data HSCP DD dashboard	1	2	-	-		↓	✗
3.00.008	Number of people receiving 80+ hours of care at home per week at the end of the quarter in Stirling area Source: Local Data Adult Social Care	64	65	-	-	No data	Activity data	No analysis

Key   ↑ **increase**   ↓ **decrease**   ↔ **no change**   ✓**performance has improved**   **✗performance has deteriorated**

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 22/23	Desired trend or target	Compared to previous quarter
3.00.010	Number of people receiving Telecare/Community Alarm service - All ages Source: Local Data Adult Social Care	3,058	3105	-	-	No data	Activity data	No analysis
	Priority 5 Good public information across all care and support working							
	Indicators to be developed.							
	Priority 6 Workforce capacity and recruitment							
3.06.002	Number of HSCP staff attended ASP (Adult Support & Protection) staff training in quarter - Adult Support & Protection Defensible Decision Making and Professional Curiosity Source: Local Data Adult Social Care	3	To follow	-	-	No data	Activity data	No analysis
3.06.003	Number of HSCP staff attended ASP staff training in quarter - Adult Support & Protection for the General Contact Workforce Source: Local Data Adult Social Care	3	To follow	-	-	No data	Activity data	No analysis
3.06.004	Number of HSCP staff attended Making Protection Personal training in quarter Source: Local Data Adult Social Care	25	To follow	-	-	No data	Activity data	No analysis
3.06.005	Number of HSCP staff attended Financial Harm Awareness training in quarter Source: Local Data Adult Social Care	23	To follow	-	-	No data	Activity data	No analysis
3.06.006	Number of HSCP staff attended Person Centred Case Recording training in quarter Source: Local Data Adult Social Care	8	To follow	-	-	No data	Activity data	No analysis
3.06.007	Number of HSCP staff attended Adult Support & Protection 2a for the General Contact Workforce training in quarter Source: Local Data Adult Social Care	37	To follow	-	-	No data	Activity data	No analysis
3.06.008	Number of HSCP staff attended Adult Support & Protection Key Processes, Roles & responsibilities training in quarter Source: Local Data Adult Social Care	12	To follow	-	-	No data	Activity data	No analysis
3.06.009	Number of HSCP staff attended Working with Individuals and Families who find it difficult to engage with services training in quarter Source: Local Data Adult Social Care	2	To follow	-	-	No data	Activity data	No analysis

Strategic Theme 4: Supporting empowered people and communities

Working with communities to support and empower people to continue to live healthy, meaningful, and satisfying lives as active members of their community. Being innovative and creative in how care and support is provided. Support for unpaid carers; helping people live in their local communities, access to local support, dealing with isolation and loneliness. Planning community supports with third sector, independent sector and housing providers. Neighbourhood care, unpaid carers, third sector supports. It is also about providing people with good information and supporting our workforce.

Carers

Carers' support continues to be a priority for Clackmannanshire and Stirling HSCP, the Carers' Lead and Short Breaks Co-ordinator are progressing work to widen the scope of support to carers and to compliment the support already provided by both Carers Centres.   Carers have highlighted the need for support within their communities as well as support at evenings/weekends, and digital signposting therefore potential solutions are being explored. This aligns with the documented model of care for unpaid carers which includes community and digital approaches, as well as a refreshed approach to short-breaks. The model of care will be presented to the Carers Consortium on 1 November. Following this, contracts associated with support to unpaid carers can be finalised.

Work updating the social care information systems continues, this is to ensure the accurate recording and reporting of carers with carers records linked to those they care for. The revised Carers eligibility criteria, now named the Carer Support Framework has been consulted on and the responses will now be analysed with appropriate changes made to the final version, the framework has a strong focus around the impact of the caring role which is aligned with the National Carers Strategy.

Locality Working

The Locality Working Steering Group is an operational group with the focus of developing an integrated and joint working model across the localities. The group is in place to promote multidisciplinary working and support GP Clinical Leads to progress co-ordinated community health and social care; bring in the wider primary care team, social care, independent sector and third sector providers to deliver improved outcomes for local people. Work is underway to establish joint working opportunities; initially focused on mapping current provision across each community area and establishing operational links across primary care and social work/care services.

The Locality Working Steering Group is currently focused on primary care, community health and care and third & independent sector, based around an integrated and patch based working model. The Locality Working Steering Group has established links with Locality Clusters and plans are being developed to address issues raised around working across the whole-system, for example, referral pathways and joint case working. This aligns to the Social Work Front Door redesign programme. Over the past few months, representatives have met with Locality Clusters to discuss challenges and opportunities.

There is also investment in community teams based on needs that have been identified – for example, ADP (Alcohol and Drugs Partnership) funded Social Worker & Social Work Assistant and a community prescribing model for substance use.

Within the third Sector, CTSI (Clackmannanshire Third Sector Interface) and SVE (Stirlingshire Voluntary enterprise) are working to develop the activities and measures against the new Locality Plans which have been agreed by the IJB using third sector commissioned and community services. Communication is a key measure and discussion is now underway to combine the Locality Network CSHSCP bulletin with the existing well-read one produced for the third sector. It is planned that these will be offered to wider health professional teams through Q3 for sign up and will hold relevant information for all groups.

Locality Planning Networks

The HSCP's three locality planning network groups (Clackmannanshire, Urban Stirling and Rural Stirling) have been established for over a year and have produced Locality Plans. Meetings held in August took place within the communities of Clackmannan, Raploch and Thornhill. This focus on individual communities will continue over future meetings as we hold each of the meetings within local communities to include more people within in the communities to get involved in the delivery of the locality action plans, providing lived and living experiences of services within the communities and identifying gaps and opportunities.

Community Link Workers

Community Link Workers (CLW) within Clackmannanshire & Stirling work with GPs and Third Sector Interface. This includes work to establish an effective early intervention model linking people with third sector and community supports. CLWs are now receiving a range of referrals from GP Practice staff. Support is also being provided to help local support organisations to profile what they do on platforms such as ALISS and Scottish Services Directory to enable CLWs and citizens to access information about the third sector and community based support services available in their area.

Referrals are now listed within key measures below. A full report has been produced with case studies and commentary and has been passed to the Senior Leadership Team for review.

Social Prescribing

In this quarter, a total of 81 referrals have been made (45 in Clackmannanshire and 36 in Stirling). This is an increase from quarter one. There has also been a considerable increase in the number of encounters, with 143 reported in quarter one and 406 reported in quarter two (205 in Clackmannanshire and 201 in Stirling).

Welfare advisors are embedding services within general practice this will allow them to support people with financial issues and allowing Community Link Workers to concentrate on Mental Health & Wellbeing.

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 22/23	Desired trend or target	Compared to previous quarter
4.00.001	Number of Chief Social Worker Guardianships Source: Local Data Adult Social Care	118	127	-	-	No data	Activity data	No Analysis
4.00.002	Number of HSCP staff attended Adult Support & Protection staff training in quarter - Adult with Incapacity Source: Local Data Adult Social Care	24	To follow	-	-	No data	Activity data	No Analysis
4.00.003	Number of HSCP staff attending Power of Attorney training in quarter Source: Local Data Adult Social Care	7	To follow	-	-	No data	Activity data	No Analysis
	Priority 7 Support for Carers							
4.07.001	Numbers carers accessing individual support from Carers Centre Source: Local Data Carers Centres	816	To follow	-	-	No data	↑	-
4.07.002	Number of Adult Carer Support Plans completed by Carer Centres Source: Local Data Carers Centres	168	To follow	-	-	No data	↑	-
4.07.003	Number of Adult Carers Support Plans received by social care Source: Local Data Adult Social Care	40	38	-	-	No data	Activity data	No Analysis
4.07.004	HSCP clients attending day care services (all care groups all sectors) Source: Local Data Adult Social Care	182	179	-	-	No data	Activity data	No Analysis
4.07.005	Number of HSCP staff attending Adult Support & Protection Carers Stress training in quarter Source: Local Data Adult Social Care	13	To follow	-	-	No data	Activity data	No Analysis
	Priority 8 Early intervention linking people with third sector and community supports							
4.08.001	Number of social prescribing referrals for Clackmannanshire & Stirling through Community Link Workers Source: TSI's	39	81			No data	↑	✓
4.08.002	Number of social prescribing encounters for Clackmannanshire & Stirling through Community Link Workers Source: TSI's	143	406			No data	↑	✓
	Priority 9 Develop locally based multiagency working across communities							

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 22/23	Desired trend or target	Compared to previous quarter
4.09.001	Number of HSCP staff attending An Introduction to MAPPA (Multi Agency Public Protection Arrangements) training in quarter Source: Local Data Adult Social Care	24	To follow	-	-	No data	Activity data	Activity data
4.09.002	Total Number of new Adult Support and Protection Learning Reviews Initiated in the Quarter. In development Source: Local Data Adult Social Care	<5	To follow	-	-	No data	Activity data	No analysis
	Priority 10 Ethical Commissioning							
	Through our Commissioning Consortium approach we are continuing to embed an ethical approach to commissioning, ensuring that our focus is not only on efficiency but on equity and quality; is in line with the sustainable procurement duty on public authorities; and focuses on ensuring fair work practices.							

Strategic Theme 5: Reducing loneliness and isolation

Our society is changing, accelerated by the pandemic and there is increasing risk of social isolation and loneliness, both of which can impact a person's physical and mental wellbeing. We will work with communities to support local communities to build connections. We will build preventions and early interventions around changing the narrative around loneliness and isolation and find new ways for people to ask for help without feeling embarrassed.

The work of the CTSI and SVE is crucial to tackling loneliness and isolation within our communities, with most of the groups and organisations providing people with a way to reconnect to their communities. The Community Link Workers are supporting people as individuals to join in with community activities. Information on the groups is collated in the CTSI directory and there is also information on ALISS, the national directory.

We know that the groups collect information on the numbers of people accessing their services and we will work collaboratively to find appropriate and proportionate information to present the work within our communities to reduce loneliness and isolation for future reporting.

Third sector update

Our Third Sector Partners have been receiving applications for the Communities Mental Health and Wellbeing Fund which was open until 30th October alongside the III Fund. Grants available of up to £2K, £10K and £20K for partnership working. For the small grants a panel consists of previous recipients and people with lived experience. For the larger grants, the panel includes people with lived experience and health professionals.

Further funding is being provided through the Shared Prosperity Fund, Tackling Poverty Fund, Rural Community-led Development Fund and Whole Family Wellbeing Fund to third sector groups presently.

The new TSI Scotland Network online training platform is due to go live before the end of 2023. This will be a vehicle for sharing information in short bite-sized ways to third sector staff, volunteers and trustees.

Key	↑ increase	↓ decrease	↔ no change	✓performance has improved				✘performance has deteriorated		
Reference	Performance indicator			Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 22/23	Desired trend or target	Compared to previous quarter
	Priority 11 Reducing levels of loneliness and isolation									
5.11.001	Number of HSCP staff attending Public Protection is Everyone's Responsibility training in quarter Source:			6	To follow	-	-	No data	Activity data	No analysis

MSG Indicators

MSG indicators	MSG Description	Latest available month	HSCP previous rolling year	HSCP current rolling year	HSCP rolling year difference from previous rolling year	Percentage change
1a.1	Number of emergency admissions	Jun 23	13,823	14,029 p	+206 p	+1.5% p
2a	Number of unscheduled bed days; Acute	Jun 23	99,783	100,903 p	+1,120 p	+1.1% p
2b	Number of unscheduled bed days; Geriatric Long Stay	Jun 23	151	0 p	-151 p	-100% p
2c	Number of unscheduled bed days; Mental Health	Jun 23	22,028	18,000 p	-4,028 p	-18.3% p
3	Number of A&E attendances	Jun 23	28,898	28,456	-442	-1.5%
4a	Delayed Discharge Bed Days; All reasons	Jun 23	15,545	14,048	-1,497	-9.6%
4b	Delayed Discharge Bed Days; Code 9	Jun 23	3,567	5,337	+1,770	+49.6%
4c	Delayed Discharge Bed Days; Health and social care reasons	Jun 23	11,966	8,614	-3,352	-28.0%
4d	Delayed Discharge Bed Days; Patient/Carer/Family related reasons	Jun 23	12	97	+85	+708.3%
5	Last six months of life by setting (Community, All Ages)	21/22	91.0%	89.6% p	-	-1.32%
6	Percentage of population in institutional or community settings (Home - Unsupported, 65+)	21/22	92.5%	92.9%	-	+.40%

Source: PHS NSS (note figures marked with **p** are affected by completeness issues. P denotes the figures are provisional as records have not been finalised)

The table above outlines the most up-to-date information for the MSG indicators. Currently for June 2023.

Locality Planning Actions

The following section contains agreed Locality Planning Action Plans. The Locality Planning Networks are currently updating the progress made towards these actions and this will be reporting with Q3 report.

Clackmannanshire Locality Planning Actions

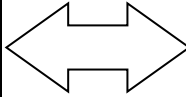| Agreed Locality Priority	Action	Lead Officer	Timescale
Issues of alcohol & drug use across Clackmannanshire	HSCP ADP Lead to present on ADP investments and service changes across Clackmannanshire, lead a facilitated conversation around the issues with the Network, and align any issues into ADP Plans.	ADP Lead Officer	January 2024
Supporting and promoting Mental Health and Wellbeing	HSCP to promote opportunities for increased physical activity and exercise in partnership with established services and groups across Clackmannanshire.	HSCP Health Improvement Team Third Sector Interface Partnership Lead	March 2024
	Third Sector to map current support available across Clackmannanshire in partnership with HSCP Health Improvement Team.	Third Sector Interface Partnership Lead	March 2024
	HSCP and partners scope opportunities to build community capacity around issues of suicide, drug and alcohol deaths	ADP Lead Officer HSCP Health Improvement Manager	June 2024
Addressing Health Inequalities	HSCP and third sector to undertake deep dive into Alloa with focus on health improvement and addressing health inequalities	HSCP Health Improvement Manager Clackmannanshire Third Sector Interface	June 2024
Clear shared communication on the clarity of roles across community health and care services to be shared across communities	HSCP and third sector to create clear and easy to understand communication for sharing across communities - posters, on-line and verbal information.	Third Sector Interface Partnership Lead HSCP Service Improvement Manager HSCP Health Improvement Team	March 2024
	HSCP to present a programme across the Network of services leads providing information and awareness of HSCP services in response to feedback from communities.	HSCP Service Improvement Manager	March 2024
	HSCP to develop a programme of Community Listening Events across the Locality.	Third Sector Interface Partnership Lead HSCP Planning and Policy Development Manager HSCP Health Improvement Team	June 2024

Agreed Locality Priority	Action	Lead Officer	Timescale
	Review lines of communication between primary care and wider service providers.	GP Clinical Lead HSCP Planning and Policy Development Manager HSCP Health Improvement Team	June 2024

Stirling Rural Action Plan 2023-2026

Agreed Locality Priority	Action	Lead Officer	Timescale
Better understanding of services and increased knowledge linked to access to services across rural Stirling	Clear shared communication on the clarity of roles across community health and care services to be shared across communities HSCP and third sector to create clear and easy to understand communication for sharing across communities - posters, on-line and verbal information.	Third Sector Interface Partnership Lead HSCP Service Improvement Manager HSCP Health Improvement Team	March 2024
	HSCP to present a programme across the Network of services leads providing information and awareness of HSCP services in response to feedback from communities.	HSCP Service Improvement Manager	March 2024
Access to care closer to home	Review lines of communication between primary care and wider service providers to support more effective joint and integrated working in rural communities.	GP Clinical Lead HSCP Planning and Policy Development Manager HSCP Health Improvement Team	June 2024
	HSCP and third sector providers to present a programme across the Network on specific areas of interest identified by the Network i.e. Carers and Self-Directed Support.	HSCP Carers Lead HSCP SDS Lead & SDS Forth Valley	March 2024
	Third Sector to map current support available across rural Stirling in partnership with HSCP Health Improvement Team.	Third Sector Interface Partnership Lead HSCP Health Improvement Team	March 2024
Scope support available to develop caring and connected	HSCP to develop a programme of Community Listening Events across the Locality.	Third Sector Interface Partnership Lead HSCP Planning and Policy Development Manager	September 2024

Agreed Locality Priority	Action	Lead Officer	Timescale
communities and supporting recruitment opportunities in health and social care.		HSCP Health Improvement Team	
	Identifying Social Enterprise opportunities based around need within our communities for example community based toe-nail cutting to support mobility and independence.	Third Sector Interface Partnership Lead	March 2024
Supporting people with dementia within our communities supporting capacity and need.	Further develop third sector model of care for people with dementia and their carers.	Third Sector Interface Partnership Lead Dementia Friendly Dunblane Townbreak	June 2024

Stirling Urban Action Plan 2023-2026

Agreed Locality Priority	Action	Lead Officer	Timescale
Clear shared communication on the clarity of roles across community health and care services to be shared across communities	HSCP and third sector to create clear and easy to understand communication for sharing across communities - posters, on-line and verbal information.	Third Sector Interface Partnership Lead HSCP Service Improvement Manager HSCP Health Improvement Team	March 2024
	HSCP to present a programme across the Network of services leads providing information and awareness of HSCP services in response to feedback from communities.	HSCP Service Improvement Manager	March 2024
	HSCP and third sector providers to present a programme across the Network on specific areas of interest identified by the Network i.e. Carers and Self-Directed Support.	HSCP Carers Lead HSCP SDS Lead & SDS Forth Valley	March 2024
	HSCP to develop a programme of Community Listening Events across the Locality.	Third Sector Interface Partnership Lead	June 2024

Agreed Locality Priority	Action	Lead Officer	Timescale
		HSCP Planning and Policy Development Manager HSCP Health Improvement Team	
	Review lines of communication between primary care and wider service providers.	GP Clinical Lead HSCP Planning and Policy Development Manager HSCP Health Improvement Team	June 2024
Supporting and promoting Mental Health and Wellbeing	HSCP to promote opportunities for increased physical activity and exercise in partnership with established services and groups across Stirling.	HSCP Health Improvement Team Third Sector Interface Partnership Lead	March 2024
	Third Sector to map current support available across Stirling in partnership with HSCP Health Improvement Team.	Third Sector Interface Partnership Lead	March 2024
Identifying Social Enterprise opportunities based around need within our communities	Community based toe-nail cutting to support mobility and independence.	Third Sector Interface Partnership Lead	March 2024
Supporting people with dementia within our communities supporting capacity and need.	Further develop third sector model of care for people with dementia and their carers.	Third Sector Interface Partnership Lead Dementia Friendly Dunblane Townbreak	June 2024

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action (Timescale)	Risk Owner(s)	Notes / Progress	Risk Direction
HSCP 001	**Financial Resilience** The risk that delegated service functions services cannot be delivered within resources available.	**1.** National Core Outcome 'Resources are Used Effectively & Efficiently' **2.** Local Outcome 'Decision Making'	Current (5) Target (3)	Current (5) Target (3)	Current (25) High Target (9) Medium	**1.** Grip and Control Meetings (Ongoing) **2.** Initial 23/24 Revenue Budget Approved (March 23) **3.** Refresh of medium term financial plan/ investment plan to complement and support delivery planning to implement Strategic Commissioning Plan. (November 2023) **4.** Development of financially sustainable service options aligned to Strategic Priorities and Transformation Themes consideration by IJB. (March 23 as part of the Revenue Budget and Strategic Commissioning Plan process and ongoing to reduce recurrent financial gap) **5.** Agreed process for agreement and payment of contract rates including uplifts. (Annually) **6.** Develop planning and shared accountability arrangements for Unscheduled Care and the 'set aside' budget for large hospital services. (Delayed due to Covid – Revised timescale requires to be reviewed with Falkirk and NHS Forth Valley – propose late 23/24 linked to Integration scheme review and integration improvement plan) **7.** Development of baseline assessment of alignment of budget to Strategic	Chief Officer / Chief Finance Officer	Will continue to monitor material impacts of Covid on financial resilience over near and medium term. Substantive review of Medium Term Financial Plan (MTFP) scheduled for November 2023	⟵⟶
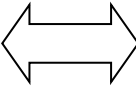
Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action (Timescale)	Risk Owner(s)	Notes / Progress	Risk Direction
						Commissioning Plan priorities and consideration of future disinvestment options (November 2023) **8** . Financial Reporting to Integration Joint Board, Strategic Planning Group and Partnership Senior Leadership Management Team (ongoing) **9**. Ongoing monitoring of demand trends and relationship between investment and key performance indicators including Delays to Discharge, Early Intervention and Prevention Etc. Modelling additional potential future demand impact of COVID. (Ongoing – scenarios built to 24/25 IJB Business Case – Nov 23) **10.** Review of Terms of Reference of Finance and Performance Committee (Complete: March 2023) **11**. Implement Pan FV Budget Monitoring & Oversight Arrangements (under review linked to Integration Improvement Plan)			
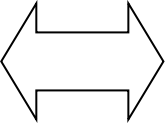
| HSC 006 | Experience of service users/patients/ unpaid carers The risk that the experience of service users, patients and unpaid carers is not adequately taken into account in service design and delivery. | 1. National Core Outcome 'Carers are supported', and 'Positive Experiences' and Local Outcome 'Experience'' 2. Local Outcome 'Community Focused Supports' | Current (4) Target (2) | Current (4) Target (3) | Current (16) High Target (6) Low | 1. Implement Participation and Engagement Strategy. (ongoing) 2. Refresh Carers Investment Plan (September 23) 3. Strategic Commissioning Plan including Consultation process including Strategic Planning Group (March 23) 4. Processes of participation and engagement. (ongoing) 5. Inclusion of data within Annual Performance Report (APR) (annually) 6. Establishment of Carers Strategy Group (in place) 7. Equality Duty Report considered by IJB June 2023 (complete) 8. Ensure EQIAs in place for required decisions (March 23 and ongoing) 9. Draft 22/23 Annual Performance Report shows reduction in satisfaction metrics and triangulates with key messages from Accounts Commission Local Government Overview 2023. (June 23) 10. Established group of service users/ families with Lived Experience of Self Directed Support (SDS) | Chief Officer/ Head of Service (SP&HI) | An Equality Outcomes and Mainstreaming Report has been considered by the Integration Joint Board in June 2023 and published. Equality and Human Rights Impact Assessment will be completed where required. | ⟺ |

| HSC 007 | **Information Management and Governance** The risk that the volume, timing, and wide ranging sources of information, guidance, and communication may lead to failure to access, share, or make decisions based on best practice. Failure to apply due diligence and prioritisation to data and information requests and receipts, leading to lack of focus on key performance information | **1.** National Core Outcome 'Resources are Used Effectively & Efficiently' **2.** Local Outcome 'Decision Making' | Current (5) Target (3) | Current (5) Target (3) | Current (25) High Target (9) Medium | **1.** Ensure and participate in refresh of data sharing and information governance arrangements including annual assurance report to IJB (Annually) **2.** Further Development of Cross ICT system working capabilities across constituent authorities (ongoing) **3**. GDPR arrangements. (in place) **4**. Participate as key customer in procurement of replacement Adult Social Care information systems. (ongoing) **6.** Take cognisance of systems issues from Frontline Social Care Review (ongoing) 7. Raise awareness of higher cyber-security threat level in relation to current global tensions and conflicts.(ongoing) 8. Consider risks around Mental Health information sharing post delegation of Specialist Mental Health & Learning Disability Services (ongoing) 9. Acknowledgement of challenges with recording of data on both CCIS and Swift discussed by Public Protection Chief Officers Groups (PCCOG). Same assessment of risk score accepted by PCCOG adopted here. | Chair of Data Sharing Partnership / Heads of Service | This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information. | ⟷ |

HSC 008	**Information sharing process and practice** The risk that information sharing processes, practice and associated governance is inadequate to support efficient and effective delivery of delegated integration functions.	**1.** National Core Outcome 'Resources are Used Effectively & Efficiently' **2.** Local Outcome 'Decision Making'	Current (4) Target (3)	Current (4) Target (4)	Current (16) High Target (12) Medium	**1.** Building sufficient capacity and capabilities to carry out analytical functions for partnership in the long term (complete) **2.** Some Information Sharing Agreements are in place and reviewed timeously. 3. Consider streamlining data sharing agreements. (Annually) **3.** Develop use of information systems to inform planning and benchmarking. (not yet progressed but improvement work planned) **4**. Ensure data sharing agreements are reviewed and refreshed periodically. (annually) **5.** Refresh of Data Sharing Partnership required (tba)	Chair of Data Sharing Partnership / Head of Service (SP&HI)	This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information.	⟷
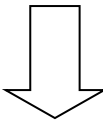
| HSC 010 | Harm to Vulnerable People, Public Protection and Clinical & Care Governance The risk that arrangements in relation to Harm to Vulnerable People, Public Protection and Clinical & Care Governance are not adequately effective. | 1. National Outcome 'Resources are Used Effectively and Efficiently', ' People are safe', 'Positive Experience', 2. 'Quality of life' Local Outcome 'Self-Management' 'Community Focused Supports', 'safety', Experience' | Current (5) Target (1) | Curren t (4) Target (4) | Current (20) High Target (4) Low | 1. Integration Joint Board has assurance that services operate and are delivered in a consistent and safe way (Annually) 2. Regular review of Clinical and Care Governance Framework (in place subject to annual review) 3. Whole system working to eliminate delay to discharge arrangements (ongoing) 4. Establishment of Quarterly Clinical and Care Governance Meetings (in place) 5. Further develop linkage with Performance Frameworks (in development) 6. Annual Clinical and Care Governance Assurance Report to IJB (Annually) 7. Self Evaluation of Adult Support and Protection Arrangements and improvement action plan in response to ASP inspection(May 21) 8. Care Home Assurance Team in place (complete) 9. Consider Clinical and Care Governance arrangements for co-ordinated services and maintain stability of existing arrangements until this action complete (Oct 23) 10. Evidence of growing un-assessed need that requires to be manually produced as there is no automated reporting within existing management information systems within council. | Chief Social Work Officers / NHS Forth Valley Medical Director / Chair of Clinical and Care Governance Group | | ⟷ |

						Demand and capacity paper to assess risk being finalised (June 2023)			
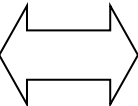
| HSC 011 | Sustainability and safety of adult placement in external care home and care at home sectors
The risk that the sectors are unsustainable and/or oversight arrangements are inadequate. | 1. National Outcomes 'People are Safe' 'Positive Experience'
2. Quality of Life | Current (4)

Target (2) | Current (4)

Target (2) | Current (16) High

Target (4) Low | 1. Provider forums are in place as is a commissioning and monitoring framework. (in place)
2. There is clear regulation and inspection. (ongoing)
3. The thresholds matrix for homes around adult support and protection has been implemented and is being monitored. (in place)
4. A process for reviews and a clear escalation model is being developed including reporting to the Clinical and Care Governance Group (ongoing).
5. Monitoring of Financial Sustainability of Providers using informatics provided via Scotland Excel and local intelligence (in place)
6. Business continuity planning arrangements. (In place – subject to ongoing review)
7. Preparation on Briefings for Senior Officers (including Chief Executives) and IJB Chair and Vice Chair on emergent provider issues (as required)
8. Plan to undertake caseload review. (ongoing)
9. CHART Team input and Daily Care Home Assurance Tool.
10. Consideration of approach and capacity to appropriately manage Large Scale Investigations (LSI's) (Ongoing) | Heads of Services / Strategic Commissioning Manager / Chief Finance Officer /Adult Support and Protection Co-ord, | | |

| HSC 012 | **Health and Social Care workforce demographic / resilience of service.** The risk that the workforce profile and demographics result in inadequate workforce is secured and retained to deliver delegated integration functions. | **Health and Social Care Outcomes**
• People can live well at home for as long as possible
• People are safe and live well for longer
• People are satisfied with the care they get | Current (4)

 Target (2) | Current (4)

 Target (3) | Current (16)
High

 Target (6)
Low | **1.** Proactively implement transformation programme working in partnership with staff side. (ongoing)
2. Review models of working and optimise opportunities of integration.(ongoing)
3. Proactive recruitment including opportunities for new roles and international recruitment (ongoing)
4. Explore opportunities with staff to optimise retention. Flexible working, training, education. (ongoing)
5. Consider organisational change opportunities to build workforce capacity. (ongoing)
6. Ensure staff welfare and development are clear priorities with action plans.(ongoing – wellbeing week is practical example)
7. Work with partners to promote Clackmannanshire and Stirling as a positive area to work and live. (ongoing)
8. Strategic Workforce plan including action plan (Nov 22)
9. Supply constraints requires more collaborative work with Universities and Colleges to assist in 'growing our own' (Ongoing) | Head of Service, CH&C and Professional Leads | | ⟷ |

| HSC 014 (added 26 May 2019) | **Ability to Deliver Primary Care Improvement Plan including tripartite agreement within additional resources provided by Scottish Government / Non-Delivery of Scottish GMS (General Medical Services) Contract** The risk that the Tripartite Memorandum of Understanding cannot be delivered within available resources. | **1.** National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe' | Current (5) Target (3) | Current (4) Target (3) | Current (20) High Target (9) Medium | **1.** Primary Care Improvement Plan (iteration 3) agreed and endorsed by partners which is delivering on significant proportion of requirement. (2) **2.** Tripartite statement (as part of PCIP) outlines constraints / risks / challenges re full delivery of the plan. **3.** Transfer of vaccination risk to Board - board picking up financial risks around flu immunisation. Vaccination model transferred from GPs to Board, including transfer of costs. **4.** Governance structure for delivery in place - Implementation group; leadership group; workstreams. Reporting against progress etc (90 day reporting tool). **5.** Targeted recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for Primary Care roles – e.g. ongoing investment in investors in people, promote i-matter, work to achieve gold healthy working lives rating, support CPD. **6.** Strong working relationships between partners, PCIP steering group | Chief Officer / Chief Finance Officer / Programme Manager (PCIP) | Risk re-articulated alongside NHS FV & Falkirk IJB SRR including alignment of scoring. Risk increased as no directions from Scottish Government yet in place, requirement for transistional payments and sustainable service delivery options. | ⟺ |

					team, committees. Alternative / complementary sources of funding have been prioritised to support gaps in plan (e.g. Action 15 Mental health funding). **7.** Accelerated implementation of elements of the plan that can be resourced sustainably in line with FV tripartite MOU workstream priorities (High impact to GP sustainability). This way forward was Informed by options appraisal. **8.** Strong and regular engagement with SG and BMA in place regarding national MOU funding allocations / requirements. **9.** Focus on increased training around workforce. **10.** Innovative Advertising methods used when recruiting **11**. Development and negotiation of sustainable delivery options with tripartite (Sept 23)			

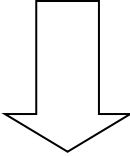|									
HSC 015 (added 21 Feb 2020)	**Primary Care Sustainability:** The risk that critical quality and sustainability issues will be experienced in the delivery of Primary Care Services including General Medical Services and across other parts of the Health and Social Care system.	9	National Outcome 'Resources are Used Effectively and Efficiently, and 'People are safe'	Current (5) Target (3)	Current (5) Target (3)	Current (25) High Target (9) Medium	**1.** Primary Care Programme Board Re-established November 2021 **2.** Premises Improvement funding in place (capital budget available each year, revenue budget carried over from last year) Premises improvement completed last year, and there's a new programme of work in play for this year. **3.** Sustainability Improvement loans process in place **4.** Support for practices to become training practices (delivered in conjunction with NES) **5.** Primary Care Improvement Plan being delivered (circa 180 posts recruited) - proactively supporting recruitment etc. (PCIP Improvement Plan iteration 3 substantively delivered in March 2022 - 180 of 200 posts). **6.** Expansion of community pharmacy services **7.** GP IT Programme Board established **8.** Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are informed and involved in primary/community care developments, quality improvement resources to	Associate Medical Director Primary Care / GP Clinical Leads / IJB Chief Officer/ NHS Chief Exec	Risk re-articulated alongside NHS FV SRR including alignment of scoring.	⟷

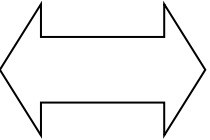| | | | | | | support PCIP and patient safety implementation **9.** Targeted recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for Primary Care roles – e.g. ongoing investment in investors in people, promote i-matter, work to achieve gold healthy working lives rating, support CPD. **10.**Strong and regular engagement with SG and BMA (British Medical Association) in place regarding national MOU funding allocations / requirements **11.**Primary Care Premises Group established - deals with sustainability loans, and the 4 business cases e.g. Falkirk Community Hospital and Primary Care Programme Board **12**.GP Sub-committee (GPs working collaboratively) put together an away day, and developed a paper outlining actions to improve recruitment and retention in FV, e.g. attracting and supporting trainee doctors. **13.**Capital Investment Programme in PC premises initial agreement completion Dec-21 - Initial Agreement has now been approved, and 4 outline business cases will be commenced over the next year for significant premises | | | |

						replacement. (Board papers by Kathy) - implemented **14.**Roll out of remote server solution - around 50 laptops have been distributed. **15.**Board appointed GPs where there are issues such as rural practices. **16.**Re-instatement of Primary Care Sustainability Group (could be opened up to other Primary Care services)			

| HSC 017 (added Nov 22) | **Potential Industrial Action:** The risk that industrial action by one of more sectors of the NHS and Councils workforces materially affects delivery of delegated integration functions, business continuity arrangements, progression of the transformation programme and/or has additional unforeseen cost implications. | National Outcome 'Resources are Used Effectively and Efficiently, and 'People are safe' | Current (3) Target (2) | Current (4) Target (3) | 12 Medium 6 Low | 1. Review and ensure business continuity arrangements are up to date and robust 2. Work closely with constituent authorities to fully understand likely impacts. 3. Ensure ongoing constructive working relationships with staff side / unions are maintained. 4. Consider potential public messaging implications. 5. Participate in pan FV and local resilience arrangements. 6. Associate medical director for Psychiatry participating in business continuity planning for junior doctors industrial action. | Chief Officer | Risk reduced re Junior Doctors however Local Government Pay for SJC staff not yet agreed. | ⬇ |

| HSC 018 (Added March 23) | Capacity to Deliver Safe and Effective Integration Functions to Support Whole System Performance and Safety The risk that demand for services outstrips the ability to deliver due to workforce availability, provider capacity and/or sustainability and adequacy of resources. | National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe' | Current (4) Target (2) | Current (4) Target (3) | 16 High 6 Low | 1. Ensure Strategic Planning is Based on robust Strategic Needs Assessment 2. Develop Locality Plans (March 23) 3. Manage positive arrangements with providers through providers forum (Ongoing) 4. Ensure robust annual IJB Business Case is produced. (Nov 23/annually) Use of national networks and Health and Social Care Scotland to articulate and inform future resource requirements (Ongoing) 6. Ensure sound management arrangements in place to maximise local capacity available. (Ongoing) 7. Prioritise transformation programme to maximise use of existing resources (Ongoing) 8. Work with constituent authorities to promote partnership | Chief Officer | Risk added post previous discussion at Audit and Risk Committee and IJB | ⬌ |

						as a good place to work. (Ongoing) 9. Early adopter for Discharge without delay programme (Ongoing) 10. Review of Unscheduled Care Programme with NHS Forth Valley to focus on high impact gains (Ongoing) 11. Monthly oversight arrangements with Chief Officers and Chief Executives (Ongoing)			

Appendix 2 CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

Explanation of Scoring:

Likelihood and Impact are scored on a 1-5 Rating. The scores are then multiplied to give and overall risk score. Risk scores over 15 are rated High/Red. Risk Scores from 9 to 15 are rated Medium / Amber and risk scores up to 8 are rated Low/ Green.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
27 September 2023	Chief Officer Update	Lesley Fulford	Annemargaret Black	N	1) Noted the content of the report. 2) Noted that the 29 November 2023 IJB development session will be delivered by the Standards Commission Scotland. 3) Approved Helen Duncan as a third sector representative on the IJB as nominated by Stirling Voluntary Enterprise. 4) Noted the resignation of the Stirling Council voting member Cllr Danny Gibson from the IJB. 5) Noted Cllr Gerry McGarvey as the new IJB voting member for Stirling Council. 6) Noted that Stirling Council will provide a nomination for the IJB Vice Chair role after their next Council Meeting which will be held on 5 October 2023. This will be confirmed at next IJB in November 2023. 7) Noted that Les Sharp who was previously approved as third sector representative for Clackmannanshire third sector, will no longer be able to take up his position. 8) Members were asked to note the NHSFV interim Chief Executive appointment, and that NHS FV Health Board will nominate a new voting member to the Board. 9) Noted that the Audit and Risk Committee is seeking a (non-voting) member of the IJB to join the committee.

					10) Noted that the IJB Finance and Performance Committee is seeking a Stirling Council voting member to join the committee. 11) Noted the memorandum of understanding for Scottish Prisons.
27 September 2023	Financial Report (incorporating initial financial recovery considerations(	Ewan Murray	Ewan Murray	N	1) Noted the projected overspend based on financial performance to Month 4 of £7.221m on the Integrated Budget and £5.850m on the Set Aside Budget for Large Hospital Services. 2) Noted and commented on the integrated financial report including commentary on areas of material variance. 3) Noted that estimated financial recovery measures were projected to reduce the overspend on the Integrated Budget to £2.901m. 4) Approved the proposed approach in respect of residual Covid funding in earmarked reserves and deployment of a further £1m of service pressures reserve as part of the financial recovery plan for 2023/24. 5) Noted that, on the basis of recommendation 3, it was not possible to give the IJB assurance on financial recovery in 2023/24 at this point. 6) Agreed that further updates in respect of financial recovery, funding, and 2024/25 financial planning were brought to the Finance and Performance Committee and IJB in November 2023.

Date	Item				Decision
					Noted that a combination of transformative activity and service reduction will be required to achieve service and financial sustainability in the short, medium, and longer term.
27 September 2023	2022/23 IJB Audited Accounts and Annual Audit Report	Ewan Murray	Ewan Murray	N	1) Noted the recommendation of the IJB Audit and Risk Committee to approve, sign and publish the accounts. 2) Noted the content of the Annual Audit Report from Deloitte LLP including the recommendations and management responses contained within the action plan. 3) Noted that progress on the action plan will be monitored by the IJB Audit and Risk Committee.
27 September 2023	Financial Regulations	Ewan Murray	Ewan Murray	N	1) Noted the recommendation of the IJB Audit and Risk Committee to approve the revised and updated Financial Regulations 2) Noted the revised financial regulations have been updated based on experience since the establishment of the IJB including reflecting current terminology. 3) Approved the revised financial regulations and agreed these will be subject to a two-yearly review by the IJB Audit and Risk Committee unless a requirement for a more urgent review is identified.
27 September 2023	Locality Plans	Wendy Forrest	Wendy Forrest	N	1) Considered and approved the three proposed Locality Plans created in partnership with stakeholders and communities which align with the newly

						agreed Strategic Commissioning Plan (2023-2033). 2) Asked Officers to provide an annual update to the Integration Joint Board in line with the annual review of the Strategic Commissioning Plan, and in addition, six monthly updates to be provided to the Strategic Planning Group.
27 September 2023	Primary Care Update	Dr Kathleen Brennan	Dr Kathleen Brennan	N		1) Noted the progress with the transfer of coordination of Primary Care Services to Falkirk HSCP and the progress of implementing key posts to support this team. 2) Noted the significant impact that the delivery of the Primary Care Improvement Plan (PCIP) has on general practice capacity. 3) Noted that transitionary payments, funded from IJB Primary Care earmarked reserves, are being provided to GP practices for a six-month period while an options appraisal is developed to consider delivery of PCIP services within the available funding envelope. 4) Approved an update on the options appraisal being reported to a future IJB meeting. 5) Noted the challenges in General Practice capacity and sustainability as set out in the report. 6) Supported plans to arrange a joint development session to take members of both IJBs through the challenges facing GP

					Practice and the proposals that are being developed to address them. 7) Noted the progress being made towards effective Integrated Locality working with the engagement of General Practitioners across the localities. 8) Noted developments within the local GP Cluster Network.
27 September 2023	Quarter 1 Performance Report (April – June 2023)	Wendy Forrest	Annemargaret Black	N	1) Reviewed the content of the report. 2) Noted that appropriate management actions continue to be taken to address the issues identified through these performance reports. 3) Approved Quarter 1 April to June 2023 report.
27 September 2023	Climate Change Report 2022/23	Lesley Fulford	Lesley Fulford	N	1) Noted statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009. 2) Approved the draft Climate Change Report 2022 / 2023 for submission to Sustainable Scotland Network.
27 September 2023	Information Assurance Report	Sarah Hughes-Jones	Sarah Hughes-Jones	N	1) Consider and approve the Information Governance activity for the year 2022/2023

**Minute of the Clackmannanshire & Stirling Integration Joint Board
Finance & Performance Committee Meeting
held on 06 September 2023 at 2.30pm via MS Teams**

Present:

Councillor Wendy Hamilton, Clackmannanshire Council (Chair)
Councillor Rosemary Fraser, Stirling Council
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley
John Stuart, Non-Executive Board Member, NHS Forth Valley
Allan Rennie, Non-Executive Board Member, NHS Forth Valley
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley (Vice Chair)

In Attendance:

Annemargaret Black, Chief Officer, IJB and HSCP
Ewan Murray, Chief Finance Officer, IJB and HSCP
Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP
Lesley Fulford, Senior Planning Manager, HSCP
David Williams, Scottish Government
Sandra Comrie, Business Support (Minutes)

Chair's Welcome and Introductory Remarks

Councillor Wendy Hamilton welcomed everyone to the meeting.

Councillor Fraser explained she could not attend the November meeting and asked whether she had to submit apologies or arrange a substitution from Stirling Council. Mr Murray explained she could ask a Stirling Council member to substitute but if half the voting members were present, from either Council, the meeting would still be quorate.

1. **Apologies**

   Councillor Martha Benny, Clackmannanshire Council

2. **Declarations of Interest**

   None

3. **Matters Arising/Urgent Business Brought Forward by the Chairperson**

   Update on the Annual Performance Report, National Health and Wellbeing Indicators, by Wendy Forrest.

Ms Forrest explained that unfortunately, due to capacity issues, the work had not been completed and would be brought to the next Committee meeting, if agreeable with the Committee. To which they agreed.

4.   Minute of Meeting held 31 May 2023

The draft minute of the meeting held on 31 May 2023 was approved.

5.   Presentation Section

5.1   23/24 Budget Projections, Developing Financial Recovery Plan Options & Development of Approach to IJB Directions

Ewan Murray, Chief Finance Officer, provided the presentation to the Committee.

Mr Murray explained that the projected financial position is very challenging and early indicators for 2023/24 showed that the health and social care system was under significant financial pressure locally and nationally. Mr Murray provided an overview of the challenges faced across key pressure areas which included prescribing, unfunded beds, workforce, recruitment and retention issues, temporary workforce costs, and higher than normal absence levels. In addition, there were some areas of cost, previously met from COVID funding, which had not been fully exited from and continued to be a legacy at this point. There were also significant inflationary cost pressures, particularly around local government pay increases, and with winter fast approaching.

Mr Murray provided details of the month 4 projections, based on the best information available, showing a net overspend on the integrated budget of just over £7.2 million, taking account of the non-recurring support from reserves, agreed by IJB as part of the initial budget in March 2023. He explained all areas of the budget were under pressure, highlighting prescribing costs and the set aside budget for large hospital services, due to significant pressures around workforce and costs associated with additional contingency beds. As a result, service reduction, rationalisation, and disinvestment would need to be considered along with efficiency and transformation to ensure sustainability over 2024/25 and 2025/26 and would require collaboration across the whole system.

The process for the recovery plan was outlined including a review of the integrated budget, further reserves support, and the reduction of service pressures reserves. However, it was noted that due to the challenges being faced, it would be difficult to provide assurance that the impact of these risks could be materially reduced in 2023/24.

A brief overview of the Savings and Efficiency Plan and Thematics was provided along with an update on the next stages and the work to be progressed which Maxine Ward, Interim Head of Community Health and Care was supporting, to understand the opportunities available. Ms Black explained the importance and focus on early

intervention and prevention along with demand management and unmet needs in the community.

The Committee discussed in detail the national financial position across the system including additional winter funding, prescribing, and staffing/vacancies and how this could be raised and considered by Scottish Government.

As chair of the IJB, Mr Rennie sought assurance that the actions regarding the savings plan and reserves plan were going to the September IJB. Ms Black confirmed this would be the case and Mr Murray was progressing with Esther Stewart regarding potential future proposals for savings and how to develop these.

The Committee agreed to take Item 6, as this point in the agenda

6.   **Finance Report**

Ewan Murray, Chief Finance Officer presented the paper to the Committee.

Mr Murray explained he had been working on restructuring and reformatting the style of the report to suit the needs of the Senior Management Team, IJB and Committees. The revised style of the report contained organisational elements and a topic-based structure. Working across three different ledger systems made the consolidation and analysis of data quite complex and it was explained that minimising manual intervention in consolidating data would reduce potential error. The next stage of the process included building a dashboard to make key financial issues more visual was required. Mr Murray welcomed the Committee's feedback as the report was still a work in progress, which would improve over time.

Mr Murray confirmed an updated version of this report would be presented at the September IJB providing further clarity and further review of reserves. Although a full recovery plan would not be ready for the next IJB, an update on the progress would be. Mr Murray agreed to provide a route map on the review of medium-term financial planning and the building of the budget for 2024/25 at the next Committee meeting and to the IJB in November.

In response to a question from Councillor Hamilton regarding whether the care home eligibility criteria were the same for both Clackmannanshire and Stirling Council, and if care home packages were still being provided; Ms Forrest explained the criteria were the same but a better understanding of what was driving additional placements was required. She suggested the potential for a deep dive into this which would provide the Committee with a better understanding and provide assurance that the practice and application were consistent. Maxine Ward, interim Head of Community Health and Care was also reviewing the current arrangements for care at home providers in Stirling.

The Finance & Performance Committee:

1) **Discussed and commented upon the revised style of financial reporting.**
2) **Noted the projected overspend based on financial performance to Month 4 of £7.221m on the Integrated Budget and £5.850m on the Set Aside Budget for Large Hospital Services.**
3) **Noted that a presentation on developing options for financial recovery, in line with the Integration Scheme, would be presented to the committee alongside the report.**
4) **Noted the position with regard to IJB reserves.**
5) **Discussed the view of building a case for offsetting some ongoing costs previously charged to Covid funding from residual Covid earmarked reserves.**

5.2   NRS Annual Drug and Alcohol Death Statistics 2022

Wendy Forrest, Head of Strategic Planning and Health Improvement, provided the presentation to the Committee.

Ms Forrest provided data and trends in relation to alcohol specific deaths which mirrored the Scottish average over the last 10 years and the increase across Scotland as a whole. She explained deaths were strongly associated with inequality and that supporting the social determinants of health could reduce these and long-term harms.

Drug related deaths rates in Scotland have significantly increased since 2013 but have reduced since 2021. While there had been a significant spike in 2020 for Stirling this had settled, and figures were now below the national average for drug-related deaths. However, alcohol specific deaths in Clackmannanshire, Stirling, and Falkirk were in the upper range for Scotland. The National Drugs Mission included additional funding for the Alcohol and Drug Partnerships (ADPs) which had been invested in some of the local communities' drug and alcohol-related issues. Ms Forrest highlighted the Medication Assisted Treatment (MAT) which had been effective in some areas in treating and helping people sustain recovery.

Ms Forrest advised that by improving the quality of life and quality of care for people at risk of substance use harm, deaths could be prevented. Along with appropriate support provided within the context of people's lives including families. Through a Human Rights Based approach, individuals affected would be able to play a critical role in developing systems of care and support.

Ms Forrest explained that going forward there had to be awareness of learning from adverse deaths and how families were affected. She confirmed that Clackmannanshire Council had now signed off its naloxone policy and was making positive steps to ensure communities were more resilient. Finally, Ms Forrest confirmed that Integrated working across community services was in place to ensure there was a whole system approach, working with the third sector, and being responsible within communities to support people around the issues of drug and alcohol.

7. **Quarterly Performance Report (April - June 2023)**

Annemargaret Black, Chief Officer, presented the paper to the Committee.

Following approval of the 10-year Strategic Commissioning Plan by the IJB in March a review of the performance framework that aligned to the key performance indicators of the strategic themes and priorities had been underway. The new updated style of the Quarter 1 Performance Report would continue to develop further and was being presented to the Committee for their comments. To understand performance in particular areas/services in more detail it was beneficial to carry out a deep dive. Ms Black highlighted a recent deep dive into unscheduled care and explained it would be useful to have further deep dive sessions on the delayed discharges waiting list (particularly for people who had not yet been assessed), mental health, and packages of care.

The performance report was laid out in strategic themes and Mr Black presented some highlights to the Committee in relation to:

Prevention, Early Intervention and Harm Reduction
There had been a significant reduction in the falls rate, and increased training for overdose awareness, and Naloxone training. Included within the report were a number of new indicators including disability services and outcomes while the indicators for SDS continued to be developed.

Achieving Care Closer to Home
The positive impact of the hospital at home service redesign resulted in fewer bed days being used, compared to previous numbers. There were improvements in the number of HSCP residents moved into immediate care and the number of people waiting for a package of care. There were improved indicators around care closer to home, and the number of residents waiting for reablement and waiting to move to a provider. There was also an improvement in the number of people requiring reduced or no care hours, after a reablement package.

Supporting empowered people and communities
Two improved indicators were carers access and support and carers support plans in place. The data around adult support and protection was still under development.

Plans to reduce loneliness and isolation were underway in collaboration with third-sector colleagues. High areas of risk areas were the financial resilience of the IJB and the HSCP, and the experience of service users and unpaid carers.

Mr Rennie suggested an executive summary was added to the report to highlight key points and explain the data more clearly. As some performance indicators may be more important than others, it would also be helpful if the report included specific targets on these and benchmarking. Ms Black explained that an improved version of the report would be presented at the September IJB.

The Finance & Performance Committee:

1) **Reviewed the content of the report.**

2) **Noted that appropriate management actions continued to be taken to address the issues identified through these performance reports.**
3) **Approved Quarter 1 April to June 2023 report to be presented at Integration Joint Board.**

8. **Locality Plans**

Wendy Forrest, Head of Strategic Planning and Health Improvement, presented the paper to the Committee.

Ms Forrest explained the Locality Plans had been updated and contained more detail and specific timescales. Each Locality Planning Network Group now had a chairperson, Councillor Hamilton for Clackmannanshire, Mike Evans for Stirling Rural, and Alan Clevett for Stirling Urban. Ms Forrest confirmed she had attended the Locality Planning Network Groups and met with all the chairpersons to support them to improve and refresh the plans. Following the process of engagement across the networks, the focus for each of the Locality Plans was agreed upon. Third sector colleagues had mapped out all the third sector organisations in each locality, to ensure there was an investment in early intervention and prevention. Ms Forrest explained that she and Mr Murray were working on moving some of the budget into the early intervention and prevention agenda, helping to build resilience with both the third sector and independent sector.

Ms Forrest was pleased to report that the refreshed Locality Plans were based on the well-being of local communities and individuals through demographics, local intelligence, and the data available. The work was carried out in conjunction with the multidisciplinary team, including GP Clinical and Pharmacy Leads.

Mr Johnston asked how the actions would be monitored and evaluated going forward. Ms Forrest explained that the chairpersons for each Locality Planning Network Group had the oversight to ensure all the work would be carried out. She explained that progress updates would be included in the quarterly performance reports.

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The Finance & Performance Committee:

1) **Considered the three proposed Locality Plans - which align with the Strategic Commissioning Plan (2023-2033) - sought approval of the Plans at the Integration Joint Board.**
2) **Requested Officers provide an annual update to the Finance and Performance Committee, in line with the annual review of the Strategic Commissioning Plan and in addition to quarterly updates provided to the Transforming Care Board and Strategic Planning Group.**

FOR NOTING ONLY

9.   **Briefing Note on Death from Alcohol and Drugs Statistics (accompanies item 5.2) – noted**

10.   **AOCB**
      As there was no other competent business the Chair closed the meeting.

11.   **Date of Next Meeting**

      01 November 2023

Minute of the Clackmannanshire & Stirling Joint Staff Forum held on Wednesday 5 July 2023 @ 2.30pm via Teams

Present:
    Catherine Barclay, HR Business Partner, Clackmannanshire Council (CB)
    Annemargaret Black, Chief Officer, HSCP (AB)
    Robert Clark, Employee Director, NHS Forth Valley (RC)
    Caroline Dempsey, Interim Locality Manager, Stirling HSCP
    Carole Docherty, HR Business Partner, Clackmannanshire Council (CD
    Wendy Forrest, Head of Strategic Planning & Health Improvement, HSCP (WF)
    Linda Guy, HR Manager, NHS Forth Valley (LG)
    Karren Morrison, Unison Branch Secretary FV (KM)
    Sonia Kavanagh, Business Manager, HSCP (SK)
    David O'Connor, Regional Organiser, Unison (DOC)
    Fiona Norrie, Senior HR Business Partner, Stirling Council (FN)
    Abigail Robertson, Vice Chair Unison, Stirling Council (AR)
    Caroline Robertson, Locality Manager Clackmannanshire, HSCP (CR)
    Brian Wilson, GMB Stirling Council (BW)

1.   Welcome and Introductions
    Annemargaret welcomed all to the meeting, Apologies were noted.

2.   Apologies for Absence:
    Apologies for absence were intimated on behalf of:
    Jennifer Borthwick, Director of Psychology, Head of Clinical Services Mental Health & Learning Disability) HSCP (JB)
    Catherine Barclay, HR Business Partner, Clackmannanshire Council (CB)
    Kelly Higgins, Senior OD Adviser, HSCP (KH)
    Abigail Robertson, Vice Chair Unison, Stirling Council (AR)
    Judy Stein, Locality Manager, Stirling, Rural, HSCP (JS)
    Lorraine Thomson, UNISON, Stirling, Secretary JTUC (LT)

3.   Minute of Meeting of 3 May 2023
    This minute was approved as an accurate reflection.

4.   Matters Arising
    H & S Group TOR
    No update ToR to be brought back to next meeting if H & S group have agreed this.

    Matter Arising next meeting.

    Update on SCO's
    Caroline D & Wendy to pick up with Abigail and update to next meeting.

    Matter Arising next meeting.

    H & S issues
    At the last meeting we agreed we would add an additional hour to this meeting to go through H & S issues. However, we have been unable to get together with H & S reps to establish this so we will try again and hopefully this will be in place for the next meeting.
    DOC conscious that this had been outstanding for a few meetings – ToR to be circulated before next meeting.

KM acknowledge that she had not attended the previous meeting and queried why we would be discussing H & S issues at this meeting when there is already an established H & S committee. If there were significant issues, then a paper should come to this group.

AB advised that we have no other forum where we have a collective oversight of the H & S Issues between management & trade union colleagues. A short sharp overview of any issues so that we were all sighted together. If we feel it is a duplication happy to discuss further.

DOC worthwhile seeing what the H & S ToR says. There has always been the discussion of what is the purpose of the JSF and the purpose of discussing H & S. The idea was not to duplicate the H & S committees but to highlight what the issues were and see what is happening in all the areas and what might affect us.

AB asked if we could tag an item on to this meeting and get the H& S Advisers to attend to give us a highlight on anything that we need to know about from the H&S Forum

KM advised that there are specific legal requirements about the makeup of committees, who should be there, who should not be etc. What **DOC** is saying makes more sense in terms of issues raised that may affect our members. We must be careful re H & S issues.

AB advised that we do have the fora but is content to leave as is and if colleagues here who are on the forum feel escalation is required this could be accommodated.

AB requested that **KM** have a chat with other TU colleagues around this and we will pick up at the next meeting.

Matter Arising Next Meeting

5. **Recruitment to Head of Health & Community Care &**
    Locality Manager Stirling Vacancies
    Caroline Dempsey is the acting locality manager for Stirling. A temporary Head of Service will be starting on 31 July. Interviews for the Head of Services will be on 1 August.

6. **Management Update/Service Pressures**
    WINTERPLANNING
    AB advised winter planning started last week. We are already experiencing more people being delayed in discharge and acute services are currently under pressure. In the absence of a HOS, AB has been meeting with Barry Sneddon, Judy Stein & Commissioning on a weekly basis. Our performance has deteriorated from previous years. We are looking for extra capacity to get people back home and we need to be in a good position to cover winter.

    CARE HOME PROVIDER
    AB advised that a major provider of care homes in Scotland could be withdrawing from the market if they are not paid more. We do not have any of their care homes locally. We are participating in national discussions around this.
    The NCHC negotiations are also ongoing. Potentially this is a big risk if we can't get that agreed then in theory it will require individual negotiations with providers.

    Ten Year Strategic Commissioning Plan
    AB advised that this was signed off at the Integration Joint Board on 29 March 2023. The year one delivery plan (draft) was signed off at the 21 June IJB. AB is now further engaging with the three Chief Executives on this. Actions from this will then form the senior management team objectives and thus tighten up governance on our priorities.
    Part of our priorities this year also needs to fully implement the public bodies act which includes Directions. The IJB should be sending out detailed directions to the Health Board and both Councils about the services they should be providing with the funding that goes along with that. The delivery plan should form the basis of the IJB Directions. Previously IJB directions have been high level.

DOC queried if the ten-year strategic commissioning plan was discussed with TU colleagues? **AB** advised that there has been engagement with trade union colleagues, Chief Executives, Elected Members, the three locality planning groups, community groups and there was also an internal audit completed. The audit gave substantial assurance that the engagement and all the actions available had been taken.

CARE INSPECTION
There has been a range of inspection activity in Specialist Mental Health Services. There was an unannounced HIS inspection - verbal feedback provided was good and complimented staff. There are a few issues for improvement. The Mental Welfare Commission have also visited recently. These are usually themed visits, but these were unannounced, verbally there was no concerns raised and reports are expected shortly. MH staff under enormous pressure in terms of our ability to recruit.

There is a ward closure in CCHC due to an ASP large scale investigation. Chief Nurse will hear feedback today. We have put a stop on admissions and a decision will be made later this week regarding re-opening.

7. **NHS Forth Valley Board Escalation**
This has now moved to a monthly meeting. Deep dives are being carried out on specific topics. The last one carried out was on unscheduled care. This went well, and they advised that they have a better level of assurance that we know what we are doing. Integration is still part of the ongoing work. David Williams is reviewing from an IJB/Health Board perspective. Assurance Board fed back they were more assured with this area of work on a whole systems basis.

John Brown is completing the governance review, and this is due to report this month. This will go into the public domain.

8. **OD & Wellbeing Update**
Kelly was on annual leave and had provided a written update.

WF advised that KH & Aileen (Health Improvement Team) have been supporting culture work with colleagues from NHS. They have been out facilitating sessions. We are also planning to have roadshow events in Autumn for all staff.

KM wished to compliment the staff on the coffee machines and the wellbeing packs. This was an excellent idea. Small simple things can make a difference.
RC advised that there is an NHS endowment fund. RC is on the group as is KH.

9. **Update on Business Case**
IJB Rapid & Rural – we have managed to recruit into social care and AHP's have been recruited.

Remove as standing item but matter arising for next meeting – Query do we have all the AHP posts recruited to. **Matter Arising Next Meeting**

10. **Service Updates**

Stirling Locality
A written report had been provided, which was for noting.
Caroline added that it was business as usual in Stirling – a few issues in terms of vacancies, sickness pressures. Adult Support and Protection work continues and demands continue to be challenging.

Clackmannanshire Locality

No report was received as Caroline had been on leave. Demand continues to rise. Today have had a breakthrough and our temporary staff will be made permanent. Delighted for staff and this has boasted morale.

Mental Health & Learning Disability

Nobody was in attendance –
AB had update throughout the meeting on HIS inspection & MWC inspection.

Hospital, Reablement & District Nursing

A written report had been provided, which was for noting.

11   **STANDING ITEMS**
       Health & Safety
       H & S Partnership Group Minutes 190123
       These were for noting.

12.   **AOCB**
       Bellfield Uniforms
       These have now been received and this is resolved.

       Junior Doctor Strike Action
       KM enquired regarding the preparation the Partnership has in place for the Junior Doctor Strike scheduled for 12 – 15 July, as she has had little engagement by health.
       AB advised that gold command has been set up by the health board. The understanding is there has been national negotiations and rejected offer but there may be another offer.
       The Medical Director has looked at the risk and where the gaps will be and has asked other doctors to come in and cover i.e. consultants. In Primary Care the GP leads are advising there will be no impact as the junior doctors are brought in in a different way from that of acute. Jim Crabb from mental health has been attending that meeting. We have been asked onto Silver Command, Jen Borthwick will be representing the Partnership.
       RC advised that a group had been set up although RC did not attend the meetings. RC has cautioned them we will not be compliant if they are trying to bring our members of staff into cover their junior doctors i.e. allocating additional ANPs to cover.
       KM advised that the strike could have a huge impact on our staff. We should be involved in some capacity as could cause huge disruption and our staff may not want to cross the picket line.
       DOC advised that he had not received any info from BMA.

       Access to IT for Domestic Staff
       RC advised that Domestic Staff when completing imatters & online learning have been advised that there is an agreement that staff should have access to any computer within the organisation.

       New Build Care Home at Orchard House
       RC asked if this is something that the Partnership will use.
       AB advised that we can only pay the NCH rate. Many people moving in will be self-funders.
       CD advised that a couple of staff had gone along to visit the home and they had been advised that roughly 20% of their beds will be kept for local authority use.
       AMB advised that the Council had recently remined us from an NHS perspective that we can put objections in to any planning applications. The Planning committee usually write to the health board. AB has raised with primary care and Scott Williams, and he has put in some objections. There is also an impact as staff are leaving us to go and work in the new homes.

WF advised that Commissioning colleagues are asked by planning within both Local Authorities and Primary Care can raise objections. We essentially have two opportunities to input. Co-ordination is needed on this, and we should work closely with the committee.

13. **Date of Next Meeting(s)**
Thursday 21 September at 10am

Strategic Planning Group

Minute of meeting held on 17 August 2023 @ 2.30 pm Stirling Council, Council Chambers, Old Viewforth, Stirling, FK8 2ET and via MS teams

Name	Position
In person	
Allan Rennie	Integration Joint Board Chair and Chair of Strategic Planning Group (Chair)
Hazel Meechan	Public Health, NHS Forth Valley
Wendy Forrest	Head of Strategic Planning and Health Improvement, C&S Health &Social Care Partnership
Simon Jones	Lead Officer Alcohol & Drug Partnership, C&S Health & Social Care Partnership
Hazel Chalk	Short Break coordinator, S&C Health & Social Care Partnership
Jessie Anne Malcolm	Public Involvement coordinator NHS Forth Valley
Linda Riley	Service User Representative
(Emma Bowen	PA Support to L Riley)
MS Teams	
Abigail Robertson	UNISON Representative, Stirling Council;
Liz Rowlett	Partnership Officer, SVE & CTSI
Lesley Fulford	Senior Planning Manager, C&S Health & Social Care Partnership
Ewan Murray	Chief Finance Officer, IJB/C&S Health & Social Care Partnership
Helen Duncan	CEO, Town Break
Agnes McMillian	Falkirk and Clackmannanshire Carer's Service
Michelle Duncan	Planning & Policy Development Manager, C&S Health & Social Care Partnership
Elizabeth Ramsey	Carer's Representative
Marjory MacKay	Strathcarron Hospice, NHS Forth Valley
Kelly Tulloch	NHS FV
Anthea Coulter	CTSI Third Sector Interface
Jennifer Baird	Contract & Commissioning Service Manager, C&S Health & Social Care Partnership
Colleen McGregor	Centre Manager, Stirling Carer's Centre
In attendance	
Fiona Norval	Minute taker / PA
Apologies	
Annemargaret Black	Chief Officer, C&S Health and Social Care Partnership/IJB
Lorraine Robertson	Chief Nurse, Health & Social Care Partnership
Marie Valente	Chief Social Work Officer Stirling Council
Lesley Middlemiss	Primary Care Improvement Programme Manager, NHS Forth Valley
Shiona Hogg	AHP Manager, C&S Health & Social Care Partnership
Judy Stein	Stirling Locality Manager, C&S Health & Social Care Partnership
Julie Anne Moore	Locality Leader Alzheimer's Scotland
Caroline Robertson	Clackmannanshire Locality Manager, C&S Health & Social Care Partnership

1.   Welcome from Chair & Apologies for absence

Allan Rennie welcomed all to the Strategic Planning Group (SPG) which will take place as a Hybrid meeting.

2.   Draft Minute of meeting held on 15 June 2023 @ 2.30 pm -

The note of the meeting held on the 15 June 2023 @ 2.30 pm – was approved as an accurate record.

3.   Action Log & Matters Arising

Action Log was picked up via agenda in meeting and updated.

4   Annual Delivery Plan Update - Wendy Forrest, Head of Strategic Planning & Health Improvement

Wendy Forrest shared a presentation advising the Strategic Delivery Plan and Operational Delivery Plan sets out the actions and planning around the implementation of the Strategic Commissioning Plan 2023 – 2033, and explained the linkage of the plans to the budget.

The Five objectives for implementation:-

- Governance & Performance
- Communication, Engagement & Participation
- Culture & Wellbeing
- Transformation Priorities
- Operational Priorities

A quarterly report will be present to this meeting showing the delivery against our Strategic Commissioning Plan (SCP), along with the Annual Performance Report.

Wendy Forrest advised two deep dives will take place, one in Alloa the other in Callander as part of the commitments linked to our Strategic Commissioning Plan. This work would be undertaken collaboratively with colleagues from NHS and PH.

Discussion took place around how we benchmark against other areas-

- are we happy with the targets and outcomes?
- what do we do if we do not meet our targets?
- what are the issues that are preventing us reaching our targets?

SCP Priorities are a guide to decision making and how we spend money.

It was agreed the targets need to be clear and useful, we need to make sure targets we agree are stretched, but realised within current resources.   It would be useful for people of this group to ask F&P and IJB around what they would wish to see around performance; targets numbers and what we mean about performance and targets.

We will increasing need to consider investment decisions and thinking around this, and whether there is an appetite for risk. There is a requirement to realign resources to a more preventative strategy as currently IJB's are not in the long term financially viable.

Discussion took place around whether unpaid carers are included in the Workforce Plan. Wendy Forrest advised that they sit on their own as an important workforce but not within the employee workforce. It is essential that we support carers to be carers, support with short breaks etc. We will have a core group of people supporting carers to which in turn will make the offer to then larger. The Carers budget will be protected this year.

Discussion took place around the work undertaken by Anchor and whether looking at prevention pieces as a collaborative, looking locally to help understand how our money is being spent.

Work is ongoing around undertaking an assessment of our current resources to ensure that they clearly align to our priorities. It is quite difficult to get to the detail of this, but it should get us collectively and better clarity of dialogue with the public are we better spending our resources, to be discussed at the next Strategic Planning Group meeting.

5   Locality Plans - Locality working update and key actions

Wendy Forrest shared a presentation and provided an update showing the key areas identified by Locality Planning Networks:-

- Multi-disciplinary working – primary care / social work / social care / third sector & independent sector
- Well-being and exercise / good health
- Dementia – community support / peer support / carer support
- Communication – between services
- Communication – between services and communities – good & consistent public information on services
- Community support services e.g. toenail cutting
- Community link workers programme

Wendy Forrest advised that herself and Dr Kathleen Brennan. GP NHS Forth Valley Stirling GP Clinical Lead for Clacks and Stirling HSCP are currently attending GP Cluster meetings, where there is an appetite for this work to continue, to work better together, clearly and avoid duplications, working with LPN chairs.

The next steps are:-

- Locality Planning Networks
- SMART Action Plans for each locality
- Community Listening events across our communities in partnership with third sector

Discussion took place around areas we can improve on to ensure people have easy access to services and services that work for them. There is a need to be more consistent around our communications; no matter who a person speaks to they will get the same message and advice, thought is required around how to do this.

Through the Locality Plans the communities have advised us what they wish us to work on, the question for this meeting; do you agree the priorities? And or do we think we missed anything, with a caveat substance would be based with ADP.

The work to undertake these priorities sits elsewhere within the partnership but this group advised they would be happy to support these priorities.

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Discussion took place around whether anything was missed within the community priorities Signage, transportation and housing were mentioned. Wendy Forrest advised she would be content taking account of transport and housing as other areas to consider, as part of a broader partnership. Transport would sit within the Anchor Board, and bring the housing to the C&S HSCP - Specialist Housing Forum, where funding has been agreed for a policy post which will pick up some of this work and deliver against a range of housing issues. Important point to note is that the budget which is delegated into IJB does not cover that community work.

Discussion took place around the Regional Transport Strategy, Consultation on a New Regional Transport Strategy 2024-2034 - Regional Transport Strategy - Tactran – who are working on a new Tayside and Central Scotland Regional Transport Strategy to consider the challenges and opportunities that have arisen since 2015

Action:	All issues/points raised across partnership meetings to do with Transport, from LPN meetings to be brought to a future SPG meeting

Anthea Coulter advised that transport is a big issue for Clackmannanshire, she has put forward a suggestion to co-chair Pete Leonard, Strategic Director for Place for a transport discussion possibly in mid-September as there are a range of issues including how to get to the Wellbeing Campus going forward.

6   Human Rights and Rights Based Approach – **Update - Simon Jones, Alcohol and Drug Partnership Lead**

Simon Jones shared a presentation around developing our Human Rights Based Approach, explaining Human rights-based approaches (HRBA):-

Align with PANEL principles, set out by Scottish Human Rights Commission

- **P**articipation of people across the whole system.
- **A**ccountability of duty-bearers to rights-holders.
- **N**on-discrimination and equality are actively committed to.
- **E**mpowerment of people to know their rights and participate.
- **L**egally compliant.

In practice, people who use services, their families and staff should see:

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

FREDA principles link back to legal rights.

Discussion took place around implementing and developing our HRBA. Practical actions that can be taken:-

- Improving rights awareness across the system through partnership with REACH Advocacy. In community settings, and areas of service.
- Developing accessible structures for accountability

- Reviewing policies and procedures, with experience involvement, to ensure rights compliance

HRBA is about looking at things in a different way.

Alan Rennie keen to see a deep dive on this topic at a future IJB seminar session.
Liz Rowlett advised that, THRE - Third Sector Human Rights & Equalities is a new nationwide project led by GCVS in partnership with HTSI and EVOC. They are working with Scotland's Third Sector Interface organisations (TSIs) to develop resources, training and networks to support third sector organisations towards taking a human rights and equalities first approach to their organisational development and delivery. They will also be working to give organisations and individuals the skills to become human rights and equalities champions, allowing the sector as a whole to better challenge inequalities and make a positive difference. Staff based in Glasgow, Edinburgh and the Highlands who will work with their local TSIs to give the project national reach combined with a local understanding of the needs of the third sector across Scotland. THRE is funded by The Scottish Government Equality and Human Rights Fund which is managed by Inspiring Scotland

Human rights and equality training available for free at THRE project THRE - Third Sector Human Rights & Equalities Events | Eventbrite

7   Financial Update - Ewan Murray, Chief Finance Officer

Ewan Murray shared a presentation titled "needs Led Resource Bound", and provided an update on the Financial Outlook 23/24 and beyond advising:-

- Early 23/24 Indicators are H&SC system under significant financial pressure (locally and nationally)
- Key pressure areas
- Prescribing
- Unfunded Beds
- Temporary Workforce Costs
- Legacy Covid costs
- Traction on delivery of efficiency and savings programmes
- Inflation / cost pressures
- Pay

Work is currently on going on Month 4, which will reported to the F&P and IJB in September.

The next stages will be:

- More integrated financial reporting to F&P & IJB
- Alignment of budget / spend to strategic priorities
- Risk appetite and tolerance development session with IJB
- Review transformation programme and efficiency and savings programmes (outcomes and alignment)
- Initial financial recovery options (F&P, IJB, next SPG)
- Financial element of delivery plans
- Review of Medium Term Financial Plans
- Benchmark with other areas including difficult decisions and impact/risk

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- Intelligence sharing and use of national networks including Health and Social Care Scotland

8   Any other business & close

None

9   Date of Next Meeting:-

Thursday 12 October 2023 @ 2.00pm – The Boardroom, NHS, Carseview House, Castle Business Park, Stirling, FK9 4SW - Hybrid

Minute of the Clinical and Care Governance Group meeting held on Thursday 20 July 2023, at 2.00pm, via Microsoft Teams

Present: Dr James King, GP Clinical Lead and Locality Coordinator (Chair)
Lorraine Robertson, Head of Nursing (Vice Chair)
Marie Valente, CSWO, Stirling Council
Lynda Bennie, Head of Clinical Governance, NHS Forth Valley
Caroline Robertson, Stirling Locality Manager
Shiona Hogg, AHP Manager

In Attendance: Joanne Sweeney, ASP Lead
Tracey Main, Senior Pharmacist (Item 4)
Claire Stanners, Lead ANP (Item 4)
Sonia Kavanagh, Business Manager (Minute)

DEEP DIVE – ASP Improvement Plan update

Joanne Sweeney, ASP Lead went through the various improvements and actions detailed in the Improvement Plan. The plan itself had been rag rated to enable specific focussed planning by the Short Life Working Group.

The need for attendance at multiagency meetings and compliance with the relevant training was highlighted. This showed an improvement and further training was due to take place in September and November. In relation to Adult Protection Case Conferences, although meetings were convened timeously there were occasions where these were not quorate as not all multidisciplinary teams were represented, this risk had been escalated to the ASP Committee.

The ASP Lead Officer post which NHS Forth Valley had committed to recruit to following the ASP Inspection, was now back out to advert.

Joanne Sweeney provided further detail regarding self-evaluation and particular processes including use of risk assessment templates and chronologies which were also national issues. Further discussion and agreement was required regarding where chronologies should be recorded and stored/updated along with appropriate training to ensure consistency.

Particular challenges were identified in relation to IT systems to meet data requirements of the Scottish Government and training due to operational pressures although this was improving.

The Clinical and Care Governance noted the progress being made across the various actions and the concerns due to capacity including chairing ASP Case Conferences and the need for an Independent Chair. Discussed the need for experienced Social Workers who could also support those newly qualified and the labour intensive systems currently in place

which required further consideration and professional advice on from others for example Care Inspectorate to understand potential areas to reduce labour intensive methodologies.

1. **WELCOME AND APOLOGIES FOR ABSENCE**

   Dr James King welcomed everyone to the meeting. Apologies for absence were noted on behalf of Sharon Robertson, Lorraine Robertson, Judy Stein, Barry Sneddon and Lesley Fulford.

2. **MINUTE OF THE CLINICAL AND CARE GOVERNANCE GROUP MEETING HELD ON 18 May 2023**

   The Clinical and Care Governance Group:
   - Approved the draft minute as an accurate record.

3. **MATTERS ARISING FROM THE MINUTE**

   None were noted.

4. **Intravenous Therapy at the Bellfield**

   Claire Stanners provided a brief outline of the advantage of introducing a mechanism for the administration of Intravenous (IV) Therapies for a defined group of deteriorating patients in the community hospital, rather than being transferred back to Forth Valley Royal Hospital as per the current option in the emergency care plan, ReSPECT for Level 1 care. This was also part of the Deteriorating Patient Leadership Improvement programme within NHS Forth Valley and the larger Scottish Patient Safety programme.

   The proposal, which followed an initial successful trial, would offer better service and delivery of care, supporting those who were elderly with advance frailty and/or life limiting illness in the Wallace Suite, Bellfield. A Standard Operating Procedure including clear inclusion and exclusion criteria would be used and staff had undertaken necessary training.

   The Clinical and Care Governance Group noted and agreed with the positive proposal to support patients in the community unless it was absolutely necessary to be transferred back to acute and the upskilling of staff which developed their learning and experience.

5. **CLINICAL AND CARE GOVERNANCE REPORTS**

   The Clinical and Care Governance Group considered the Clinical and Care Governance reports provided by the Locality and Service managers.

   5.1 **Clackmannanshire Locality, CHART and Care Homes**
   Caroline Robertson provided a verbal update including the progress to recruit two Social Workers and a Team Manager. Demand continued to increase week on

week including the number of ASP Case Conferences partly due to the improvements made as discussed earlier in the agenda.

Highlighted the improvements made in Menstrie House with the interim manager and the ongoing work to progress and maintain the improved grades. However, it was noted that the interim manager wished to return to their substantive post and this was being considered to understand how to manage this and any potential risks.

5.2 **Integrated Mental Health Service and Learning Disabilities**
The report provided relevant details and updates.

5.3 **Reablement, TEC, Community Nursing and Hospital**
The reports provided relevant details and updates.

5.4 **Stirling Locality**
Noted the interim Locality Manager was currently off and the capacity challenges across the teams.

5.5 **AHP**
The report provided relevant details and updates including particular areas rated red in relation to resource budgets and waiting times as well as the areas of good performance.

5.6 **Discharge without Delay and CCHC**
The report provided relevant details and updates including ongoing work to meet delayed discharge targets with 2 clients currently on waiting list with an assessment ongoing and no vacancies.

The Clinical and Care Governance Group
- **Noted the performance updates provided and challenges highlighted**
- **Noted the assurance regarding actions being taken to mitigate**
- **Noted the continuing pressures for staff.**

6. **ITEMS FOR OVERSIGHT AND ASSURANCE - Noted**
6.1 **Non-Clinical Claims report: June 2023**
6.2 **HSCP Complaints: NHSFV, Stirling Council, Clackmannanshire Council**
6.3 **Standards and Reviews report: May 2023**
6.4 **Letter from Care Inspectorate regarding Large Scale Investigation**

7. **AOCB**
Lynda Bennie highlighted the NHS Forth Valley Clinical Governance Safety Culture event due to take place on 15 August 2023. An opportunity to share information eg adverse event process, human factors and safety culture discussions.

8. **DATE OF NEXT MEETING**
Thursday 21 September 2023 at 2pm