

A meeting of the **Forth Valley NHS Board** will be held on **Tuesday 30 July 2024** at **9.30am** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW**.

Neena Mahal
Chair

AGENDA

1.	Welcome, Apologies and Confirmation of Quorum		09.30
2.	Declaration(s) of Interest(s)		
3.	Minute of Forth Valley NHS Board meeting held on 28 May 2024	For Approval	
4.	Matters Arising from the Minute / Action Log	For Approval	
5.	Chair's Report (Verbal update by Mrs Neena Mahal, Interim Chair)	For Noting	
6.	Chief Executive's Report (Verbal update by Ms Amanda Croft, Interim Chief Executive)	For Noting	
7.	Person Centred Care Week Summary (Paper presented by Professor Frances Dodd, Executive Nurse Director)	For Assurance	
8.	Strategic Risk Register Update (Paper presented by Ms Kerry Mackenzie, Head of Corporate Governance)	For Approval	
9. COMMITTEE MINUTES AND AN OPPORTUNITY FOR COMMITTEE CHAIRS TO HIGHLIGHT MATERIAL ISSUES TO THE BOARD			
Governance Committee Minutes			
9.1	Audit & Risk Committee 14/06/2024 (Paper presented by Cllr Fiona Collie, Committee Chair)	For Noting	10.05
9.2	Clinical Governance Committee 14/05/2024 (Paper presented by Dr Michele McClung, Committee Chair)	For Noting	
9.3	Escalation Performance & Resources Committee 02/04/2024 & 18/06/2024 (Paper presented by Mr Martin Fairbairn, Committee Chair)	For Noting	
9.4	Performance & Resources Committee 30/04/2024 & 25/06/2024 (Paper presented by Mr Martin Fairbairn, Committee Chair)	For Noting	
9.5	Staff Governance Committee 14/06/2024 (Paper presented by Mr Allan Rennie, Committee Chair)	For Noting	

Advisory Committee Minutes			
9.6	Area Clinical Forum 23/05/2024 (Paper presented by Mrs Kirstin Cassells, ACF Chair)	For Noting	
9.7	Area Partnership Forum Minute: 21/05/2024 & 18/06/2024 (Paper presented by Mr Robert Clark, APF Co-Chair)	For Noting	
10. INTEGRATION JOINT BOARD MINUTES			
10.1	Clackmannanshire & Stirling Integration Joint Board 27/03/2024 (Paper presented by Cllr Gerry McGarvey, Clackmannanshire & Stirling Integration Joint Board Chair)	For Noting	
10.2	Falkirk Integration Joint Board 22/03/2024 (Paper presented by Cllr Fiona Collie, Falkirk Integration Joint Board Chair)	For Noting	
STRATEGY AND PERFORMANCE UPDATES			
11.	Update on Level 4 Escalation and Updated Assurance and Improvement Plan (Paper presented by Ms Amanda Croft, Interim Chief Executive and Ms Neena Mahal, Chair))	For Approval	10.15
12.	Draft NHS Forth Valley Corporate Objectives 2024-2025 (Paper presented by Mr Kevin Reith, Interim Director of Human Resources)	For Approval	10.25
13.	NHS Forth Valley Delivery Plan 2024-2025 (Paper presented by Mrs Janette Fraser, Head of Planning)	For Approval	10.35
14.	CT Scanner Business Case (Paper presented by Mr Garry Fraser, Director of Acute Services)	For Approval	10.45
15.	Culture Change and Compassionate Leadership Programme Update (Paper presented by Mr Kevin Reith, Interim Director of Human Resources)	For Assurance	11.00
BREAK			11.15
16.	Urgent and Unscheduled Care Action Plan (Paper presented by Mr Garry Fraser, Director of Acute Services, Ms Gail Woodcock, Chief Officer Falkirk Health & Social Care Partnership, and Mr David Williams, Chief Officer Clackmannanshire & Stirling Health & Social Care Partnership).	For Assurance	11.25
17.	Performance Report (Paper presented by Ms Kerry Mackenzie, Head of Corporate Governance)	For Assurance	11.40
18.	Healthcare Associated Infection Report (Paper presented by Mr Jonathan Horwood, Area Infection Control Manager)	For Assurance	11.50
19.	Person Centred Care Report (Paper presented by Professor Frances Dodd, Executive Nurse Director)	For Assurance	12.00

20.	Finance Report Including Financial Sustainability (Paper presented by Mrs Jillian Thomson, Deputy Director of Finance)	For Assurance	12.10
21.	NHS Forth Valley Annual Report 2023/24 (Paper presented by Mrs Elsbeth Campbell, Head of Communications)	For Noting	12.25
22. ANY OTHER COMPETENT BUSINESS			12.35
23. RISKS AND REFLECTIONS			12.45
24.	Date and Time of Next Meeting Tuesday 24 September, 9.30am	For Noting	
25.	Forth Valley Royal Hospital Benchmarking to be considered in Private Session as: The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation.		

FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

**3. Minute of the Forth Valley NHS Board Meeting held on Tuesday 28 May 2024
For Approval**

**DRAFT Minute of the Forth Valley NHS Board Meeting held on Tuesday 28 May 2024 in
the Boardroom, Carseview House.**

Present: Ms Neena Mahal (Chair)
Mrs Kirstin Cassells (Non-Executive Director)
Mr Robert Clark (Non-Executive Director)
Professor Frances Dodd (Executive Nurse Director)
Mr Martin Fairbairn (Non-Executive Director)
Cllr Wendy Hamilton (Non-Executive Director)
Mr Stephen McAllister (Non-Executive Director)
Dr Michele McClung (Non-Executive Director)
Mr Gerry McGarvey (Non-Executive Director)
Mr Andrew Murray (Medical Director)
Mr Allan Rennie (Non-Executive Director)
Mr John Stuart (Non-Executive Director)
Mr Scott Urquhart (Director of Finance)

In Attendance: Mrs Elsbeth Campbell (Head of Communications)
Dr Jennifer Champion (Acting Director of Public Health)
Ms Gail Duncan (Primary Care Contracts Manager) - Item 18
Ms Morag Farquhar (Director of Facilities)
Mr Garry Fraser (Director of Acute Services)
Mr Jonathan Horwood (Area Infection Control Manager) - Item 14
Mrs Sarah Hughes-Jones (Head of Information Governance) - Item 20.6
Mr Alistair Jack (Risk Management Advisor) - Item 8
Mr Scott Jaffray (Director of Digital)
Ms Kerry Mackenzie (Head of Corporate Governance)
Ms Jackie McEwan (Corporate Business Manager)
Mr John Ratcliffe (Board Secretary)
Mr David Williams, Chief Officer Clackmannanshire & Stirling HSCP
Ms Gail Woodcock, Chief Officer Falkirk HSCP

Mrs Sarah Smith (Minute taker)

1. Apologies for Absence/Confirmation of Quorum

The Chair welcomed everyone to the meeting. Formal apologies were recorded for Fiona Collie; Amanda Croft; Gordon Johnston and Kevin Reith.

2. Declaration(s) of Interest(s)

No declarations of interest were made.

3. Minute of Forth Valley NHS Board Meeting held on Tuesday 26 March 2024

The minute of the meeting held on 26 March 2024 was approved, subject to the following amendments:

- The spelling of Mr John Stuart's name to be amended throughout the minute.
- Item 9.1, bullet point 5, to be amended to read: "The Escalation Performance and Resources Committee had requested Internal Audit review the associated evidence and ensure consistency with the status described by the Executive."
- Kirstin Cassells to be added to the attendance.

The Chair advised that going forward the minutes would be circulated in advance of the meeting to enable early amendments to be made. **K. Mackenzie & N. Mahal**

4. Matters Arising from the Minute / Action Log

The action log was reviewed, and an update provided as follows:

006 Person Centred Complaints & Feedback - Professor Frances Dodd confirmed this action was closed at the last meeting as prison complaints benchmarking data was not available. This would be reviewed should it become available.

008 Healthcare Strategy – It was agreed this action would be closed as it had been superseded by action 15.

015 Population Health and Care Strategy Revised Timeline – A Board Seminar was held in May to set the scene and to enable an understanding of population health. Mr Andrew Murray confirmed work was ongoing and a paper would be presented to the July meeting that provided an update on the approach, consultation, and timeline. **A. Murray**

Mr Allan Rennie sought an update around potential national funding for a 3rd CT scanner. Mr Scott Urquhart advised that discussion had taken place with Mr John Burns, Chief Operating Officer of NHS Scotland. An agreement had been reached that if NHS Forth Valley was able to purchase the scanner through Capital monies, Scottish Government would fund 50% of the net revenue cost (effectively 2.5 days per week). A proposal would be brought to the July Board meeting. **S. Urquhart**

5. Chair's Report – Ms Neena Mahal

The Chair advised that a verbal Chair's Report would be provided to each Board meeting outlining work undertaken, meetings attended and observations pertinent to the Board. Ms Mahal confirmed her appointment as Interim Chair to the NHS Forth Valley Board for a period of 1 year and that she was privileged to take on the role. Over the first 8 weeks in post, she had met with a number of Board members, staff and stakeholders. Further visits were being organised and Ms Mahal confirmed she would welcome any suggestions for visits for either herself or Board members.

The position of the Board within escalation was recognised and the Chair acknowledged the hard work that had been undertaken and that was ongoing.

An update was provided around the Chief Executive recruitment process, confirming that interviews were to be held in mid-June. Board members and Executive Directors were encouraged to respond to invites for involvement in the assessment process.

A number of national NHS Chairs meetings had taken place recently and feedback was provided. Discussion areas included NHS Reform, with a focus on prevention, primary care, collaboration and continuous improvement. Improving wellbeing and culture within the workforce were also highlighted as priorities.

Board seminars had also been held on the development of the Population Health and Care Strategy and Innovation. The Chair advised that she would be reviewing the topics for Board seminars.

The Chair advised that the Board and Executive Team had met with Christine McLaughlin, Assurance Board Chair and Fiona Hogg, Chief People Officer to discuss escalation and progress towards de-escalation.

The Forth Valley NHS Board:

- **Noted the update from the Board Chair**

6. Chief Executive's Report – Professor Frances Dodd.

The Acting Chief Executive, Professor Frances Dodd, provided a verbal update highlighting the extent of the work being undertaken within the organisation, with some of this detailed within the Board Meeting papers. Of note was the review of Integration Schemes with this work ongoing and progressing well. Vivienne Davidson had been appointed by the four partner organisations to co-ordinate this work. Her role as a retired Head of Planning for Angus Health and Social Care Partnership was noted, where similar work had been undertaken. Future updates would be provided to the Board.

A. Croft

Notification had been received around a Joint Inspection (Healthcare Improvement Scotland and The Care Inspectorate) of Integrated Adult Health and Social Care Services within Clackmannanshire and Stirling, with a focus on Mental Health Services. Significant planning and preparation work was underway led by Mr David Williams, Interim Chief Officer and his colleagues across the system.

NHS Forth Valley had been awarded a Pastoral Care Quality Award which acknowledged exceptional work by the local team in ensuring the safe arrival, induction and provision of support and pastoral care for international recruits. This enabled staff to integrate into the local communities with high retention numbers recognised. The Board Chair commended this work and thanked all staff for their involvement.

The Forth Valley NHS Board:

- **Noted the update from the Acting Board Chief Executive.**

7. Patient Story

The Forth Valley NHS Board received the 'Patient Story', presented by Professor Frances Dodd, Executive Nurse Director.

Key Points:

- The Dietetics and Pharmacy team approached the Person-Centred Care Team to support the creation of the patient story with the recognition that there are opportunities to improve service delivery and patient experience in the future.
- The Board recognised both the positive and negative aspects of care received by the patient noting that apologies had been conveyed where the care fell below the high standards expected.

- Board Members asked if concerns had been picked up through normal feedback/governance processes and noted that no governance issues or concerns had been highlighted through the IR1 process, and these had only come to light when the patient was invited to share their story. Follow up had subsequently been undertaken with the Chief Nurse on the Acute site who would take forward learning points and actions.
- Board Members received assurance that the learning and education needs of the staff were being actioned.

The Forth Valley NHS Board:

- **Noted the patient story presented and the issues and challenges highlighted in relation to complex nutritional care requirements and care of PICC line.**
- **Received assurance that learning points from this experience were being actioned and would be reported through the Clinical Governance Committee.**

F. Dodd

8. Strategic Risk Register – 2023/24 Q4 Update

The Forth Valley NHS Board considered the ‘Strategic Risk Register 2023/24 Quarter 4 Update’, provided by Mr Alastair Jack, Risk Management Adviser.

Key Points:

- The Chair noted the early placement of the Strategic Risk Register on the NHS Board agenda reflecting the required focus around strategic risks and the priority they afford in driving the business of the Board.
- Three strategic risks reduced in score: SRR 010 (Estates & Supporting Infrastructure), SRR 009 (Healthcare Strategy) & SRR 016 (Out of Hours).
- A new Prevention and Health Inequalities strategic risk was in draft, and it was noted that this may encompass the Healthcare strategy as a control measure. This was welcomed by the Board noting this was an important area in terms of the Board direction.
- The Board acknowledged the strategic risk position and recognised the significant ongoing work around prevention and health inequalities.
- It was agreed that SRR014 Healthcare Strategy would be reviewed by Mr Murray and Dr Champion taking cognisance of the change in approach and timeline.

A. Murray
and J.
Champion

The Forth Valley NHS Board:

- **Considered, and were content with, the assurance provided regarding the effective management and escalation status of strategic risks.**
- **Approved the reduced risk scores in the Strategic Risk Register for Quarter 4 2023/24.**
- **Noted that the SRR014 Healthcare Strategy risk was to be reviewed in line with changes to the approach to development and timeline.**

9. Committee Minutes

9.1 Audit & Risk Committee Draft Minute: 22/03/24

The Forth Valley NHS Board received the Audit and Risk Committee draft Minute of the meeting held on 22/03/24.

Key Points:

- The key areas discussed were highlighted noting the focus on year-end planning and work in relation to Annual Accounts and External and Internal Audits.

- The next meeting would be held on 14 June 2024 where the Annual Accounts would be presented with an invitation to attend extended to all Board members.
- Three Internal Audit Reports had been presented. Mr Urquhart noted a number of recommendations made, with assurance provided around the management actions being addressed. No specific issues were highlighted.
- Clarification was sought as to whether there was anything material the board should know about regarding following from the limited assurance assessments. The Director of Finance confirmed that there were no material issues.
- In response to a question about the Section 22 Report, it was confirmed the Auditor General for Scotland had the final say in this regard. All requests for information had been actioned in a timely manner however there was no definite position. Close working with the Board's External Auditor, Deloitte would continue.

The Forth Valley NHS Board:

- **Noted the key issues being highlighted to the Board following the Audit & Risk Committee on 22 March 2024.**
- **Noted the draft minute of the Audit & Risk Committee on 22 March 2024.**
- **Noted that all Board Members would be invited to attend the Audit & Risk Committee on 14 June to consider the Annual Accounts.**

9.2 Clinical Governance Committee Ratified Minute: 12/03/24

The Forth Valley NHS Board received the Clinical Governance Committee ratified minute of the meeting held on 12/03/24 and an update on key issues from Dr Michele McClung, Committee Chair.

Key Points:

- Dr Michele McClung outlined the key areas of business discussed by the Committee, including the Whole System Assurance Report.
- A focussed reviewed had taken place around the risk SR002 Urgent and Unscheduled Care. The Board recognised this was also on the Board Agenda for discussion, with priority being given to the impact this was having on patient safety and care.

The Forth Valley NHS Board:

- **Noted the key issues being highlighted to the Board following the Clinical Governance Committee on 12 March 2024.**
- **Noted the ratified minute of the Clinical Governance Committee on 12 March 2024.**

Items 9.3 and 9.4 had been removed from the agenda following circulation of papers.

9.5 Staff Governance Committee Draft Minute: 15/03/2024

The Forth Valley NHS Board received the Staff Governance Committee Draft Minute of the meeting held on 15/03/24 and an update on key issues from Mr Alan Rennie Committee Chair.

Key Points:

- Mr Allan Rennie outlined the key areas for discussion, noting that for the first year of implementation, the Committee had requested quarterly updates on the Health and Care (Staffing) (Scotland) Act 2019.
- Sickness absence remained an ongoing area of challenge with the Committee seeking clarity around actions and anticipated outcomes within the organisation.

- The Committee had requested further detail as a result of the completion of the Equality Inclusion Survey where it had been reported that 45% of respondents confirmed they had experienced barriers when trying to access NHS Forth Valley Services due to accessibility limitations or discrimination.

The Forth Valley NHS Board:

- **Noted the key issues being highlighted to the Board following the Staff Governance Committee on 15 March 2024.**
- **Noted the draft minute of the Staff Governance Committee held on 15 March 2024.**

Advisory Committee Minutes

9.6 Area Clinical Forum (ACF) Ratified Minute 25/01/2024 & Draft Minute 21/03/2024

The Forth Valley NHS Board received the Area Clinical Forum Ratified Minute of the meeting held on 25/01/24, the Draft Minute of the meeting held on 31/03/24 and an update on key issues from Ms Kirstin Cassells, ACF Chair.

Key Points:

- Ms Kirstin Cassells highlighted key discussion topics had included Compassionate Leadership and Culture Change work which the Forum was keen to explore. Colleagues from Human Resources would be invited to attend the next meeting.
- The Area Clinical Forum was also keen to be involved in the Population Health Strategy at an early stage.
- The Board Chair had attended the most recent meeting of the Forum and provided her observations from her short time in post and her commitment to work closely with the ACF.

The Forth Valley NHS Board:

- **Noted the key issues being highlighted to the Board following the Area Clinical Forum meetings on 25/01/24 and 21/03/24.**
- **Noted the ratified minute of the Area Clinical Forum on 25/01/24 and the Draft Minute held on 21/03/24.**

9.7 Area Partnership Forum (APF) Ratified Minute: 19/03/24 & 23/04/24

The Forth Valley NHS Board received the Area Partnership Forum Ratified Minutes of the meetings held on 19/03/24 and 23/04/24 and an update on key issues from Mr Robert Clark, APF Chair.

Key points:

- Mr Robert Clark advised the Board that as a result of the pressures felt within the system, meetings continued to be held monthly.
- Key areas of discussion were outlined, with a focus on three Agenda for Change agreement non-pay areas.
- The Annual Report had been reviewed and approved.
- The Board Chair had attended the most recent meeting of the Forum by way of introduction and to provide her observations from her short time in post and her commitment to working closely with the APF.

The Forth Valley NHS Board:

- **Noted the key issues being highlighted to the Board following the Area Partnership Forum meetings on 19/03/24 and 23/04/24.**
- **Noted the ratified minute of the Area Partnership Forum from 19/03/24 and 23/04/24.**

Integration Joint Board Minutes

9.8 Clackmannanshire & Stirling Integration Joint Board Ratified Minute 29/11/2023

The Forth Valley NHS Board received the Clackmannanshire and Stirling Integration Joint Board Ratified Minute of the meeting held on 29/11/23.

The Forth Valley NHS Board:

- **Noted the key issues being highlighted to the Board following the Clackmannanshire & Stirling Joint Board Ratified Minute 29/11/23.**
- **Noted the ratified minute of the Clackmannanshire & Stirling Joint Board Ratified Minute 29/11/23.**

9.9 Falkirk Integration Joint Board Ratified Minute 01/12/2023

The Forth Valley NHS Board received the Falkirk Integration Joint Board Ratified Minute of the meeting held on 01/12/23.

The Forth Valley NHS Board:

- **Noted the key issues being highlighted to the Board following the Falkirk Integration Joint Board Ratified Minute 01/12/23.**
- **Noted the ratified minute of the Falkirk Integration Joint Board on 01/12/23.**

Strategy and Performance Updates

10 Update on Level 4 Escalation

The Forth Valley NHS Board considered the 'Update on Level 4 Escalation', presented by Professor Frances Dodd, Executive Nurse Director and Ms Neena Mahal, Interim Board Chair.

Key Points:

- The Board was advised that as work to deliver actions within the Assurance and Improvement Plan continued the focus would turn to identifying outstanding actions that require ongoing focus and ensuring that evidence of delivery was clearly stated.
- Work would be undertaken to review the Assurance and Improvement Plan, informed by Internal Audit findings, with a view to clearly identifying any outstanding actions and reviewing the status of actions.
- These outstanding actions would transition to an updated plan focusing attention on key themes demonstrating areas where improvement work needed to continue.
- The updated plan would be discussed at the Escalation Performance & Resources Committee on 18 June ahead of the Assurance Board on 27 June.
- Final Board approval would be sought at the next Board meeting scheduled on 30 July in relation to outstanding actions.
- The Chair of the Escalation Performance & Resources Committee highlighted that good progress was being made and that there was continued focus on specific areas including urgent and unscheduled care.

- Following discussion around the Assurance Framework, the Board Chair highlighted the need to distinguish between monitoring 'business as usual' actions, versus areas where the Board were outliers, such as Urgent and Unscheduled Care, which still required further action to be taken.

The Forth Valley NHS Board:

- **Noted the background to escalation and the steps being taken to meet the Assurance and Improvement Plan.**
- **Considered and agreed the planned next steps in relation to ongoing actions and the proposed approach.**
- **Agreed to receive the revised Assurance and Improvement Plan at the NHS Board meeting in July for approval.**

A. Croft

11 Healthcare Improvement Scotland Safe Delivery of Care Follow-Up Inspection Report and Improvement Plan

The Forth Valley NHS Board considered the 'Healthcare Improvement Scotland Safe Delivery of Care Follow-Up Inspection Report and Improvement Plan', presented by Professor Frances Dodd, Executive Nurse Director.

Key Points:

- Professor Frances Dodd outlined the Board's position in terms of the overall HIS Inspection findings noting an action plan was in place.
- The Board was advised the Action Plan would be tracked, to completion, through the existing Clinical Governance structures with oversight at the Clinical Governance Committee.
- Professor Dodd confirmed that where actions had been implemented, they were being embedded across the whole organisation.
- The Board Chair recognised the positive report, however noted that there were still key areas of work which were required.
- In discussion, Board members raised the alignment of actions with the HAIRT report which was to be considered at a later stage on the Board agenda.

The Forth Valley NHS Board:

- **Noted the Healthcare Improvement Scotland (HIS) Published Report and the Healthcare Improvement Scotland Improvement Action Plan and was assured that actions were being taken to address issues identified.**
- **Noted that the Governance route for the monitoring of the actions would be through the Clinical Governance Committee.**

F. Dodd

12 Urgent and Unscheduled Care update

The Forth Valley NHS Board considered the 'Urgent and Unscheduled Care update', presented by Mr Garry Fraser, Director of Acute Services, Ms Gail Woodcock, Chief Officer Falkirk Health & Social Care Partnership, and Mr David Williams, Chief Officer Clackmannanshire & Stirling Health & Social Care Partnership

Key Points:

- Mr Fraser, Mr Williams, Ms Woodcock and Dr Champion presented the paper, highlighting that whole system working was underway and that this was vital to successful service delivery.
- The Board was advised that early intervention and prevention would be explored through a public health lens to better understand patient needs and prevent unnecessary unscheduled presentations to ED. This population health approach

would be used to inform immediate plans as well as supporting longer term strategic decision making.

- Your Home First was described to the Board as a concept being developed collaboratively between NHS Forth Valley and the Health and Social Care Partnerships. It aims to embed a whole system approach to ensure that people receive their health and care needs at home or as close to home as possible.
- Early-stage Communication work had been prepared around Your Home First and this would be shared with the Board, to ensure clear messaging to the public and service users around the changes being made.
- The acute urgent and unscheduled care delivery plan continued to be progressed. The Board noted that this was being monitored through the Urgent and Unscheduled Care Board.
- The high utilisation of NHS24 within Forth Valley was highlighted with an associated higher than average conversion rate to attendance at ED. Contact had been made with NHS24 to enable work to be undertaken to understand data and reasons for this level of utilisation.
- In discussion, Board members raised questions around understanding demand, how delayed discharges were being addressed, communication to Communities to help their understanding of 'Your Home First', how we could support 'High Intensity Users' who regularly attend ED and whether there was clinical buy in to make the necessary changes.
- The Board Chair suggested that a further Board session should be arranged to enable a more in-depth discussion. This would aid in understanding the actions that would have the biggest impact and establishing the key pressure points.
- Further points raised included the culture change needed, a better understanding of the safety and financial implications and how we are engaging with partners. Board members were keen to receive further assurance on what actions would make the biggest difference to performance and timelines for these.

E. Campbell

The Forth Valley NHS Board:

- **Considered the paper and the presentation and were assured that whole system working was being applied to improve patient experience and performance in urgent and unscheduled care.**
- **Requested that Your Home First communication should be shared with Board members.**
- **Agreed that Urgent and Unscheduled Care performance should remain a priority for the Board.**
- **Agreed to hold a further Board session to enable an in-depth discussion and further understanding of the urgent and unscheduled care position and the actions underway.**

E. Campbell

K. Mackenzie

13 Performance Report

The Forth Valley NHS Board considered the 'Performance Report', presented by Ms Kerry Mackenzie, Head of Corporate Governance.

Key Points:

- It was highlighted that the information within the Report had previously been presented to the Performance and Resource Committee on 30 April 2024 with the majority of data provided to end of March 2024.
- The Board was advised that NHS Forth Valley continued to perform well in terms of Scheduled Care noting a decrease in the total number of outpatients waiting, and in the number waiting beyond 12 weeks. NHS Forth Valley was noted to have

the lowest number of waits over 12 weeks in Scotland at 36% with the next lowest being 50%+. The need to celebrate success was agreed with a proposal for Communications to recognise the Board's positive performance around Scheduled Care.

- Despite 119% of the agreed planned activity being undertaken for inpatients and day cases there was an increase in the number of patients waiting compared to the previous year. Ongoing work was underway within Acute to address challenges.
- Pressures continued around imaging services with an increase in the number of patients waiting with CT scanning a particular challenge. Mr Garry Fraser advised that national monies had been made available with a CT van being provided to most mainland Boards.
- 62-day cancer performance for March was 79.7% noting that 8 of the 10 pathways achieved 100%. Improvement work was underway within Urology with benefit now being seen. The Head and Neck cancer pathway was also challenged due to complex diagnostics pathways. The 31-day target continued to be met. NHS Forth Valley was part of a National Group collectively looking at Cancer Improvement Pathways. Imaging was a significant focus within this work.
- The 90% CAMHS 18-week referral to treatment standard was achieved in February and maintained in March 2024.
- Performance in relation to the Psychological Services 18-week referral to treatment standard had been consistently 60-70%. The March position was 73.5%. It was highlighted that the standard would not be fully achieved until long waiting patients had been seen.
- Pressures remained within Delayed Discharge, and as the Board had earlier been advised, work was progressing around Urgent and Unscheduled Care. This remained a continued focus for colleagues.
- NHS Forth Valley's sickness absence position was recorded as 7.3% for February. The Board requested additional information be included in the Performance Report around actions being undertaken. It was noted that sickness absence was a particular focus of the Staff Governance Committee and a standing item.
- In terms of Did Not Attend, clarity was sought around the variation recorded within the paper. Reassurance was provided that the highest figures related to small specialities where the impact of non-attendance would be disproportionately high. A programme of work was underway around non-attendance. Linkage with the Population Health approach was suggested.

The Forth Valley NHS Board:

- **Considered the detail within the Performance Report and noted the current key performance issues and areas of high performance.**
- **Requested additional information in future reports on actions being taken to address sickness absence.** K. Reith
- **Requested that key successes and performance such as Scheduled Care and CAMHS be highlighted and communicated more widely to staff and stakeholders.** E. Campbell

14 Healthcare Associated Infection Reporting Template

The Forth Valley NHS Board considered the 'Healthcare Associated Infection Report, presented by Mr Jonathan Horwood, Area Infection Control Manager.

Key Points:

- HAI AOP targets had not been met with a similar position noted Nationally.
- SABS, DABs, CDIs and ECBs remain within control limits.

- In terms of the Ward Visit Programme issues identified aligned with the HIS visit, specifically in regard to storage of equipment.
- Reporting of staff groups with regard to hand hygiene compliance had been requested with work ongoing to enable the required breakdown. Work was also underway to examine self-reported versus observed data.
- Assurance was sought and provided that Serco colleagues were members of the Infection Prevention and Control Group.
- In response to a question about actioning concerns, it was highlighted that any areas requiring immediate action were taken through the morning safety huddles. These were being redesigned, noting a significant attendance of over 80 people.

The Forth Valley NHS Board:

- **Noted the HAIRT report and 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.**
- **Requested a breakdown of staff in relation to Hand Hygiene performance.**

15 Person Centred Care Report

The Forth Valley NHS Board considered the 'Person Centred Care Report', presented by Professor Frances Dodd, Executive Nurse Director.

Key Points:

- Workforce and workload capacity remained significant challenges, with the Board seeking additional assurance around how these were being addressed.
- A number of actions were recorded within the paper however the Board highlighted the need for these to be tested to ensure the required outcomes were achieved. Professor Dodd highlighted that this was built into the work being undertaken and that follow up and governance was through the Clinical Governance Working Group and the Clinical Governance Committee.
- The Board was advised that there was improved data and support being provided to business units.
- The top three complaint themes were around waiting times, communication and staff attitude with work around these areas a key focus for the Patients Relations Team. The Board wished to understand how these areas were being addressed and what actions were having traction. Professor Dodd advised that this could be included in the reporting going forward.
- Board members also asked about benchmarking with other Boards which was not readily available.
- The Board was advised that the annual Duty of Candour report is presented to the Clinical Governance Committee ahead of publication on the Board website.
- The table in the section 'Key Performance Indicator One: Learning from Complaints' was noted as being very helpful and a commitment was made to see if the percentage upheld could also be shown in each cell.

The Forth Valley NHS Board:

- **Noted the current complaints position and the organisational risk attached to current performance levels.**
- **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.**

- **Agreed that additional information around actions being undertaken to address the areas of waiting times, communication and staff attitude were to be included in future Person Centred Care Reports with detailed information to be provided to the Clinical Governance Committee.**

F. Dodd

16 a) Whistleblowing Standards and Activity Report b) Whistleblowing Annual Report 2023/24

The Forth Valley NHS Board considered the 'Whistleblowing Standards and Activity Report and Whistleblowing Annual Report 2023/24', presented by Professor Frances Dodd, Executive Nurse Director.

Key Points:

- The Annual Report was presented to the Board for noting.
- The role of Mr Gordon Johnston, Non-Executive Director as the Board's Whistleblowing Champion was highlighted along with the support provided.
- Professor Dodd advised that Whistleblowing continued to be an evolving area for all Boards. There was ongoing learning with every case reviewed with a view to continually strengthen processes.
- In response to a question around benchmarking across Scotland, Professor Dodd advised that this would be discussed with the Independent National Whistleblowing Officer (INWO) to ascertain if this was available. Currently there was no benchmarking data available.
- Improvement work was ongoing around a number of areas which were outlined in the paper and the Board acknowledged the link to the 'Culture' work underway.
- Training rates in Forth Valley were some of the highest in Scotland however it was noted that the uptake of senior manager training required focus. Oversight would continue through the Staff Governance Committee.
- The visibility of all Whistleblowing information with regard to communications and pathways was discussed with a review required to ensure ease of access.

The Forth Valley NHS Board:

- **Noted Whistleblowing performance in NHS Forth Valley during Q3 and Q4 2023/24.**
- **Noted the Whistleblowing Annual Report 2023/24.**
- Requested that the benchmarking of whistleblowing data across Scotland be discussed with INWO to ascertain feasibility.
- Agreed that the accessibility of Whistleblowing information and guidance on the intranet and website should be reviewed.

F. Dodd

F. Dodd and
E. Campbell

17 Finance Report including Financial Sustainability

The Forth Valley NHS Board considered the 'Finance Report including Financial sustainability'.

Key Points:

- The Board recognised that NHS Forth Valley had met the statutory financial requirements for 2023/24 financial year although this remained subject to final audit review.
- The Draft Annual Accounts and Internal and External Audit Reports would be taken to the Audit and Risk Committee on 14 June 2024, followed by a Special Board on 18 June 2024 for final approval and sign off.

- The Board was advised that delivery of the 2023/24 position was heavily reliant on non-recurring measures and funding. These would not be in place for the new financial year.
- For the new financial year 2024/25 significant challenges were noted with an overspend of £2m in the first month. Greater clarity around the position would be established following a review of the first quarter of 2024/25. Ongoing focussed review and reporting would be provided to the Performance & Resources Committee with an overview by the NHS Board.
- Detail was provided around the fortnightly meetings of the Financial Sustainability Oversight Board noting this was a significant area of focus with Executive Leadership Team and staff side involvement.
- For the new financial year there remained a savings gap of £14m following identification of £44m savings. It was recognised that there were many areas of high risk in terms of savings delivery. Areas of good progress were outlined, but challenge remaining around contingency beds with work ongoing around urgent and unscheduled care. It was agreed this workplan would be brought into the future Board session on Urgent and Unscheduled Care.
- Focus on longer term sustainability was ongoing aligned to the Board priorities.
- The Board praised the recent finance session held for all staff, noting future planned communications work.
- Board members asked for more details on the plans around the unfunded contingency beds and the impact on staff.
- The Chair highlighted the need for further discussion around ensuring the Board was fully sighted on the financial challenges to enable appropriate support and guidance, noting the required alignment of the corporate objectives.
- On behalf of the Board, the Chair commended the 2023/24 performance against targets.

The Forth Valley NHS Board:

- **Recognised the successful delivery of 2023/24 financial targets subject to external audit review, with progress on track for completion of the 2023/24 Annual Accounts and audit process within required timescales.**
- **Noted the exceptional level of financial risk and challenge for 2024/25, with an overspend of £2.1m reported after month one of the 2024/25 financial year and urgent action required during the first quarter to support a path to financial balance.**
- **Noted the establishment of the Financial Sustainability Oversight Board, reporting to the Performance and Resources Committee, with fortnightly review meetings in place to oversee the implementation and delivery of savings and cost improvement plans.**
- **Noted an in-depth review of the overall financial position, including savings delivery, changes in key planning assumptions, key financial risks and initial forecast outturn projections for the year, will be undertaken following completion of the Quarter 1 financial results in July.**
- **Agreed to undertake a more in-depth discussion on high risk savings and the financial challenges, including the action plan for the unfunded contingency beds.**

S. Urquhart

18 Alva Medical Practice Boundary Change

The Forth Valley NHS Board considered the 'Alva Medical Practice Boundary Change', presented by Ms Gail Duncan, Primary Care Contracts Manager.

Key Points:

- Alva Medical Practice proposed a change to the Practice area as a result of significant housing developments within the catchment area that had resulted in an increase in list size. The new boundary would exclude Blairlogie.
- The Practice would retain existing patients who reside out with the proposed redefined practice area and would continue to accept new babies or other family members of existing patients, who reside at the same address. New patients who reside out with the proposed new practice area would not be accepted.
- Blairlogie sits in Stirling district and in the direct catchment of Airthrey Park Medical Centre, Bridge of Allan Health Centre and Orchard House Health Centre catchment. No objections were received from these practices and the GP Sub Committee endorsed the proposed change.
- Board members sought and received assurances that new patients in Blairlogie would still have access to appropriate GP services.

The Forth Valley NHS Board:

- **Approved the application which has been endorsed by the Forth Valley GP Sub Committee and the Clackmannanshire and Stirling Partnership Senior Management Team.**
- **Requested that there should be clarity on the governance process to be followed in such cases and on the level of engagement required with communities to ensure it is proportionate and reasonable.**

**A. Croft, D
Williams and
G Woodcock**

19 Falkirk Assurance Report

The Forth Valley NHS Board considered the 'Falkirk Assurance Report, presented by Ms Gail Woodcock, Chief Officer Falkirk Health & Social Care Partnership.

Key Points:

- The Board was provided with assurance around the arrangements in place to scrutinise the performance of the Health and Social Care Partnership.
- The paper provided an overview of the areas that were reviewed, noting a further report would be provided in 6 months.

The Forth Valley NHS Board:

- **Noted the report and progress by the HSCP in meeting its priorities in the Strategic Plan.**
- **Requested a further assurance report in 6 months which will include the approved IJB Annual Performance Report.**

Annual Reports

20.1 Audit and Risk Committee Annual Report

The Forth Valley NHS Board received the 'Audit and Risk Committee Annual Report', presented by Mr Scott Urquhart, Directory of Finance.

Key Points:

- The Board was advised the Report was approved on by the Committee on 22 March 2024. It was confirmed the Chair, Fiona Collie, had reviewed and supported the statement of assurance.

The Forth Valley NHS Board:

- **Noted the Audit & Risk Committee Annual Report 2023/24.**

20.2 Clinical Governance Committee Annual Report

The Forth Valley NHS Board received the 'Clinical Governance Committee Annual Report', presented by Dr Michele McClung, Committee Chair.

Key Points:

- As Chair, Dr Michelle McClung confirmed she was content that the Committee had fulfilled its remit through the period 2023/24.

The Forth Valley NHS Board:

- **Noted the Clinical Governance Committee Annual Report for 2023/24.**

20.3 Performance and Resources Committee Annual Report

The Forth Valley NHS Board received the 'Performance and Resources Committee Annual Report', presented by Mr Martin Fairbairn, Committee Chair.

Key Points:

- Mr Martin Fairbairn confirmed ongoing attention around the National Treatment Centre. Assurance was provided around the additional external assurance provided by Scottish Government. Ongoing press coverage was recognised.
- It was highlighted that all areas of business had been discharged with the exception of benchmarking of financial performance noting this would be undertaken in 2024/2025.
- With reference to the Annual Report, the Board requested an update around the National Treatment Centre. Mr Urquhart confirmed positive progress had been made, however there was still no clear opening date. In terms of the ongoing issues, it was confirmed results from an independent fire test were awaited. This would inform future design requirements and aid in providing a clear timescale. Mr Garry Fraser outlined the NTC work being undertaken for Glasgow which would commence on 21/05/24. This was for 400 Orthopaedic patients through 2024. Professor Dodd provided the Board with assurance that in the absence of the NTC an infrastructure had been developed within the current footprint, which included ring-fencing of 14 beds. Assurance was also provided around staffing with over-recruitment undertaken to mitigate turnover impact.

The Forth Valley NHS Board:

- **Noted the Performance & Resources Committee Annual Report 2023/24 and the update on the National Treatment Centre.**

20.4 Staff Governance Committee Draft Annual Report

The Forth Valley NHS Board received the 'Staff Governance Committee Draft Annual Report', by Mr Allan Rennie, Committee Chair.

Key Points:

- The Board was advised that this Report remained in draft with Committee approval awaited. Any changes would be highlighted to the Board.
- Key discussion topics were outlined, which included a focus on Culture. The Board Chair confirmed this was a strategic risk for NHS Forth Valley and would be brought to the July 2024 meeting of the NHS Board.

The Forth Valley NHS Board:

- **Noted the draft Staff Governance Annual Report.**

- **Delegated authority to the Staff Governance Committee to approve the final version of the report.**
- **Noted that the work on 'Culture' would be brought to the July 2024 Board meeting.**

Advisory Committee Annual reports 2023/2024

20.5 a) Area Clinical Forum

The Forth Valley NHS Board received the 'Area Clinical Forum Annual Report', presented by Mrs Kirstin Cassells, Committee Chair.

Key Points:

- The Board was advised of the re-establishment of the Area Nursing and Midwifery Advisory Committee and the Area Clinical Forum. These were reporting Committees to the Area Clinical Forum and enabled the broadening of the knowledge and information being brought to the Forum.

The Forth Valley NHS Board:

- **Noted the Area Clinical Forum Annual Report for 2023/24.**

b) Area Partnership Forum

The Forth Valley NHS Board received the 'Area Partnership Forum Annual report', presented by Mr Robert Clark, Committee Chair.

Key Points:

- As Co-Chair, Mr Robert Clark confirmed the Report had been approved by the Forum.
- The Report outlined the strategic focus of the items being present, in recognition of the pressures being experienced by the Board.

The Forth Valley NHS Board:

- **Noted the Area Partnership Forum Annual Report for 2023/24.**

Other Annual reports 2023/2024

20.6 Data Protection Officer Report

The Forth Valley NHS Board received the 'Data Protection Officer Report', Paper presented by Mrs Sarah Hughes-Jones, Head of Information Governance.

Key Points:

- The Board was advised the Report provided information around Data Protection Activities and gave reasonable assurance that statutory responsibilities in this area were being met.
- NHS Forth Valley had approved the Record of Processing Activities (ROPA) meeting the statutory requirement.
- Previously implemented work had enabled the organisation to make a more risk informed approach to compliance decision and controls. This provided assurance to relevant senior posts.
- Dr McClung sought assurance that around the completion of training and it was noted that there would be a reviewed focus over the next 12 month on the completion of eLearning training modules.

The Forth Valley NHS Board:

- **Noted the assurance activity referenced in this report.**

20.7 Nursing, Midwifery and Allied Health Profession (NMAHP) Annual Report 2023/24

The Forth Valley NHS Board received the 'Nursing, Midwifery and Allied Health Profession (NMAHP) Annual Report 2023/24', presented by Professor Frances Dodd, Executive Nurse Director.

Key Points:

- The purpose of the paper was outlined with the Board noting the benefit of the strategy mapping for the Nursing Midwifery Allied Health Professionals (NMAHP). The diversity of the work was recognised.
- The Annual Report noted significant and connected work being undertaken across the system.
- The Board sought clarity around the potential significant impact of the protected learning time and staffing legislation. Mr Scott Urquhart confirmed that Scottish Government had agreed to fund the impact of the 3 strands of the Agenda for Change Non-Pay, however uncertainty remained around cost implications. The need for Boards to have consistency in recording was required. Reporting would be undertaken through Staff Governance. Professor Dodd confirmed the schedule of reporting had been prepared to provide assurance.

The Forth Valley NHS Board:

- **Noted the NMAHP 5-Year Strategic Enhancement Plan.**
- **Noted the Annual Report 2023/24 (Year 1).**

Communication Update

21. Communication Update

The Forth Valley NHS Board considered the 'Communication Update', presented by Mrs Elsbeth Campbell, Head of Communications.

Key Points:

- The Board was advised of key areas of work supported by the Communications Team.
- Of note was the ongoing digital developments and the move of the local Intranet to Sharepoint.
- The Chair highlighted that the format of the report would be reviewed to ensure ongoing relevant reporting to the NHS Board.

The Forth Valley NHS Board:

- **Noted the update and ongoing communications activity to promote a wide range of service developments, changes and improvements across the organisation.**
- **Noted that the format of future reports could be kept under review.**

22. Any Other Competent Business

There were no items of business raised.

23. Risks and Reflections

Key Points:

- The Chair asked Board members if following discussions at the Board, any other new emerging risks should be brought forward for consideration as an addition to the Strategic Risk Register. None were highlighted.
- The Chair asked Board members for reflections and feedback on the meeting. General feedback on the revised format of the agenda was positive as it was felt that this enhanced the flow of discussions.
- The Chair advised that any further feedback out-with the meeting would be welcomed.

24. Date of Next Meeting: Tuesday 30 July 2024 at 9.30am

The Chair closed the meeting at 1.20 pm.

4. Action Log
NHS Forth Valley Board July 2024

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
015	26.03.24	Population Health and Care Strategy Revised Timeline	<p>The Population Health & Care Strategy timeline coincides with the iMatter process. Further consideration is required, and the initial communication plan is to be revisited.</p> <p>A formal consultation timetable for the Population Health & Care Strategy to be provided.</p>	Andrew Murray	New timescale to be agreed at a later date.	<p>Work ongoing to embed new approach and timeline for the development of the Population Health and Care Strategy.</p> <p>Timeline to the development of the Population Health and Care Strategy will not be presented as originally planned. There is a piece of work that is being undertaken to address resources and capacity that will be required to develop the strategy. Consideration is also being taken of the National Strategy, currently in development, to be published later in the year and with a new Chief Executive starting in the Autumn it is important that he influences the strategy going forward.</p>	In progress

018	28.05.24	Minute of Forth Valley NHS Board Meeting	Minutes of Board meetings to be circulated in advance.	Kerry Mackenzie; Neena Mahal	30 July 2024	Minute circulated to Board members on 16/07/24.	Complete
019	28.05.24	Matters Arising from the Minute – business case on CT scanner	Business case on the 3rd CT scanner to be brought to the Board.	Scott Urquhart	30 July 2024	On Agenda.	Complete
020	28.05.24	Chief Executive's Report	Update on progress around the review of Integration Schemes Review to be included in Board Workplan.	Amanda Croft	30 July 2024	In progress and will be ready as a verbal update for the Board.	Complete
021	28.05.24	Strategic Risk Register	SRR014 Healthcare Strategy to be reviewed in line with changes to the approach to development and timeline.	Andrew Murray; Jennifer Champion; Vicky Webb	24 September 2024	Meeting being arranged to undertake a comprehensive review of SRR014 Healthcare Strategy.	In progress
022	28.05.24	Update on Level 4 Escalation	The revised Assurance and Improvement Plan to be presented to the NHS Board for final approval.	Amanda Croft	30 July 2024	On Agenda	Complete
023	28.05.24	Healthcare Improvement Scotland Safe Delivery of Care Follow-Up Inspection Report and Improvement Plan	HIS report to be added to Clinical Governance Committee Workplan for monitoring of actions.	Frances Dodd	30 July 2024	The HIS report improvement plan has been transitioned into business as usual and will be reported by the Acute Directorate into the Clinical Governance Working Group and to the Clinical Governance Committee. Detailed update on the HIS improvement plan was provided to the Assurance Board on the 27 June 2024.	Complete

024	28.05.24	Patient Story	Actions and learning to be considered by Clinical Governance Committee.	Frances Dodd	30 July 2024	This patient story has been shared with the acute directorate and the Practice Development Unit. An improvement plan is being developed and will be communicated through the Clinical Governance Working Group and to the Clinical Governance Committee.	In progress
025	28.05.24	Audit & Risk Committee Draft Minute	Invitation to attend meeting on 14 June to be extended to all Board/ELT members.	Jackie McEwan	14 June 2024	Invitation extended to all Board members ahead of the Audit and Risk Committee.	Complete
026	28.05.24	Urgent and Unscheduled Care Update	Board session to be arranged to enable an in-depth discussion and further understanding of the urgent and unscheduled care position and the actions underway.	Frances Dodd	25 June 2024	Urgent and unscheduled care examined at the Performance & Resources Committee. All Board members were invited to attend.	Complete
027	28.05.24	Urgent and Unscheduled Care Update	Your Home First communication to be shared with Board members.	Elsbeth Campbell	31 July 2024	ELT and professional leads to share with local teams and information shared with local staff and Board members w/c 22 July 2024.	Complete
029	28.05.24	Performance Report	Key successes and performance such as Scheduled Care and CAMHS be highlighted and communicated more wider to staff stakeholders.	Elsbeth Campbell	30 June 2024	Briefings and media releases issued to local media to highlight improved performance in relation to CAMHS and planned care. This resulted in positive local publicity. Information also	Complete

						shared with local MSPs and shared in ebulletin which is sent to wider public and stakeholders.	
030	28.05.24	Performance Report	Additional absence information requested around key actions being taken to address the absence position.	Kevin Reith; Kerry Mackenzie	30 July 2024	Additional information presented within the Performance Report.	Complete
031	28.05.24	Person Centred Care Report	Additional information around actions to address the areas of waiting times, communication and staff attitude to be included in the Person-Centred Care Report.	Frances Dodd	24 September 2024	Patient relations working with teams to identify actions in place and articulate these within the report.	In progress
032	28.05.24	Person Centred Care Report	'Key Performance Indicator One: Learning from Complaints' - include the percentage upheld in the table.	Frances Dodd	30 July 2024	Additional information included within the table detailing percentage upheld.	Complete
033	28.05.24	Whistleblowing Standards and Activity Report	Discuss benchmarking of whistleblowing data across Scotland with INWO to ascertain feasibility.	Frances Dodd	24 September 2024	This is being explored with the INWO and the Board will be updated through future reporting when feasibility has been established.	In progress
034	28.05.24	Whistleblowing Standards and Activity Report	Review accessibility of Whistleblowing information and guidance on intranet and website.	Elsbeth Campbell	End June 2024	Information reviewed. Reordered and updated to improve visible and enable easy access.	Complete

035	28.05.24	Finance Report including Financial Sustainability	Undertake an in-depth discussion on high-risk savings and the financial challenges, including the action plan for the unfunded contingency beds.	Scott Urquhart; Jillian Thomson	End August 2024.	Date for finance focussed session with Board to be agreed.	In progress
036	28.05.24	Communications Update	Meeting to discuss format of the Communications Update.	Neena Mahal; Elsbeth Campbell	End of July	Meeting took place on 15 July 2024 to discuss. Plan to produce a shorter highlight report for the September 2024 Board meeting.	Complete

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

FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

**7. Person Centred Care Week Summary
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

Executive Summary

Through the week beginning the 3rd to the 7th of June 2024, the person centred care team developed a programme of activities to support patients and staff to articulate what mattered to them and this was demonstrated in a number of ways. The paper articulates the approach taken to work with the Culture Change and Compassionate Leadership programme, Quality Improvement Team, the Equality and Inclusion Team, and Realistic Medicine to develop activities that would capture both of these elements, aligned with the wider cultural development across Forth Valley.

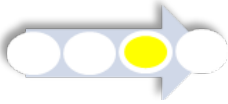
Recommendation

The NHS Forth Valley Board are asked to:

- **note** the activity and be assured that regular detailed updates will be provided to the Clinical Governance Committee with highlights provided to the Board.

Assurance

Proposed assurance level:

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

Key Issues to be Considered

Key issues to be considered are noted within the paper.

Implications

Financial Implications

There have been limited financial implications of this work, with £700 from the person-centred care budget being used to support the strategic aim of engaging across the organisation and with public partners.

Workforce Implications

This work was mainly undertaken by the Person Centred Care Team and supported by a range of staff across the organisation, within their existing roles and remits.

Infrastructure Implications including Digital

There are no infrastructure implications with regard to the paper.

Sustainability Implications

There are no sustainability implications with regard to the 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)

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	N/A

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

Quality/Patient Care Implications- this work is supportive of enhancing patient experience and quality of care. This approach was taken to further understand the perspective of patients and their relative in their experience of using our services, with a view to further develop services base don this feedback.

Information Governance Implications

There are no information governance implications with regard to the paper.

Risk Assessment/Management

There are no risk implications with regard to the paper.

Relevance to Strategic Priorities

This work aligns with the Board's Quality strategy, as well as the work across NHS Forth Valley to address the issues raised through the Culture Change and Compassionate Leadership programme.

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 write up of the 'Step in My Shoes' test of change has been presented to the ELT for consideration of further exploration.

Person Centred Care Week – Evaluation

Background

Person-centred care is a holistic approach to healthcare that respects and values the individuality of each patient. It is rooted in the belief that healthcare should be tailored to the unique needs, preferences, and values of the individual rather than a one-size-fits-all model. This approach involves actively involving the patient in their own care decisions, ensuring that they are fully informed and that their voice is heard and respected throughout the healthcare process. By prioritizing the patient's personal experiences and subjective well-being, person-centred care aims to enhance the overall quality of care and improve health outcomes.

In recognition of the importance of Person-Centred Care, for both staff and patients, the Person-Centred Care Department sought to deliver a week of celebration and fact finding to understand what matters to patients and staff across our organisation in June 2024. The week sought to combine National days of celebration including What Matters To You Day and The Big Help Out Week.

What we did

We worked with key stakeholders to design and deliver a week of person-centred care activities. Key stakeholders included the Quality Improvement Team, the Equality and Inclusion Team, Realistic Medicine and the Culture Change and Compassionate Leadership Team. Key aims were defined with a set of core daily activities agreed by the group.

Aims & Outcomes

We set a core activity for each day to cover a variety of person centric engagement methods with the aim of collecting various data sets to support organisational learning across several key metrics.

Monday: Volunteer Celebrations and Registrations

Aim: To register 50 new volunteers across the organisation over the duration of the week.

What we did: In line with 'Big Help Out Week' we sought to celebrate the impact of volunteers across the organisation and pave the way for the future of volunteering across NHS Forth Valley.

We sought stories from existing volunteers and leaders across the organisation to understand what volunteering meant for them and shared their stories across social media and via posters displayed across the main atrium.

Professor David Watson – Chief Nurse Acute Services

Volunteering can have a beneficial effect on all the people involved. This ranges from the employed staff delivering care, the patients we care for and their families and ultimately the volunteer themselves. Further to this, volunteering can have a positive impact, creating new avenues of learning, skills development and even new career pathway for some individuals. There are a wide variety of volunteer roles, many of which involve an interaction with patients. These roles do not detract from the work of paid staff but provide an additional positive contribution to all aspects of person-centred care.

Anne Spiers - Oncology Volunteer

I am there for anyone that needs me whether it be making tea, coffee or just sitting listening. When they see a familiar face and recognise me that is always a nice feeling.

Lorraine Love – RVS Volunteer

I never knew volunteering to help people in the local community would bring so much reward to me as it did to those that I was supporting!

The Royal Voluntary Service and Radio Royal were both directly engaged in the celebrations.



Equality and Inclusion Teams supported with tool kits designed to raise awareness of disabilities such as vision altering goggles and headphones.

Volunteers have not been directly engaged by NHS Forth Valley since the Covid-19 pandemic, although many are indirectly engaged via third sector agencies such as RVS and Radio Royal and offer significant benefit across the organisation. A new, draft, Volunteering Strategy was designed ahead of the week with the opportunity for individuals to review and offer feedback available on the day with the aim of reintroducing directly engaged volunteers and new volunteering roles to the organisation. Feedback was supportive with many people pleased to see volunteering formally returning to NHS Forth Valley.

The draft strategy was shared with the existing Patient Public Panel who were also supportive of its implementation.

Staff members told us that they would be keen to volunteer following retirement to continue to 'give something back' with several staff registrations taken on the day.

New volunteer role descriptors were available for review and registrations were taken for patients, relatives, and staff keen to engage as an NHS Forth Valley Volunteer in the future.

Outcome: We registered 35 new volunteers throughout the week, all with a key interest in set role descriptors. There was significant interest in volunteer driver roles

and the role of patient experts in quality improvement and service design forums. An electronic form has been developed to support with future registrations.

A further 40 volunteer registrations were submitted via an online form with follow up due to take place with the registrants directly to progress applications.

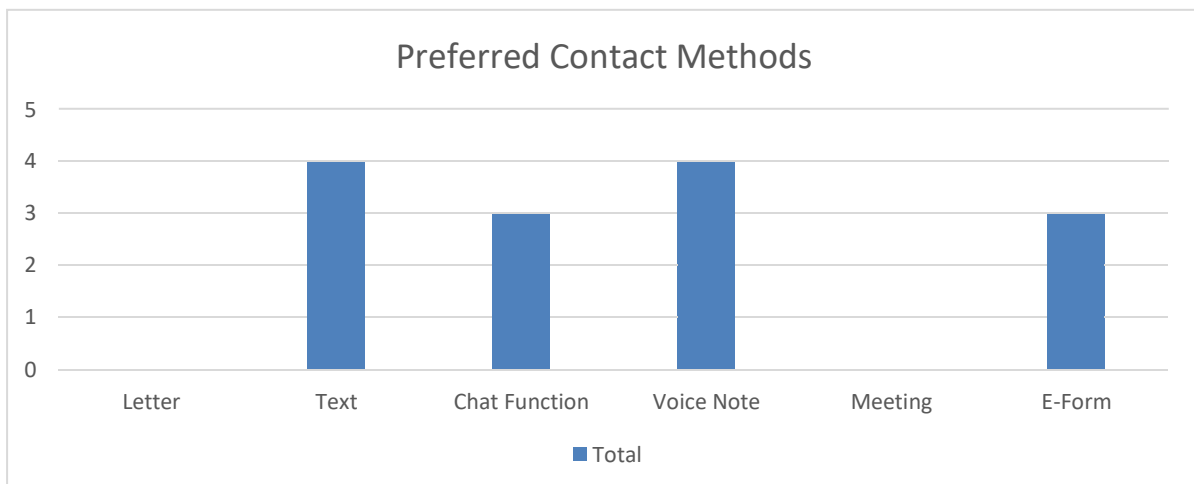
Next Steps:

- Formal registration of volunteers in line with Healthcare Improvement Scotland Best Practice Guidelines.
- A formal paper with costing for mileage, uniforms and infrastructure to be submitted to ELT to build a sustainable volunteering model across the organisation.
- Further updates will be brought to the Board, and final approval of the Board's volunteering strategy will come in due course upon completion.

Tuesday: Child Friendly Complaints

Aim: To capture feedback and understand what matters to children, young people and families in the development of a child friendly complaints handling procedure.

What we did: In response to recent legislation changes regarding Child Friendly Complaints Handling, the Person-Centred Care Team focused on engagement across our Children's Wards to raise awareness and gather understanding of how best to implement changes in a child friendly way.



We sought feedback from children, young people and families being cared for in our children's wards regarding their experiences and ways of communicating with them if they did have to log a complaint.

Children predominantly told us that they would prefer to engage electronically, via e-form, text or voice note. Children and young people preferred to have the support of their parent or responsible adult throughout any complaints process and would seek their advice and advocacy throughout discussions.

Parents told us that they would be glad to see children involved in the complaints process so long as they had the competency to do so.

We spoke with children and young people about safety and their willingness to complain, we recognise that there is a reluctance for children and young people to raise concerns regarding professionals and support from a trusted adult was essential to them to raise concerns.

We also spoke with staff regarding the upcoming changes to make them aware of process changes that would be implemented in the future.

Outcome: We gained further understanding regarding the implementation of child friendly complaints and captured feedback in relation to the best methods of communication for children and young people. We raised awareness amongst staff with further work to be undertaken in the future regarding awareness and education following receipt of the SPSOs formal Child Friendly Complaints Handling Procedure

Next Steps:

- A child Friendly Complaints approach has been formally adopted across the organisation on the 16th of July 2024 in line with Scottish Public Services Ombudsman guidance. New guidance was formally issued after the event date with a key stakeholder group formed to progress the necessary key deliverables.
- In line with the feedback received, opportunities to adopt electronic formats of communication are being scoped by necessary key stakeholders although this will require a longer delivery timescale.

Wednesday: CollaboRATE

Aim: To utilise the collaboRATE tool, a quick patient reported measure of shared decision making, during Person-Centred Week 2024, repeating the pilot conducted by the Realistic Medicine team in 2023. CollaboRATE includes three brief questions for patients, their parents, or representatives to complete after a clinical encounter.

What we did: The Realistic Medicine Team, in collaboration with the QI team, sent staff to outpatient areas, including cardiology and Women and Children, to ask patients the three collaboRATE questions about their recent appointments. We also inquired if they were aware of the BRAN Questions.

We encourage patients to ask questions, for example:

- B - What are the Benefits of this test or procedure?
- R – What are the Risks of this test or procedure?
- A – Are there any Alternatives?
- N – What if I do Nothing?

Outcome: We received 56 completed questionnaires on the day and an additional 10 from the Deputy Operational Manager outpatients.

Next Steps:

- The Realistic Medicine team will analyse the data, compare it to 2023 results, and determine necessary actions for improving Shared Decision Making within our Board. A detailed report will follow.

Thursday: What Matters to You?

Aim: To promote What Matters to You? across the organisation and in turn gain a better understanding of what brings value at work to our workforce and what high quality person centred care is to our patients.

We captured the base line data figure in relation to the number of What Matters to You bed boards completed across the organisation and found only 7% of the boards were completed at the time of data collection. We aim to increase the completion of WMTY boards to 25% within the next three months.

What we did: We held a What Matters to You tea party in the atrium of FVRH. We also supported local ward level celebrations by providing funding for community clinical nurse managers to host their own local staff celebrations.

We facilitated discussion across local safety huddles and captured feedback from staff members across all disciplines regarding what matters to them at work. We heard over 200 stories within FVRH with additional stories and feedback received across community sites and wards.



Outcome: Feedback covered a wide range of themes including transport, signage, communication, flexible working amongst many other topics.

Next Steps:

- The feedback has been collated and will be formally presented to the ELT for consideration of appropriate action in August 2024 with actions tracked through the Clinical Governance Committee.



Friday: Step in My Shoes

Aim: A day of shadowing between Executive and Senior Leadership Teams designed to support learning, visibility and understanding across our workforce and foster new and supportive connections and relationships.

What we did: In 2023 NHS Forth Valley Culture Change and Compassionate Leadership Programme asked the NHS Forth Valley workforce to provide feedback about their experiences of working within the organisation. Having gathered feedback and captured the key themes, we recognise that our staff reported a disconnect between Senior Leadership Teams (SLTs) and the wider workforce.

Staff told us that they feel there is a lack of visibility regarding the daily challenges that they face. In response to this feedback, we asked members of the Executive and Senior Leadership Teams (ELT & SLTs) to dedicate time within their diaries to 'Step in My Shoes' and undertake shadowing opportunities across the organisation.

The day was designed in collaboration with Person Centred Care, The Culture Change and Compassionate Leadership Programme, Equality and Inclusion Team and Organisational Development.

Over 50 staff members from diverse backgrounds and staffing groups engaged in the day with 24 shadowing experiences allocated on the 7th of June. Shadowing experiences lasted an average duration of 2 hours in line with diary availability and all staff were asked to complete an evaluation form.

Twenty-eight people responded to the evaluation request. Of those, 100% felt that their shadowing allocation was an appropriate match, 43% of respondents reported an increased understanding of teams across the organisation as being the most enjoyable part.

Next Steps: Executive and senior leadership teams are reviewing internal mechanisms of sustaining the approach. Furthermore, ELT/SLT's are considering mechanisms of developing leadership shadowing opportunities to support organisational development, networking and relationship building.

Funding

In totality, the week cost £700 which was drawn from the person centred care, patient engagement budget. The highest associated cost was for cakes and hospitality for What Matters to You Day.

Voluntary sectors provided tea and cakes on Monday with no cost to the organisation.

A small cost was associated with print works including posters and banners that can be repurposed in the future.

In terms of future costing, further iterations of the week would have a smaller costing profile with many of the posters and decorations bought and stored for future use.

There would, if hosting a further iteration with food and hospitality, be a cost associated with this.

Outcomes

The impact of this week of activity on engaging with patients, visitors and staff was felt to be very positive. The work has generated a number of improvement initiatives, based on feedback, which will form our improvement plan going forward.

The ELT are considering a number of the areas identified from this work for further development and to understand their application, where appropriate going forward, the Clinical Governance Committee will consider progress of this work in the person-centred care regular reporting.

Sustainability

The implications of this work are being considered across a range of teams and the opportunities presented by the child friendly complaint process and the volunteering are being scoped to understand any workforce implications.

Next Steps

The NHS Forth Valley Board will be kept apprised of progress with highlights through the regular person-centred care report that is considered at each Board meeting, with detailed reports being considered by the Clinical Governance Committee.

FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

8. Strategic Risk Register Update
For approval

Executive Sponsor: Mr Scott Urquhart, Director of Finance

Author: Ms Vicky Webb, Corporate Risk Manager

Executive Summary

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

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

The enclosed report presents an update to the Strategic Risk Register for the period of April 2024 through to June 2024.

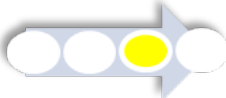
Recommendation

The NHS Forth Valley Board is asked to:

- **consider** the assurance provided regarding the effective management and escalation of strategic risks.
- **approve** the proposed changes to the Strategic Risk Register for the period April 2024 to June 2024. In particular, the reduction in risk scores for SRR 014 Healthcare Strategy, SRR 16 Out of Hours and SRR 018 Primary Care Sustainability detailed within Appendix 1.

Assurance

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

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

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

Key Issues to be Considered

During the last reporting period for the strategic risks (April - June) we have seen a reduction in three risks (SRR014 – Healthcare Strategy, SRR016 – Out of Hours, and SRR018 – Primary Care Sustainability). The remainder of the strategic risks have remained static. Details on these risks has been enclosed in appendix 1.

To coincide with our regular work, three focused reviews have been conducted in this quarter. Section five of appendix one highlights specific details around:

- SRR014: Healthcare Strategy
- SRR016: Out of Hours
- SRR018: Primary Care Sustainability

This report provides an 'as at position' from the end of June 2024, therefore some dates recorded within the report have passed and have been picked up within routine reporting.

Implications

Financial Implications

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

Workforce Implications

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

Infrastructure Implications including Digital

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

Sustainability Implications

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

Sustainability Declaration

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

- Yes
- N/A

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

Quality / Patient Care Implications

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

Information Governance Implications

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

Risk Assessment / Management

The Strategic Risk Register is the subject of the paper.

Relevance to Strategic Priorities

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

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement, and consultation

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

Performance and Resources Committee – 30th April 2024

Clinical Governance Committee – 14th May 2024

Staff Governance Committee – 15th June 2024

Audit & Risk Committee – 15th June 2024

Additional Information

N/A

Appendices

- Appendix 1: Strategic Risk Report as at June 2024
- Appendix 2: Strategic Risk Register as at June 2024

Appendix 1 - Strategic Risk Report April-24 to June-24

Contents

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

1. Summary and Key Messages

Summary:

During this reporting period, three strategic risks reduced in risk score and section two of this report highlights these specifically: SRR 014 (Healthcare Strategy) & SRR 016 (Out of Hours) & SRR018 (Primary Care Sustainability). The remainder of the strategic risks remain static and specific detail on these risks and controls are contained in the Strategic Risk Register – appendix 2.

Three Focused Reviews have been conducted within this reporting period and the output of this is included in Section Five of this report:

- SRR 014 (Healthcare Strategy)
- SRR 016 (Out of Hours)
- SRR 018 (Primary Care Sustainability)

Over the last few months, we have experienced a change in the Boards appetite profile as we have seen a reduction in the number of risks that remain out with the Boards defined appetite and tolerance levels. Whilst also seeing a reduction in the number of risks that are within the Boards tolerance level and therefore highlighting an increase in the number of risks that are within the Boards appetite.

This report provides an 'as at position' from the end of June 2024, therefore some dates recorded within the report have passed and have been picked up within routine reporting.

Emerging Risks/Hotspots:

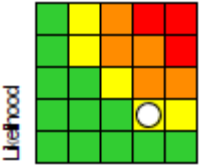
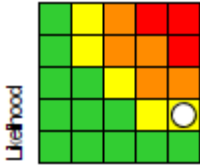
Prevention & Health Inequalities - A new strategic risk is in draft around this key area and may encompass the Healthcare strategy as a control measure.

2.Strategic Risks in Focus

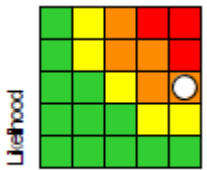
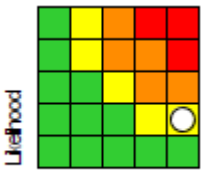
Strategic Risk Dashboard

Ref	Risk Title	Current Risk Score	Assessment History Risk Score	Risk Trend	Target Risk Score	Governance Group	Lead Impact Category
SRR 002	Urgent & Unscheduled Care	25	25; 25; 25		9	Clinical Governance Committee	Patient Harm
SRR 005	Financial Sustainability	25	25; 25; 25		9	Performance and Resources Committee	Financial
SRR 009	Workforce Plans	20	20; 20; 20		10	Staff Governance Committee	Financial
SRR 015	Cyber Resilience	20	20; 20; 20		16	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 010	Estates & Supporting Infrastructure	16	16; 16; 16		6	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 017	Environmental Sustainability & Climate Change	16	16; 16; 16		16	Performance and Resources Committee	Environmental Sustainability/Clim ate Change
SRR 004	Scheduled Care	15	15; 15; 15		10	Clinical Governance Committee	Patient Experience
SRR 018	Primary Care Sustainability	15	15; 20; 20		6	Staff Governance Committee	Service Delivery/Business Interruption
SRR 003	Information Governance	12	12; 12; 12		8	Performance and Resources Committee	Inspection/Audit
SRR 011	Digital & eHealth - Infrastructure & Strategy	12	12; 12; 12		6	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 019	Culture & Leadership	12	12; 12; 12		8	Staff Governance Committee	Public Confidence
SRR 014	Healthcare Strategy	8	8; 9; 15		6	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 016	Out of Hours Service (OOHS)	6	6; 4; 12		6	Clinical Governance Committee	Service Delivery/Business Interruption

Risks Reduced in this Reporting Period

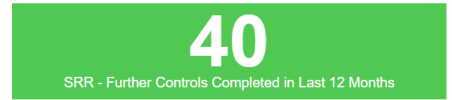
SRR 014 Healthcare Strategy		Owners		Assurance Committee
 <p>Current Risk Score</p>	 <p>Target Risk Score</p>	Amanda Croft	Janette Fraser	Performance and Resources Committee
Latest Update				
<p>This risk has been the subject of a Focused Review and there has been a slight change to the risk score. The impacts have been re-assessed and reflect the changes made in the risk description. There has been a slight reduction in risk score from this process - the risk has reduced from 9 to an 8 as the impact increased but the likelihood of this risk materialising reduced to a 2.</p> <p>A review of the current controls took place, where we assessed the effectiveness and criticality of each control.</p>				
Further Controls Required			Action Owner	Due Date
Review requirements and use of Strategic Deployment Matrices and alternative implementation methodologies aligned to Healthcare Strategy.			Janette Fraser	31-Dec-2024
Development of Population Health & Care Strategy.			Janette Fraser	31-Mar-2024
Progress focused engagement around the Population Health & Care Strategy.			Janette Fraser	31-Oct-2024

SRR 016 Out of Hours Service (OOHS)		Owners		Assurance Committee
<p>Current Risk Score</p>	<p>Target Risk Score</p>	Garry Fraser; Judith Proctor	Andrew Mccall	Clinical Governance Committee
Latest Update				
<p>This risk has been reviewed as part of the Focused Review process which includes a granular review of the risk. Key updates have been:</p> <ul style="list-style-type: none"> • A review of the risk description to ensure it reflects the current situation for the service. • A review of the risk scoring which has increased slightly to be a 6. This differs from the previous score of 6 due to changes in the reduction of impact - after an in-depth review, it was decided that the impact had not reduced as significantly as was previously highlighted. • A review of the current and further controls to assess the effectiveness of these controls and identify where there are key gaps that need to be addressed. • A review of the assurance map detailing the oversight of these key strategic controls. <p>Overall, the risk received an assurance rating of Reasonable. If the position of the OOHS service remains stable, discussions will be held about closing this as a strategic risk.</p>				
Further Controls Required		Action Owner	Due Date	
Working with SAS to establish joint appointments, e.g. Advanced Paramedic Practitioners - paused due to workforce gaps at SAS. Working with Scottish Ambulance Service to explore synergies and co-working opportunities and to implement a routine regular feature of support at weekends which would diminish the overhaul of late or missed home visits as ambulance resources are available.		Andrew Mccall	30-Jun-2024	
Undertake a Training Needs Analysis within OOHS to inform a training and education work plan.		Andrew Mccall	30-Sep-2024	
Cultural change programme (being progressed with the support of Prof West) - will include further patient and staff experience surveys and will be used to inform the OOH Improvement Plan.		Andrew Mccall	31-Mar-2024	
Exploration of economies of scale and greater integration with HSCP social care services to build service sustainability and resilience.		Andrew Mccall	31-Oct-2024	
Introduction of rotational GP roles into the OOH service.		Andrew Mccall	30-Sep-2024	

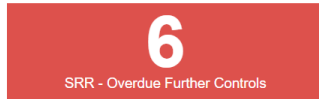
SRR 018 Primary Care Sustainability		Owners		Assurance Committee
 <p>Current Risk Score</p>	 <p>Target Risk Score</p>	Gayle Woodcock	Judith Proctor; Scott Williams	Staff Governance Committee
Latest Update				
<p>The risk was reviewed on 06 June 2024, between Judith Proctor, Scott Williams, and Alastair Jack. It was assessed that the risk remains static however some work was done around the actions. One action was completed around GP Sustainability data and was moved to being a current control. One action around developing new roles continues to be delayed as we are awaiting confirmation on funding from Acute. There is a plan that if the funding is not received, we will pursue alternative options. One action around Governance and escalations was progressed to 75% as we have made significant progress with the GP Sub Group and PCIP Group however there still some clarity required around the exact arrangements for escalating through both HSCPs in relation to the hosting arrangements and decision making. The due date was increased to 6 months to allow this work to progress. The Focused Review of this risk will be presented to the NHS Staff Governance Committee on 14 June 2024.</p>				
Further Controls Required			Action Owner	Due Date
Scottish Government Mental Health and Wellbeing programme (£2million recurring by 2026).			Judith Proctor	31-Mar-2024
Development of new/innovative portfolio roles and career pathways, and a focus on ways of supporting practice workload. Further investment in PCIP and roles proved of most value – e.g. mental health nurses, advance physiotherapists and ANPs.			Judith Proctor	31-Dec-2023
Development of Governance routes and escalation procedures following the delegation of PC to FHSCP			Judith Proctor; Scott Williams	06-Dec-2024
There is a need for a wider whole system GP/PC transformation programme which would be expected to support a reduction in risk score and overall sustainability however this is a long term aspiration and work around this is not likely to commence in the medium to short term.			Judith Proctor; Scott Williams	31-Mar-2025

3.Risk Controls Progress Update

Internal Controls

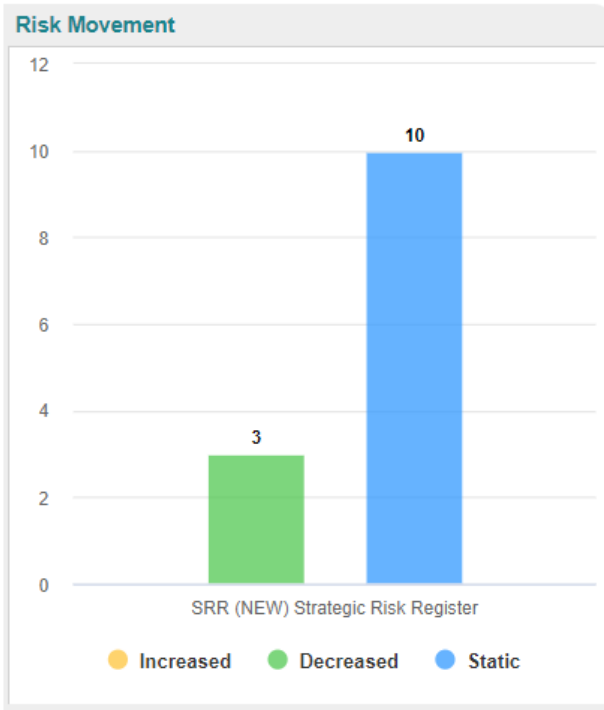


Further Controls



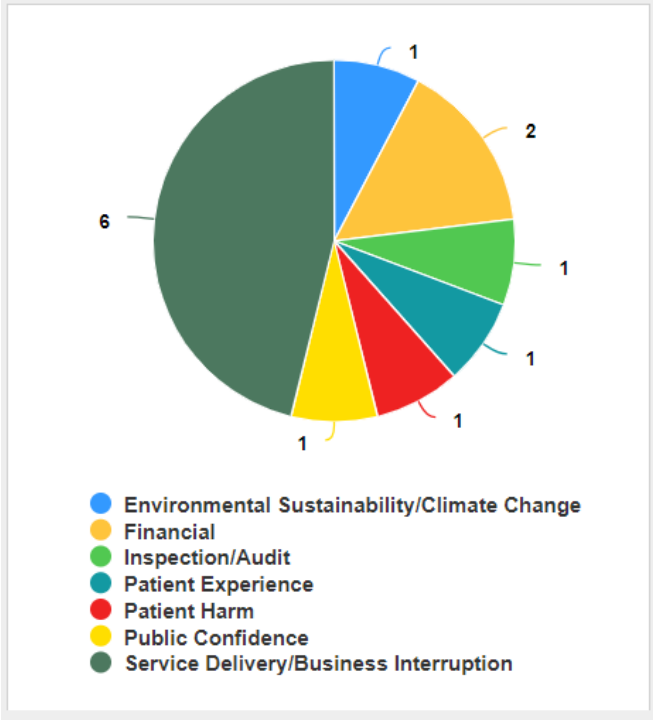
In this reporting period, there were seven completed further controls to mitigate the strategic risk profile. At the end of this period there are six overdue controls reported. These span over a number of risks (SRR004, SRR011, SRR017 & SRR018), and it is expected that these will be picked up in the next reviews for the risk. There are 17 controls which are due to be completed in Quarter 2 24/25.

4.Risk Trend Analysis



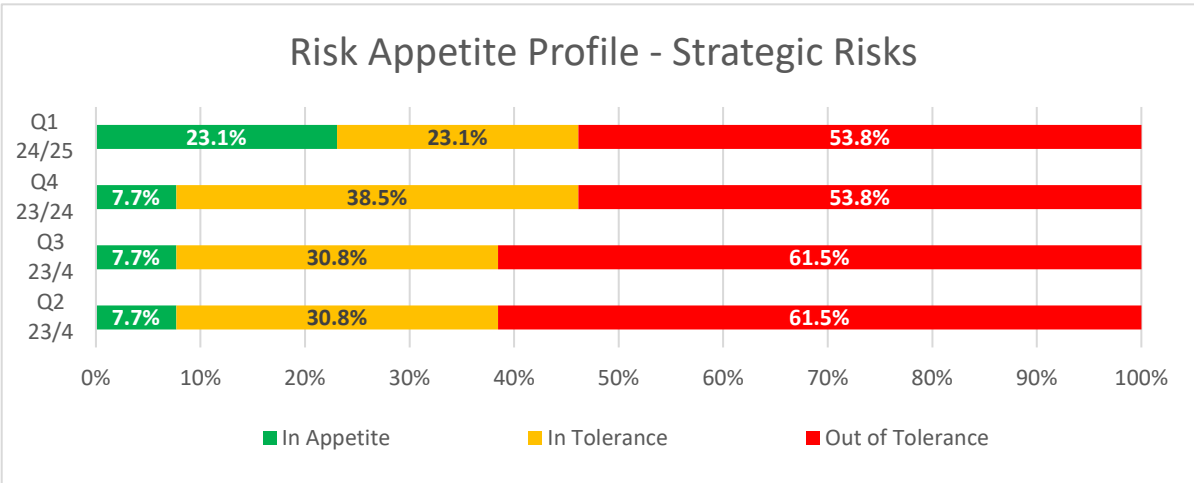
The chart to the left shows that across the 13 strategic risks, 10 risks have remained static and 3 have decreased. The two reductions in risk score relate to SRR 014 (Healthcare Strategy), SRR016 (Out of Hours) and SRR 018 (Primary Care Sustainability).

Risk Categories



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

Risk Appetite Profile - Strategic Risks



A graph depicting the risk appetite profile of the strategic risks across the previous financial year:

- Quarter 2 (23/24) shows that 38.5% of the strategic risks were within tolerance and 61.5% of risks were out with appetite & tolerance. No risks were highlighted as in appetite.
- Quarter 3 (23/24) shows that 7.7% of strategic risks were within appetite. 38.5% were within tolerance and 53.8% were out with appetite and tolerance.
- Quarter 4 (23/24) remains static.
- Quarter 1 (24/25) position shows signs of improvement as the number of risks out with appetite has decreased to 53.8% and the number of risks in appetite has increased to 23.1%, leaving the risks within the Boards tolerance to be at 23.1% - also a reduction.

Note that the colours in the chart represent status (In appetite, In Tolerance, Out of Tolerance) rather than score.

5.Strategic Risk Assurance Focussed Reviews

During this period, three Focused Review were conducted on:

- **SRR014 Healthcare Strategy** - This was presented to the April 2024 Performance & Resources Committee, with an approved assurance level of **Reasonable Assurance**. Details of this focused review are below.
- **SRR 016 Out of Hours** – This was presented to the May 2024 Clinical Governance Committee, with an approved assurance level of **Reasonable Assurance**. Details of this focused review are below.
- **SRR 018 Primary Care Sustainability** – This was presented to the June Staff Governance Committee, with an assurance rating of **Limited Assurance**. Details of this focused review are below.

SRR014: Healthcare Strategy

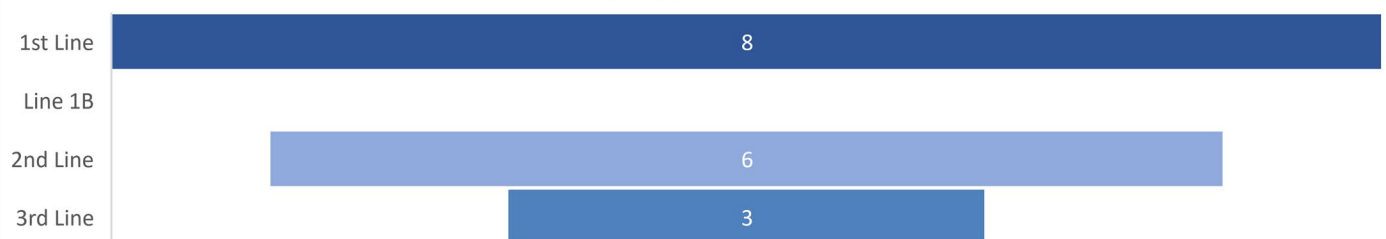
Commentary


A review of the current controls identified to mitigate the strategic risk and a review of the criticality and effectiveness of these controls was conducted. The controls were identified as Important, Very Important, or Absolutely Critical, with only three of the controls identified as partially effective.

The below graph highlights the amount of assurance activity applied to the current control environment mitigating the strategic risk. As depicted, there are many first line bodies which are delivering on the implementation of these controls and there is sufficient monitoring conducted by 2nd and 3rd lines.

The final assurance assessment was assessed as reasonable. Our control environment is mostly effective in the mitigation of this Strategic Risk and there is a timeline for preparing, engaging and publishing the Population Health & Care Strategy.

Assurance Activity Applied to Current Controls



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.

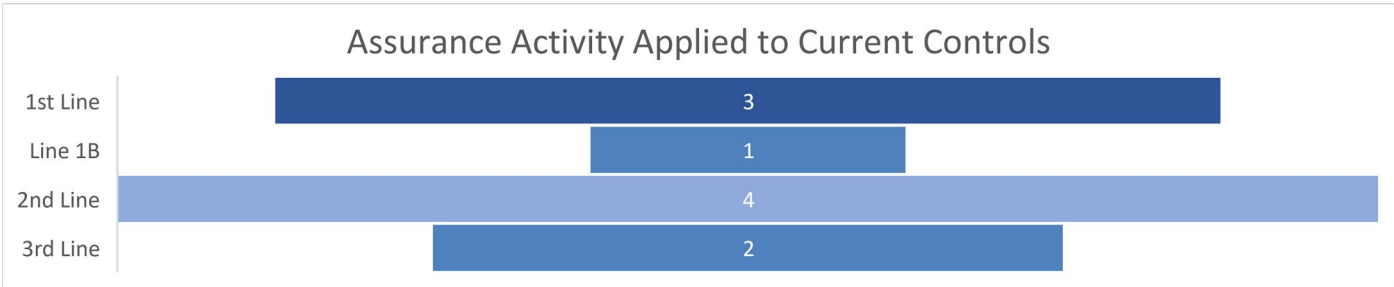
SRR016: Out of Hours

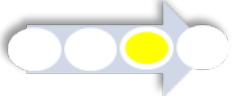
Commentary

A review of the current controls identified to mitigate the strategic risk and a review of the criticality and effectiveness of these controls was conducted. The controls assessed had a variety of importance spanning Moderately Important through to Absolutely Critical, and likewise, also saw a mix assessment of effectiveness. For the controls that have been given an overall RAG status of amber, a gap analysis has been conducted.

The below graph highlights the amount of assurance activity applied to the current control environment mitigating the strategic risk. There are only a few 1st line bodies implementing these controls, but there are a number of 2nd line bodies which are monitoring the implementation of these controls. As this is an area of escalation, this is to be expected. Scottish Government was also a key 3rd line body monitoring this control environment.

The final assurance assessment was assessed as reasonable. Significant work has been undertaken by the Out of Hours Teams to mitigate this strategic risk into appetite. The current controls are either mostly or fully effective, with only two identified as partial or not effective. Those identified as partial or not effective have actions to boost their effectiveness.



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

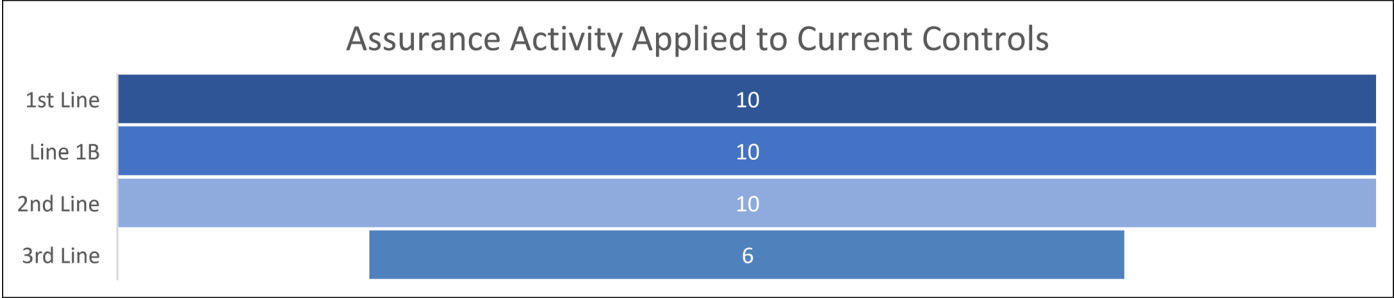
SRR018: Primary Care Sustainability

Commentary

A review of the current controls identified to mitigate the strategic risk and a review of the criticality and effectiveness of these controls was conducted. The controls assessed had a variety of importance spanning Low Important through to Absolutely Critical, but all controls were either Partially Effective or Not Effective. A gap analysis has been conducted on all controls to enhance the overall effectiveness of the control.

The below graph highlights the amount of assurance activity applied to the current control environment mitigating the strategic risk. There are several monitoring bodies in place across the 3 lines of defence to monitor the position on this risk.

The final assurance assessment was assessed as limited. Whilst we have identified several actions that are expected to reduce the risk exposure over time this risk is significantly impacted by external factors such as national funding and recruitment challenges and the impact of the cost-of-living crisis which are difficult to mitigate against internally. A PC Sustainability paper has been produced which was to be progressed through the appropriate governance routes which has identified additional actions which, if funded will further support mitigating the risk, however it should be acknowledged that mitigating this risk will be a long-term activity.



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.

Item No.	Item Name	Item Description	Unit	Quantity	Unit Price	Total Price	Remarks
10001	Item 1	Description of Item 1	Unit 1	4	10	40	Remarks for Item 1
10002	Item 2	Description of Item 2	Unit 2	4	5	20	Remarks for Item 2
10003	Item 3	Description of Item 3	Unit 3	4	4	16	Remarks for Item 3
10004	Item 4	Description of Item 4	Unit 4	5	4	20	Remarks for Item 4

FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

9.1. Audit and Risk Committee Minute: 14/06/24

Minute of the Forth Valley Audit & Risk Committee held on Friday 14 June 2024 via MS Teams

Present:	Scott Urquhart (Chair) John Stuart	Anne Marie Machan Robert Clark	Jocelyn Lyall
In Attendance:	Andrew Murray Allan Rennie Kevin Reith Neena Mahal Stephen McAlister	Frances Dodd Jennifer Champion Kirstin Cassells Pat Kenny Vicky Webb	Gordon Johnston Jillian Thomson Liam McHugh Robert Taylor
	Mrs Sarah Smith (Minute taker)		

1. APOLOGIES

Due to technical issues Mr Stuart was delayed in attending. Mr Urquhart undertook the role of Chair, recognising the meeting was not quorate until Mr Stuart joined at 1413 during Item 5. No decisions were made by the Committee prior to this. T

Apologies were noted on behalf of Amanda Croft, Kerry Mackenzie, Gerry McGarvey and Fiona Collie.

2. DECLARATION(S) OF INTEREST(S)

There were no declarations of interest.

3. MINUTE OF FORTH VALLEY AUDIT & RISK COMMITTEE MEETING

3.1 Minute of NHS Forth Valley Audit Committee meeting held on 22 March 2024

The note of the previous minute held on 22 March 2024 was approved as an accurate record.

4. ACTION LOG & MATTERS ARISING

4.1 ACTION LOG

The action log was reviewed and would be updated to reflect discussions.

- (1) Governance self-assessment – process has been undertaken.
National VBH&C action plan- actions being progressed with alignment to emerging Population Health & Care Strategy. A paper would be returned to the October Committee.
- (2) Funding in place and recruitment process underway. COMPLETE

- (3) Below 100 Covid claims across Scotland and 1 in NHS Forth Valley. No information received relating to the past few years. This was extremely positive noting the positive feedback around the RIDDOR reporting during Covid. COMPLETE
- (4) S22 Reports at discretion of Auditor General for Scotland, so opinion would be given around progression/cessation of additional reporting. ONGOING

The NHS Forth Valley Audit and Risk Committee:

- Noted the update to the Action Log.

5. PATIENT FUNDS ANNUAL ACCOUNTS & MANAGEMENT REPORT

The Audit Committee considered a paper presented by Mr Robert Taylor, Dickson Middleton, Auditor for the Patient Funds.

The only issue raised through the report was the significant time that could elapse between the discharge/death of patient and for funds to be moved on. This was an ongoing issue highlighted in previous years with no potential solution. Mr Taylor confirmed to the Committee that audit work had been concluded and Dickson Middleton would be signing off the Patient Funds.

The Audit Committee:

- Considered the Patient Funds Annual Accounts and Management Report for 2023/24 and recommended their approval to the NHS Board at its meeting on 18 June 2024.

6. NHS FORTH VALLEY ENDOWMENT FUNDS ANNUAL ACCOUNTS & MANAGEMENT REPORT

The Audit and Risk Committee considered the NHS Forth Valley Endowment Funds Annual Accounts and Management Report presented by Mr Robert Taylor, Dickson Middleton.

Mr Urquhart advised that these accounts had been discussed during the Endowment Committee held on 7 June 2024.

In terms of key points, Mr Taylor noted the addition of the NHS Charities Together Funding which had been in place for several years. Pages 5 and 6 of the report provided a concise summary of utilisation of this funding. The level of detail provided was praised.

Pages 15-18 of the report provided the standard clean audit opinion. This would be signed off by Dickson Middleton following approval by the Audit & Risk Committee.

On page 19 the deficit unrestricted funds before movements and investments was £67k. If this level continued there would be a requirement to draw down on investments to continue funding.

In terms of investment performance, this would be discussed by the Investment manager. The report however had been audited and this was reflected in the statements.

The significant number of restricted funds were highlighted, recognising that rationalisation work was ongoing by the Finance Team. The position was improving with vigilance required.

The Management letter continued to highlight challenge around Ward Book donations. The existence of a physical book did bring inherent risks. These were not always completed and in one instance the book was lost. This had also been raised by Internal Audit. Mr Urquhart provided assurance to the Committee around discussion at the Endowment Committee on 7 June 2024. Detail was provided around the areas of exploration to ensure compliance and staff support. This included centralisation to eliminate variance within the system. Communication to staff was recognised as a key factor.

The Audit Committee were advised that the audit of the Endowment Accounts provided a full and fair view with no significant issues highlighted.

The Audit Committee

- Considered the Endowment Funds Annual Accounts and Report to Management including management comments to recommendations made for 2023/24 and recommended their approval to the NHS Board at its meeting on 18 June 2024.

7. INTERNAL AUDIT

7.1 Internal Audit Progress Report

The Audit Committee received the Internal Audit Progress Report presented by Ms Anne Marie Machan, Regional Audit Manager. Detail was provided around the areas covered within the Report.

Appendix 1 of the paper provided a summary of audit findings and an overview of all issued outputs and summaries around other audit activity undertaken through the Audit year.

Following completion of the Annual Report, focus would continue around the areas of ongoing work, namely finalisation of the 2 draft reports and the Strategic and Annual Internal Audit Plan. This would be presented to the Executive Leadership Team and then be returned to the Audit Committee in October 2024.

Assurance was provided to Committee around the audits with extensions, noting these were confirmed dates and expectation was these would be completed within timelines.

The Audit and Risk Committee:

- Noted that the report provided Reasonable Assurance on progress with the 2023/24 Annual Internal Audit Plan.
- Noted that work has commenced on the development of the Strategic Internal Audit Plan 2024/25 to 2026/27 and the Operational 2024/25 Annual Internal Audit Plan, including risk assessment of audits from the 2023/24 annual plan for inclusion in the 2024/25 Annual Plan.
- Noted the proposed Strategic Audit Plan 2024/25 to 2026/27 and the operational 2024/25 Annual Internal Audit Plan will be issued electronically to members in July 2024 for consideration and approval, following which the final plan will be presented to the October 2024 Committee.
- Noted that an internal audit External Quality Assessment (EQA) will be completed during 2024/25.

7.2 NHS Forth Valley Annual Internal Audit Report 2023/24

The Audit Committee considered the Annual Internal Audit Report for 2023/24 presented by Ms Jocelyn Lyall, Chief Internal Auditor.

At the time of the cover paper being written, the factual accuracy checking process was ongoing. This had now been completed and the formal report issued yesterday, 13 June 2024. Assurance was provided that the content was unchanged, subject to minor wording refinement. Management responses to the recommendations had also been received.

The report outlined 10 recommendations, with 2 significant. These related to the provision of assurance from the Staff Governance and Remuneration Committee. There were 5 moderate recommendations and 3 merits attention.

Key issues were noted on pages 2 and 3 of the report and these were highlighted and discussed. Overall, the report focussed on improvement and building on the Governance arrangements in place. Long standing performance issues were noted with work to address these being ongoing.

The cover paper outlined key themes which noted future areas of focus and detailed the role of the Population Health and Care Strategy. Finance also required to be a consideration within every decision and clear focus was required around transformation.

Section 5 of the report outlined the follow up, recognising the organisations ability to action recommendations. These areas would be included in follow up reports presented to this committee.

Ms Lyall concluded The Board had adequate and effective controls in place and the accountable officer had implemented a framework in line with required guidance, sufficient to discharge the responsibilities of this role. Ms Lyall also expressed her thanks to colleagues for their support and engagement, particularly Ms Mackenzie; Mrs Thomson and Mr Urquhart; Ms Machan and the Internal Audit Team.

Mr Rennie confirmed an additional Staff Governance meeting would be held to discuss the ICE Report and ensure robust implementation and oversight strategy, which would include key findings outlined within the presented report. The Committee Workplan would also be amended in line with recommendations.

Mr Reith provided an update around the 2 substantial risks noted in the report confirming action had been progressed against both. The Remuneration Committee Assurance Report would be signed off by the target date of September 2024. In terms of the risk relating to the workplan, work would be undertaken in line with existing Governance arrangements ensuring robust tracking and monitoring.

The Audit and Risk Committee:

- Considered this draft report as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.
- Noted the Director of Finance had undertaken a high-level factual accuracy check, and the detailed checking process was progressed between the issue of Committee papers and the meeting. Management responses to address recommendations were collated by the Director of Finance and the report was finalised and provided to the Committee in advance of the 14 June.
- Noted that areas of further improvement will be followed up in the 2024/24 Internal Control Evaluation (ICE) and our detailed findings will inform planning for individual 2023/25 internal audits.

8 EXTERNAL AUDIT

8.1 Proposed Annual Report 2023/24 incorporating ISA 260 Report to those charged with Governance

The Audit Committee considered the Proposed External Audit Annual Report presented by Pat Kenny, Deloitte LLP.

Mr Kenny advised the process had gone well with completion imminent. It was anticipated the Audit opinion would be signed on 18 June 2024. This was an unmodified clean audit opinion. Late-stage clarification was required around pension issues raised in terms of SPPA information. The Committee were advised this related to technical data around pension disclosures and was a national issue. There were not thought to be any concerns for NHS Forth Valley, but assurance was provided that any issue would be highlighted to the Committee in advance of the Board meeting on 18 June 2024.

In terms of the Audit of the Financial statements, the main significant audit risks were outlined, with review confirming there were no significant issues.

For the wider scope, the report outlined the areas reviewed with detail provided at Item 13.1 of the report. These focussed around the areas of financial sustainability; leadership and governance; greater due diligence around use of escalated rates. These findings were broadly in line with previous years.

The Board Chair, Neena Mahal highlighted the comments around escalation on page 35 of the report and confirmed these had been acknowledged with review ongoing around action categorisation within the Escalation Plan.

The NHS Forth Valley Audit and Risk Committee:

- Approved the Proposed Annual Report 2023/24 incorporating ISA 260 Report.

8.2 Proposed Audit Opinion and Letter of Representation

The Audit Committee received the Proposed Audit Opinion and Letter of Representation presented by Mr Pat Kenny, Deloitte LLP. This was the standard letter produced with accountable officer sign off required. No issues were highlighted. It was confirmed this was a clean audit opinion.

Mr Urquhart expressed his thanks to Mr Kenny, Mr McHugh and the full audit team for the work undertaken.

The NHS Forth Valley Audit and Risk Committee:

- Noted the proposed audit opinion and letter of representation.

9. NHS FORTH VALLEY ANNUAL ACCOUNTS 2023/24

The Audit Committee considered the NHS Forth Valley Annual Accounts for 2023/24, presented by Mr Scott Urquhart, Director of Finance.

In terms of overview, Mr Urquhart advised the report comprised 5 key sections with full detail provided within the paper, namely:

- Performance Report which set out an overview of the NHS Board's wider performance, providing an update against key areas.
- Accountability Report which focussed on Corporate Governance including the Remuneration report.
- Audit opinion as highlighted in the previous Agenda item.
- Key primary financial statements
- Notes to the accounts.

Page 19 of the accounts set out the summary of the financial performance for 2023/24. The revenue resource limit for NHS Forth Valley was £795.6m, with outturn being £795.4. For Capital, the annual resource limit was £9.476m with outturn being balanced against that. This meant the Board had met their statutory requirements as per the annual accounts and no brokerage was required.

The Audit Committee then endorsed the report and expressed their thanks to all colleagues for the achievement of break-even. However, the late financial allocation was recognised.

10. AUDIT FOLLOW UP

10.1 Audit Follow-Up Report

The Audit Committee received a report 'Audit Follow Up' presented by Ms Anne Marie Machan, Regional Audit Manager.

The routine report provided the position to the end of May 2024 with focus around the audit follow up metrics. Recommendations were noted on page 4.

For this audit cycle, 55% of the live actions were completed since the last meeting which was a stable position. 36 actions remained open from issued reports as per audit follow up position at end of May. Additional actions were anticipated from the various audits and reports underway. There was therefore a requirement to ensure maintenance of momentum.

Several actions had been extended several times and remained outstanding. The Committee were advised of reliance on a post currently out to recruitment with progress anticipated thereafter.

The Audit and Risk Committee:

- Noted the implementation status of Internal Audit recommendations.
- Noted that this report provides Reasonable Assurance that action to address identified control weaknesses is being implemented as expected.
- Noted the Internal Audit opinion that agreed extended action by dates are reasonable, subject to the two actions which are risk assessed as red (two at March 2023).
- Noted where control weaknesses are not being addressed promptly this is escalated to the Director of Finance who ensures Executive Leadership Team (ELT) scrutiny of outstanding actions.

11. GOVERNANCE ISSUES

11.1 Annual Reports and Assurance Statements 2023/24

The Audit Committee received a paper on Annual Reports and Assurance Statements. This had been prepared by Ms Mackenzie, Head of Corporate Governance and was presented by Mr Scott Urquhart, Director of Finance.

The paper detailed 6 Annual Reports, with 5 at an approved status. The Staff Governance Annual Report was approved at this morning's meeting. The outstanding Remuneration Committee Report would be presented for formal approval in July. It had been presented to the Audit Committee in Draft.

The report confirmed all Committees have met their remits for the year and provided all necessary assurances to support the Governance statement.

The Audit & Risk Committee:

- Noted the assurances received from each of the Standing Committees' Annual Reports.
- Noted the assurances received from each of the Directors regarding their area of responsibility during 2023/24.
- Noted no breaches of Standing Financial Instructions or Standing Orders or failures of internal control have been reported to the Chief Executive.
- Considered the proposed level of assurance.

11.2 SFI Waiver Highlight Report

The Audit Committee received an SFI Waiver Highlight Report presented by Mr Scott Urquhart, Director of Finance.

By way of background, Mr Urquhart reminded colleagues of the provision within the Standing Financial Instructions around procurement processes, particularly around tendering arrangement for goods or services over £50,000 value. If for any reason the tendering process was not feasible, a waiver could be prepared by the Director of Deputy Director of Finance. A report was provided annually to the Audit and Risk Committee that outlines all waivers signed off. The 4 items were detailed at Appendix A.

The Audit and Risk Committee:

- Noted the Standing Financial Instructions Waiver Highlight Report.

12. RISK MANAGEMENT

12.1 Strategic Risk Register – Q1 2024/25 Update

The Audit and Risk Committee received the Strategic Risk Register for Q1 2024/25, presented by Miss Vicky Webb, Corporate Risk Manager. The Committee were advised the reporting timeframe had been amended to ensure timely presentation to the Board. The report therefore covered the period from the last meeting in March 2024 to June 2024.

Out of the 30 strategic risks, 3 had reduced in risk score for this reporting period. Focussed reviews had been carried out on these risks and presentation made to the relevant Governance Committees. Reasonable assurance was provided for SRR 14; SRR 16 with SRR 18, Primary Care Sustainability having an approved assurance rating of limited. Detail and overview of these risks was provided at Appendix 1. This highlighted the assurance activity of the control environment around these risks.

For these risks, there were 6 overdue controls reported within the last reporting period and there were 17 actions currently due to be completed within the next quarter. It was acknowledged that greater detail around the controls and actions would be added to future reports. **Action: Miss Vicky Webb**

The Committee were advised of the change in risk appetite profile across the strategic risk position. An increase in the number risks being reported within the Board's appetite, which was previously 7.7%. This had now been increased to 23.1% with significant work undertaken around mitigation of risks. A reduction was being seen in the number of risks reported within the Board's tolerance levels, namely 23.1%. The amount of risks outside of the Boards appetite and tolerance was static at 53.8%. Monitoring would continue around mitigation.

There was a need to review work being undertaken around the Population Health & Care Strategy to ensure alignment with ongoing National work. A shift in timeline may be required which could have impact on the risk scoring.

The NHS Forth Valley Audit and Risk Committee:

- Endorsed the proposed changes to the Strategic Risk Register for Quarter 4, 2023/24 for onward reporting and approval by the NHS Board.

13. COUNTER FRAUD SERVICES

13.1 Counter Fraud Services Quarterly Report – Quarter ending 31 March 2024

13.2 Counter Fraud Services Year End Report 2023/24

The Audit Committee received both the Counter Fraud Services Quarterly Report and the Counter Fraud Services Year End Report 2023/24 presented by Ms Anne Marie Machan, Regional Audit Manager and Fraud Liaison Manager.

In terms of the Counter Fraud Services Quarterly Update it was noted that 132 allegations had been received to end of March 2024. This remained a steady position. Two key themes were noted around suspected staff fraud and thefts of scheduled and desirable drugs which appeared to a concern across NHS Scotland. These remained focus areas.

The paper outlined new referrals during the quarter and provided detail around action.

Live Criminal Investigations were outlined, noting one had concluded with a successful prosecution. The outcome had been circulated in a communication for awareness. The rest remained ongoing with recognition of the significant timeline required for some cases.

The 2023/24 self assessment against Fraud Standards had been undertaken. Mr Urquhart as nominated Lead for Counter Fraud Services activity and Ms Machan as Fraud Liaison Officer had undertaken initial assessment against standards. Of the 12, 9 had been met and 3 partially met. This was an improvement to previous year assessment. The final assessment would be submitted within the new few weeks with 2024/25 Fraud Action Plan to be developed and brought to the next Audit Committee meeting in October 2024.

The Audit and Risk Committee:

- Noted the attached CFS Report for the Quarter ending 31 March 2024.
- Noted Counter Fraud Services Year End Report 2023/24

14. ANY OTHER COMPETENT BUSINESS

14.1 Service Audits

- **Practitioner & Counter Fraud Services**
- **National It Services**
- **National Single Instance**
- **Payroll Services**

Mr Scott Urquhart advised the Committee that these were audits conducted for NHS Forth Valley on National Systems. Mrs Jillian Thomson, Deputy Director of Finance, advised that the paper provided a high-level summary around the findings from the service audits commissioned by National Services Scotland and NHS Ayrshire and Arran into the shared services and IT systems delivered on our behalf. The purpose of the audits was to provide independent assurance around systems of control and risk management arrangements in place for the services provided on our behalf.

There were 4 services audits detailed within the report with full detail provided within the paper.

NHS Forth Valley were satisfied that the qualified opinions did not impact on internal controls or financial governance arrangement.

The Audit Committee:

- Noted the contents of the Service Audit reports for the 2023/24 financial year.
- Noted the service auditor's opinions as summarised below: NHSA&A National Single Instance financial ledger services – unqualified opinion1
- NSS South-East Payroll Consortium – unqualified opinion
- NSS Practitioner and Counter Fraud Services – qualified opinion 2
- NSS IT services – qualified opinion

15. FUTURE COMMITTEE MEETING DATES

Friday 25th October 2024, commencing at 9.00am

FORTH VALLEY NHS BOARD

TUESDAY 30 JULY 2024

9.2. Clinical Governance Committee Minute: 14/05/24

Minute of the Clinical Governance Committee meeting held on Tuesday 14 May 2024 at 9.00am in Boardroom, Carseview House and via MS Teams.

Present: Mr Robert Clark
Mr Gordon Johnston
Cllr Wendy Hamilton
Dr Michele McClung (Chair)
Mrs Helen McGuire
Mr John Stuart

In Attendance:	Mrs Lynda Bennie	Ms Eilidh Gallagher (Item 10.1)
	Ms Pauline Beirne (Item 8.3)	Mrs Karen Goudie
	Miss Jennifer Brisbane (Minute)	Mr Jonathan Horwood (Item 8.4 & 8.5)
	Ms Laura Byrne	Mr Andrew McCall (Item 9.3)
	Prof Frances Dodd	Mr Andrew Murray
	Ms Morven Dunn (Item 11.1)	Ms Jennifer Rodgers (Item 9.1)
	Mr Garry Fraser	Miss Vicky Webb (Item 9.2)

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Mrs Margo Biggs, Ms Amanda Croft, Dr Jennifer Champion, and Mrs Neena Mahal. 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 12 March 2024

The draft minute of Clinical Governance Committee meeting held on Tuesday 12 March 2024 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

The Clinical Governance Committee noted that all actions were complete.

5. Clinical Governance Committee Planner

The Clinical Governance Committee noted the Clinical Governance Committee Planner. The chair confirmed that all items noted within the committee planner were outlined on the meeting agenda.

Following discussion, it was agreed that the Public Protection Report would be presented biannually in July 2024 and March 2025 to provide sufficient assurance following its recent establishment.

Action:

- Amend forward planner to reflect agreed Public Protection Reporting periods.

6. For Approval

6.1 Clinical Governance Annual Report

The Clinical Governance Committee received the 'Clinical Governance Committee Annual Report'.

The Clinical Governance Committee:

- **Approved the Annual Report for the Clinical Governance Committee.**

Key points considered:

- A detailed overview of the annual report was provided, where it was noted that the structure was aligned to the Vicent Framework.
- Following discussion, it was agreed that the Annual Report would be approved subject to the below amendments:
 - Medical Director Overview: Amend wording to 'governance, leadership and culture'.
 - Section 3.1: Refer to shared learning within Person Centred, Complaints, Feedback Performance Report section.
 - Section 3.1: Add additional information on work undertaken to address Significant Adverse Event Reviews (SAERs) delays following limited assurance.

The Chair noted thanks to all who contributed to the Clinical Governance Annual Report.

7. In Our Services, Is Care Safe Today?

7.1 Escalation Update

The Clinical Governance Committee received the 'Escalation Update'.

The Clinical Governance Committee:

- **Noted the key aspects of the Assurance and Improvement Plan relating to Clinical Governance.**
- **Noted that the indicators outlined in the Assurance and Improvement Plan may need to be reviewed by the Clinical Governance Committee in the future.**

The purpose of the paper was to provide the committee with an overview of relevant actions to ensure committee members could scrutinise progress in order to provide assurance on the actions and intended outcomes.

Key points considered:

- Recent significant updates to the Assurance and Improvement Plan provided an overview of actions assigned to the Clinical Governance Committee. Out of the 35 high-level actions:
 - 30 related to Culture, Leadership and Governance.
 - 4 related to performance issues.
 - 1 related to the Safe Delivery of Care Programme.
- Internal audit were undertaking work to review if actions had been completed following concerns around the interpretation of actions 'completed'.
- Assurance was provided that the Clinical Governance Committee had dedicated administrative support with standardised report templates and improved quality of minutes. A committee planner was in place to ensure appropriate agenda items are identified to provide assurance of safe care, raise active clinical governance and emerging issues at each committee meeting. The Clinical Governance Terms of Reference and committee planner are reviewed annually, with regular review of the committee planner at each Clinical Governance Committee meeting to ensure agenda item compliance and identify any gaps.

- Work was ongoing to support learning from complaints and adverse events across the wider system.
- The Forth Valley Quality Strategy and Clinical Governance Strategic Implementation Plan progress is monitored through the Clinical Governance Committee meetings.
- Patient representatives are members of the Clinical Governance Committee and were members of the Safe Delivery of Care Oversight Group.
- Urgent and Unscheduled Care, Out of Hours, and Scheduled Care strategic risks are aligned to the Clinical Governance Committee and 'deep dives' are agenda items throughout the year to allow committee members to scrutinise the risks, actions and mitigations.
- A Draft Professional Assurance Framework was scheduled for the 12 November 2024 Clinical Governance Committee meeting.
- There had been no recent press enquiries regarding NHS Forth Valley's escalation position.

7.2 Safe Delivery of Care Update

The Clinical Governance Committee received the 'Safe Delivery of Care Update'.

The Clinical Governance Committee:

- ***Noted the Healthcare Improvement Scotland (HIS) Published Report.***
- ***Noted the Healthcare Improvement Scotland Improvement Action Plan.***

The purpose of the paper was to give context and findings of the most recent Healthcare Improvement Scotland (HIS) unannounced follow up inspection visit which took place between the 22 and 24 January 2024.

Key points considered:

- NHS Forth Valley received the HIS final report outlining key findings from the unannounced follow up inspection visit in January 2024:
 - HIS were assured that significant progress was made by NHS Forth Valley in all of the areas highlighted during previous inspections.
 - An open and supportive culture with senior hospital managers displayed good oversight of both clinical and wider system pressures. Staff noted the visibility of the senior hospital management team and felt able to raise concerns. Patients and relatives were complimentary about their care and the staff providing it.
 - Learning was observed from patient feedback audits in the clinical and acute assessment waiting areas which were utilised to implement change to improve patient experience.
 - Most staff described Forth Valley Royal Hospital as a good place to work.
 - Both staff and hospital wide safety huddles were seen to follow a structured format, with transparency, and promoted a culture of psychological safety.
 - 8 of the 17 requirements from the previous safe delivery of care follow up inspection in September 2022 had been met, with the remaining 9 partially met.
- HIS indicated that they were assured that progress had been made to satisfy patient safety concerns previously raised under their formal escalation processes and noted that there were:
 - 8 areas of Good Practice
 - 1 Recommendation
 - 12 Requirements
- Colleagues were informed of an upcoming Deanery visit to Medicine. Following discussion, it was agreed that the HIS Final Report would be shared with the Deanery for more context prior to the visit.
- It was agreed that future Safe Delivery of Care updates would be incorporated into the Whole System Assurance Report.

Action:

- Share HIS Final Report with the Deanery for more context prior to the visit.

7.3 Safe Medicine Group Deep Dive

The Clinical Governance Committee received the 'Deep Dive: Emergency Department (Medicines): Progress of Options Appraisal'.

The Clinical Governance Committee:

- **Acknowledged the SBAR describing the deep dive progress into the Emergency Department (ED) at Forth Valley Royal in relation to time critical medicines administration and the development of an Options Appraisal.**
- **Noted that the Options Appraisal will be tabled at the September Clinical Governance Committee.**

The purpose of the paper was to highlight significant progress made with the Emergency Department Medicines Options Appraisal and the requirement for key stakeholders' consultation and assessment.

Key points considered:

- NHS Forth Valley's ED use a bespoke paper assessment form to prescribe medicines for patients. When subsequent doses are required, they need to be re-prescribed, or if the patient is moved to a downstream area, prescribed on HePMA.
- Electronic prescribing in general inpatient areas is considered as safer than prescribing on paper due to the elimination of illegible handwriting, prompts to avoid missing doses and warnings when prescriptions are accidentally duplicated.
- Following the unannounced 2023 HIS inspection, a recommendation was made that HePMA be considered for use in order to aid the supply of time critical medication to patients waiting in ED.
- NHS Lanarkshire and NHS Ayrshire & Arran had both partially rolled out HePMA within ED, where patients flagged for moving to Critical Assessment Unit (CAU) or a downstream area had their medicines prescribed by staff from the destination area on HePMA. All nurses in ED were trained to use HePMA for such patients. However, patients who were not admitted or awaiting assessment continued to be managed by using historical paper processes.
- Concern was raised over 9 previous IR1s reported within ED that, with the implementation of HePMA, may have had a reduced risk.
- Following the recommendation from HIS, the Pharmacy Directorate initiated a deep dive into the potential implementation of HePMA within ED. In order to complete a deep dive, the below options were to be assessed:
 - Option 1: Maintain current processes, with no HePMA footprint in ED.
 - Option 2: Work up a partial HePMA implementation using similar principles to NHS Ayrshire & Arran and Lanarkshire, using HePMA to improve the care of patients identified for admission.
 - Option 3: Plan full HePMA implementation to replace all current paper prescribing processes for all ED patients, including those not for admission to a downstream area.
- Colleagues were made aware of potential concerns associated with nursing staff completing a drug round and the requirement for further training.
- It was noted that simulation work would be welcomed to support understanding and dispel myths.
- Concern as raised over the potential normalisation of deviance by implementing systems to support current ED waiting times as opposed to mitigate the waits experienced.

7.4 Emerging Clinical Issues

The Clinical Governance Committee received a verbal update from Mr Murray.

The purpose of the verbal update was to provide committee members with an overview of emerging clinical issues, proposed by the NHS Forth Valley Board Chair.

Key points considered:

- The committee received an update on a clinical review being undertaken within the Endoscopy unit. Assurance was provided that the patient safety impact and organisational duty of candour were a key consideration of the review.

- The committee received an update on recent media coverage associated with a death within the Mental Health Unit. The Executive Medical Director advised that the Significant Adverse Event Review (SAER) related to the case would soon be finalised and shared with the family.

8 In Our Services, Was Care Safe in the Past?

8.1 Acute Safety and Assurance Report

The Clinical Governance Committee received the 'Acute 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 Program (SPSP) measures and compliance with national targets.***

The purpose of the report was to support discussion, provide assurance of robust clinical governance within the Acute Services Department (ASD) and appropriate scrutiny at the Clinical Governance Working Group (CGWG) for the Clinical Governance Committee.

Key points considered:

- Hospitality Standardised Mortality Rate (HSMR) had reduced to 0.89, with a fourth consecutive quarter below the target of 1.
- Cardiac Arrest rate increased from the last report of 2.17 to 3.09 per 1,000 adult admissions.
- The overall Stroke Bundle compliance decreased to 41% in February from the previous report of 43%.
- Hospital Acquired Pressure Ulcer (HAPU) rate had decreased from the previous report of 0.8 to 0.7 per 1,000 occupied bed days for Grades 2-4.
- Falls with harm had increased from 0.45 to 0.48 per 1,000 occupied bed days.
- Colleagues were advised of the work onsite to increase visibility of safety within the acute site, specifically the increased engagement from staff in staff huddles raising their concerns.
- A new IR1 reporting process was introduced where all safety huddles would review IR1s reported within 24 hours to reduce the time taken to submit incidents.
- Pressure ulcers was identified as a hotspot area where assurance was provided that a rapid review had been undertaken. Ulcers reported indicated progress due to them being of a lower grade. Beds were closed in Stirling Community Hospital to facilitate tissue viability training for Healthcare Support Workers to help mitigate pressure ulcers.
- Accountability of governance had increased following the second Acute Clinical Governance session with Organisation Development colleagues. Staff were made aware of a monthly 'Learning from SAEs' session open to all to continue progress.
- Following discussion, it was agreed that further review of the Stroke Bundle was required to improve the compliance. Assurance was provided that thrombolysis beds had been ringfenced.

8.2 Whole System Assurance Report

The Clinical Governance Committee received the 'Whole System Assurance Report.'

The Clinical Governance Committee:

- ***Noted the agenda items discussed and presented at the Directorate Clinical Governance meetings.***
- ***Noted the data sources.***
- ***Noted the work being undertaken to demonstrate the Clinical Governance structures.***

The purpose of the paper was to provide assurance that the Clinical Governance processes within each of the Directorates were working as intended.

Key points considered:

- Assurance was provided from all key directorates through the reporting template, with the exception of Primary Care.
- An additional section was implemented to request information specific to shared learning during the reported period.
- A draft NHS Forth Valley Clinical Governance Meeting Structure 2024 was devised to highlight linkages between directorates.
- Within Pentana there is a 'hierarchy function' which would support electronic visualisation of the Clinical Governance meeting structures.
- Limited assurance was noted for Falkirk HSCP and Clackmannanshire & Stirling HSCP. Concern was raised over the arrangements between the Integration Joint Boards (IJBs) and NHS Forth Valley, where it was suggested that a focus was required to ensure an effective balance.
- It was agreed that involvement of medical and nursing leadership in the completion of HSCP sections of the report would be best practice.

Action:

- Discuss involvement of medical leadership contribution to whole system assurance report with GP leads.

8.3 Safer Mobility Programme Board Update

The Clinical Governance Committee received the 'SPSP Falls/ Safer Mobility Programme Board' update.

The Clinical Governance Committee:

- ***Endorsed the Safer Mobility Programme Board aim and improvement/ implementation plan.***
- ***Support coordinated collaborative whole systems improvement and quality aims and workstreams.***
- ***Noted the identified risks in achieving the intended outcomes of the Programme Board and the complexity of delivering to the planned improvements.***

The purpose of the paper was to provide an update on the development of the Safe Mobility Programme Board and progress with the implementation of improvement projects across Acute, Community Hospitals, Health & Social Care Partnerships and Care Homes settings.

Key points considered:

- Limited assurance was provided on the basis that the creation of a culture of safer mobility required commitment across the system for collaborative accountability, governance and reporting. Committee members were advised of the interdependencies including but not limited to fluid and nutrition, mobilising of patients, education competencies across the workforce and commitment to changing the focus from avoidance of falls and falls as a measure to creating safer mobility environment and opportunities.
- The Safe Mobility Oversight Group was established with full membership across NHS Forth Valley, Clackmannanshire & Stirling HSCP and Falkirk HSCP to develop and improve patient safety. Assurance was provided that project update reports would be reviewed every 8 weeks to highlight risks associated with safer mobility improvement work.
- The requirement for whole system multidisciplinary (MDT) support was noted in order to support improvement projects and establish strong MDT approaches to improvement workstreams within the current climate.
- It was acknowledged that in the short-term an increase in mobilising patients could potentially increase the number of falls reported, conversely raise the rate of discharge.
- Following discussion, committee members were advised that the outputs would be interpreted by measuring increased activity within wards and reduction in falls with harm. Ms Byrne to liaise with Ms Beirne regarding exploring prescription of antipsychotic drugs to measure improvements in falls with harm.

8.4 Healthcare Associated Infection (HAI) Quarterly Report

The Clinical Governance Committee received the 'Healthcare Associated Infection (HAI) Quarterly Report'.

The Clinical Governance Committee:

- **Noted the 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 controlled limits.
- Within the reported quarter there were:
 - 6 hospital acquired SABs
 - 12 hospital acquired DABs
 - 5 hospital acquired CDIs
 - 10 hospital acquired ECBs
 - No MRSA or *C.difficile* associated deaths
 - 2 surgical site infections
 - 6 influenza outbreaks
- Committee members were advised that achieving the HAI AOP targets was improbable however the SAB and CDI recorded cases narrowly missed the AOP targets.
- ECB parameters were anticipated to change by 2028 due to targets not being achieved nationally.

8.5 Healthcare Associated Infection (HAI) Annual Report

The Clinical Governance Committee received the 'Healthcare Associated Infection (HAI) Annual Report'.

The Clinical Governance Committee:

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

The report is mandatory 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.

Key points considered:

- From April 2023 to March 2024 there were:
 - 17 hospital acquired SABs.
 - 28 hospital acquired DABs.
 - 12 hospital acquired CDIs.
 - 36 hospital acquired ECBs.
 - 1 *C.difficile* recorded death, recorded within Part 2 of the death certificate.
 - No MRSA associated deaths.
 - 3 surgical site infections (2 Breast & 1 Caesarean procedure).
 - 21 outbreaks (12 Covid-19, 6 Influenza & 3 Norovirus outbreaks).
- Assurance was provided that the reported year was noted as 'stable' with a decrease in the number of unknown infections reported in comparison to the previous year.

- Urinary catheter associated bacteraemias accounted for a significant proportion of DABs reported cases. Short term urinary catheters were attributed to hospital sourced infections whilst long term catheters were attributed to both hospital and healthcare sourced infections. Despite an increase of DABs associated with short term urinary catheters, both types of catheter infections remained within control limits. A deep dive was to be undertaken to understand such infections, however assurance was provided that there were no areas of commonality of factors contributing to infection.
- Hickman line infections increased from 10 in 2022-23 to 14 cases in 2023-24 however case numbers remained within control limits.
- Following discussion, it was agreed that an annual summary of work undertaken by the Infection Control Committee would be included in future HAI Annual Reports.

9 In Our Services, Will Care Be Safe in the Future?

9.1 Public Health Update

The Clinical Governance Committee received the 'Public Health Update'.

The purpose of the paper was to provide assurance that the principles and standards of Clinical Governance were applied to the Public Health Directorate.

Key points considered:

- Clinical Governance was noted as 'business as usual' within the Public Health Directorate. The Public Health Directorate Clinical Governance Group meet monthly, chaired by the Interim Director of Public Health, and has agreed Terms of Reference, minutes, and an ongoing action log.
- The Public Health Directorate Priority Work Plan outlined the plan for 2024, describing the role of the directorate in promoting, improving, and protecting the physical and mental health of people within Forth Valley, and the differences made within six monthly timeframes.
- Public Health Consultants submit six monthly Flash Reports to the Public Health Directorate Clinical Governance Group for review. Each Flash Report contains information on priority areas, activity to date, next period actions, governance, key achievements, and workgroup status. 17 workstreams are described in the Priority Workplan, each workstream submits a six monthly report to the Public Health Directorate Clinical Governance Group.
- Following discussion, clarity was provided on the requirements of Public Health Updates, emphasising the importance of highlighting areas of Public Health the directorate would like the committee and NHS Forth Valley Board to be made aware of.

9.2 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 the period of February- April 2024 for onward reporting to the NHS Forth Valley 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:

- An update was provided following review of the three strategic risks aligned to the Clinical Governance Committee:

- SRR016 (out of Hours Service) had reduced in risk score as some of the further controls were completed. The risk was within the Board's appetite and would be monitored bi-yearly. SRR 016 was noted as subject to review.
- SRR 004 (Scheduled Care) remained static, but progress was being made on the further controls aligned to the risk.
- SRR002 (Urgent & Unscheduled Care) remained static but was updated to reflect recent changes made as part of its Focused Review.
- There were 27 controls mitigating the strategic risks. Within the reporting period:
 - 15 actions identified.
 - 2 actions completed since the previous report.
 - 4 overdue actions in relation to SRR016 which was undergoing a focused review.
- The Risk Appetite Profile, pending approval from the NHS Forth Valley Board, highlighted a decrease in the number of risks out with the NHS Forth Valley Board which indicated the outputs of mitigated risks.

9.3 SRR016 Focused Review- Out of Hours

The Clinical Governance Committee received the paper 'SRR0016 Out of Hours Focused Review'.

The Clinical Governance Committee:

- ***Endorsed the evaluation of the assurance provided for SRR016 Out of Hours.***

The purpose of the paper was to provide assurance in support of the Clinical Governance Committee's role in maintaining an overview of the strategic risks aligned to the Committee, specifically SRR016 Out of Hours.

Key points considered:

- Activity within the Out of Hours service increased within the last year, with activity in March 2024 seeing approximately 6,000 attendees.
- There were 11 controls in place which were mitigating the strategic risk with the majority being identified as 'mostly' or 'very' effective.
- SRR016 was within the Boards appetite and would continue to be monitored in line with the Risk Management Strategy.
- A gap analysis was undertaken, and the below updates were provided:
 - Control 5: Scottish Ambulance Service (SAS) was unable to support the role due to the organisation's own capacity demands. A review of the partnership to re-establish working relationships was recommended.
 - Control 6: The control was not designed to fully mitigate the risk. A business case had been submitted and would be discussed at Falkirk HSCP Senior Leadership Team and Clackmannanshire & Stirling HSCP Senior Management Leadership Team.
- Assurance was provided that risks were reviewed monthly at service level and controls continued to actively progress.
- The proposed next step was, following the review of SRR016, that the risk is monitored by the Clinical Governance Committee for six months and if the risk remains within the Boards appetite, it will be proposed for closure through the Clinical Governance Committee. Assurance was provided that the risk would be monitored appropriately.
- A national Out of Hour Framework was devised to outline Key Performance Indicators and benchmarks. Local targets were set within Out of Hours to achieve 75% of patients within a 6-hour timeframe. It was noted that 80% had been achieved whilst the service had experienced additional pressures. Assurance was provided that patients are triaged and prioritised based on their condition therefore not all patients would be expected to wait 6 hours.
- Following discussion, assurance was provided that there were no concerns with GP retention due to mitigations and support in place.

9.4 Implementation of Quality Strategy

Item deferred to 9 July 2024 Clinical Governance Committee meeting.

10 Is Our Care Person Centred

10.1 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 offered 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.***
- ***Approved Appendix 4 and 5, a newly proposed complaints triage and risk matrix document, for utilisation across the organisation.***

The purpose of the report was to provide a comprehensive review of complaints activity across NHS Forth Valley, whilst taking into account the number of complaints received, local resolution, compliance with the 20-day national target, Scottish Public Services Ombudsman (SPSO) referrals and examples of actions taken following complaints.

Key points considered:

- Assurance was provided regarding the volume of complaints closed and the standard of complaint response and investigation being undertaken, despite a decrease in performance.
- Performance demonstrated a definite increase in complaints being closed on a monthly basis within the last quarter. However, there was an overall increase in the number of complaints received which mitigate the improvement of performance. Concern was raised regarding the trajectory for 2024, noting that the performance was anticipated to deteriorate due to the increase in complaints received.
- Work was undertaken to address common complaints such as waiting times and issues with parking.
- Committee members were assured that all actions within the action plan would be complete within the assigned timeframe.

11 Are We Learning and Improving?

11.1 Quality Improvement Report

The Clinical Governance Committee received the 'Quality Improvement Report'.

The Clinical Governance Committee:

- ***Noted the current areas of focus of the Quality Improvement (QI) team.***
- ***Noted the challenges to gain accurate timely data that meets the needs of the service providers and cross teamwork ongoing to resolve this.***
- ***Noted that engagement in Test of Changes within Acute Adult inpatient areas relating to cardiac arrest and falls/safer mobility has been challenging due to clinical staff capacity-realignment of a full time QI nurse post from post fall QI to preventative focus on work to support the falls/safer mobility has been established in Feb 2024 and 0.5 wte Improvement Adviser (IA) dedicated in deteriorating patients adult workstreams commenced April 2024.***

The purpose of the report was to provide a comprehensive review of the current and planned quality improvement projects within the NHS Quality Improvement, who are part of NHS Forth Valley Quality Team, alongside Innovation, Clinical Governance, Research and Development.

Key points considered:

- A reasonable level of assurance was provided following an increase from 50% to 80% of staff capacity within the Quality Improvement (QI) team. Consequentially supporting improvement throughout the organisation through a layered approach based on service priority of project, service capability for QI to utilise a talent log, mentorship from QI experts within business areas in a train-the-trainer system domino effect.
- QI projects were being lead in Acute Adult Care, Unscheduled Care, Women & Children's, Falkirk, and Clackmannanshire & Stirling HSCPs. In addition to assurance support for Primary Care, Mental Health, Learning Disabilities and Prisons.
- An Improvement Advisor was assigned to each 'business area' to support clinical leads to influence and drive improvement based on data, local strategy, priorities, and national strategies within the service, whilst utilising a quality management approach.
- From April 2024, Quality Strategy Implementation Groups were led by a Quality & Strategy Lead. Groups were in the process of agreeing on the years aim and had dedicated IA support to drive improvement.
- The Capacity & Capability Action & Improvement Plan was to be presented to the Forth Valley Quality Programme Board (FVQPB) in June 2024.
- The QI and wider Quality Teams project registration process had commenced in order to allow oversight, knowledge and shared learning from QI projects throughout the organisation, with an understanding of the level of input and support from the QI team.
- A review and test of change of staffing input was underway with the Information Service regarding the QI data support provided.
- The Dietetics Service Improvement Plan was progressing however an exit strategy was required due to IA post funding ceasing in November 2024.
- 258 members of staff had participated in foundation level QI education, similar to a NES Scottish Improvement Foundation Course (SIFS).
- Committee members were made aware of challenges regarding retaining accurate, timely data and creating a shared language.

11.2 Significant Adverse Event Report

The Clinical Governance Committee received the 'Significant Adverse Event Report'.

The Clinical Governance Committee:

- ***Considered NHS Forth Valley's position on current Significant Adverse Event Reviews (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:

- Limited assurance was provided due to challenges with capacity of the review team, with the addition of increased numbers of SAERs being commissioned resulting in a backlog.
- From 2017 to 31 March 2024, Acute services had the highest number of SAEs commissioned.
- Assurance was provided that there had been progression with SAERs, despite 3 SAERs from 2022 remaining in progress.
- Committee members were informed of the SAER outcomes required for HIS:
 - 1. Appropriate Care
 - 2. Indirect system of care issues
 - 3. Minor system of care issues

- 4. Major system of care issues
- Retrospective work was ongoing with the team to identify if previous SAER actions had been progressed.
- Collaboration with the Corporate Risk Manager provided support to identify mitigations for risks.
- Assurance was provided that work was ongoing to increase the capacity of lead reviewers to support timely reviews and reduce the number of outstanding SAERs awaiting commencement.
- It was noted that there was confidence in the quality of work being undertaken.

12 Are Our Systems Reliable?

12.1 Clinical Governance Working Group Annual Report

The Clinical Governance Committee received the 'Clinical Governance Working Group Annual Report'.

The Clinical Governance Committee:

- ***Noted the content of the Clinical Governance Working Group (CGWG) annual report and consider if the report provides an appropriate level of assurance that the CGWG is fulfilling its remit to provide assurance to the Clinical Governance Committee.***
- ***Noted the information, documents and reports included as items on the CGWG agenda are in line with what was agreed in the CGWG forward planner.***
- ***Noted if there are significant gaps in the assurance and risk assess the gap in relation to fulfilling its merit.***

The purpose of the report was to provide the Clinical Governance Committee with assurance that the CGWG annual report is structured to reflect the agreed format of assurance which is reflected in the forward planner and the meeting agendas.

Key points considered:

- The purpose of the Clinical Governance Working Group (CGWG) is to oversee an effective clinical governance system for NHS Forth Valley and provided the Clinical Governance Committee with assurance of the effectiveness of the governance system. The CGWG review the quality of care, ensure key learning from harm is implemented, monitor progress with ongoing improvement, and review risks and mitigations.
- The annual report was structured to reflect the agreed format of assurance, reflected in the forward planner and meeting agendas.
- The report identified gaps and provided appropriate detail around any clinical risk associated.

12.2 Patient Safety Conversation Visit Annual Report

The Clinical Governance Committee received the 'Patient Safety Conversation Visit Annual Report'.

The Clinical Governance Committee:

- ***Noted the areas visited within the timeframe.***
- ***Noted the number of visits and the number of cancellations within the timeframe.***
- ***Noted the themes from the visits.***

The purpose of the report was to provide an update on Patient Safety Conversation Visits (PSCV) from April 2023 to March 2024.

Key points considered:

- From April 2023 to April 2024 there were:
 - 4 initial visits and 9 return visits to the Acute Services Directorate.
 - 3 initial visits and 1 return visit to the Allied Health Professional Directorate.
 - 1 initial and 1 return visit to the Mental Health & Learning Disabilities Directorate.
 - No visits to Women & Children's Directorate.
 - 20 schedule visits which were cancelled.

- Committee members were made aware of challenges faced with rescheduling cancelled visits due to a lack of administration support since October 2023.
- The key themes that emerged during PSCV were related to:
 - Communication
 - Contingency Beds
 - Staffing Issues
 - IT Issues
 - Purchase of Clinical Equipment
 - Estates/ Building Works
 - Safety Assurance
 - Systems
 - Staff Safety
 - Delayed Discharge and integration of health and social care.
- The plan in place for 2024-2025 was to undertake a PSCV twice per month however it was noted that changes may be implemented by the NHS Forth Valley Board Chair.

12.3 Controlled Drugs Annual Report

The Clinical Governance received the 'Controlled Drugs Officer: April 2024 Annual Report'.

The Clinical Governance Committee:

- ***Noted the Controlled Drugs Accountable Officer (CDAO) April 2024 Annual Report.***
- ***Noted that the ongoing requirement for an annual CDAO report for assurance.***

The purpose of the report was to provide assurance to the Clinical Governance Committee of the advancing work to ensure the safe and effective use of controlled drugs (CDs) within Forth Valley.

Key points considered:

- The CDAO is responsible for the management and safe use of CDs, for monitoring system, and taking action where appropriate, and to ensure co-operation between responsible bodies. There is a legal duty to share information between bodies such as health boards, private hospital and hospices, the Care Inspectorate, NHS Scotland Counter Fraud Services and the police. NHS Board CDAOs are required to establish a Local Intelligence Network (LIN) to support information sharing.
- The Annual CDAO demonstrated the multiagency approach within NHS Forth Valley around DCs with input from Police Scotland, Social Work, GP Sub Committee, the Local Medical Committee, Area Pharmaceutical Committee, General Pharmaceutical Council and charitable organisations. In addition, a thematic analysis of reported IR1s related to controlled drugs and the outcomes and actions required from the most recent Internal Audit Report was noted.
- Recent implementation of a Red, Amber and Green (RAG) audit tool, adopted from a neighbouring health board, was utilised to undertake a comprehensive programme of CD assessments of all areas holding CDs in NHS Forth Valley.
- An internal audit regarding "Medicines Management- Controlled Drugs Policy Report No: A18/24" was undertaken in January 2024 using the Risk Assessment Scoring Matrix. Following the Risk Assessment Scoring Matrix, it was noted that there were:
 - 4 Significant Risks
 - 2 Moderate Risks
- Assurance was provided that the category identified as 'other' relating to IR1s would be removed and comments would be added to detail the incidents.

13. For Noting

13.1 The Clinical Governance Committee **noted** the below reports from Associated Clinical Governance Committee.

13.1.1 Clinical Governance Working Group Minute 080224

13.1.2 NHS Forth Valley Infection Control Committee 150224

13.1.3 Draft Organ Donation Committee Minute 130324

13.2 The Clinical Governance Committee **noted** the below Standards and Reviews Reports.

13.2.1 November 2023

13.2.2 December 2023

13.2.3 January 2024

12. Any Other Competent Business

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

13. Date of Next Meeting

Tuesday 09 July 2024 at 09:00am, in the Boardroom, Carseview House.

FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

9.3. Escalation Performance and Resources Committee Minute: 02/04/24

Minute of the Escalation Performance & Resources Committee meeting held on Tuesday 2 April 2024 at 15.00.

Present: Mrs Kirstin Cassells
Mr Robert Clark
Cllr Fiona Collie
Mr Martin Fairbairn (Chair)
Dr Michele McClung
Mr Allan Rennie

Attendance: Mrs Elsbeth Campbell	Ms Kerry Mackenzie
Dr Jennifer Champion	Ms Neena Mahal
Ms Amanda Croft	Ms Jackie McEwan
Prof Frances Dodd	Mr John Ratcliffe
Mrs Morag Farquhar	Miss Rebecca Reid
Mr Garry Fraser	Mr Scott Urquhart

1. Welcome

Mr Martin Fairbairn welcomed everyone to the meeting and confirmed the meeting was quorate.

2. Apologies for Absence

There were no apologies received.

3. Declarations of Interest

There were no declarations of interests.

4. Minute of the meeting held on Tuesday 20 February 2024

The minute of the meeting held on Tuesday 20 February 2024 was approved as an accurate record.

5. Matters Arising / Action Log

In relation to action point 055, discussions had taken place with Ms Amanda Croft, Christine McLaughlin and the Assurance Board who confirmed the key milestones necessary for de-escalation to be considered. These milestones included the completion of the Assurance & Improvement Plan, a final HIS report, evidence of the sustainability of ELT and progress reports of performance.

Ms Kerry Mackenzie advised that Internal Audit would be reviewing the Assurance & Improvement Plan to provide feedback. Focus work would remain on completion of actions and providing suitable evidence.

Agenda Item 7 was discussed at this time.

7. Assurance & Improvement Plan Update

The Escalation Performance & Resources Committee received an 'Assurance & Improvement Plan Update'.

The Escalation Performance & Resources Committee:

- **Considered the Assurance & Improvement Plan Update**
- **Discussed each high-level action & sub-action in relation to Governance.**

Key Points:

- Of the 35 high level actions, 32 were reported as 'complete'. The 3 outstanding actions were:
 - Ensure professional and managerial structures are fit for purpose.
 - Consider how NHS Forth Valley ensures it reflects the diversity of its population in Senior Management and Board level roles.
 - Produce a strategic planning framework that supports the development of a planning cycle to be reviewed and updated annually that indicates where and when the Board is considering options, assessing risk, approving, and monitoring delivery of strategic plans.
- Work had been completed in producing the Strategic Planning Framework, but all information was still to be pulled together into one document.
- A professional assurance framework for both medical and nursing was being developed which would provide improved governance and assurance across the whole system.
- An ethnic diversity network was developed within the organisation to attract staff at all levels. Previously in partnership with Scottish Government, there had been a comprehensive communications program for senior managers and non-executive board members but there had been none carried out recently.
- The Committee took this opportunity to scrutinise each high level and sub-action within the Governance section of the Assurance & Improvement plan. Noting they were content with the actions and detail included within sub-actions, subject to or with the exception of the following (which also qualifies the related higher-level actions):
 - 3.1.5 (Healthcare Strategy) – The wording of the 'Update on action' and the 'COMPLETE' status to be reconsidered to clearly articulate a robust process was in place which will be completed at a later date.
 - 3.2.3 (Calendar of board development sessions) - Schedule of items being discussed at upcoming NHS Forth Valley Board development sessions to be shared with members. Work would be carried out to strengthen attendance of these development sessions.
 - 3.3.1 - Following a question on the monitoring of performance reviews it was confirmed that Ms Amanda Croft would be responsible for holding directorates accountable.
 - 3.6.3 – Consideration to be given to the formatting of the skills matrix, specifically for non-executive members as it was expressed questions were limiting and not allowing for full extent of their skill mix to be demonstrated.
 - 3.6.5 – (Succession planning) Although action complete for senior manager/executive cohorts of staff, the original action actually related to board members (including non-executive members).

- To ensure full scrutiny of the Assurance & Improvement plan was being completed on a regular basis there was an ask that each assurance committee considered the relevant areas of the plan in the same depth as discussed at this meeting.
- Culture Change & Compassionate Leadership work was ongoing, and Mr Allan Rennie confirmed that the Staff Governance Committee was seeking quantitative and qualitative evidence of progress and outcomes.
- Discussed at the Clinical Governance Committee meeting was that oversight arrangements for safe delivery of care were closed off as work had become business as usual. Limited assurance was provided against learning incident report of complaints and adverse events as capacity issues had led to complications in incidents being reviewed in the expected timeframe.
- Committee members at the recent Performance & Resources Committee meeting were advised of the improvement within performance for Children and Adult Mental Health Services and Psychological Therapies. Work against achieving the 4-hour emergency access standard would be discussed in depth at the following meeting.

6. Amended Terms of Reference

The Escalation Performance & Resources Committee considered the 'Amended Terms of Reference'.

The Escalation Performance & Resources Committee:

- **Approved the amended Terms of Reference.**

8. Escalation Performance & Resources Committee – Next Steps

The Escalation Performance & Resources Committee 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 that Governance actions will now be examined at the Escalation P&R Committee as agreed at the February meeting.**
- **Agreed the governance arrangements going forward.**

Key Points:

- Each Assurance Committee would consider in detail the relevant aspects of the Assurance & Improvement plan to provide assurance and feedback to the Escalation Performance & Resources Committee. This would allow the Escalation Performance & Resources Committee to advise the Assurance Board that all areas of the plan were regularly being reviewed and scrutinised effectively.
- It was agreed that the committee should not be stepped down at this time as there were discussions to be had regarding Internal Audit feedback. A further meeting would be scheduled for May.
- Committee Members agreed that discussions regarding the stepping down of the Escalation Performance & Resources Committee could be reconsidered at the end of June.

9. Any Other Competent Business

There being no other competent business the chair closed the meeting.

10. Date of Next Meeting

Thursday 9 May at 10am (this was subsequently changed to 10:45am on Tuesday 18 June).

FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

9.3. Escalation Performance and Resources Committee Minute: 18/06/24

Minute of the Escalation Performance & Resources Committee meeting held on Tuesday 18 June at 10.45am.

Present: Mr Martin Fairbairn (Chair)
Mrs Kirstin Cassells
Mr Robert Clark
Dr Michele McClung
Mr Allan Rennie

Attendance: Dr Jennifer Champion
Prof Frances Dodd
Mrs Morag Farquhar
Mr Garry Fraser
Mr Scott Jaffray
Ms Kerry Mackenzie
Ms Neena Mahal
Ms Jackie McEwan
Ms Robyn McFarlane (minute)
Mr Gerry McGarvey
Mr Andrew Murray
Mr John Ratcliffe
Mr Kevin Reith
Mr Scott Urquhart
Mr David Williams

1. Welcome

Martin Fairbairn welcomed everyone to the meeting and confirmed the meeting was quorate.

2. Apologies for Absence

Apologies were noted on behalf of Fiona Collie.

3. Declarations of Interest

There were no declarations of interests.

4. Minute of the meeting held on Tuesday 2 April 2024

The minute of the meeting held on Tuesday 2 April 2024 was approved as an accurate record.

5. Matters Arising / Action Log

The action log was reviewed. The wording of action 058 was amended to clarify that it related to the Skills Matrix and not the Board Members' appraisals. It was noted that this action was included in the updated Assurance and Improvement plan. It was therefore agreed that the action should be marked as complete. All other actions were noted as complete with the exception of 054 which remained ongoing in terms of issues and actions in respect of governance being examined by the Escalation Performance & Resources Committee.

6. Assurance and Improvement Plan Update

The Escalation Performance & Resources Committee received an 'Assurance and Improvement Plan Update'.

The Escalation Performance & Resources Committee:

- Reviewed and agreed the Assurance & Improvement Plan actions, revised status and update on actions, subject to the amendments below.
- Agreed the actions 'in progress'.
- Agreed the actions and update transitioned to the revised Assurance & improvement Plan, subject to the amendments below.

Key Points:

- Kerry Mackenzie highlighted that significant progress had been made against the Assurance and Improvement Plan with positive impact and outcomes noted.
- It was noted that as work to deliver actions within the Assurance and Improvement Plan continues, there was now a focus on outstanding actions that require ongoing focus.
- The Interim Chair of NHS Forth Valley along with the Escalation Performance and Resources Committee Chair and the Head of Corporate Governance had met to review the full Assurance and Improvement Plan. Actions were reviewed individually and assessed as progressed and complete, progressed and being monitored as business-as-usual activities with a focus on continuous learning, or in progress.
- Actions assessed as in progress have transitioned to an updated Assurance & Improvement Plan. Kerry highlighted that there had been no changes to the existing actions and that the content and evidence had simply been summarised.
- Following circulation of the initial documentation, an update had been forwarded to the Committee ahead of the meeting. Kerry Mackenzie highlighted that any specific changes to the initial documentation had been highlighted in yellow.
- The Chair of the Clinical Governance Committee highlighted that following the Escalation Performance and Resources Committee meeting in April, the Assurance & Improvement plan had been reviewed by the Clinical Governance Committee.
- It was queried how ongoing work around Business-as-Usual actions would be demonstrated in terms of providing assurance; the Chair clarified that the content within the Assurance & Improvement Plan detailed the work required and provided assurance that the work was being undertaken.
- As the actions within the plan were aligned to each of the Assurance Committees, it was agreed that an additional column would be added to the plan to confirm the relevant Committee.
- It was suggested that communication could be delivered to the whole organisation, to provide insight into work already carried out to progress and complete actions within the Assurance & Improvement Plan, and what work was still due to be undertaken. It was noted that regular updates were provided via the Intranet through comms updates and videos from Executive Directors. This communications work would continue.
- The Committee reviewed each item on the Assurance & Improvement Plan, welcoming discussion. The Committee was content with each item and action status within the plan, with the exception of 5.1, around Urgent & Unscheduled Care. It was agreed that the update on actions in relation to Urgent & Unscheduled Care would be presented under the headings of Culture, Leadership & Governance.
- For item 3.4 around the external review of governance, Scott Urquhart provided assurance that External Audit was content that all actions had been appropriately considered.
- The Whistleblowing process was discussed; positive progress was noted, and Frances Dodd confirmed that work was underway to include Speak Up within the Whistleblowing reports.

- Positive improvement within CAMHS was highlighted and noted by the Committee.
- Of the actions within the Assurance & Improvement plan, the items still in progress were:
 - Deliver Culture Change and Compassionate Leadership (CC&CL) Programme to promote and lead the development of a positive organisational culture.
 - Revisit NHS Forth Valley's organisational values alongside the NHS Scotland values that already apply to the workforce.
 - Review and appoint to all senior manager vacancies, interim and permanent.
 - Ensure corporate objectives are aligned with the aims of the organisation.
 - Complete the work on the Board Assurance Framework and ensure it is aligned to the Scottish Government NHS Blueprint for Good Governance.
 - Consider how NHS Forth Valley ensure it reflects the diversity of its population in Senior Management and Board level roles.
 - Repeat the workshop on Active Governance with emphasis on the importance of developing an assurance information system.
 - Review the Integration Schemes for both Falkirk and Clackmannanshire & Stirling HSCPs.
 - Develop and finalise a 5-year Population Health & Care strategy.
- Ongoing and upcoming work to ensure these items could be completed or progressed as Business-as-Usual by the due dates was outlined.
- Neena Mahal wished to highlight to the Committee that despite being under escalation, Forth Valley was not the poorest performing Board with regard to Urgent & Unscheduled Care; other Board's had lower performance levels however were not in escalation. She stressed that improving performance was a priority for the Board and that actions under leadership, culture and governance for urgent and unscheduled care were still being progressed.
- Neena also highlighted the progress being made around resolving some of the culture and leadership issues.
- In response to a question around the professional assurance framework for nursing and medicine, the Committee was advised that this was anticipated this would be completed by the end of July.

Actions:

- An additional column was to be added to the Assurance & Improvement Plan to confirm the relevant Committee, as each action was aligned to an Assurance Committee.
- Work to continue to ensure Speak Up is included within the Whistleblowing reports.
- Communications work was to continue to provide insight into work being carried out to progress and complete actions within the Assurance & Improvement Plan, and what work was still due to be undertaken.
- Updates and additional evidence discussed to be included in the Assurance and Improvement Plan update on actions.
- For item 5.1 an update on actions in relation to Urgent & Unscheduled Care would be presented under the headings of Culture, Leadership & Governance.

7. NHS Forth Valley Assurance Board Letter to the Public Audit Committee

It was collectively agreed that key details within the Assurance Board letter to the Public Audit Committee had been discussed throughout the meeting, therefore no separate discussion was required. The Committee highlighted that the letter was helpful. Key requirements were reflected within the revised Assurance & Improvement Plan.

8. External Audit Conclusions

The Committee acknowledged the Proposed External Audit Report and the recommendations around continued work with the Assurance Board to progress the Assurance & Improvement

Plan. Kerry Mackenzie reminded the Committee that the external audit report would be strictly confidential until November.

9. Any Other Competent Business

The Chair highlighted that the links to the Assurance Board minutes were now available to view.

There being no further competent business to be discussed, the Chair closed the meeting.

10. Date of Next Meeting

TBC

FORTH VALLEY NHS BOARD

TUESDAY 30 JULY 2024

9.4. Performance and Resources Committee Minute: 25/06/24

Minute of the Performance & Resources Committee meeting held on Tuesday 25 June 2024 at 9am, Boardroom Carseview House/MS Teams

Present: Mrs Kirstin Cassells
Mr Robert Clark
Mr Martin Fairbairn (Chair)
Cllr Wendy Hamilton
Ms Neena Mahal

In Attendance:

Miss Jennifer Brisbane (Minute)	Mr Gerry McGarvey
Prof Frances Dodd	Mr Andrew Murray
Mrs Morag Farquhar	Mr Kevin Reith
Mr Garry Fraser	Mr John Stuart
Ms Laura Henderson (Item 8.2)	Mrs Jillian Thomson (Item 9.1)
Mr Scott Jaffray	Mr Scott Urquhart
Ms Kerry Mackenzie	Miss Vicky Webb
Mr Stephen McAllister	Mr David Williams (Item 8.1)
Miss Jackie McEwan	

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Fiona Collie and Dr Jennifer Champion.

2. Declaration (s) of Interest (s)

There were no declarations of interest.

3. Minute of Performance & Resources Committee meeting held on

The minute of the meeting held on 30 April 2024 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

Committee members reviewed the action log and agreed that Action 30 would be closed due to the Assurance Framework Map being incorporated into the Assurance Improvement Plan. All other actions were noted as 'complete' or 'in progress'.

5. Performance & Resources Committee Planner

The Performance & Resources Committee noted the Performance & Resources Committee Planner.

The Performance & Resources Committee:

- Agreed that all items noted within the committee planner remained appropriate.

6. For Approval

6.1 Strategic Risk Register

The Performance & Resources Committee received the 'Strategic Risk Register' paper.

The Performance & Resources Committee:

- **Agreed the proposed 'Reasonable' assurance provided regarding the effective management and escalation of risks aligned to the Performance & Resources Committee.**
- **Noted the Performance and Resources Strategic Risks for the period May-June 2024 and was content for onward reporting to the Audit & Risk Committee and NHS Forth Valley Board.**

The purpose of the paper was to provide an update to the Strategic Risk Register as of June 2024, with a focus on risks aligned to the Performance & Resources Committee.

Key points considered:

- Following review of the risks aligned to the Performance & Resources Committee for June 2024, the below updates were provided:
 - 6 of the 7 risks remained static.
 - SRR011 (Digital & eHealth Infrastructure) received a slight increase in risk score as an output from a focused review. Reassurance was provided that further detail would be outlined in item 8.4.
 - The appetite profile of the strategic risks had changed with:
 - 23.1% of risks within NHS Forth Valley's Board appetite.
 - 23.1% of risks within NHS Forth Valley's Board tolerance.
 - 53.8% of risks out with appetite and tolerance.
- Since the last reporting period, there were 33 actions identified across the strategic risks to further mitigate the risk profile:
 - 2 additional actions had been completed.
 - 4 actions were report as overdue and were in relation to SRR011.

6.2 Disposal of Carronshore Property

The Performance & Resources Committee received the 'Disposal of Carronshore Property' paper.

The Performance & Resources Committee:

- **Noted the progress to date and consideration of the offers received for the purchase of the property.**
- **Approved the disposal of the property to Right Medicine Pharmacy Limited as per the Terms of Reference of the committee and the Scheme of Delegation.**
- **Agreed the proposed 'Reasonable' level of assurance.**

The purpose of the paper was to provide an update on the disposal of the former Carronshore Dental Clinic, which was declared 'surplus to requirements' by the committee on 31 October 2023.

Key points considered:

- Due to there being no identified use by any NHS Forth Valley service and the significant cost to repurpose the property, contact was made with Falkirk Council to ascertain if there was potential local community interest in the facility. Following no response from Falkirk Council, the Trawl process was initiated however no interest was expressed by public sector partners.
- The NHS Forth Valley's Board Property Advisor, Graham & Sibbald, launched the property to the market on 3 May 2024 with a guide price of £100,000, however advised that lower offers may need to be considered. Two formal offers were received:
 - Right Medicine Pharmacy Limited offered £80,000 with no conditions attached. The bidder provided proof of funds.
 - C&S Group offered £54,000, subject to their Board approval and obtaining a report from their solicitors on the Title Deeds of the site with the condition that the terms of the report must be wholly acceptable to the company.
- Following analysis from Graham & Sibbald, it was recommended that NHS Forth Valley accept Right Medicine Pharmacy Limited's offer on the basis that the balance represented the better offer, maximising the final capital receipt and the opportunity for quick settlement of formal missives.
- Colleagues were advised that the capital received from the transaction was not factored into the Capital Plan, therefore capital funding available in 2024/25 financial year would increase directly by £80,000.
- Section 4.4.2 of the Performance & Resources Committee Terms of Reference was acknowledged, where it was noted that committee had authority to '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'.
- Following discussion, committee members agreed to approve the offer from Right Medicine Pharmacy Limited.

7. Better Governance

7.1 Draft Corporate Objectives

The Performance & Resources Committee received the 'Draft Corporate Plan'.

The Performance & Resources Committee:

- **Considered the Corporate Plan which also set out the Health Board's corporate objectives.**
- **Commended the Corporate Plan to the NHS Forth Valley Board for approval in July 2024, subject to actioning the suggestions for some reframing of the document.**

The purpose of the Draft Corporate Plan was to outline NHS Forth Valley's ambition and purpose as an organisation, setting out the response to key priorities for 2024/25.

Key points considered:

- In line with national policy, the Health Board revisits its corporate objectives annually to provide direction for staff whilst promoting action towards goal-related activities and behaviours that align with our values. Staff would be supported when developing and agreeing their objectives and personal development plans to which they will be held to account for.
- Taking cognisance of the Corporate Objectives, the Executive Leadership Team (ELT) were asked to set team and personal objectives whilst considering Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) objectives,

supporting the creation and delivery of goals in line with NHS Forth Valley's priorities.

- Clarity was provided that the Corporate Plan would be for internal use and remained consistent with the Delivery Plan and Strategic Plan.
- Following discussion, it was agreed that the corporate objectives would be reviewed and reframed to ensure comprehensive and clear aims for the organisation prior to presentation at the NHS Forth Valley Board, including in relation to the Leadership and Governance objectives
- Assurance was provided that the high-level objectives would be interpreted by senior management to ensure that the objectives are accessible to all levels of staff within the organisation.
- Concern was raised regarding the timeframe of the Corporate Objectives being reviewed at the NHS Forth Valley Board. Committee members were informed of the disconnect of timelines between Corporate Objectives and staff team objectives. Assurance was provided that the 2025/26 objectives would be presented to the March 2025 NHS Forth Valley Board.
- Committee members were advised that to align with the Culture Change and Compassionate Leadership Programme, NHS Scotland values would be referred to within the objectives to support change.

Action:

- Review and reframe Corporate Objectives to ensure comprehensive and clear aims.

7.2 Annual Internal Audit Report 2023/2024

The Performance & Resources Committee received the 'Annual Internal Audit Report 2023/24'.

The Performance & Resources Committee:

- **Noted the outcomes of the 2023/24 internal audit.**
- **Noted the action points of specific concern to the Performance & Resources Committee.**
- **Noted that areas of further improvement will be followed up in the 2023/24 Internal Control Evaluation (ICE) and detailed findings will inform planning for individual 2024/25 internal audits.**
- **Agreed the proposed 'Reasonable' level of assurance**

The purpose of the report was to provide detail on the outcomes of the 2023/24 internal audit and the Chief Internal Auditors opinion on NHS Forth Valley Board's internal control framework.

Key points considered:

- The Annual Internal Audit Report 2023/24 was issued to the Audit & Risk Committee in June 2024 and was noted in evaluating the internal control environment.
- The Annual Internal Audit Report 2023/24 contained 10 action points, intended to embed good governance principles and to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance.
- To enable the Performance and Resources Committee to focus on key sections of the Annual Internal Audit Report relevant to their terms of reference, the below sections were highlighted for consideration:
 - Corporate Governance
 - Action point 1.
 - Financial Governance

- Action points 9 and 10.
- Information Governance
 - No action points.

8. Better Care

8.1 Urgent & Unscheduled Care Improvement Plan

The Performance & Resources Committee received the 'Urgent & Unscheduled Care Improvement Plan'.

The Performance & Resources Committee:

- Reviewed the paper and gained assurance that whole system working was being applied to improve patient experience and performance in Urgent and Unscheduled Care.
- Acknowledged the workstreams underway to improve the 4-hour Emergency Department (ED) access standard.
- Noted the factors affecting the 4-hour ED performance.
- Agreed the proposed 'Limited' level of assurance

The purpose of the paper was to display the whole system work being undertaken to meet the obligations of the board and improve patient experience.

Key points considered:

- A whole system approach was being undertaken to achieve successful service delivery and ensure longer term sustainability of health and social care services through collaboration with partners. Coproduction of strategic plans, aligned to data and performance dashboard development was ongoing to measure the impact of strategic implementation plans.
- An overview of the work being undertaken within the whole system approach was provided:
 - Early intervention and prevention were being explored through a Public Health perspective to better understand a patient's needs and prevent unnecessary unscheduled presentations to ED.
 - Work was ongoing with NHS24 to review the number of calls received from Forth Valley residents and the conversion of calls referred to the Flow Navigation Centre, which had been identified as Scotland's highest conversion rate.
 - 'Call before you convey' had commenced with a phased approach with the Scottish Ambulance Service (SAS) in June 2024 to mitigate ED admissions. The conveyance rate from SAS when attending a 999 call within the Forth Valley catchment area was at 80% in comparison to rates of 50% for health boards with an established 'call before you convey' programme.
 - The SAS turnaround time continued to sit at or below the Scottish average, which was identified as a patient safety priority. Colleagues were informed of NHS Forth Valley's decision not to practice corridor waits within the hospital due to the associated patient safety concerns.
 - The 'Your Home First' strategy was being developed in collaboration with the Health & Social Care Partnership (HSCP) in order to embed a whole system approach to ensure that patients health and care needs are met at home. Work was being undertaken with the Locality Manager to address issues with blocked beds in Bellfield correlated with Adults with Incapacity (AWI).

- The Acute Urgent & Unscheduled Care Delivery Plan continued to develop with the aim of ensuring flow throughout Forth Valley Royal Hospital (FVRH) is maintained and monitored through the Urgent and Unscheduled Care Programme Board. Workstreams aligned to the delivery plan included Discharge without Delay (DWD), Ward Beat and, frailty assessment and cohorting.
- Committee members were informed of the requirement for cultural development to improve team working and interpersonal relationships. Assurance was provided that internal Organisational Development work was being undertaken to develop trust and facilitate effective teamwork with ward and medical teams.
- It was noted that NHS Forth Valley was restricted when experiencing pressures within the system due to the inability to divert patients and services to an alternative site to relieve pressures on FVRH.
- Following discussion, concern was raised regarding community services for adults with incapacity and elderly patient's attending ED.

Actions:

- Provide more reflection on the whole system aspect of the Improvement Plan.
- Indicate timescales and targets within future reports.
- Provide additional information on work being undertaken to address delayed discharges, and culture.
- Bring a revised version of the paper to the July Board meeting.
- Bring a further update to the 29 October 2024 Committee meeting, subject to when the Winter Plan is brought to the Committee, which it was suggested should probably be earlier than currently planned.

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 2023/24 quarters 3 and 4.**
- **Agreed the proposed 'Reasonable' level of assurance**

The purpose of the performance report was to provide the committee with key performance information to support effective monitoring of system-wide performance.

Key points considered:

- Following the detailed discussion on the Urgent & Unscheduled Care Position in item 8.1, a brief overview of the Performance Scorecard was provided.
- At the end of May 2024, there was:
 - 14,547 patients waiting for a first outpatient appointment compared to 19,694 in May 2023, with 4,756 patients waiting beyond 12 weeks compared to 8,392 in May 2023.
 - An increase in the number of inpatients/ daycases waiting to 5,449 with an increase in those waiting beyond 12 weeks against the previous year.
 - Activity against the agreed Annual Delivery plan trajectory highlighted that NHS Forth Valley were on track to meet and exceed the 2024/25 quarter 1 projection respectively.
- The new outpatient Did Not Attend Appointment (DNA) rate across acute services in May 2024 was noted as 5.9% which was the same position in May 2023. The return

outpatient DNA rate across acute services in May 2024 was 6.7%. Assurance was provided that areas that with a high rate of DNAs were within niche departments and had experienced a low volume of DNAs.

- A CT van, funded by Scottish Government, was on-site at FVRH in order to bring the longest waiting patients toward the 6-week target.
- Despite a minimal improvement in patients waiting beyond 6 weeks for an endoscopy appointment compared to May 2023, assurance was provided that NHS Forth Valley were on track to exceed the 2024/25 quarter 1 projections.
- The below performance was noted:
 - In April 2024:
 - 85.4% of patients were seen for cancer treatments within the 62-day standard.
 - 99% of patients were seen for cancer treatments within the 31-day standard.
 - In May 2024:
 - 66% of patients were treated by Psychological Therapies within 18 weeks.
 - 96.9% of patients were treated by Child and Adolescent Mental Health Services within 18 weeks.

8.3 Annual Delivery Plan

The Performance & Resources Committee received the 'Annual Delivery Plan'.

The Performance & Resources Committee:

- **Considered the Draft Annual Delivery Plan.**
- **Noted that the plan would be submitted to the NHS Forth Valley Board for approval.**
- **Noted that the Scottish Government approved the plan, recognising that it must remain dynamic and responsive.**
- **Noted that reporting on progress with delivering the Annual Delivery Plan would be to the Performance and Resources Committee on behalf of the NHS Forth Valley Board and further guidance is expected from Scottish Government with regards to frequency and format of national reporting.**
- **Agreed the proposed 'Reasonable' level of assurance**
- **Commended to the Annual Delivery Plan to the NHS Forth Valley Board.**

The purpose of the paper was to outline the key actions, specifically focussed on 2024/25, that would be delivered by NHS Forth Valley to meet the requirements set out by the Scottish Government, in the NHS Scotland Delivery Planning Guidance 2024/25.

Key points considered:

- The 3-year NHS Forth Valley Delivery Plan was closely aligned to the NHS Forth Valley Board's 3-year Financial Plan.
- The Scottish Government indicated their approval of the NHS Forth Valley Delivery Plan 2024/25 on the basis of the document remaining dynamic and fluid, welcoming Forth Valley's approach to develop service plans and financial planning in an integrated way.
- Priority areas were identified by the Scottish Government in order to provide assurance in future years of the plan:
 - Development of performance trajectories for Forth Valley against the National Delivery Framework Indicators.

- Further clarification regarding oral health needs and engagement with independent dental contractors to ensure equitable access to NHS oral health care.
- Further information and clarification regarding local actions associated with Alcohol and Drug Partnerships' strategic plans, delegation of funds allocated under the National Mission, sufficient procurement and distribution of medicinal treatments and aspects of implementation in relation to Medication Assisted Treatment (MAT).
- Committee members were advised of the potential financial constraints associated with the implementation of the delivery plan however assurance was provided that discussions regarding such risks were ongoing.

8.4 IT Infrastructure Strategic Risk Review

The Performance & Resources Committee received the 'IT Infrastructure Strategic Risk Review'.

The Performance & Resources Committee:

- **Endorsed the evaluation of 'Reasonable' assurance provided for SR011 Digital & eHealth Infrastructure.**

The purpose of the report was to provide assurance on SR011 Digital & eHealth Infrastructure focused review.

Key points considered:

- An update was provided following the review of SR011, which saw a slight increase in the risk score due to discussions regarding controls and the identification of there being no contingency controls documented.
- Following discussion of the risk description it was agreed that this would be reviewed to ensure clarity.
- There were 9 controls mitigating the strategic risk with a variety of effectiveness identified, all provided with a RAG status of amber or red.
- Actions identified to further mitigate the strategic risk were assessed and given a criticality level to identify where priority action should be taken.
- SR011 was within the Board's appetite for Transformation & Innovation, however the decision was made to make the lead impact category 'Service Delivery' due to work being required to ensure services across the organisation were supported by Digital & eHealth.
- Infrastructure and system refreshes were being undertaken as business as usual due to the frequent requirement to update software packages.
- Committee members were made aware of an emerging risk related to monitoring staff access to systems once they had left the organisation and the requirement to withdraw access in a timely manner.
- In order to gain further assurance, it was agreed that a paper outlining the progress on completion of business continuity plans would be presented to a future committee meeting.

Actions:

- Review the initial section of the risk description.
- Provide a paper on the progress of business continuity plans.

9. Better Value

9.1 Finance

9.1.1 Finance Report

The Performance and Resources Committee received the 'Finance Report'.

The Performance & Resources Committee:

- **Noted the heightened level of financial risk for 2024/25 with a £4.4m overspend reported for the first 2 months of the year. Which was a higher overspend than the planned trajectory for the period and immediate action was required to address this.**
- **Noted that an in-depth review of the overall financial position, including changes in key planning assumptions and the forecast outturn for the year, would be undertaken in July once the quarter 1 results are available. However, the month 2 results raise significant cause for concern at this early stage in the year.**
- **Noted that a progress update on savings and financial sustainability was provided under separate cover to Performance and Resources Committee.**
- **Noted the improving position in relation to nurse agency costs.**
- **Agreed the proposed 'Reasonable' level of assurance.**

The purpose of purpose of the report was to provide a high-level summary of the financial results for the first 2 months of the 2024/25 financial year.

Key points considered:

- The output of the financial results for the first 2 months of the 2024/25 financial year indicated that the potential financial risk was significantly higher than the anticipated £14.5m residual funding gap.
- Key issues driving financial pressures were noted as:
 - No reoccurring additional funding.
 - Inflation of contracts and medicines.
 - Continued pressure on unfunded additional beds.
 - Unfunded staff posts.
- Assurance was provided that the Finance Sustainability Oversight Board saw improvements in the reduction in nursing agency and supply staffing usage, with there being no spend on healthcare support worker agencies.
- Urgent corrective action was required to address the £4.4m overspend noted within the first 2 months, in order to meet the Scottish Government's requested actions to be delivered within the first quarter. Committee members were asked to acknowledge the difficult decisions required which may impact on performance.

9.1.2 Financial Sustainability Oversight

The Performance and Resources Committee received the 'Financial Sustainability Oversight' paper.

The Performance and Resources Committee:

- **Noted the content of this report and progress to date.**
- **Noted the focused reviews held as part of the fortnightly Financial Sustainability Oversight Board meetings and associated actions being progressed on delivery.**

- **Noted that an in-depth review of the overall financial position, including projected savings delivery and reassessment of the Financial Sustainability Action Plan, would be undertaken in July once Quarter 1 results are available.**
- **Commended the good work that was being undertaken in this area.**

The purpose of the paper was to provide an update on the implementation of the Financial Sustainability Action Plan for 2024/25 and a summary of the Financial Sustainability Oversight Board meetings from April 2024 to date.

Key points considered:

- A Financial Sustainability Oversight Group was established to oversee delivery of the 2024/25 Financial Sustainability Action Plan and review progress across 8 workstreams.
- A review of the workforce workstream highlighted progress against 10 workforce actions and recognised that the closure of contingency beds was vital to the delivery of workforce savings. Improvements were noted following enhanced controls with agency and supplementary staff however further monitoring of sickness absence necessity use of agency was required.
- In order to reduce spend within procurement workstream, bulk purchase and supplier discount proposals were to be considered for the procurement of cardiology devices.
- A review of non-discretionary spend to reduce spend on goods and services classified as non-essential to support financial sustainability without compromising patient care was proposed. Following an identified increase in postage and staff catering expenses.
- PFI Benchmarking marking was underway and the NHS Forth Valley Board would seek to maximise efficiency savings. The outcome of the benchmarking exercise was not expected to be confirmed until August.
- Assurance was provided that work was ongoing to redesign non-compliant medical rotas to reduce breaches and use of medical locums. It was noted that a medical rota reset could see a potential save of £700,000.

9.1.3 Benchmarking Update

The Performance and Resources Committee received the 'Costs Book Benchmarking Report'.

The Performance and Resources Committee:

- **Noted the national Costs Book submission for financial year 2022/23 published on 27 February 2024 provides comparative costs and activity information for Boards with NHS Scotland.**
- **Noted the information provided for NHS Forth Valley benchmarking.**
- **Noted the challenges in comparison due to Cross Boundary Flow (CBF) costs and activity.**
- **Noted that plans to develop a Patient Level Information and Costing Systems (PLICS) are being progressed.**
- **Noted the other sources of cost benchmarking information are routinely used for monitoring progress.**
- **Agreed the proposed 'Reasonable' level of assurance.**

The purpose of the report was to provide a high-level summary of the NHS Forth Valley costs within the 2022/23 Costs Book.

Key points considered:

- The Scottish Health Services Costs (Costs Book) was published with the support of the Scottish Government to highlight health boards that were significant outliers.
- The 2022/23 Cost Book reported the total NHS Forth Valley resource was £786m which comprised of £762m operating costs as set out in Executive Summary R100, £46.5, (net) cross boundary flow and £22.5m Additional Cost of Teaching (ACT) and other income. NHS Forth Valley's operating costs as reported in R100 for the period since 2019/20 highlighted an increase of 20.96% which was lower than the 21.30% reported for NHS Scotland.
- A full cost per case speciality analysis was still to be undertaken to identify any outliers and variations within each sector.
- NHS Forth Valley was in the early stages of pursuing the option of implementing a Patient Level Information and Costing System (PLICS). PLICS allows costs to be attributed to patient activity in a thorough way to improve the cost apportionment for Costs Book reporting, whilst also allowing for better understanding of individual patient costs and pathways, assisting in better decisions making and allowing for the identification of unwarranted variation.

Actions:

- Following discussion, it was agreed that future reports should include information regarding engagement with other health boards about the underlying reasons for apparent differences and the lessons that can be learned.

9.2 National Treatment Centre Update

The Performance & Resources Committee received the 'National treatment Centre Update'.

The Performance & Resources Committee:

- **Noted the Forth Valley NTC progress update and proposed assurance level.**
- **Noted that 16 of the 18 Governance recommendations contained within the NHS Assure Construction KSAR report have been fully met, with the remaining two actions being followed up**
- **Noted the current status of NHSSA actions.**
- **Agreed the proposed 'Reasonable' level of assurance.**

A further recommendation in relation to support for a proposed approach to mitigating the construction defect related to foil wrapping of the domestic water pipework, was withdrawn from the paper on the basis that this would require consideration by the NHS Board together with a complete risk assessment and a clear understanding of potential implications.

The purpose of the paper was to provide an update on the progress to deliver the National Treatment Centre (NTC) Forth Valley facility and provide assurance on the delivery of NTC Programme Governance recommendations as set out within the NHS Assure Construction (NHSSA) Key Stage Assurance Reviews (KSAR) report.

Key points considered:

- Following the identification of 18 recommended actions to address issues related to the NTC programme governance, 16 had been fully met and were noted as completed. Assurance was provided that the 2 remaining actions continued to be monitored within the KSAR Action Plan. It was agreed that further detail on timelines for completion of all 54 total outstanding KSAR actions would be provided to the next meeting of the Committee.

- Committee members were advised of the design and installation issues related to the NTC build programme:
 - Installation of Pipework: NHS FV had been advised by NHS Assure that the installation of the domestic water pipework was non-compliant with the relevant British Standards and Scottish Health Technical Memorandum (SHTM), requirements. A full risk assessment to determine potential impact and mitigations was in process of being developed. Forth Health, as the contracting body, had been formally advised by the Forth Valley project team that the defect required to be remedied. An alternative option put forward by the contractor on a 'without prejudice' basis had been discussed at the NTC Programme Board meeting and was under review. The Committee noted the importance of ensuring full compliance with relevant building standards in terms of safety and recognised that any alternative option would require consideration by the NHS Board together with the complete risk assessment.
 - Fire Safety Compliance: NHS Assure had highlighted 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, potentially compromising the integrity of the structure. Colleagues were awaiting results from an independent fire test was undertaken on 30 May 2024. Despite there being no immediate solution identified, stakeholders were working collaboratively to address fire safety compliance concerns.
- Following discussion regarding members of staff being updated on NTC progress, assurance was provided that updates were published regularly on the StaffNet.

9.3 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 the Business Continuity Plan and requirement to submit to Scottish Government by the end of January 2025.**
- **Agreed the proposed 'Reasonable' level of assurance.**

The Performance & Resources Committee received the 'Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update.

The purpose of the paper was to provide updates on current major capital projects, property transactions, medical equipment expenditure and Digital Delivery Plan progress for the first quarter of 2024/25.

Key points considered:

- NHS Forth Valley's 2023/24 approved Capital Plan noted that the majority of projects were completed as anticipated with carry forwards and achieved a balanced position. The Greenspace Project at Stirling Health & Care Village had been received well, with a successful open session of celebration planned by Health Improvement Colleagues.
- The use of the funding of £1.9m (revenue) granted under the auspices of The Scottish Green Public Sector Estates Decarbonisation Scheme (SGPSEDS), saw positive feedback from GPs following a suite of energy efficiency measures successfully implemented across several buildings in the Primary Care Estate.

- Business Continuity Planning was in the initial stages of a new process being implemented from Capital planning by the Scottish Government and the first submission was due by the end of January 2025. Colleagues were advised that further clarity was required regarding the Business Continuity Plan budget.
- Delays with sustainability projects within FVRH were noted due to legal and contractual implications. Committee members were advised of there being no more funding under the auspices of SGPSEDS and future projects would likely impact NHS Forth Valley's own capital funding.
- The first pilot of the GP System Replacement had commenced.
- The single shared device pilot had been successful with HSCP colleagues therefore work was ongoing to plan a launch.

10. For Noting

10.1 The Performance & Resources Committee **noted** the Emergency Planning and Resilience Group Minute.

10.2 The Performance & Resources Committee **noted** the Information Governance Group Minute.

11. Any other Competent Business

Mr Scott Urquhart informed committee members of a significant cyber attack on the Synnovis System which impacted health boards within NHS England. Assurance was provided that work was ongoing with agencies to identify if any NHS Forth Valley patients had been impacted.

There being no other competent business the chair closed the meeting.

12. Date of Next Meeting

Tuesday 27 August 2024 at 9:00am, in the Boardroom, Carseview House

FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

9.4. Performance and Resources Committee Minute: 30/04/24

Minute of the Performance & Resources Committee meeting held on Tuesday 30 April 2024 at 9.30am, Boardroom Carseview House/MS Teams

Present: Mrs Kirstin Cassells
Mr Robert Clark
Mr Martin Fairbairn (Chair)
Cllr Wendy Hamilton

In Attendance: Prof Frances Dodd
Mrs Morag Farquhar
Ms Claire Giddings
Mr Douglas Grant (Item 6.2)
Mrs Laura Henderson
Mr Scott Jaffray
Mrs Neena Mahal
Ms Jackie McEwan

Mr John Ratcliffe
Miss Rebecca Reid
Mr Kevin Reith
Mr Scott Urquhart
Miss Vicky Webb
Mr David Watson (Item 7.1)
Mr David Williams (Item 7.1)

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Cllr Fiona Collie, Ms Amanda Croft, Dr Jennifer Champion, Mr Garry Fraser, Ms Kerry Mackenzie, and Mr Andrew Murray.

2. Declaration (s) of Interest (s)

There were no declarations of interest.

Item 7.1 was taken at this point in the agenda.

7.1 Urgent & Unscheduled Care Update

The Performance & Resources Committee received the 'Urgent & Unscheduled Care Update'.

The Performance & Resources Committee:

- **Noted the Forth Valley 4-hour ED standard for performance update.**
- **Noted the work underway to improve the performance and charts now available to measure performance.**
- **Recognised the system pressures being seen across ED and the difficulties in achieving improved target performance despite the hard work in place to mitigate these issues.**
- **Agreed that only limited assurance could be provided because the Committee had not been presented with analyses that linked the improvement actions to**

projected numerical improvements in whole-system improvement (including the 4-hour emergency access standard).

- **The Committee therefore welcomed the planned Board session on Urgent & Unscheduled Care which would provide an opportunity to address these gaps.**

Key points:

- Performance against the 4-hour emergency access standard (EAS) for the emergency department (ED) within Forth Valley Royal Hospital was reported to be below 50%. Which was below the anticipated expectations set out by Scottish Government. However, it was noted that Minor injuries unit within Stirling Community hospital had achieved 100% performance against the 4-hour EAS almost every day.
- Workstreams had been implemented through the Urgent & Unscheduled Care plan to drive improvement and encourage staff to continue with their hard work.
- Difficulties improving performance could be seen as a direct correlation to the winter pressures of 2023/24 still being seen across the organisation. Another factor seen to impact performance was due to staffing issues of high absence and vacancy rates within ED.
- Highlighted was that average core bed occupancy in February and March 2024 averaged around 126%.
- Immediate actions were put in place to improve flow throughout ED which included ringfencing a 4-bed area within AAU3 to provide an assessment area for rapid turnover patients to be seen, increased focus on the discharge lounge, daily formal meetings, and the continuance of work with Scottish Ambulance Service to ensure only appropriate patients are brought to ED with other patients being diverted to more sufficient routes.
- The opportunity to learn from other health boards was presented and team members visited NHS Fife to get an overview of the functioning of their ED which was a positive experience resulting in some ideas to assist within Forth Valley.
- Mr David Williams spoke to the work ongoing within Clackmannanshire & Stirling Health and Social Care Partnership as all work to improve performance within ED was being done in collaboration to achieve a whole system approach.
- To assist with relieving pressures within ED work was underway to encourage various pathways of care including 'Your home first' which was being managed by Mrs Annemargaret Black and in the early stages of development whilst being treated with high priority. This would allow patients to be treated through care in the community in the hope to reduce the number of patients being admitted to hospital.
- To improve against discharges from the acute site it was expressed that thought would be given on the management of discharging more complex cases to provide a more sufficient process.
- The Committee agreed it was important to provide data and evidence of how each workstream can assist with improving whole-system performance in the medium and long term, so that each workstream can be linked to projected performance improvements in the whole system (including in the 4-hour emergency access standard).
- Although it was positive to see all the work in place, it was emphasised that it would be beneficial to see such reports in the form of a paper rather than a presentation in future.
- It was questioned as to why the 'your home first' was not anticipated to be in place until August 2024; this was due to the scale of work being undertaken as well as encouraging an integrated approach across all parties involved.

3. Minute of Performance & Resources Committee meeting held on 27 February 2024

The minute of the meeting held on 27 February 2024 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

There were no matters arising. The action log was reviewed and discussed by committee members. Confirmation was provided that action 30 was in the final stages of work and would be taken to ELT for discussion and finalisation. It was agreed that the completion date would be amended to reflect the next meeting of the Performance & Resources Committee.

Action:

- Amend timescale of action 30 to 25/06/24.

5. FOR APPROVAL

5.1 Draft Performance & Resources Annual Report

The Performance & Resources Committee considered the 'Draft Performance & resources Annual Report'.

The Performance and Resources Committee:

- **Approved the draft Performance and Resources Committee Annual Report subject to any updates required.**
- **Delegated authority to the Performance and Resources Committee Chair to approve the final version of the report prior to submission to the NHS Board.**

Key points:

- The draft annual report was shared with committee members for consideration ahead of submission to the NHS Forth Valley Board.
- One suggested change from the chair included detail within the conclusion to emphasise why Financial Benchmarking had not been presented to the committee.
- Committee members were content with the report provided and agreed to delegate authority to the Chair to approve the final iteration.

5.2 Performance & Resources Committee Planner 2024/2025

The Performance & Resources Committee considered the 'Performance & Resources Committee Planner 2024/2025'.

The Performance & Resources Committee:

- **Noted the detail within the Performance & Resources Committee Planner 2024/25**
- **Approved the Performance & Resources Committee Planner 2024/25 noting that this will be reviewed and updated on an ongoing basis.**

Key points:

- The 2024/2025 committee work plan supports the Committee to take sufficient cognisance of its role and remit as laid down in the Terms of Reference, enabling the production of a comprehensive Annual Report and the provision of adequate assurances.
- This committee planner would continue to be reviewed and updated on an ongoing basis.

Action:

- As the Winter Planning Update was not scheduled to be presented to the committee until the October meeting, add an initial overview to be presented at the August meeting.

5.3 Alva Medical Practice Boundary Change

Item 5.3 was removed from the agenda as this item should be considered by the NHS Forth Valley Board.

5.4 Digital and eHealth Plan 2024/2025

The Performance & Resources Committee considered the 'Digital and eHealth Plan 2024/2025'.

The Performance & Resources Committee:

- **Approved the Digital & eHealth Delivery Plan 2024/2025**

Key points:

- The Digital & eHealth programme plan is aligned with the Local Digital Health & Care Strategy which was approved by the Board in January 2024.
- The plan complies with both national strategies and local priorities.
- Financial plans for the programmes of work being implemented highlighted a £2m recurring cost.

Action:

- Report to future Committee meetings on progress with implementation of the GP system changes.

5.5 Proposal for Short-Term Housing Lets: Falkirk

The Performance & Resources Committee considered the 'Proposal for Short-Term Housing Lets: Falkirk'.

The Performance & Resources Committee:

- **Noted the work progressed to date on the proposal for short-term housing for individuals delayed in their discharge from hospital.**
- **Approved the proposed leases of accommodation from Falkirk Council.**
- **Approved remit to the Directors of Finance and Facilities the finalisation of the terms for the leases, including completion of legal documentation with satisfactory undertakings by Falkirk HSCP.**
- **Agreed the proposed level of assurance.**

Key points:

- A need had been identified to provide short-term housing for individuals whose home is unsuitable for discharge as part of an ongoing effort to reduce the delayed discharges.
- Care and support to individuals placed in these tenancies would be provided, or sourced, by Falkirk Health & Social Care Partnership (HSCP). This would include any costs associated with the day today operation and NHS Forth Valley would not be responsible for utility costs or maintenance.
- Each party would be responsible for their own legal fees in relation to this proposal.

5.6 Strategic Risk Register Update

The Performance & Resources Committee considered the 'Strategic Risk Register Update'.

The Performance and Resources Committee:

- **Considered the assurance provided regarding the effective management and escalation of risks aligned to the Performance and Resources Committee.**
- **Endorsed the Performance and Resources Strategic Risks for the period February- April 2024 for onward reporting to the Forth Valley NHS Board.**

Key points:

- The seven risks aligned to the Performance and Resources Committee had been reviewed for April 2024 and six of the seven risks remained static. As a result of a focused review on SRR014 Healthcare Strategy the risk score was reduced to 8 from 9.
- A review of the Financial Sustainability target score was conducted and as a result the risk score was increased to 15 which remained within the Board's tolerance level and allowed for a more realistic target position.
- The appetite profile of the Strategic Risks had changed resulting in 15.4% of risks being within the Boards appetite, 38.5% within the Boards tolerance and 46.2% were out with the Boards appetite and tolerance.

6. BETTER GOVERNANCE

6.1 Escalation Update

The Performance & Resources Committee received an 'Escalation Update'.

The Performance and Resources Committee:

- **Considered the progress in relation to Integration actions detailed within the Assurance and Improvement Plan.**
- **Considered progress in relation to Psychological Therapies, Child and adolescent Mental Health Services, and Urgent and Unscheduled Care performance detailed within the Assurance and Improvement Plan.**
- **Approved the reasonable level off assurance provided.**
- **Reviewed each the action plan in detail provided feedback on areas that require rewording and clarity.**

Key points:

- Previously agreed was that each individual Assurance Committee would validate progress and review the finer detail of actions relevant to their area to provide feedback and assurances to the Escalation Performance & Resources Committee.
- The Performance & Resources Committee would consider the work detailed within Psychological Therapies, Child and Adolescent Mental Health Services (CAMHS), Integration and Urgent & Unscheduled Care.
- A review of the integration scheme was marked as complete as work had commenced, and external support was being provided and progress would continually be monitored.
- Performance for CAMHS was highlighted as 95.5%, Psychological Therapies was 75.3% and compliance against the 4-hour emergency access standard was 51.5%.
- Committee Members took this opportunity to discuss in detail both the high-level actions and sub-actions. It was agreed they were content with the progress of work

being undertaken and overall assessment, subject to or with the exception of the following (which also qualifies the related higher-level actions):

- 4.1.2 (recruitment for transferred services) – Mr Scott Urquhart confirmed he was not aware of any outstanding vacancies to be recruited but would confirm later once clarity had been sought.
- 4.3.2 (review integration schemes) – Aware that progress had begun but detail within the action should be reworded to clarify work was still ongoing and therefore the overall assessment of 'COMPLETE' might need to be reformulated.
- 4.3.3 (assessment against MSG priorities) – As this was to be progressed through the IJBs, Mr Urquhart would confirm following the meeting that this had been completed.
- 4.3.4 (shared strategic narrative and vision) – 'Update on action' column to be revised so that it addresses the actual action.
- 4.3.5 (staff surveys) – 'Update on action' column to be revised so that it addresses the actual action (i.e. that staff surveys have been conducted both pre and post the action plan implementation in both HSCPs).
- 4.3.6 (condense reporting structures) – Request for confirmation on whether this work had actually been completed (the 'Update on Action' column did not address the actual action).
- 5.1 (4-hour access standard) – Acknowledged that despite positive evidence of work being implemented within this area the statistics of improvement were yet to be seen across the organisation. The importance of identifying priority actions to deliver the desirable outcomes was noted. Both the overall assessment ('COMPLETE') and the 'Update on Action' column need to be reformulated to be consistent with where we actually are on improving the 4-hour access standard.

6.2 Network Information Systems Regulations Update

The Performance & Resources Committee received the 'Network Information Systems Regulations update'.

The Performance & Resources Committee:

- **Recognised and endorsed the results of the audit, and the progress that NHS Forth Valley have made over the years to improve cyber resilience throughout the organisation.**

Key points:

- NHS Forth Valley achieved 80% compliance with the NIS Regulation for the 2023/24 Audit.
- 2 of the 3 KPI's set out by the Scottish Health Competent Authority had been completed. An action plan to focus on completion of the 3rd KPI had been created which consisted of 126 controls.
- Feedback from auditors emphasised the good work that had been carried out within NHS Forth Valley and noted that Forth Valley were a strong performing board for NIS Regulation compliance.
- Clarity was requested on the limited assurance provided against item 9.3 Cyber Resilience Audit. External reviewers were seen to review a broad range of factors whereas internal audits consist of a more specific focus on business continuity which can be reflected in the findings from the NIS Regulations audit.
- As the category Services Resilience only saw a 57% compliance score Mr Grant confirmed that this would be an area of focus and priority to increase this score and complete the necessary work.

7. BETTER CARE

7.2 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.**
- **Approved the proposed level of Assurance.**

Key points:

- At the end of March 2024, 6,580 patients were waiting beyond the 6-week standard for imaging with 281 patients waiting beyond 6 weeks for endoscopy. Activity against the remobilisation plan for financial year April to March 2024 is noted as 96% and 155% respectively.
- To assist with aiding long waits Scottish Government had agreed to post a CT Van on site and Forth Valley Royal Hospital by the end of May 2024.
- A more sustainable, long-term solution to assist reducing the length of wait for a CT scan was still being considered.
- The Committee highlighted the overall very positive performance on planned care, which the Committee felt was insufficiently recognised.

7.3 Healthcare Strategy Focussed Review

The Performance & Resources Committee received the 'Healthcare Strategy Focussed Review'.

The Performance and Resources Committee:

- **Considered the evaluation of the assurance provided for SRR014 Healthcare Strategy.**

Key points:

- SRR0014 Healthcare Strategy was a risk identified during the pandemic and highlighted that the current strategy in place had no specifications related to covid-19. Specifications of this risk was broadened to include the implementation of a population health & care strategy.
- There were 12 current controls in place for this risk, with 3 further controls planned and underway noting the main further control being the development of our Population Health & Care Strategy.
- 10 of the 12 current controls had been assessed as mostly effective, and 2 assessed as partially effective. 4 controls had been assessed as amber in RAG status which prompted a gap analysis of these controls.
- A timescale of work had been agreed by both the NHS Forth Valley Board and ELT.
- Questions were raised against the financial risk of implementing this work, but it was agreed that such work would define the healthcare for future generations.

Actions:

- Add reference to health inequality on page 2.
- Change wording re workforce impact on page 2.

8 BETTER VALUE

8.1 Finance

8.1.1 Finance Report

The Performance & Resources Committee received the 'Finance Report'.

The Performance & Resources Committee:

- **Noted the draft outturn for financial year 2023/24 meets all revenue and capital financial targets, in line with the forecast position reported to NHS Board on 26th March 2024:**
 - **A surplus of £0.123m against the revenue resource limit of £861.5m.**
 - **A break-even position against the capital resource limit of £9.9m**
 - **A break-even position against the cash requirement with a closing bank balance of less than £0.050m**
- **Noted that the draft outturn remains subject to External Audit review, receipt of the final Scottish Government budget allocation letter and confirmation of IJB year-end positions.**
- **Noted that work is ongoing to produce the draft 2023/24 NHS Board Annual Accounts for submission to External Audit and Scottish Government in line with statutory deadlines.**

Key points:

- This report provided a summary of the draft financial outturn position for the 12-month period ending 31 March 2024 subject to external audit review. Both Capital and revenue target budgets were delivered with a small surplus against the revenue resource limit.
- Preparation of the 2023/24 Annual Accounts is now underway and an initial draft will be submitted to the NHS Board's External Auditor on 1st May 2024 with the final audited accounts expected to be considered by the Audit and Risk Committee on 14th June 2024.
- A funding shortfall of £58.4m had been identified for 2024/25 based on financial planning assumptions, recurring pressures, and the unachieved recurring savings target from 2023/24. A number of cost improvement plans and efficiency initiatives had been developed to mitigate the £58.4m gap and at present estimated target savings was £43.8m.
- A last-minute unexpected funding allocation had been provided from Scottish Government which allowed the year end targets to be achieved.
- To allow staff to raise any questions or concerns against the anticipated financial pressures for 2024/25 a question & answer session had been arranged which would provide the opportunity to reiterate the challenges ahead on achieving the anticipated financial targets.

8.1.2 Financial Sustainability Oversight

The Performance & Resources Committee received the 'Financial Sustainability Oversight'.

The Performance & Resources Committee:

- **Noted the NHS Forth Valley financial plan was approved by NHS Board on 26 March 2024, projecting a 2024/25 financial challenge of £58.357m before savings, and a savings plan of £43.841m.**

- **Noted that Scottish Government had confirmed approval of the financial plan, in a letter dated 4 April 2024 which set out expectations on further work to address financial pressures.**
- **Noted that a Financial Sustainability Oversight Board has been established locally, with an agreed Terms of Reference and forward planner for meetings over next 12 months, and with a reporting line to the Performance and Resources Committee.**
- **Requested that a summary of actions and progress of the Oversight Board are shared with the Performance and Resources Committee for assurance on a routine basis.**
- **Agreed the proposed level of assurance.**

Key points:

- A five-year financial plan was approved by the NHS Board on 26 March 2024. The plan set out the significant scale of financial challenge ahead, with an opening gap for 2024/25, before savings, of £58.357m.
- The Financial Plan was supported by a Financial Sustainability Action Plan which detailed in-year savings plans totalling £43.841m, broadly aligned to the national 15-point plan across workforce, medicines, and value themes.
- A Financial Sustainability Oversight Board was established on 8th April 2024 with the purpose of overseeing the cost improvement plan and associated change management and delivery of savings.
- A summarised report of the minutes from the Financial Sustainability Oversight Board would be provided to the Performance & Resources Committee for assurance going forward.
- Most of the plans in place to achieve financial sustainability were described as high risk at this stage recognising the need for further review and focused actions.
- Work would continue to reduce contingency beds within the acute site, absence rates and the spend on supplementary staffing to aid financial saving opportunities.
- Committee members were in support of the approach being taken to achieve financial sustainability and recognised the high risk associated with achieving anticipated savings targets.

Action:

- Revise risk analysis to consider impact on reputation of NHS Forth Valley.

8.2 National Treatment Centre

The Performance & Resources Committee received an update of the 'National Treatment Centre'.

The Performance & Resources Committee:

- **Noted the Forth Valley NTC progress update and proposed assurance level.**
- **Noted the decision to instruct the rectification of the domestic water pipework installation.**
- **Noted the current status of NHSSA actions.**
- **Noted the timeline for Ward completion and associated Commissioning and Handover KSAR processes is not confirmed and will require resolution of outstanding compliance issues as advised by NHSSA.**
- **Agreed that, given the close involvement and oversight of the Scottish Government, it would not be appropriate to seek any form of additional external review into progress.**

Key points:

- While the new 30 bedded modular ward building is largely complete, work continued to address several outstanding technical issues and recommendations made by NHS Scotland Assure (NHSSA).
- At present it was not possible to provide an anticipated opening date due to a number of factors. Discussions were underway with NHSSA and Forth Health to agree a date of completion and opening.
- Despite construction delays, NHS Forth Valley was continuing to treat a significant number of patients from other Health Boards with the support of the two additional operating theatres, MRI scanner, additional car parking, and workforce already in place.
- Committee members were previously advised of the three main issues for concern that were causing delay with construction. One of which was the sizing of pipework which was originally deemed incorrect, but this had since been reviewed and confirmation was provided that flow of water would be sufficient to prevent bacteria growth. Secondly, the insulation of the domestic water pipework was deemed non-compliant following assessment and work was underway to review and risk assess the installation along with any mitigating measures. This defect of the pipework had been shared with Forth Health who would be responsible for rectifying the issue.
- Fire safety compliance was an issue being discussed by all parties to achieve a collaborative solution. Good progress was made, and things appeared to be moving in the correct direction to achieve securing a detailed design solution to satisfy compliance and safety concerns.
- Noted was a net position of 49 outstanding actions for completion following a number of actions having been submitted to NHSSA for assessment. Although it would appear many of these actions sat with NHS Forth Valley work could not progress to complete these due to the requirement of further information or evidence to be provided.
- Committee members recognised the positive work that had been underway to mitigate outstanding issues and requested if a further update could be shared at the next meeting for assurance of further work.
- Limited assurance was provided with this report as nothing further could be done at this time by NHS Forth Valley without external feedback and all appropriate work was in place through the necessary workstreams. Due to the challenging pace of receiving feedback it was agreed that limited assurance was the correct assessment to provide.

Actions:

- Further progress update to be shared at the June meeting.
- The June meeting also to be provided with specific reporting on satisfactory closure of the recommendations contained in the previous Scottish Government report (as reported to the Committee on 19th December 2023 at item 9.1 on the agenda for that meeting).

8.3 Whole System Plan Update

The Performance & resources Committee received the 'Whole System Plan Update'.

The Performance & Resources Committee:

- **Noted the requirements of DL (2024) 02 regarding whole system infrastructure planning.**
- **Noted the position in relation to the future approval of projects which are under the auspices of the Scottish Capital Investment Manual.**
- **Agreed the proposed level of assurance.**

Key points:

- DL (2024) 02, *NHS Scotland: Whole System Infrastructure Planning*, was introduced by Scottish Government on 12 February 2024 which introduced a new approach to strategic infrastructure planning and investment across NHS Scotland.
- All NHS Boards must submit a 'Do Minimum Business Continuity Option' to Scottish Government by 31 January 2025. Following this a 'Whole System Programme Initial Agreement' must be submitted by 31 January 2026.
- The new requirements of reporting in place would supersede the Property & Asset Management Strategy.
- Limited assurance was provided due to guidance still being developed and provided from Scottish Government and internal governance to deliver this work was yet to be completed.

9 FOR NOTING

9.1 Code of Corporate Governance

The Performance & Resources Committee **noted** the Code of Corporate Governance.

9.2 Risk Management Annual Report

The Performance & Resources Committee **noted** the Risk Management Annual Report

9.3 Cyber Resilience Audit

The Performance & Resources Committee **noted** the Cyber Resilience Audit.

9.4 Financial Compliance Audit

The Performance & Resources Committee **noted** the Financial Compliance Audit.

9.5 Emergency Planning and Resilience Group Minute: 30/11/2023

The Performance & Resources Committee **noted** the Emergency Planning and Resilience Group Minute from 30/11/2023.

9.6 Information Governance Group Minute 11/01/2024

The Performance & Resources Committee **noted** the Information Governance Group Minute from 11/01/2024.

10 ANY OTHER COMPETENT BUSINESS

There being no other competent business the chair closed the meeting.

11 DATE OF NEXT MEETING

Tuesday 25 June 2024 at 9:00am in the Boardroom, Carseview House

FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

9.5. Staff Governance Committee: 14/06/24

Minute of the Staff Governance Committee meeting held on Friday 14 June 2024 via MS Teams

Present: Mr Allan Rennie (Chair)
Mr Robert Clark
Mr Nicholas Hill
Mr Gordon Johnston
Mr Stephen McAllister
Ms Karren Morrison

In Attendance:

Ms Elaine Bell	Mrs Linda Robertson
Mr Michael Brown	Ms Janet Sneddon
Prof Frances Dodd	Ms Rachel Tardito
Mrs Morag Farquhar	Mrs Jo Tolland
Ms Margaret Kerr	Ms Vicky Webb
Mrs Neena Mahal	Miss Robyn McFarlane (Observer)
Ms Linda McGovern	Mrs Sarah Smith (Minute)
Mr Kevin Reith	

1. Apologies for Absence/Confirmation of Quorum

The Chair welcomed everyone to the meeting. Apologies were noted on behalf of Scott Urquhart and Cllr Gerry McGarvey. It was confirmed the meeting was quorate.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft minute of Staff Governance Committee meeting held on 15 March 2024

The note of the meeting held on 15 March 2024 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

In terms of matters arising, it was noted an additional Committee meeting would be held in early August to discuss progress around the ICE Recommendations. The outcomes from the Internal Audit Report would also be reviewed at this time along with a deep dive into the Workforce Strategic Risk. Confirmation of the date would be issued week commencing 17 June 2024. It was noted that the Staff Governance Committee would move to a six-meeting schedule from 2025/26. This would enable appropriate the Governance structure to be followed.

For clarity, the Chair advised members an Internal Audit report had been received and would be presented to the Audit and Risk Committee to be held this afternoon (14/06/24). A number of recommendations were noted with Mr Reith providing a high-level summary of key points.

It was noted that Staff Governance members would receive quarterly updates around Safe Staffing.

Mr Robert Clark provided the meeting with an update around the Area Partnership Forum minutes being added to the Intranet. A delay had been experienced due to the Communication Team's focus on Sharepoint, so the item remained on the workplan for action.

The action log was reviewed, and an update provided around key areas as follows:

(4) *Attendance Management focussed piece of work identifying areas with significant hours lost* – Mr Reith advised work was ongoing.

(5) *Workforce Strategic Risk Deep Dive* – Would be discussed at the next additionally scheduled meeting.

5. Staff Governance Committee Workplan

The Staff Governance Committee received the Committee Workplan.

The Staff Governance Committee:

- **Approved the Committee Work Plan for 2024/25**
- **Agreed any changes would be made at the meetings with an explanation provided.**

Key points:

- An update to the Workplan would be provided to each meeting for assurance.
- Following a review of broader governance arrangements within the organisation, any changes to the workplan would be reported to the Committee, as appropriate.
- Part of the assurance work would include an explicit update to members through the cover paper and a supporting verbal update to the Committee.
- Further future amendments may be required following a move to the 6-meeting structure for 2025/26.
- Members were advised Youth Employability, Organisation Development Report and iMatter were all incorporated within the Workplan and would be discussed under Item 8.1.
- The Self-Assessment and Staff Governance Monitoring process would be covered under Item 8.6.
- In terms of future workplan issues, the Committee were asked to note the intention to bring the Remuneration Committee Annual Assurance Report back to the next appropriate Staff Governance meeting. Mr Reith also advised the timing of the People Strategy was still to be confirmed based on the timeline for the Population Health & Care Strategy.
- Mr Clark highlighted the Staff Governance Standard Action Plans by Directorate/HSCP was also marked as to be confirmed. This would be discussed until Item 8.6.
- Ms Neena Mahal assured the Committee that as part of the review around the workplan, benchmarking work was being undertaken with other Boards.

6.0 FOR APPROVAL

6.1 Staff Governance Annual Report

The Staff Governance Committee received the Annual Report.

The Staff Governance Committee:

- **approved the draft Staff Governance Annual Report.**

Key Points:

- The report provided a comprehensive review of the work undertaken across the year, with the extensive Agenda noted. Ongoing work would continue around improving the structure of the report in line with Audit recommendations.
- A common template would be produced which would be consistent across all Governance Committees. This would also provide an opportunity for reassurance around format, attendance and highlight any key issues or concerns from the Committee.

7. ESCALATION

7.1 Assurance & Improvement Update: Leadership and Culture

The Staff Governance Committee received the Assurance & Improvement Update.

The Staff Governance Committee:

- **Noted the overall progress against the culture and leadership actions.**
- **Noted the update on actions which have been progressed since the last report in March 2024.**
- **Considered and confirmed the proposed level of assurance.**

Key Issues:

- The report provided a key update around the areas under the Committee's remit.
- The Committee praised the work undertaken as part of the Sturrock review, particularly the clarity provided through mapping of differences between original response in 2019 and current position. Mr Reith also recognised the joint working undertaken by Ms Macdonald and Ms Bell along with staff side colleagues.
- In terms of Leadership, there remained one action outstanding in relation to the Professional Assurance Framework. Following engagement with the Allied Nursing and Midwifery Advisory Committee, conclusion was anticipated by July 2024. Work was being undertaken across all registrants across Forth Valley, which would ensure coverage for all who had a professional registration.
- Feedback had been provided around the values as part of the design process. This highlighted the values were not necessarily requiring amendment, but a challenge was noted around engagement, understanding and a lack of visibility.
- Discussion took place around appropriate terminology to discuss the completeness of actions, recognising some areas would be taken into business-as-usual working. Review of the Assurance and Improvement Plan actions were being undertaken at the Escalation Performance & Resources Committee and some changes to status may be required. It was therefore agreed this item would be brought back to a future Staff Governance meeting.

Action:

- Assurance and Improvement Plan to be returned to Committee following review of Assurance and Improvement Plan at the Escalation Performance & Resources Committee.

8. STAFF GOVERNANCE STANDARD ACTIVITY

8.1 Staff Governance Report

The Staff Governance Committee received the 'Staff Governance Report.'

The Staff Governance Committee:

- **Noted and discussed the content of the paper and appendices.**

Key points:

- Overall sickness absence rates for April 2024 was 7.69%, which was an increase from March (7.0%) and higher than April 2023 (6.41%). The most significant rise was within long term absence. Potential introduction of a local Ability Passport was noted in reducing sickness rates.
- The May position was provided verbally, noting a reduction in overall sickness to 7.19%. A significant number of factors were influencing the position, and these were summarised and discussed by the Committee. Attendance was recognised as a significant topic with multiple factors including protected learning, contingency beds, PDR compliance and staff vacancies.

- Forth Valley was noted as being above the average in sickness absence in relation to NHS Scotland. In seeking further assurance, it was agreed future reports would provide additional detail around actions, impact and expected traction.
- The report highlighted the sickness pressures around anxiety, stress and depression with detail provided around work undertaken to aid in managing workforce challenges.
- The paper referenced the Agenda for Change Review work focussed around three key workstreams. Detail was provided around the reduced working week, noting this was being led by Ms Elaine Bell and Ms Janet Sneddon and good progress was being made. Current implementation for NHS Forth Valley at 69%. Full implementation for all Boards was proposed as end of November 2024. All Boards were experiencing challenge, particularly around patient impact and work to test proposals for accumulating and taking time back was noted. Support from Ms Tardito was welcomed in terms of Staff Wellbeing input. The Committee were assured of Partnership and collaborative working.
- Band 5 review for Nursing and Midwifery would launch in the next few weeks, with the portal going live. A fuller update would be provided to the next meeting. Mr Brown provided feedback from the National meetings and noted next steps. Areas of challenge were highlighted, with concerns around potential wellbeing and resource implications. These were recognised as National issues with work ongoing to address. Communication to staff and managers was a key requirement.
- Current priority areas were outlined, noting significant work undertaken around Absence; Audit and the Attendance Management Action Plan.
- A significant level and range of activity was noted within HR resourcing, led by Michael Brown. Mr Reith noted as part of the 'Step into my shoes' event he had shadowed one of the Recruitment Co-ordinators and he had been greatly impressed by the huge amount of work being undertaken to process and progress vacancies.
- PDR Reporting was now incorporated within the report with three key measures provided. For the Committee's overarching view, it had been agreed that tracking would be against the 80% target within a 12-month period. There would be discussion at ELT on 17 June 2024 to agree how to establish improvement trajectories. Data would be refreshed on Turas, and this would provide greater visibility for Managers around the trajectory position and enable early intervention to address challenges.
- The Committee recognised the potential for inclusion of risk areas within the report. Protected Learning Time was highlighted noting significant previous work undertaken. Challenge had been highlighted previously around release of staffing in high impact areas such as the Emergency Department.
In terms of Exit Interviews 5 of the 30 participants stated they experienced bullying and harassment. A low overall uptake was noted, with work ongoing to improve and enable greater tracking.
- The Staff Governance Committee recognised the significant work undertaken to reduce and streamline the paper.

Action:

- Future reports to provide addition detail around actions, impact and expected impact or outcome.
- Update on the Band 5 review to be included at the September meeting.
- Risk areas to be included within the report going forward.

8.2 Workforce Planning Update Report

The Staff Governance Committee received the Workforce Planning Update Report.

The Staff Governance Committee:

- **Noted Scottish Government's proposal to review the National Workforce Planning process.**
- **Noted the proposal to review and streamline the monitoring of the Directorate Workforce Action Plans.**

Key points

- The paper described the National Workforce Planning expectations for NHS Forth Valley. A plan had been submitted for 2022-2025 with further updates provided in 2023 and 2024.

- National work was ongoing around how work would be taken forward for 2025. A group had been established with representatives from all Boards and Health and Social Care Partnerships. This would enable learning around the previous process and alignment with other financial and Delivery Plans requiring submission. Feedback highlighted previous challenges around timelines, with a clear template and guidance requested. A wide variation in previous submissions was noted.
- The monitoring of the Directorate Workforce Action Plans would be reviewed and streamlined. This was currently a lengthy report with aim to simplify completion and feedback into the process.
- NHS Forth Valley feedback on the previous submissions highlighted workforce gaps. In seeking assurance, the Committee were advised this was an area for improvement and this was a national issue. Effective internal reporting of establishment at operational level was noted and if elevated to provide the overarching position, this would provide sufficient assurance. Mr Reith outlined the current position and noted ELT on 17 June 2024 would be undertaking further review around establishing trajectories. The current first phase of staffing establishment review work was being undertaken within Nursing with the approach outlined. This had provided clear vacancy figures and enabled the over-recruitment proposal as noted previously in the meeting. This would also enable provision of clear data to Scottish Government. The next area addressed would be Allied Health Professionals and Medical with conclusion of all areas by April 2026. This would enable a clear demand template and blueprint for each area to be produced.

8.3 Culture Change & Compassionate Leadership Programme Update

The Staff Governance Committee received the 'Culture Change & Compassionate Leadership Programme Update.'

The Staff Governance Committee:

- **Noted the activity and progress of the Culture Change & Compassionate Leadership Programme.**
- **Noted the work which will be progressed to develop a Culture & Leadership Improvement Action Plan.**
- **Considered and accepted the proposed level of assurance.**

Key points:

- The Staff Governance Report outlined significant work undertaken, noting regular updates were provided to the Assurance Board.
- The role of the Programme Board was noted in monitoring progress through a detailed highlight report prepared on a fortnightly basis.
- NHS Forth Valley had been praised for their utilisation of the methodology that was developed by Professor Michael West.
- Clarity around timescales was discussed, with the Committee recognising the process of engagement was part of the culture change.
- The next stage of the work would be the creation of an Action Plan with a draft produced by the end of June 2024. An update would then be provided to the NHS Board in July.
- A Culture and Leadership focussed review would be brought to the next Committee meeting. This feedback would be incorporated to ensure reflection of all the controls discussed.
- The Governance process was discussed, recognising the role of Staff Governance as overseer for the Culture and Leadership work. It was therefore agreed the next meeting should take place in advance of the Board meeting on 30 July 2024.
- Ms McGovern provided feedback from the sessions held 13 June 2024. She confirmed the clear message around there being no requirement for an additional policy, procedure, or Leadership Programme but to deliver and build on existing initiatives. The topics discussed were very reflective of the key areas of challenge within the organisation, such as recruitment & retention and Personal Development Reviews.
- The Committee recognised the significant organisational engagement undertaken.

Action:

- An update to be provided to Committee in advance of the next Board meeting in July 2024.

8.4 Safe Staffing

This item was taken after Item 8.5 due to presenter availability.

The Staff Governance Committee received a 'Safe Staffing' update.

The Staff Governance Committee:

- **Noted the update and progress made in preparation of implementation of the Health and Care (Staffing) (Scotland) Act 2019.**
- **Noted the Q3 report submitted to the Scottish government for 25th March 2024 (*Appendix 1*) and verbal feedback given to us from Scottish Government colleagues on 29th May detailed in section 2.5.**
- **Noted the appendices for Risk Escalation SOP (*Appendix 2*) and Staffing Level Tool escalation plans (*Appendix 3*).**

Key points:

- This was noted as the first formal mechanism of reporting to Committee following implementation of legislation. A cycle of Governance reporting was in place.
- The report detailed the oversight arrangements, and the Working Group structures in place.
- Feedback from Scottish Government around the Quarter 3 submission was overall very positive.
- Significant engagement had been undertaken to ensure work remained on track and assurance provided key staff were comfortable with the current position around implementation.
- The Safe Care and eRostering approach taken by NHS Forth Valley had provided significant underpinning to the process. Mr Michael Brown and his team were focussed on roll-out to key areas. Where this was not in place, additional back up mechanisms were in place, such as Turas and Safety Briefings.
- Progress was being made against all the duties of the Act with several being strengthened through demonstration of consistency and sharing of good practice around Standard Operating Procedures.
- Identification of risks had been undertaken with focus ongoing to address. Appendix 2 and 3 outlined the risks and escalation process put in place to support individuals.
- Note was made of the unique and innovative way of sharing information, such as QR codes.
- Alignment with existing work around workforce and workload planning tools was noted to ensure implementation of common staffing method across the system. This remained a challenge and was only in place for Nursing and Midwifery and the ED Medical staff. Additional multi-professional work was ongoing.
- Clarification was sought around the eRostering implementation with clarification sought around timeline. Mr Brown confirmed target was for Safecare to be in place for all staff groups covered by the by April 2025. The Act required Safecare and eRostering to be established by 2026. There was no specification around whether this required to be electronic or paper.
- NHS Forth Valley have been applauded Nationally for their progress around Safecare and eRostering.

8.5 Staff Support & Wellbeing Update Report

The Staff Governance Committee received a 'Staff Support & Wellbeing Update Report'.

The Forth Valley Staff Governance Committee:

- **Noted the content of this paper.**
- **Noted the progress being made against current workstreams and priorities.**
- **Noted the ongoing efforts to engage staff and improve communication.**

- **Provided feedback and suggestions for further improvements, specifically as we look towards early development stages of our Workforce Wellbeing Plan due for publication in August 2025.**

Key Points:

- The Committee were assured the work being undertaken by Staff Support and Wellbeing was to “ensure staff were valued, provided with necessary assistance and given adequate time to access resources and have a good work/life balance.”
- Raising awareness had been a key focus within the organisation, noting Wellbeing was now under the remit of the Equality and Disability Service. This was reflected in the re-named Equality, Inclusion & Wellbeing Service.
- Sessions had been held to outline options and service provision for staff and were well received.
- Staffnet had been updated with a Comms Plan being prepared.
- Key areas of service improvement were underway, recognising the extensive remit.
- The Staff Support and Wellbeing Group was detailed, noting over sixty members from a wide range of areas. The Terms of Reference had been circulated to the Committee noting a focus on Senior Allyship. The next meeting would focus on financial wellbeing recognising this was the most frequently accessed pillar in the service. The purpose and goals of the group were outlined, which included the Workforce Wellbeing Plan.
- Reporting to staff on progress would be a key piece of work.
- A small amount of funding had been made available from the Endowment Committee with a number of creative requests received. The process for feedback and progression was outlined.
- Future focus was on ongoing collaboration and partnership working. Incorporation of feedback was a key factor around all areas of work.
- To provide assurance around the impact of the service, early-stage work was being progressed around data input into Pentana. The aim was to enable the service to have its own dashboard which could be utilised to determine benefit and impact of services provided.
- In addition to this update, Ms McGovern advised of a scoping discussion with DWP around provide additional support for people with mental health conditions. A wider meeting would be taking place with Trade Union colleagues to look at introducing the service to the organisation. This was in response to the national mental health supports being reduced.
- Mr Robert Clark advised that as he was a Trustee of the Endowment Committee, he would not be part of any sign off to agree funding.

8.6 Staff Governance Standard Self-Assessment Report

The Staff Governance Committee received the Staff Governance Standard Self-Assessment Report.

The Staff Governance Committee:

- **Noted the feedback from Scottish Government on the Staff Governance Annual Monitoring Return.**
- **Noted the intention of Scottish Government to pause this process for 2023/24 monitoring.**
- **Noted the proposal to review and streamline the current Staff Governance monitoring process.**

Key Points:

- The report provided an update on the Staff Governance Monitoring process.
- The National Annual Monitoring return was submitted in December 2023 with feedback received. Areas of good practice and recommendations were outlined with the paper.
- Scottish Government had subsequently advised that the National monitoring exercise would be paused, and review undertaken. There may however still be a data collection requirement and National meetings were taking place to obtain feedback around proposals. It was felt that the volume of work required was disproportionate to the outputs and did not meet requirements. Therefore, the review was welcomed.

- The Action Plan would be reviewed, and these have gone out to Directorates. The aim being to streamline the process, while ensuring data was still being recorded. This would ensure compliance with any future requirements around assurance.
- The Chair advised of a request to incorporate the actions on page 3 of the report within the Staff Governance Action Plan. Specifically, around the areas of: Culture; Staff Objectives; Performance Management and Corporate Planning.
- Incorporation within the Staff Governance Assurance Reporting for the next year was discussed.

8.7 Speak Up/Whistleblowing Report

The Staff Governance Committee received the 'Whistleblowing Update'.

The Staff Governance Committee:

- **Noted the Whistleblowing performance in NHS Forth Valley from 1st April to 7th June 2024**

Key Points:

- Clarity was provided that the report related to Whistleblowing only. Work was continuing to integrate the Speak Up and Whistleblowing Infrastructure into one plan, as outlined within the Assurance and Improvement Plan for the Board as part of the Escalation process. Work was continuing around how to pull through Speak Up activity and data. These would then be combined into an overarching report.
- Whistleblowing rates had decreased with elements of significant change undertaken around processes. Learning summaries were identified within the paper.
- Emergence of non-Whistleblowing elements were noted, with a panel established to ascertain if cases were Whistleblowing. A proforma assisted in guiding people in the right direction to ensure issues were picked up by another element in the system.
- Training numbers had increased with 63% of the organisation trained. However, focus was required around Line Managers and Senior Managers. Contact has been made with all Directors to request vigilance with focussed work to continue.
- The complexity of some cases has resulted in extension of timelines however this had been reflected in a robustness of process.
- In terms of Mediation discussions were required with Mr Reith around how to incorporate into a unified piece of work.
- Mr Johnstone confirmed reasonable assurance was appropriate in terms of the report. Strong processes were in place with continued improvement underway.
- Clarity was sought around Benchmarking however overall numbers were noted to be comparable with other Boards. There was no awareness of data around the number of cases upheld, however this was public information so could be obtained.
- Following discussion at the Whistleblowing Network, it was agreed that every concern was broken down with returning responses providing detail around the outcome for each area. This would provide greater assurance around responses.
- The Staff Governance Committee recognised the significant improvement around the robustness of the process.

Action:

- A comprehensive Speak Up and Whistleblowing report to be brought back to the Committee.

9. RISK MANAGEMENT

9.1 Primary Care Sustainability Risk

The Staff Governance Committee considered the Primary Care Sustainability Risk.

The Staff Governance Committee was asked to: -

- **Endorsed the evaluation of the assurance provided for SRR018 Primary Care Sustainability for onward reporting to the Audit & Risk Committee & NHS Board.**

Key Points:

- The process to review the risk was outlined within the report at Appendix 1. Areas reviewed included the current controls; gap analysis; proposed actions and an in-depth analysis of the risk score. The outcome was the risk had reduced to a score of 15 with a target position of 10 to be within the Board's appetite.
- The assurance level for the report was limited as despite there being actions in place there were a number of external factors impacting on the service's ability to implement these controls.
- For future updates additional detail was requested around the actions and mitigation against some of the risks. This was reflective of the high level of the risk.
- It was agreed that as the process undertaken to review the risk was discussed but not the risk or mitigation, discussion was required around the understanding of the risk, mitigating actions and appropriate Governance Committee requirements to support assurance.
- It was confirmed the overview of the risk would be provided to the Audit and Risk Committee.

Action:

- Separate discussion to take place around understanding of the risk, mitigating actions and appropriate Governance Committee requirements to support assurance.

9.2 Strategic Risk Register

The Staff Governance Committee received the Strategic Risk Register.

The Staff Governance Committee:

- **Considered the assurance provided regarding the effective management and escalation of Staff Governance risks.**
- **Endorsed the Staff Governance Strategic risks for onward reporting to the Audit and Risk Committee and NHS Board.**

Key Points:

- There were three risks aligned to Staff Governance Committee. Two have remained static with review undertaken with key leads and owners. The Primary Care Sustainability risk had reduced as discussed under Item 9.1.
- There was one overdue action in relation to Primary Care Sustainability. The detail was also noted within Item 9.1. All other actions were progressing with due dates in the next quarter. Additional attention had been provided to the due dates of the actions which provided additional oversight for the Committee. This would also enable monitoring of any slippage.
- A change in Risk Appetite Profile was noted on page 7 of the report. For Quarter 1 2024/25 there was a movement from 21.3% within the Board's appetite (7.7%); 23.1% are within Board's tolerance level, reduction from the previous quarter, but the number of risks that were outwith the Board's appetite and tolerance remained static at 53.7%.

Action:

- Owner for SRR018 to be amended from Patricia Cassidy to Gail Woodcock

9.3 Health & Safety Quarterly Report

The Staff Governance Committee received the Health & Safety Quarterly Report presented by Cameron Raeburn.

The Staff Governance Committee:

- **Noted the contents of the report as providing assurance regarding health and safety issues for NHS Forth Valley**

Key Points:

- 3622 adverse events reported in Quarter 4 of which 2153 could be considered non-clinical. Review of the position indicated the majority of increase seen over the last four quarters were clinical events. The upper limit of the Adverse Events had been exceeded which indicated more events reported than expected. Full detail was outlined within the paper, recognising the importance of understanding the increase. Data had been provided to Lynda Bennie, Information Governance and several meetings have been held with areas showing an increase. A request for review and assurance had been requested for key areas. Professor Dodd recognised the work undertaken to ensure confidence in reporting and felt the position was reflective of this.
- KPIs for adverse events were outlined, noting 87% reported within 3 days and 70% of events reviewed within 9 days. This was an increase of 5% from Quarter 3 and an increase of 13% from last year. Adverse events exceeding 4 weeks for submission of managers form was 302 for Quarter 4. This has since reduced to 226, with 84% within Acute Services. For those events from 2020/21 awaiting review, this had reduced from 15 to 1; for 2022 reduction from 38 to 5.
- 114 of the 226 events reviewed have been 'saved for later' rather than submitted, this would prevent notification triggers. 94% of these were within Acute Services and the target for this area was zero. A request was made to revisit these and ensure submission. A detailed breakdown would be provided to Directors and Chief Officers in July 2024.
- Excellence reporting was in its second quarter with five themes in place. 213 events were reported in Quarter 4 with the majority within Women & Children and Acute Services Directorate. Managers were requested to encourage staff to utilise the opportunity.
- For Manual Handling lagging indicators there were 16 areas identified from MSK absence data to be followed up. 68 absences were reviewed with 4 related to work and 2 related to manual handling. One related to the lifting of boxes within Health Records and this had resulted in subsequent work undertaken around movement of large volumes of records.
- In person training compliance for manual handling had decreased by 3% to 72%; Violence and Aggression had increased slightly to 66%. A static position was noted with vigilance requested. The target was 90% for both areas. Acute Services required moderate level training with compliance at 54%. Moderate level areas within Falkirk Health and Social Care Partnership was 97%. Potential learning was proposed. Compliance reports were available at a local departmental level.
- Target for the self-reported aspect of the Health and Safety control books was 80% with this target achieved in Quarter 4. The Audit Programme saw 13 areas audited in Quarter 4 with scores from 24% to 100% achieved by Microbiology. Of the 103 Control Books audited, a response was only received from 48. Only 5 of the 30 areas within Acute Services returned an update.
- The actions identified in Quarter 3 remained extant and were detailed within the paper.
- The Committee noted significant concerns around the reporting position within the Acute Services Directorate. The violence and aggression aspect of the report was noted as an area of specific concern by the Committee.
- A Health and Safety Committee would be held in advance of the next Staff Governance Committee. An Acute Action Plan would be prepared and would be presented to both meetings.

Action:

- Professor Dodd confirmed she would follow up with Mr Fraser, Acute Services Directorate, with a request to create a plan around acute compliance of the risk areas identified. Particular focus would be requested around the events from 2020/21 and 2022 that have not been submitted. The update would be shared with the Health and Safety Committee and would be shared with Staff Governance Committee members in advance of the next formal meeting.

9.4 Health & Safety Annual Report

The Staff Governance Committee received the Health and Safety Annual Report for 2023/24.

The Staff Governance Committee:

- **Approved the Health and Safety Annual Report.**

Key Points:

- Work continued from the previous year with minor change to structure and membership.
- The Chair position has moved to a joint role, shared by Morag Farquhar, Director of Facilities and Karren Morrison, Unison Staff Side Rep.
- The Committee met quarterly with average attendance of 65%. Four areas did not attend any meetings and follow up was being undertaken to explore potential barriers. It was highlighted that bringing the attendance to each meeting would enable early identification of under-represented areas.
- The main areas of business were noted within the paper.
- An assurance statement was provided on behalf of both Chairs within the report which confirmed satisfaction with the work of the Committee. Significant improvement work had been undertaken around the Safeguard system noting the potential benefit to the organisation. In terms of Acute Services and the ongoing work, a direction of travel had been provided, however the caveat of concern was noted as recorded within the previous Agenda item.

10. For Noting

10.1 Partnership Annual Report

The Staff Governance Committee noted the Partnership Annual Report.

10.2 Area Partnership Forum Minute

The Staff Governance Committee noted the Area Partnership Forum minute.

10.3 Acute Services Partnership Forum Minute

The Staff Governance Committee noted the Acute Services Partnership Forum minute.

10.4 Facilities and Infrastructure Partnership Forum Minute

The Staff Governance Committee noted the Facilities and Infrastructure Partnership Forum minute.

10.5 Joint Staff Forum Clackmannanshire & Stirling HSCP Minute

The Staff Governance Committee noted the Joint Staff Forum Clackmannanshire & Stirling HSCP Minute.

10.6 Health and Safety Committee Minute

The Staff Governance Committee noted the Health and Safety Committee minute.

11. ANY OTHER COMPETENT BUSINESS

Action:

- Meeting to be arranged to agree date of next Committee, along with key action points – Allan Rennie; Neena Mahal; Kevin Reith.

That Staff Governance Committee noted Margaret Kerr's forthcoming retirement and expressed their thanks for her significant contribution to the organisation.

12. DATE OF NEXT MEETING

- Monday 29 July 2024 at 2.00pm
- Friday 13 September 2024 at 9.00am

FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

9.6. Area Clinical Forum Minute: 23/05/24

Minute of the **Area Clinical Forum** meeting held on **Thursday 23 May 2024 at 6.15pm** via MS Teams

Present: Kirstin Cassells (Chair) Gillian Lennox Lucie Risk
 Oliver Harding Pauline Beirne Rhona King

In Attendance: Scott Jaffray, Director of Digital
 Neena Mahal, Interim Board Chair
 Rachel Marshall, Digital & eHealth Programme Delivery Manager
 Sarah Smith, Corporate Services Assistant/PA (*Minute Taker*)

1. Apologies for Absence/Confirmation of Quorum

The Chair welcomed everyone to the meeting. Apologies for absence were noted on behalf of: Amanda Croft; Andrew Murray; Geraldine Law and Liz Kilgour. It was confirmed the meeting was quorate.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft minute of Area Clinical Forum meeting held on 21 March 2024

The Area Clinical Forum approved the minute from 21 March 2024.

4. Matters Arising from the minute/action log

The action log was presented and would be updated to reflect discussions.

4.1 Safe Staffing

This was noted as a standing Agenda item to enable updates on developments. No specific items were highlighted by attendees.

4.2 Introduction by Mrs Neena Mahal, Board Chair

The Area Clinical Forum received a verbal update from Mrs Neena Mahal, Board Chair.

Mrs Mahal outlined her background and experience noting involvement in a number of Boards across a wide variety of areas. In terms of ongoing work, the focus was around appointing a substantive Chief Executive. In her role as ACF Chair, Ms Cassells would be asked to be part

of the assessment process. The significant contribution provided by Amanda Croft was recognised.

Exit from escalation was essential, noting the creation of a Assurance and Improvement Plan and delivery against a number of actions within this. The system across the NHS was under significant challenge, however it was reiterated that NHSFV had been escalated for Leadership, Culture and Governance only.

The Population Health and Care Strategy was a central item, with a focus towards a prevention rather than treatment. This had been discussed by the Forum, recognising the need to be involved at an early stage.

Staff voices and engagement were of significant importance to ensure staff had the confidence to speak up and to highlight areas for improvement or of good practice.

Mrs Mahal confirmed she was undertaking visits to key areas and would welcome any suggestions.

In terms of the ACF, this was an advisory Committee to the Board and had an opportunity to shape and influence the direction of the organisation. The potential for a Vice Chair was on the agenda and it was recognised this would be a key role to ensure appropriate support and representation. Mrs Cassells stated her commitment to raise the profile of the Forum.

The Culture and Leadership work was recognised as an area for ongoing focus.

As highlighted earlier, the Population Health and Care Strategy had not yet been presented to individual Committees. The ACF were advised that further Board involvement was required to ensure the organisation was clear around the areas for engagement. Assurance was provided that the Strategy was not yet ready for approval. The benefit of engagement with the individual reporting Committees/Fora was recognised.

Dr Herron outlined the challenges being experienced within Primary Care and a lack of clarity around the escalation process. Mrs Mahal noted she was aware of the issues, noting a declaration of interest with her husband being a retired GP and her daughter a Trainee GP. Assurance was provided that Primary Care while the delivery sat within the Health and Social Care Partnership, the contracts remained within the Health Board. Therefore, overview and oversight were required. An offer was also made to attend a GP Sub Committee meeting if it was thought this would be helpful and a Board session would be arranged.

The focus on population health was welcomed by Ms Beirne, noting work to push expertise upstream closer to patients. This had a direct impact on waiting lists and individual intervention. Community engagement was key with a need to ensure communities impacted were able to be involved in discussions. Accessible expertise and resources were in place, however there was a frustration experienced around getting this onto social media with a contemporary approach required. Mrs Mahal requested Ms Beirne advise her of the challenges and requested contact be made with Mr Scott Jaffray around digital platform usage.

It was agreed that Mrs Mahal would attend a future meeting to provide a further update.

5. FOR DISCUSSION

5.1 Digital & eHealth Strategy/Digital Plan (*taken first on Agenda*)

The Area Clinical Forum received a presentation 'Digital Strategy & Plan' presented by Mr Scott Jaffray, Director of Digital and Ms Rachel Marshall, Digital & eHealth Programme Delivery Manager.

The presentation outlined the key principles being taken forward as part of the Digital & eHealth Strategy. This noted focus around the areas of measurable solutions; application of priority principles; collaborative working and alignment with national standards. Maintenance of 'business as usual' areas would be required while ensuring future needs were identified and met.

Detail was then provided around the 4 main themes, underpinned by a number of sub themes. These were mapped to the National themes and aimed to transform and improve all elements of business. This would be achieved through a significant number of ongoing projects.

The Forum was then advised of the Governance and delivery timetable with a mid point review to be undertaken through P&R and the Board in 2025/26. A number of programmes within the plan now spanned multiple years. Areas covered included Medical Physics, Information and Innovation.

Ms Rachel Marshall then provided detail around the Delivery Plan for 2024 and 2025, consisting of 62 projects, programmes and workstreams underway. The main projects were outlined noting all were multi-year. Incorporation of emerging/urgent priorities was enabled through a digital proposal evaluation process. An Urgency and Impact Assessment was also undertaken for all projects in conjunction with all services and departments within FV. The six areas of focus were detailed.

Significant consultation had been undertaken with various groups/departments and programmes to ensure alignment with expectations. This resulted in approval by the Performance and Resources Committee.

Areas of challenge included the need for early engagement to enable planning. Resources were key and also impacted by the additional in year requests. As with all areas, funding remained a challenge, however collaborative working was a key focus area aimed at minimising the impact of all of these areas. The role of the Digital Proposal Evaluation Group was noted.

During discussion, the ACF recognised the wide benefits that would come from a fully electronic patient record. This included an anticipated improvement in issuing of IDL's, noting this was an area of challenge. Scott noted a Short Life Working Group had been established to look at this area, led by Karen Adamson. This was focussed on improving IDL's while work continued towards the electronic patient record.

The role of Patient Hub was recognised with the functionality allowing greater communication directly with patients and streamlining the patient journey. Consideration would also be given to those that did not have digital access.

Assurance was provided around engagement, noting attendance at key groups. Work was also underway to establish a Digital Champions Network which would enable feedback from 'on the ground' staff. In terms of additional requests through the year, Rachel outlined the robust Change Management Process.

The Area Clinical Forum thanked Mr Scott Jaffray and Ms Rachel Marshall for their attendance.

5.2 Vice Chair

Area Clinical Forum members were requested to consideration to the role of Vice Chair. The importance of succession planning was recognised, with the potential to strengthen and broaden the role and contribution of the Forum. An offer to shadow Mrs Cassells was provided if this would be helpful.

5.3 Agenda for Change reduction in the working week

The Area Clinical Forum were advised that the reduction in working week related only to staff employed within the NHS and did not impact independent contractors. Any new contracts would be for 37 hours. Initial reduction was 30 minutes with a further 1.5 hours to be taken forward next year.

Members of the Forum highlighted concerns around a significant loss of capacity and potential service impact. Particularly challenge was noted around implementing the pro rata and annual leave aspect. The mandate to implement was introduced from 1 April 2024. A Short Life Working Group had been established, chaired by Ms Elaine Bell and support was being provided where possible.

Ms Risk highlighted a number of differing views from service areas within Psychological Therapies. Challenge was recognised around meeting existing demand, prior to the required reduction in capacity.

6. FOR NOTING

The Area Clinical Forum

- **Noted the minutes of the reporting groups as presented.**

6.1 Area Pharmaceutical Committee 06/12/23

Mrs Cassells outlined the key discussion points at the previous meetings. Work was ongoing around Clinical Portal access for independent contractors. A minor relocation for pharmacy contracts were discussed at the last meeting. Changes to Pharmacy hours were also presented with challenge recognised as model hours in Forth Valley differed for Community Pharmacies and required a 5 pm closure on Saturdays. Several new contractors have requested a return back to the half day closure. The APC felt Pharmacy Services should be available from 9 am to 5 pm on Saturdays.

6.2 Psychology Advisory Committee 29/02/24

Ms Risk confirmed there had been no meeting since the last Area Clinical Forum. Challenges were noted around attendance and a Vice Chair was also being sought. A suggestion made to the Psychology Management Group was to reduce the meeting frequency to quarterly, with extended duration and undertaken face to face. Ms Jennifer Borthwick had requested this be brought to the ACF to ensure there were no issues around requirements.

The Area Clinical Forum recognised the changes being made to maintain the Committee. It was agreed the Terms of Reference should be amended to reflect this

change. These would then come to the ACF for noting. The ACF Terms of Reference would be reviewed to ensure no contradiction. **Action: Lucie Risk/Admin**

6.3 Area Dental Committee – No minutes

The last Committee meeting was held on 26 March 2024. Significant work had been undertaken to reduce the waiting list for oral surgery. Retention and recruitment remained a challenge, with 260 Practices applied to become Training Practices for 168 places. This was due to attraction of staff for Vocational Training being seen to be one of the only ways to maintain practices. A lack of Dentists wanting to work for the NHS was noted, recognising many wishing to see less patients for a longer appointment.

6.4 Area Medical Committee 26/03/24

The Area Medical Committee was held on the 26 March 2024 with another meeting held last week with aim to aligning timelines with the ACF and Board. Dr Harding advised this had been his second meeting and he was looking to seek feedback on his role as Chair. A Vice Chair was also being sought and there was a focus around representation for the medical profession within Forth Valley. Early-stage discussions were taking place around a potential Acute Sub-Group. Recruitment was being made to the two Mental Health posts that were currently unfilled.

Discussion had taken place around the press coverage of Drs raising concerns directly with HIS and not through the management structure. It was agreed Dr Harding would write to the Director of HR to obtain formal assurance around the role of Speak Up and ensure this was providing required escalation route. Mrs Cassells noted the Whistleblowing Annual Report would be presented to the Board and would seek clarity around activity within Forth Valley and also benchmarking being undertaken. Previous presentation had been made to the ACF by Linda Donaldson, Director of HR. Potential future discussion was proposed as part of a wider HR update.

Primary/Secondary Care interface was noted, with colleagues highlighting a number of patients attending receiving private healthcare and returning to the NHS for further treatment. This was particularly around the areas of Bariatric Surgery and Physiotherapy.

6.5 Area Nursing and Midwifery Advisory Committee

There was no ANMAC representative at the meeting.

6.6 Area Optical Committee 20/02/24

A verbal update was provided from the last meeting held on 19/05/24. Focus again was on appointment of a Vice Chair. The aim was for the next meeting in August being face to face to enable discussion around CPT.

NHS Forth Valley had 3 newly qualified NESGAT (Glaucoma) optometrists. The additional independent prescribing qualification was required. The aim of the scheme was to roll some of the stable Glaucoma patients to be monitored and managed within the Community. This was a National scheme, directed by Government. NHSFV had the required 4 NESGAT Optometrists. Challenge was noted as the hospital eye service had to recognise and discharge appropriate patients to the Community. This was a significant requirement with around 2-3000 patients and a number of records still being

paper. Challenge around funding and capacity was a challenge with an SBAR being submitted for additional funding.

6.7 Healthcare Science Local Forum

There was no Healthcare Science representative at the meeting.

6.8 Allied Health Professionals

Challenge was recognised around establishing a committee. Ms Beirne advised the Forum that consideration was now being given to join with the Area Nursing and Midwifery Committee, which would be retitled NMAP. This was felt to be a more practice approach recognising the long-standing challenge around this area. The Area Clinical Forum recognised the need to ensure appropriate recommendation around all areas. The Terms of Reference would also be required to be amended to reflect this change if enacted.

7. FOR APPROVAL

Nil

8. BETTER GOVERNANCE

8.1 Board Agenda

The Board Agenda had been circulated to staff and was reviewed. Mrs Mahal highlighted the aim for any strategic issues to be discussed by ACF well in advance of the Board. This would ensure the Forum was able to shape and influence the work at an early stage.

9. AOCB

In terms of Whistleblowing and Speak Up, Mrs Mahal recognised the need for correct structures to enable staff to come forward. The focus was on responding and resolving these concerns in a positive way.

Ms Lennox advised that this was her last meeting. Mrs Cassells confirmed the Forums thanks for the significant contributions made. The benefit of having Dental representation on the meeting had been welcomed.

There being no other competent business, the Chair closed the meeting at 8.03 pm.

10. Date of next meeting

The next meeting would be held on Thursday 12 September 2024 at 6.15 pm via MS Teams.

FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

9.7. Area Partnership Forum Minute: 18/06/24

Minute of the Area Partnership Forum meeting held on Tuesday 18 June 2024 at 2pm, within the Boardroom, Carseview and via MS Teams.

Present: Robert Clark, Employee Director (Chair)
Elaine Bell, Associate HR Director
Elaine Macdonald, HR Service Manager
Emma Small, RCN, FV Representative
Frances Dodd, Executive Nurse Director
Garry Fraser, Director of Acute Services
Gillian Morton, Director of Midwifery
Janet Sneddon, RCM
Karren Morrison, UNISON Staff Side Lead
Kevin Reith, Interim Director Human Resources
Linda McGovern, Human Resources (Organisational Development; Learning Training and Development; Culture & Quality and Diversity)
Linda Robertson, HR Service Manager, Workforce Planning and Staff Governance
Margaret Kerr, Head of Organisational Development
Morag Farquhar, Director of Facilities
Nick Hill, GMB Union
Scott Urquhart, Director of Finance

In Attendance: Andrew McGown, Head of Estates
Sarah Smith, Corporate Services Assistant/PA (minute)

1. Apologies for Absence/Confirmation of Quorum

Apologies for absence were noted on behalf of: Amanda Croft; Jennifer Borthwick; Laura Byrne; Lorna Dougans; Lynsey Walker; Thomas French; Carole Murray; Gillian Tait.

The Chair advised the meeting was not currently quorate with requirement for an additional staff side representative. The meeting would commence with discussion around items for noting and discussion only.

APF members were also advised that the process for appointment to Chief Executive remained ongoing and would not be discussed during the meeting.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft Minute of Area Partnership Forum meeting held on 21 May 2024

The note of the meeting held on 21 November 2023 was approved as an accurate record subject to the following amendments:

- Janet Sneddon's role to be amended to 'RCM'

4. Action Log

The Area Partnership Forum received the Action Log.

43 Facility Time – Kevin Reith advised Linda Robertson had concluded all track changes agreed in partnership. In terms of the request for additional time, Kevin would liaise with Emma Small and Linda, with update to the next meeting.

47 Worksmart Steering Group – Representative still to be agreed.

53 International Recruits through Job Train process – Formal update to be provided to APF.

57 6-month review of new jobs prior to banding – Highlight report to be prepared.

Janet Sneddon joined the meeting at this point and the meeting was now quorate.

The Area Partnership Forum

- **Noted the items for update**
- **Noted all other items were complete or would be covered under the Agenda**

5. Matters arising from the minute/action log

There were no matters arising from the minute or action log.

6. Assurance & Improvement Plan Escalation Update

The Area Partnership Forum received a verbal update led by Mr Reith, Interim Director of Human Resources. He advised the Escalation Performance & Resources Committee received an update around the plan and no issues were highlighted. Refinement work was continuing with Auditors. The organisational Governance cycle was being amended to ensure cultural work would be brought appropriately to Staff Governance, Area Partnership Forum and the Board. From 2025 Staff Governance would now have 6 meetings per year, to align with other Committees. The APF acknowledged the benefit of clear timescales being in place for all assurance committees in the organisation. The benefit for alignment of local Partnership Forums was also recognised.

7. FOR APPROVAL

7.1 Electricians RRP

The Area Partnership Forum considered a paper presented by Andrew McGown, Head of Estates.

Mr McGown outlined the key issues, recognising that the department was now fully established following recent appointment to 2 outstanding posts. However, the risk around recruitment and retention was felt to be ongoing. The proposal was for a Recruitment and Retention Premium rate of £3,834 for 12 months over 7 posts, with review at 6 months. This totalled £27,258.00 and included the 6.5% wage rise for Band 4. It was recognised this was not a long-term option and additional work was ongoing including linkage with Noelle McKay to discuss potential options, such as apprenticeships.

The NHS salary was considerably below the external market and Mr McGown confirmed that review of all posts in Estates was underway with assistance of Mr Colin Belbin, Staff Side Representative.

The Area Partnership Forum confirmed they recognised the pattern of challenge around the areas of recruitment and retention, however recognised the service was at full establishment. This challenge was also not currently being seen within other trades. The significant financial risk being experienced by all Boards was noted, recognising this would be an additional recurring sum with no allocated funding. A lack of clarity around the RRP process was also noted, with concern this could have future implications for other staff groups. Mr Clark also went through the policy requirements for the proposal being forwarded to STAC and it was confirmed it did not meet requirements.

As a result of the above, the Area Partnership Forum did NOT approve the request. Return could be made to a future meeting if further evaluation was undertaken.

8. BETTER VALUE

8.1 Finance Report

The Area Partnership Forum received a paper presented by Mr Scott Urquhart, Director of Finance. This was presented to the NHS Board on May 2024.

Mr Urquhart reiterated the significant level of financial challenge being faced in the new financial year. As at the end of month 2 the position was above projection with an overspend in excess of £4.5m. This was beyond any previous years, but a similar position was noted within other NHS Boards. The majority of the overspend was within Acute Services and the unfunded contingency beds remained a main area of challenge. Plans had been developed but traction was not being seen. Inflation was another issue with no additional monies received to support additional cost inflation.

Positive progress was being seen around Nuse Agency and medicine switches, however this was not a sufficient outturn to offset cost pressures. The Financial Sustainability Oversight Group was continuing to meet fortnightly and communication remained ongoing within the organisation.

Professor Dodd confirmed the Board had now removed the requirement for Health Care Support Worker Agency, noting NHS Forth Valley had been a significant outlier. Mr Fraser also outlined the areas of focus within the Acute Partnership Forum.

A full financial update would be provided to the Performance and Resources Committee on 25 June 2024. This would incorporate detailed Agency and Locum staffing analysis with trend lines incorporated. In terms of national comparators, a report was produced that showed comparative cost for Nurse and Medical Agency. This was not population adjusted but could be added to future APF papers to provide a wider update. **Action: Scott Urquhart**

The Area Partnership Forum noted the update provided.

8. BETTER WORKFORCE

9.1 Falkirk HSCP – Leadership Structure Review (*taken after Item 9.3*)

The Area Partnership Forum received a verbal update presented by Ms Gail Woodcock, Chief Officers for Falkirk Health and Social Care Partnership.

Ms Woodcock advised members of a process underway to review the Falkirk Health and Social Care Partnership Leadership Structure. This was to ensure appropriateness to deliver current and future challenges and in recognition of the recent transfer of additional services into the Partnership. The current structure has been in place in excess of 5 years.

A co-production approach was being undertaken through the extended Senior Management Team, with no intention to reduce head count. The opportunity would also be taken to improve connections and consider other key priorities. Current work was being undertaken around developing principles and undertaking analysis. An outline paper would be prepared within the next month which would allow input and engagement. This would be followed a proposed structure that would be taken through a formal consultation process.

Updates were currently being provided through the Falkirk Joint Staff Side Trade Union Forum, with agreement regular updates would also come through the Area Partnership Forum.

Mr Clark advised he would arrange for a HSCP representative to attend the APF as a standing member. **Action: Robert Clark**

The Area Partnership Forum noted the update provided.

9.2 Promoting Attendance Report

The Area Partnership Forum received a paper presented by Linda Robertson, HR Service Manager.

The paper outlined the absence position for May 2024 noting a decrease in both overall sickness and long term. Specifically, there had been 109 fewer staff absent in May compared to April. A decrease was noted in all areas except Corporate and Prison Healthcare and Specialist Community Service. Top reason for absence remained Anxiety/Stress/Depression/Other Psychiatric illnesses at 36.59%.

Mr Kevin Reith praised the work undertaken to remove 'unknown' from the top 10 list of absence reasons. This evidenced an increased attention by Managers.

Professor Dodd outlined the challenging work environment within Prison Healthcare. Although a small increase had been seen, to maintain a position of circa 2% was a positive achievement. This was supported by the Area Partnership Forum with a requested this position be fed back to staff. **Action: Professor Frances Dodd**

The Area Partnership Forum Noted the content of the paper; Noted the commitment from ELT and the Area Partnership Forum to focus on implementing the Attendance Management Policy and reducing absence rates across all Directorates and HSCPs

9.3 Agenda for Change Pay Review Implementation

The Area Partnership Forum received a verbal update led by Mr Kevin Reith who confirmed three established Workstreams with Leads previously detailed.

Reduced Working Week – Ms Elaine Bell, Associate Director of HR confirmed that fortnightly meetings were continuing. Calculations for part-time workers were awaited and due this week. Mr Ross Cheape, Service Manager, was currently undertaking a Test of Change within Mental Health Services. This had highlighted a challenge around staff being able to take their accumulated time, due to restrictions which excluded using night shift and weekend working. This could be a future significant issue and Elaine Bell would work with Ross Cheape to bring a paper back to a future APF. **Action: Elaine Bell.** In terms of implementation, 69% of the organisation has introduced the reduced working week; 18% have not responded to monitoring and 13% not implemented. Monthly monitoring was continuing which included financial implications which would be aligned with funding provision from Scottish Government. These were not currently significant. Future National decisions were still required around the further 1.5 hours implementation, however the APF recognised the potential benefit of future modelling. Assurance was provided that follow up would be undertaken for the 18% of staff that have not responded. **Action: Elaine Bell**

Protected Learning – Linda McGovern confirmed significant pre-work had been undertaken noting policy implementation in 2022. This work would be reviewed and a date for meeting to be finalised. Mr Michael Brown was undertaken work around eRostering to ensure time was provided to staff and logged appropriately and would be attending meetings. Professor Dodd confirmed she was part of a national group (as Nurse Director) looking at the learning passport and the national approach to statutory and mandatory training. This would align with the local work.

Band 5 – Mr Kevin Reith confirmed the Portal went live 17/06/24 and applications were on the intranet. The application forms were substantial and would require time to complete. Ms Morrison however highlighted significant interest from staff. Management of expectations was required with co-ordination work being required around requests for information and recognition of the current Job Evaluation capacity requirements, recognising this was a finite resource. Mr Hill outlined the additional training work with a request for managers to attend. These areas were highlighted at the recent Staff Governance Committee. National discussion was ongoing around tracking progress and process mapping. The importance of regular comms around this area was noted. Mr Reith confirmed he

would follow up with Mr Michael Brown around meeting schedule and staff side involvement. **Action: Kevin Reith**

The Area Partnership Forum noted the updates provided.

9.4 Attendance Working Group update

The Area Partnership Forum received a verbal update from Ms Elaine Bell, Associate Director of HR.

Ms Bell advised the action plan had been reviewed in April 2024, with confirmation of key points agreed. One action was to set up an Oversight Group that would be Chaired by Garry Fraser, Director of Acute Services. An initial meeting would take place on 20 June 2024. A significant volume of ongoing background work was acknowledged.

The Area Partnership Forum noted the update provided.

9.5 Job Evaluation – Joint Highlight Report

The Area Partnership Forum received a verbal update led by Mr Nick Hill, GMB Staff Side Representative. Work was ongoing and a paper would be prepared and returned to the next meeting.

The Area Partnership Forum noted the update provided.

9.6 Nursing Workforce Review – outputs

The Area Partnership Forum received a verbal update presented by Ms Karen Goudie, Nurse Director.

Ms Goudie confirmed the paper remained with Healthcare Improvement Scotland, noting amendment was required around some data.

The APF were advised that a workforce review had taken place over an 8 week period, with involvement from Nursing and Human Resources colleagues. This was to ensure an understanding around the foundation and blueprint for each inpatient ward area. This had provided clarity around HIS data which provided a whole system position. The next stage would be a move towards Teams based blueprints. Future work would also be undertaken around additional areas such as Community.

In terms of outputs, there had been an increase in confidence around the baseline workforce and ensuring alignment with other key pieces of work. This had enabled creation of some improvement aims around workforce, particularly around cessation of Agency Healthcare Support Worker, noting no usage since 3 June 2024. This was a significant achievement with an estimated £400k reduction in spend. Additional key figures were noted, including a 71% reduction in Registered Nurse Agency usage, with 51% in Acute and cessation planned for March 2025. Highest usage area was Prisons, however a workforce plan and recruit work were ongoing, with aim to cease Agency usage in Prisons by November 2024. Ms Goudie there was some data still awaited from multiple areas and it was proposed a sub-meeting be held to ensure the same data was collected and reported on. Run charts had been created.

Work had been undertaken on the Acute site around roster contribution of Senior Charge Nurses. Agreement had been sought around a 60/40 split which would align NHS Forth Valley with other Boards. Agreement had been reached with ED Senior Charge Nurse around an 80/20 split which would release hours into the roster to aid in management of supplementary spend. Following implementation of the authorisation process, there had been no significant safety issues highlighted. Alignment had also been taken with NHS Scotland around predicted absence allowance with an increase to 22.5%.

In terms of next steps, Blueprint sign off process would take place with Professional Leads; Staff Side; Finance and Human Resources. This would be to confirm that the information was correct for all areas and any work had no significant impact on wards.

Staff side involvement was discussed, with recognition of the need for involvement at an early stage. Appropriate notice time was also required around any meetings to enable diary prioritisation. NMAP Workforce Governance was discussed, recognising the need to fill the Staff Side representative post left vacant by Ms Hilary Nelson. **Action: Robert Clark**

Professor Dodd outlined the significant work undertaken confirming this had significantly strengthened understanding around staff requirements on a daily basis. The work around Safe Care and eRostering would ensure Senior Charge Nurses could review rosters to ensure fair and equitable distribution, with removal of any unintended variation or bias. Link with the Cultural work was noted in ensuring staff, at a local level, had the level of Governance and Control required for their areas.

The Area Partnership Forum noted the update provided.

9.7 Job Description Band 2 & Band 3 Healthcare Support Worker

The Area Partnership Forum received a verbal update led by Ms Karen Goudie, Nurse Director.

Ms Goudie advised the reference to Constant Observations should be within the Band 3 Healthcare Support Worker Job Description only. This had been tabled across the National Nurse Directors Group with confirmation of the position. Work was ongoing. Ms Morrison confirmed that she and Julie Mitchell had reviewed both Band 2 and 3 Job Descriptions, noting some additional areas for review. A paper would be brought to the APF to ensure awareness. Clarification would also be required from the University Programme around the ability of Band 2 Student Nurses to carry out cognisant observations. Caution was expressed to ensure 2 job descriptions were noted created. Discussion would take place outwith meeting. **Action: Karen Goudie/Frances Dodd**

An update was also provided around Academy work which had been highlighted to the APF previously. Some challenges were noted and being addressed however the Academy was going ahead with 15 individuals being brought in as Band 2. The proposed process was outlined with the work of Noelle McKay, Employability Manager praised.

The Area Partnership Forum noted the update provided.

9.8 Staff Governance Monitoring Update

The Area Partnership Forum received papers presented by Ms Linda Robertson, HR Service Manager.

Previous presentation the Forum was acknowledged, noting the 2023/24 Staff Governance Action Plan process had been paused with work ongoing to streamline the process. No return would be submitted this year, however the Forth Valley Tripartite Working Group would remain in place with data to be collected and a review of action plans for each Directors.

The APF were assured that the Area Partnership Forum and Staff Governance would see any output prior to submission.

The Area Partnership Forum noted the update provided.

10. FOR NOTING

10.1 Update on Organisation Development Priorities including Learning, Education and iMatter

The Area Partnership Forum received a paper presented by Ms Margaet Kerr, Head of Organisational Development.

In terms of iMatter, the reports had been issued and were available across the organisation. In terms of Acton Plans, electronic response was due by 30/07/24 at 12 midday; for combined responses due date was 12 August 2024 at 12 noon. It was confirmed this output was used by Scottish Government to measure our KPIs. The Board Report noted a 58% response rate, with 4238 responses. Scottish Government provided a detailed list of Departments and Staff who had not received their questionnaire with organisational comment required. Detail was provided around the percentages, noting a similar response position over the last few years.

The paper provided an update around key areas, including Mediation; Leadership and Development and Leading for the Future. In terms of Facilitators, limited places were noted, with NHS Forth Valley achieving one place via Leading for Change. The work being undertaken around Leadership 3 Cross Board Leadership was also outlined. Employability continued to make excellent progress within the organisation. PDR data remained an area of significant focus with many awareness sessions being held. In terms of Celebrating Success, the team have agreed to meet again and share much of the activity underway. Potential availability of funding was also being explored.

Communications and Social Media remained a significant area of interest, with Elsbeth Campbell, Head of Communications being invited to attend a Celebrating Success meeting to provide clarity around guidelines. The APF recognised the need to ensure consistency across the organisation.

Mr Clark expressed his thanks to Ms Kerr and her Team for their assistance around iMatter. It was proposed that Comms be issued outlining the APF encouragement for all teams to create and follow up on their action plans. **Action: Robert Clark**

The Area Partnership Forum **noted** the contents of this update and receive future updates on these and other areas.

10.2 Circulars and Policies

The Area Partnership Forum received a verbal update and noted the Circular issued.

11. ANY OTHER COMPETENT BUSINESS

Ms Farquhar informed the meeting of changes to the previously titled Facilities and Infrastructure Directorate. This had been split between Facilities and Digital. In terms of the Facilities & Infrastructure Partnership Forum, the APF confirmed they were happy to take guidance around future arrangements.

Partnership Working was highlighted by Ms Karren Morrison, proposing the need for improvement work in this area. A review of process was proposed to ensure appropriate members were invited to meetings. Mr Clark advised Staff Side Representatives had now been appointed for UNITE; Physiotherapy; Radiography. He would be meeting with them to confirm what meeting attendance was required. A combined session would be held on Partnership Work with all Reps and Managers to be invited. **Action: Robert Clark/Kevin Reith**

In terms of staff awareness around reps in place, Mr Clark confirmed ongoing barriers around minutes being added to the Intranet. This would be followed up by Mr Reith.

Ms Farquhar outlined the Benchmarking exercise underway for Forth Valley Royal Hospital. This process remained ongoing with contribution of Mr Hill noted. A letter was being sent by NHS Forth Valley and Serco to extend the conclusion date to August 2024. This would allow appropriate time to conclude exercise.

12. DATE OF NEXT MEETING: The next meeting would be held on 23 July 2024 @ 2 pm. Due to this being peak holiday time, it was agreed confirmation of attendance would be sought.

FORTH VALLEY NHS BOARD

TUESDAY 30 JULY 2024

9.7. Area Partnership Forum Minute: 21/05/24

Minute of the Area Partnership Forum meeting held on Tuesday 21 May 2024 at 2 pm, Boardroom, Carseview.

Present: Robert Clark, Employee Director (Chair)
Elaine Macdonald, HR Service Manager, Human Resources
Emma Small, RCN FV Rep
Garry Fraser, Director of Acute Services
Gillian Tait, Senior RCN Officer
Greig Kelbie, Unison Scotland Regional Officer
Janet Sneddon, Royal College of Midwives
Jennifer Borthwick, Director of Psychological Services & Head of Clinical Services for Mental Health and Learning Disabilities
Julie Mitchell, Human Resources. Job Evaluation Lead
Julie McIlwaine, HR Service Manager, Operational HR
Karren Morrison, UNISON
Kevin Reith, Interim Director of HR
Laura Byrne, Director of Pharmacy
Linda Robertson, HR Service Manager, Workforce Planning and Staff Governance
Lynsey Walker, BDA
Morag Farquhar, Director of Facilities
Nicholas Hill, GMB Representative
Scott Urquhart, Director of Finance

In Attendance: Neena Mahal, Interim Board Chair (observer)
Michael Brown, Head of HR Resourcing
Noelle MacKay, Employability Manager
Sarah Smith, Corporate Services Assistant/PA (minute)

1. Apologies for Absence/Confirmation of Quorum

Introductions were undertaken and apologies noted on behalf of: Amanda Croft; Carole Murray; Frances Dodd; Gail Woodcock; Gillian Morton; Karen Goudie; Linda McGovern and Lorna Dougans. Neena Mahal, Interim Board Chair, was welcomed to the meeting and would be observing.

It was confirmed the meeting was quorate.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft Minute of Area Partnership Forum meeting held on 23 April 2024

The note of the meeting held on 23 April 2024 was approved as an accurate record subject to the following amendment:

- Names to be amended to consistent format throughout the minute.

4. Action Log

The Action Log was reviewed and would be updated as follows:

25 – Sturrock – Item was on the Agenda. COMPLETE

36 – Committee work update. COMPLETE

43 – Facility Time – Item was on the Agenda

44 – Delegated authority for dismissal hearings. Elaine Macdonald noted previous presentation to APF in March around compliance with the Once for Scotland Policy. Following this an email had been sent to request nominated delegates for dismissal rights. A number had been received with final responses awaited. Collation would then be undertaken. A new training package was being compiled for dismissal officer and delegate. Refresher training would also be available if required. A full paper would be returned to the Forum in June.

46 Nursing Workforce Review – for June 2024.

47 – Worksmart Steering Group, staff side rep. Robert Clark confirmed he would follow up.

48 – SSTS rosters would be discussed under Item 9.1

49 – Job Evaluation – on Agenda

50 – B5 to 6 review – Michael Brown confirmed there was a page on the Intranet and he and Elaine Bell had editing rights. This would be updated today. Testing site reports were awaited and Portal was not yet live. Expectation was fast progress once established with anticipated timeline being June.

51 Job descriptions B2-3 Karren Morrison highlighted this item had first been raised four months ago and a response was still awaited. Following a brief discussion it was agreed that Michael Brown would follow up with Karen Goudie directly outwith the meeting with resolution to be brought to the June Forum. Assurance was provided that 78% of shifts were now on the system as a Band 3. **Action: Karen Goudie/Michael Brown**

52 Starting salaries – Kevin Reith confirmed this was a national problem. Morven Dunn, Quality Improvement, had provided direction around how to engage key managers. NHSFV was undertaking proactive work around a number of areas, including online authorisation of job vacancies. Julie Mitchell outlined pilot testing was underway, with a request for a further update to the next APF. **Action: Kevin Reith**

53 International Recruits – Michael Brown advised that Linda McGovern and Karen Goudie had a positive meeting with Charlie McCarthy with communication to continue. This was recognised as a national issue. The need for clear comms was required to ensure awareness of requirements. It was agreed quantification of the scale of the issue would be useful to establish any hot spots. Any issues could then be brought to the APF.

5. Matters arising from the minute/action log

There were no matters arising from the minute.

6. Assurance & Improvement Plan Escalation Update

A verbal update was provided by Kevin Reith, Director of Finance. He confirmed no substantial changes had been made to the plan and evidencing actions was ongoing. Internal Auditors were undertaking a comprehensive and extensive review of the evidence against the plan. The next Assurance Board would be held in June, with a reporting back on Culture work. A further progress update would be provided to the next meeting.

Clarification was sought around the timeline for monthly reports. Neena Mahal reported on a recent meeting with Christine McLaughlin, Chair of the Assurance Board. A clear message was provided around a Forth Valley being on a 'glide path' to a sustainable de-escalation but no timeline was proposed. Work was still required to deliver against actions with challenge recognised around performance for Urgent & Unscheduled Care. There was also a need to ensure clarity between wider whole system pressures and reasons for the Board's escalation.

7. FOR APPROVAL

7.1 Annex 21

The Area Partnership Forum:

- Approved the recommendations put forward within this paper on the future arrangements for the implementation of Annex 21

Key Points:

- A brief background was provided noting this related to trainees employed by the organisation and receiving a portion of the grade. The national pay award determined some people were being disadvantaged through this process.
- An interim 'top-up' arrangement was outlined in the paper which would address any financial detriment. The change would apply only to staff adversely impact.
- In terms of Clinical Governance, work had been ongoing to get quantification around the back pay element. An update would be provided to APF once agreement was reached. **Action: Kevin Reith**
- Karren Morrison noted a number of grievances that had been ongoing for some time and confirmed assurance this proposal would provide resolution. The positive work being undertaken was acknowledged and it was confirmed staff side had recognised this as an acceptable outcome.
- Any substantial changes would be returned to the APF and the document would now be taken through ELT for good governance.

7.2 Sturrock Update

The Area Partnership Forum:

- Noted the content of the paper.
- Approved the recommendations put forward within this paper

Key Points:

- Elaine Macdonald outlined the work undertaken, noting a renewed focus of the Sturrock Review Group was undertaken in 2023. The resulting extended action plan outlined 20 actions.
- In March 2024, a number of colleagues met and reviewed the action plan against the previous years input. Its content and recommendations were then agreed. The output was attached for APF information and scoped out the activities agreed against the Cabinet Secretary's questions.
- Significant progress had been made in a number of areas, however 5 key areas remained which required continued monitoring to ensure compliance.
- The Sturrock Review Group would now be stood down, with proposed review routes outlined and including the APF action log and workplan.
- The APF acknowledged the significant work undertaken.

7.2 Creation of Widening Access Pathways & additional education opportunities for Clinical Support Workers

The Area Partnership Forum:

- Approved the recommendations put forth within this paper by the Neurodiversity working group.

Key Points:

- Noelle McKay, Employability Manager, outlined work focused on widening access and creating new pathways into the organisation. Reflection of the job market had identified a number of groups to whom the available jobs were not attractive or accessible. An additional focus was noted around reduction of bank and agency use to cover shortages.
- Detail was provided around NHSFV Training Academy with supported programmes to provide access to a wide and diverse range of people. The aim was to develop a sustainable

and retainable workforce. It would also enable current staff to further develop their careers. The paper outlined focus areas and funding for each.

- The 'Surge Team Pilot' was discussed in detail, confirming this was in addition to the current Band 3 posts and was not a replacement. The pilot was being funded by local authority partners, however potential discussion may be required around fund management. The selection process and training criteria was outlined.
- Assurance was provided around the supervision in place for each of the proposals.
- It was confirmed ELT had also seen and supported the recommendations.

8. BETTER VALUE

8.1 Finance Report

The Area Partnership Forum

- Noted the finance report as presented.

Key Points:

- Scott Urquhart advised that for 2023/24 key financial statutory requirements have been met, subject to Audit. This had been possible due to additional non-recurring National monies.
- The Annual Audit process was currently underway to conclude on 14/06/24 with presentation to NHS Board on 18/06/24.
- For 2024/25 an exceptionally challenged position was noted, with the Month 1 position reporting a £2m overspend. A clear position would not be available until end of Quarter 1.
- A Financial Sustainability Oversight Board had been established with action and savings plans with focus topics. Output would be to P&R Committee.
- Savings of £44m have been identified however all were high risk.
- Contingency beds noted as one of the most significant risk areas.
- The financial position remained a high area of continued focus for Board Chief Executives and Directors of Finance.
- An ongoing focus area in NHS Forth Valley was on longer term financial sustainability, around areas such as improving value and health inequalities. These areas would form part of the Healthcare Strategy going forward, which would be underpinned by the Financial Sustainability Action Plan.
- The continued support of the APF was sought around identification of savings and cost reductions, which should be brought to the Financial Sustainability Oversight Board.
- The APF recognised the ongoing positive communication to the organisation.

9. BETTER WORKFORCE

9.1 Agenda for Change Pay Review Implementation

The Area Partnership Forum

- Noted the content of the paper.
- Noted the commitment of NHS Forth Valley to work with staff-side colleagues to develop and implement actions to take forward the changes.
- Approved the implementation of a short test of change on the RWW Accumulation of Hours

Key Points:

- Linda Robertson advised the paper provided an update on three strands of the Agenda for Change Pay Reviews (reduced working week; Band 5-B6 Nursing and Protected Learning Time). Groups had been established to address each areas.
- Current focus was around a reduction in the working week to 37 hours by 01/04/24. The paper provided a graph outlining 91% of areas have been able to undertake the initial reduction. Challenge was noted around the longer-term focus with future reduction to 36 hours.

- Accumulation of hours was a key area of challenge, with a proposal to allow a 4-week maximum period. A 4-week test of change was proposed and agreed by the APF, this would relate to 30-minute reduction only.
- The part time calculator remained a challenge for the organisation with specific issues highlighted and discussed. Kevin Reith confirmed direction would be provided by STAC.
- It was recognised a direct impact on clinical services would be expected with accommodations and guidance required.
- Any queries should now be sent to the HR Enquiry Portal and comms had been issued around this. There was also a dedicated section for each of the key AfC areas on HR Connect. Forth Valley focussed FAQs were also in place.

9.2 Promoting attendance

The Area Partnership Forum

- Noted the content of the paper
- Noted the commitment from ELT and the Area Partnership Forum to focus on implementing the Attendance Management Policy and reducing absence rates across all Directorates and HSCPs

Key Points:

- Linda Robertson advised the circulated paper provided the March 2024 information and a verbal update was provided for the April position. The report would be circulated following the meeting. **Action: Linda Robertson**
- For April overall absence was 7.69% (March 7%). Potential impact was noted from the reduced working week. Top reason remained anxiety, stress and depression.
- Staff side feedback was sought noting a need for focus on culture and environment, in recognition of the connection with sickness absence.
- A continued local focus on impact areas was noted with a need to ensure the right interventions and approaches were in place. The role of the Attendance Group was outlined with an update to be provided to the APF in June. **Action: Elaine Bell**

9.3 Job Evaluation

The Area Partnership Forum

The Area Partnership Forum

- Noted the update provided

Key Points:

- Julie Mitchell provided an update noting a focus on addressing the backlog of posts. This had reduced from 169 (at time of last update to APF) to 90, with only 7 job reviews now outstanding.
- Additional training had been undertaken for panellists, with 35 now in place and weekly panels being run throughout the year, with no cancellations to date. The need for additional panellists was recognised.
- Job description quality had increased following a pre-panel check being undertaken. This had been aided by additional job evaluation awareness and job description training courses being held.
- In advance of the Band 5 review, focus was on reducing the backlog to ensure a more positive position.
- A number of new jobs had been sitting for some time and it was proposed APF should consider whether a 6-month review should be provided prior to banding being confirmed. This would also avoid a 'double journey' for each posts. It was also agreed a joint highlight report was proposed to outline the journey and this would be brought to the next APF. **Action: Julie Mitchell/Nick Hill**
- It was confirmed that national capacity profiling was being undertaken around the Band 5-6 Nursing Review.

10. FOR NOTING

10.1 APF Annual Report

The Area Partnership Forum:

- Noted the activity of the Area Partnership Forum

Key Points:

- Robert Clark outlined the content of the Report and confirmed this showed the Forum was functioning well. Submission for approval would be made to the NHS Board on 28/05/24.

10.2 Circulars and Policies

The Area Partnership Forum: Noted the Circulars and Policies as presented.

11. Any Other Competent Business

There being no other competent business, the Chair closed the meeting at 4.17 pm.

12. Date of next meeting: Tuesday 18 June 2024 @ 2 pm, in the Boardroom, Carseview



Clackmannanshire & Stirling
Health & Social Care
Partnership

Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held on
27 March 2024

For Approval

Approved for Submission by	David Williams, Interim 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 March 2024, at Forth Valley College, Stirling Campus 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 Kathleen Martin, Clackmannanshire Council
 Councillor Martin Earl, Stirling Council
 Councillor Rosemary Fraser, Stirling Council
 Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
 Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
 Stephen McAllister, Non-Executive Board Member, NHS Forth Valley
 John Stuart, Non-Executive Board Member, NHS Forth Valley

Non-Voting Members

David Williams, Interim Chief Officer
 Ewan Murray, Chief Finance Officer, IJB and HSCP
 Alan Clevett, Third Sector Representative, Stirling
 Helen McGuire, Service User Representative, Clackmannanshire
 Eileen Wallace, Service User Representative, Stirling
 Dr Kathleen Brennan, GP Clinical Lead, HSCP
 Marie Valente, Chief Social Work Officer, Stirling Council
 Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
 Louise McKay, Interim Head Nurse HSCP
 Robert Clark, Employee Director, NHS Forth Valley
 Julie Morrison, Union Representative, Stirling

Advisory Members

Lesley Fulford, Senior Planning Manager
 Nikki Bridle, Chief Executive, Clackmannanshire Council
 Mhairi Miller, Resources & Governance-Legal Services, Clackmannanshire Council

In Attendance

Wendy Forrest, Head of Strategic Planning and Health Improvement
 Maxine Ward, Interim Head of Community Health and Care
 Sandra Comrie, Business Support Officer (minutes)



**Clackmannanshire
Council**



NHS
Forth Valley

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 Gerry McGarvey (Vice Chair), Stirling Council
Councillor Janine Rennie, Clackmannanshire Council
Amanda Croft, Interim Chief Executive, NHS Forth Valley
Helen Duncan, Third Sector Representative, Stirling
Abigail Robertson, Staff Representative, Stirling Council
Carol Beattie, Chief Executive Stirling Council
Paul Morris, Carers Representative, Clackmannanshire
Louise Murray, Carers Representative, Stirling
Andrew Murray, Medical Director, NHS Forth Valley
Lorraine Robertson, Chief Nurse HSCP
Narek Bido, Third Sector Representative, Clackmannanshire

NOTIFICATION OF SUBSTITUTES

Julie Morrison for Abigail Robertson, Staff Representative, Stirling Council
Louise McKay for Lorraine Robertson, Chief Nurse HSCP
Councillor Martin for Councillor Rennie, Clackmannanshire Council

2. DECLARATIONS OF INTEREST

There were no declarations of interest noted.

3. DRAFT MINUTE OF MEETING HELD ON 29 NOVEMBER 2023

The draft minute of the meeting held on 29 November 2023, was approved subject to the following amendments:

- Helen McGuire amended to Service User Representative, Clackmannanshire
- Paul Morris amended to Carers Representative, Clackmannanshire

4. ACTION LOG

Mr Murray confirmed the Primary Care updates would be presented at the IJB on 19 June 2024.

5. CASE STUDY

A short film about MacMillan Cancer Support (Annie and George's story) was shared with the IJB.

Mr Williams provided an overview of George's illness and the support provided to him and his wife Annie by Jane Niblo, Community Manager Macmillan Advanced CNS Macmillan One to One.

6. CHIEF OFFICER UPDATE

Mr Williams provided a verbal update to the IJB.

Mr Williams provided updates on the integration scheme review, the National Care Service, and new appointments within the Health and Social Care Partnership (HSCP).

The integration scheme review was being coordinated by an external facilitator and required a substantial update from the original scheme, the completion date was scheduled for Autumn 2024 and would be presented to Clackmannanshire Council, Stirling Council and NHS Forth Valley Health Board, pre-consultation, for approval. Mr Williams highlighted that a possible risk was the suggested decoupling of Clackmannanshire and Stirling Councils; therefore.

Stage one of the National Care Service review was completed in February 2024. The intention was to develop a National Care Service Board with a tripartite partnership approach, with Scottish Government, NHS Forth Valley Health Board executives and COSLA. The expected reformed IJBs would then be accountable to the National Care Service Board for activity and performance and have reformed IJB functions alongside some new ones. No timeframe had been set for completion.

Mr Williams confirmed Paul Cameron was due to commence the appointment of Head of Community Health and Care in May and Terry O'Gorman and Rachel Sinclair had been recently appointed to the Locality Manager posts.

Finally, he explained the structure of the IJB agenda had been updated with sections for papers for decision with Direction, for decision without Direction



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and for consideration and noting. The expectation was that there would be more papers, on the agenda, for decision with direction going forward in keeping with the role of the IJB as a decision-making commissioning Body.

Mr Rennie thanked Ms Ward for her contribution and confirmed Gail Woodcock had replaced Patricia Cassidy as Chief Officer for Falkirk IJB, Neena Mahal had been appointed as NHS Forth Valley Interim Chair and the position of NHS Forth Valley Chief Executive was advertised.

7. BUDGET AND FINANCE

The IJB considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

The report reflected the financial performance for the first 10 months of the financial year and set out the backdrop for considerations within the revenue budget. Mr Murray explained that pressures and cost drivers set out were consistent with previous reports and the projected overspend of £2.076 million did not meet the minimum requirement set out by the Board. However, there had been a slight improvement which he hoped would continue for the remainder of the year.

Mr Murray confirmed he should have added an explicit recommendation in the report to improve the Directions which were appended to the report. These Directions reflected the change in the structure of the Board's agenda from today's meeting onward.

Mr Johnston asked whether the allocation for residential placements was making a difference. Mr Murray explained there continued to be an additional level of placements in Clackmannanshire and Ms Ward added that there had been an observed reduction in placements in Stirling.

The Board discussed the areas of underspends that would help with the overspends. Mr Earl suggested that having a narrative around the significant underspends in the report would help provide the Board with a better understanding.

The Integration Joint Board:

- 1) Noted the projected overspend based on financial performance to Month 10 of £2.076m on the Integrated Budget and £3.645m on the Set Aside Budget for Large Hospital Services giving a total projected overspend of £5.721m**
- 2) Noted the integrated financial report including commentary on areas of material variance from budget.**
- 3) Noted that 46% of the approved savings and efficiencies programme was anticipated to be delivered in the current financial year.**

- 4) Approved the actions identified in 3.4 to be progressed by Councils' and Health Boards officers within the HSCP and issue Directions as set out in the template in appendix 2
- 5) Approved the need for allocation from general reserves to balance the budget at the year end, and authorise the CFO, CO, Chair and Vice Chair to agree the final amount required.
- 6) Approved the Directions appended to the report.

8. IJB REVENUE BUDGET 2024/25 "NEEDS LED – RESOURCE BOUND"

The IJB considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Mr Murray explained the revenue budget was a combination of many months of discussion and engagement aligned with the Strategic Commissioning Plan priorities. It reflected the rethinking and redesigning of how the services within the HSCP were planned and delivered over the coming year and future years. The budget was presented in the context of significant recurring financial pressures and had been the most challenging financial settlement for the IJB so far.

At a meeting on 28 February 2024, The Finance and Performance Committee considered a revised IJB business case which estimated a financial gap of £14.080 million which has now been updated to £14.041 million in relation to the Integrated Budget. Addressing the financial and service challenges of this scale required considerable change and highlighted the level of proposed savings presented to the Board at this time is five times the level projected to be delivered in 2023/24.

The budget incorporated a proposed savings programme of £10.094 million with £3.947m of reserves held to present an initial balanced budget. Mr Murray emphasised the risk in relation to the approach and specifically about reducing general reserves and the IJB were advised to expect to receive papers for decision with direction at each and every meeting going forward.

Mr Murray highlighted the three highest areas of financial risk which were the prescribing budget, learning disabilities and the ability, as a whole system, to eliminate reliance on unfunded beds. The Board would receive further proposals on decisions with Direction where required, during the financial year.

Mr Murray advised the IJB that since the publication of the budget papers, interim settlement for the year was in place for the National Care Home Contract (NCHC). This was in line with assumptions within the budget paper and a revision of the initial settlement would be required during the year once any NHS Agenda for Change pay award was agreed as this impacts the cost of care calculator for NCHC rates.



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Mr Murray addressed a question raised around prescribing and provided an overview of the work which continued to be worked on including polypharmacy.

Mr Williams explained that if overspends were more than expected, recovery action discussions would commence with section 95 officers and Mr Murray. There may be a requirement to revise the Directions throughout the course of the year.

Mr Murray drew the IJB's attention to the more detailed Directions appended to the report in line with the revised Directions policy also on the agenda. It was emphasised that the approach to Directions would continue to evolve further over time as would the role of the Finance and Performance Committee and IJB in terms of monitoring performance against delivery of Directions.

It was key to have a focus on early intervention and prevention whilst learning what our needs and resources were and aligning these. Mr Murray explained the right care, right time programmes were presented at high level with the papers and an extensive programme of work to support delivery was underway.

Mr Earl suggested the level of work undertaken with the IJB and the budget working group be noted within the report. The meeting provided a good level of assurance of how the Board should be advised of decisions.

Mr Williams suggested there may be more frequent IJB meetings as four meetings per year were probably insufficient given the responsibilities of the Board.

The Integration Joint Board:

- 1) Noted the contents of the report including the background and Economic Outlook**
- 2) Noted the proposed funding allocations to the IJB from NHS Forth Valley, Clackmannanshire Council and Stirling Council (Section 4) and the resultant Revenue Budget to support the delivery of the Strategic Commissioning Plan for 2024/25 of £257.384m.**
- 3) Approved an initial revenue budget for 2024/25 including the proposed savings programme detailed in section 4.5 and Appendix 3.**
- 4) Agreed on the proposed approach to sustaining investment in Community Link Workers as detailed in section 4.17.**
- 5) Noted the recommendation from the Audit and Risk Committee and approved the Reserves Policy and Strategy (Section 9 and Appendix I)**
- 6) Noted the proposed budget would fully deplete general reserves and the significant risks this placed on the IJB and the constituent authorities.**
- 7) Noted the medium-term financial outlook for the IJB (Section 10).**

8) Issued directions to Clackmannanshire and Stirling Councils and NHS Forth Valley as set out in Appendix 4.

9. PALLIATIVE AND END OF LIFE CARE

The IJB considered the paper presented by David Williams, Interim Chief Officer

The paper proposed a route to setting out and developing a strategic commissioning plan across Forth Valley Health Board about palliative and end-of-life care. Mr Williams explained it would provide a stakeholder engaged route using the Commissioning Consortium approach, which the Board had approved and begun to implement for dementia provision.

The report still required a decision with Direction as it required the resources from Clackmannanshire and Stirling Councils and Forth Valley Health Board to deliver. The IJB will direct the Forth Valley Health Board and Clackmannanshire and Stirling Councils to enable and facilitate staff to be engaged in the work. Mr Williams confirmed the paper had also been presented to the Falkirk IJB.

Mr Stuart asked whether the timeline for the work was achievable. Mr Williams explained it should be as it was a piece of work which had previously been started but never implemented.

The Integration Joint Board:

1) Approved the development of a Forth Valley Strategic Commissioning Plan for Palliative and End of Life Care for consideration at both IJBs in September 2024. 2) Issued Directions as set out in Appendix 1.

10. REVISED CLINICAL AND PROFESSIONAL CARE GOVERNANCE FRAMEWORK

The IJB considered the paper presented by David Williams, Interim Chief Officer

Mr Williams reviewed the assurance, concerning clinical and professional care governance for the IJB, and confirmed the arrangement which had been in place since 2018 was inaccurate about the responsibilities of the IJB.

Mr Williams presented the draft revised framework, with amendments and tracked changes, which were visible in the report. He had made some changes to the responsibilities; Forth Valley Health Board were responsible for Clinical and Care Governance and Clackmannanshire and Stirling Councils were responsible for professional social work and social care governance. Terms of reference had been drafted for the Clinical and Care



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Governance Group with the suggestion they meet quarterly. Mr Williams confirmed he had engaged with professional leads from the local existing group and both the Medical and Nurse Directors who were comfortable with the changes.

Councillor Hamilton suggested it would be good to have a mapping exercise to align all the strategies. Mr Williams agreed to provide a summary of the groups and meetings involved. [DWI]

The Integration Joint Board:

1) To approve the revisions to the existing Clinical and Professional Care Governance Framework

11. STRATEGIC RISK REGISTER

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer

The Strategic Risk Register was previously included in the performance reports. Mr Murray explained it would now be presented to the IJB as a standalone paper with a revised format. The purpose of the register was to ensure that practice was aligned accordingly to reduce the level of risk. The Audit and Risk Committee reviewed the Strategic Risk Register at the meeting on 21 February 2024.

Mr Murray confirmed the newly appointed Risk Manager from NHS Forth Valley would be supporting work over the next few months, looking at how to systemise the Strategic Risk Register to enhance ownership and efficiency of reporting. Updates would be reported to the June Audit and Risk Committee and IJB meetings to ensure both are content with the new format.

The Integration Joint Board:

- 1) Reviewed and approved the Strategic Risk Register

12. IJB MEMBERSHIP AND ROLES

The IJB considered the paper presented by David Williams, Interim Chief Officer.

Mr Williams provided an update on the changes to membership, the voting membership, and the Audit & Risk Committee.

The Integration Joint Board:

- 1) Noted Stirling Council nominated Councillor Gerry McGarvie as Chair of the IJB.
- 2) Noted NHS Forth Valley nominating Allan Rennie as Vice Chair of the IJB.
- 3) Approved Clackmannanshire Trade Union representative as a member of the IJB.

13. REVIEW OF DIRECTIONS POLICY

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer

Mr Murray explained the IJB approved the extant Directions policy in September 2021, however, the policy had not been fully implemented. The policy required a review every 2 years and would be implemented from April 2024.

The Integration Joint Board:

- 1) Noted the background to the Directions Policy.
- 2) Noted the recommendation of the Audit and Risk Committee
- 3) Noted further work was required to determine the arrangements for Directions where the IJB is the lead for a range of Forth Valley wide healthcare services on behalf of Falkirk Integration Joint Board (i.e. hosted/coordinated services) and to finalise set aside arrangements.
- 4) Approved the updated Directions Policy.



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14. COMMITTEE TERMS OF REFERENCE

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer

Mr Murray explained that as part of the governance framework, there was a requirement to review the terms of reference for the committees on an annual basis to ensure they continue to be focussed on the IJB's priorities and the risks delegated to them.

The Integration Joint Board:

- 1) Noted the review and update for both IJB Committees' Terms of Reference.**
- 2) Approved the Terms of Reference and supporting workplan for both IJB Committees**

15. STRATEGIC COMMISSIONING PLAN-STRATEGIC DELIVERY PLAN

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

The IJB previously requested to see an annual report against the Strategic Delivery Plan. Ms Forrest confirmed that the Strategic Delivery Plan aligned directly with the revenue budget paper. Ms Forrest confirmed it had been updated, improved, and linked with the Directions Policy, as the Strategic Delivery Plan required Directions to the constituent authorities to implement.

The Integration Joint Board:

- 1) Approved the updated Strategic Delivery Plan and asked the Chief Officer to continue to have oversight of progress against the activities and to continue engagement with Clackmannanshire Council, Stirling Council and NHS Forth Valley.**
- 2) Sought for officers to continue to provide a six-monthly update to the Finance and Performance Committee against the actions outlined in the Strategic Delivery Plan prior to presentation at the Integration Joint Board.**

16. QUARTER THREE PERFORMANCE REPORT (OCTOBER TO DECEMBER 2023)

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

The report aligned with the Strategic Commissioning Plan which outlined performance and activity across the HSCP delegated services. Ms Forrest confirmed that the next report, going to the June IJB, would fully reflect a framework for reporting against all delegated services as well as hosted services. There had been a request at the Finance and Performance Committee, on 28 February 2024, that information on Medically Assisted Treatment Standards be included in the updated report.

The Integration Joint Board:

- 1) Reviewed and considered the content of the Report.
- 2) To continue for appropriate management actions to be identified, and taken, to address the issues identified through regular performance reports.
- 3) Approved Quarter 3 (October to December 2023) report (Appendix 1) and Executive Summary (Appendix 2).
- 4) Sought for officers to present a revised format for the Annual Performance Report 2024 - 2025 at the Integration Joint Board June 24 and an integrated performance framework to fully reflect all delegated services as well as hosted services and specific areas of policy e.g. Medically Assisted Treatment Standards.
- 5) Sought for officers in revised format of the Report to continue to take account of 2022/2023 Annual External Audit Report where "Performance reporting could be improved through the addition of clear performance targets to allow assessment of how the IJB is performing relative to expectation".

17. DELIVERING THE COMMISSIONING CONSORTIA

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

Ms Forrest provided a progress update and explained there were still areas which needed to be worked on, including palliative and end-of-life care. She explained the report contained key elements of work undertaken and the progress made against them.

An update on the delivery of a Consortia approach across carers, dementia, the alcohol and drug partnership and the third sector partnership was presented to the Strategic Planning Group on 15th February 2024 and was agreed in principle alongside people with lived experience, carers, providers, Third Sector Interface and workers from across HSCP services. Ms Forrest



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confirmed that people with lived experience were influencing the delivery of policy and the direction of how to deliver care and support.

The Integration Joint Board:

- 1) **Noted the activity across care groups linked to the commissioning of care and support services.**
- 2) **Agreed on the current activity and proposed activity for 2024 - 2025 based on a consortia model of commissioning care and support.**

18. CLACKMANNANSHIRE AND STIRLING CHIEF SOCIAL WORK OFFICERS' REPORT 2022-23

The IJB considered the paper presented by Marie Valente and Sharon Robertson, Chief Social Workers

Mr Williams introduced both Clackmannanshire and Stirling Council Chief Social Work Officer reports explaining that the reports provided an overview of the key priorities, challenges, improvements, and achievements in the delivery of all social work services across the Clackmannanshire and Stirling Council areas in 2022/23.

Mr Fairbairn suggested that going forward some commentary on the reports would provide a clearer understanding of why they were being presented. Mr Williams explained that as the IJB commissioned all the adult social work social care provisions, it was important that the reports were visible to the Board for noting.

The Integration Joint Board:

- 1) **Noted the Chief Social Work Officers' Annual Reports.**

19. COMMITTEE ANNUAL ASSURANCE STATEMENTS FOR THE IJB 2023-24

The IJB considered the paper presented by Councillors Wendy Hamilton and Martin Earl.

Councillor Hamilton explained the work of the Finance and Performance Committee was to provide substantial assurance to the IJB about the financial governance and scrutiny of annual budgets and efficiency and savings proposals. She confirmed there would be a focus on the Directions going forward.

Mr Fairbairn suggested the link to Directions work be included in the terms of reference for both Committees.

Councillor Earl explained the role of the Audit and Risk Committee was to provide substantial assurance to the IJB about a wide range of governance issues including risk management and potential internal control weaknesses. He thanked all members for their continued support.

The Integration Joint Board:

- 1) Noted the Substantial Assurance provided by the Audit and Risk Committee Annual Assurance Statement**
- 2) Noted the Substantial Assurance provided by the Finance & Performance Committee Annual Assurance Statement**

20. TRANSITIONS POLICY

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

The Transitions Policy for young people moving from Education and Children's Services to Adult Services was developed in partnership with colleagues within education services, children's services and adult services and had been approved by Clackmannanshire Council. Ms Forrest highlighted the good work carried out by Self-Directed Support Forth Valley and the families and carers centres involved. She confirmed the same process was currently underway for Stirling Council and that there was an ongoing commitment for adults from both Councils and NHS to support people in transition.

Mr Clark asked whether the policy covered children with learning difficulties and Councillor Earl asked who the owner of the policy was. Mr Williams confirmed it would cover children with learning difficulties and Ms Forrest confirmed the owners of the policy was Clackmannanshire Council and it had been developed with people with lived experience to cover all areas.

The Integration Joint Board:

- 1) Considered and note the Transitions Policy for young people moving from Education and Children's Services to Adult Services as a guide for young people, families and carers was agreed by Clackmannanshire Council and note there will be ongoing financial commitments for Council for young people moving into adult services.**
- 2) Noted that a process of engagement with Stirling Council is already underway.**



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21. FOR NOTING

21.1 Decision Log

Noted

21.2 Minutes

Noted

a. Finance and Performance Committee – 01/11/2023

b. Joint Staff Forum – 30/11/2023

c. Strategic Planning Group – 14/12/2023

d. Clinical and Care Governance Group – 16/11/2023

23. ANY OTHER COMPETENT BUSINESS (AOCB)

There was no other competent business.

24. DATE OF NEXT MEETING

19 June 2024

Minute of hybrid meeting of the Integration Joint Board held within Forth Valley College (Grangemouth Road, Falkirk, FK2 9AD) – Falkirk Campus, Steeple Suite, First Floor on Friday 22 March 2024 at 9.30 a.m.

Voting Members: Councillor Fiona Collie (Chair)
Councillor Jim Flynn
Councillor Anne Hannah
Stephen McAllister (Vice Chair)
Michele McClung

Non –voting Members: Margo Biggs, Service User Representative
Patricia Cassidy, Chief Officer (Items IJB51 and IJB66)
Robert Clark, Staff Representative, NHS Forth Valley
Ian Dickson, Third Sector Representative
Mark Fairley, Interim Chief Finance Officer (Items IJB52, IJB53, IJB54, and IJB56)
Carol Ann Harrower, Carer Representative
David Herron, GP Representative
Victoria McRae, Third Sector Interface
Roger Ridley, Staff Representative, Falkirk Council

Also Attending: Michelle Campbell, Personal Assistant
Philip Heaton, ADP Lead Officer (Item IJB62)
David Keenan, Equalities & Human Rights Lead Officer (Item IJB57)
Marie Kiers, Chief Finance Officer, Observing
Lesley Macarthur, Partnership Funding Co-ordinator (Item IJB55)
Calum MacDonald, Performance & Quality Assurance Manager (Item IJB63)
Gayle McIntyre, Senior Service Manager (Item IJB61)
Jim Millar, Democratic Services Graduate
David Miller, Policy and Development Officer (IJB58)
Margaret Petherbridge, Project Development Manager (Item IJB58)
Judith Proctor, Head of Primary Care
Paul Surgenor, Communications Officer (Item IJB65)
Martin Thom, Head of Integration
Suzanne Thomson, Senior Service Manager (Item IJB64)
Nicola Wood, Chief Nurse (Item IJB59)
Gail Woodcock, Head of Integration

IJB46. Valedictory

The Chair led the Board in acknowledging that Patricia Cassidy was due to retire as Chief Officer on 5 April 2024. They advised that a presentation and

tributes would be made after the conclusion of the meeting to celebrate their 8 years of service to the Health and Social Care Partnership.

IJB47. Apologies

Apologies were submitted on behalf of Gordon Johnston, Amanda Croft, Frances Dodd, Sara Lacey, Kenneth Lawrie and Andrew Murray.

IJB48. Declarations of Interest

There were no declarations of interest.

IJB49. Minute

Decision

The Integration Joint Board approved the minute of the meeting held on 1 December 2023.

IJB50. Action Log

An action log detailing ongoing and closed actions following the previous meeting on 1 December 2023 was provided.

Item IJB34 was the subject of a report on the agenda, and this accordingly fell from the action log.

Decision

The Integration Joint Board noted the Action Log.

Councillor Hannah joined the meeting during consideration of the following item.

IJB51. Chief Officer Report

The Board considered a report by the Chief Officer which provided an update on developments within the Falkirk Health and Social Care Partnership (HSCP) and the ongoing systems pressure response. The Board had previously agreed key areas of work that should be undertaken and the report provided updates on the following activities:

- HSCP Service Update;
- Falkirk HSCP & Falkirk Council Integration Programme Board;
- NHS Forth Valley Update;

- IJB Financial Update, and
- National Care Service Update.

The Chief Officer advised that following a successful recruitment process, Marie Kiers had been appointed to the role of Chief Finance Officer with a starting date in May 2024. They added that the interim arrangements would remain in place until this time.

Referring to the establishment of the Programme Board, the Chief Officer advised that a progress update on the work undertaken would be provided to the IJB at its meeting in June 2024.

The Board asked for further information regarding the use of short-term housing lets. The Chief Officer explained that this referred to tenancies that would be used by people who had been unable to return home until works were undertaken on their homes following a hospital admission. They added that the HSCP could not rent these properties from Falkirk Council, however the NHS Board could on behalf of the HSCP. The details of the agreement had been progressing well, and the Chief Officer was hopeful this would be concluded shortly.

The Board welcomed the development of a Long Covid Service as outlined in the NHS Forth Valley update in the report.

Decision

The Integration Joint Board noted the report.

IJB52. 2023/2024 Finance Report

The Board considered a report by the Interim Chief Finance Officer and Senior Accountant which provided a summary of the financial position for the 9-month period ended 31 December 2023, including the projected outturn for the year.

A year to date overspend of £5.168m was reported against the set aside budget and an overspend of £1.260m against the integrated budget on 31 December 2023. The overspends had been primarily due to ongoing pressures within set aside and Primary Care Services, along with pressures in Social Care and Residential Care. These overspends had been partly offset by a Community Healthcare Services underspend, largely in respect of implementation timescales for approved developments, together with vacancy and staff turnover savings across various service areas.

The forecast outturn anticipated an overspend of £6.248m against the set aside budget, to be managed by NHS Forth Valley, and an overspend of £1.924m against the integrated budget by 31 March 2024.

The 2023/24 Social Care pay award had been finalised with an additional cost pressure of £0.356m – brought forward Cost of Living reserves would fund this gap in 2023/24. The additional pressure had been included in the updated Business Case for 2024/25.

There had been an adverse movement of £0.646m on the integrated budget forecast since the September report to the IJB. This had been largely due to an increase in Care at Home hours and increased agency staff use which had not previously been projected. It was expected that the overspend on the integrated budget could be managed locally to deliver breakeven by 31 March 2024. The proposed areas of focus were:

- £7.901m had been brought forward in Service Pressure reserves relating to recurring funding not yet mainstreamed due to delays in development initiatives. It was proposed that £2.659m of this would be released to achieve break-even within Social Care, with the £0.735 net underspend across Primary and Community Healthcare carried forward through NHS hosted reserves.
- A total of £5.520m remained in brought forward Service Pressure reserves, including the £2.659m referred to above. After this adjustment, Service Pressure reserves of £2.861m would remain available towards any future unforeseen pressures. Due to underspends within development funding throughout 2023/24, an increase of around £0.285m was anticipated which would bring the closing balance to £3.146m.
- Work to review staffing establishments and reduced reliance on agency staffing within our internal Residential Care Homes was ongoing, with progress being dependent on successful recruitment to Care Home vacancies.

The Interim Chief Finance Officer provided an overview of the year-to-date performance and savings target of £13.493m in relation to:

- Large hospital services
- Primary healthcare services
- Community healthcare services
- Social care services

The Interim Chief Finance Officer notified the Board that, for a seven-week period only, Ward 5 at Stirling Community Hospital had opened to allow for additional bed flexibility. They added that this had, as a result of the Falkirk IJB's shared responsibility with Clackmannanshire & Stirling IJB and the NHS for the ward, led to a £51,000 cost to the Falkirk IJB. This cost had not been included in the Directions summary at appendix 1 of the report.

The Chief Officer and Interim Chief Finance Officer recommended that the Board agree that the £51,000 additional cost relating to the seven-week period of opening of Ward 5 be included in the Directions as approved.

Decision

The Integration Joint Board:-

- (1) approved the breakdown of the payments to Falkirk Council and NHS Forth Valley as per the Directions summary provided at appendix 1 of the report;**
- (2) agreed that a payment of £51,000, in regard to a seven-week period of opening of Ward 5 at Stirling Community Hospital, be included in the Directions as approved;**
- (3) noted the year-to-date overspend of £5.168m against the set aside budget and £1.260m overspend against the integrated budget reported as at 31 December 2023;**
- (4) noted the current forecast overspend of £6.248m against the set aside budget and £1.924m overspend against the integrated budget expected at 31 March 2024;**
- (5) approved the recovery actions outlined in section 5.4 of the report to address the forecast integrated budget overspend;**
- (6) noted the update in relation to the Social Care pay award detailed in section 5.8 of the report and approved the use of £0.356m brought forward reserves to bridge the gap in 2023/24, and**
- (7) noted the increase in financial pressure in relation to Care at Home detailed in section 5.9 of the report.**

IJB53. Business Case

The Board considered a report by the Interim Chief Finance Officer and Senior Accountant which presented the 2024/25 Business Case. The report summarised the Board's funding requirements and financial planning assumptions for the financial year.

The Business Case aligned with the Board's strategic priorities and delivery plan actions, forming the basis of negotiations with Falkirk Council and NHS Forth Valley regarding the level of payments for 2024/25. A first draft of the 2024/25 Business Case had been presented to the IJB in December 2023, with a budget gap of £19.362m estimated at that stage. The draft Business Case had been heavily caveated with a series of planning assumptions which had not been confirmed. However, following the UK and Scottish Government budget announcements, there was greater clarity on a number of areas and the Business Case had been updated to reflect this. There was a reduction in the budget gap to £18.429m since the development of the draft Business Case.

The Interim Chief Finance Officer provided an overview of the report and highlighted matters relating to:-

- Adjustments to 2024/25 Financial Planning Assumptions;
- Strategic Priorities and Delivery Plan Actions;
- 2024/25 Revenue Financial Projection;
- Medium-Term Financial Plan;
- 2024/25 Efficiency Savings, and
- 2024/25 Capital Financial Projection.

The Interim Chief Finance Officer pointed members to appendix 1 of the report which outlined the savings plan for 2024/25. They advised that approximately £7m of savings had been RAG rated as Red; £5m as Amber, and £6m as Green. The Interim Chief Finance Officer added that most proposals required approval from the Board and other partners, and therefore were not guaranteed. They advised that work would be undertaken to refine the savings proposals.

The Interim Chief Finance Officer advised that the agreement to the phased reduction of the working week from 37.5 hours to 36 hours for NHS employees would have budget implications. The first phase would be a 30-minute reduction to a 37 hour week, effective from 1 April 2024. The impact had not yet been quantified and therefore had not been taken account of in the Business Case. The Chief Officer advised that the budget could be impacted by pressures associated with increased overtime payments as a result of a 36 hour working week. They added that national guidance was expected shortly on how this change would be funded.

The Board continued to discuss the agreed changes to the working week. It asked how long it had been known that there would be an impact, and what discussions had been undertaken on the cost and practicalities of this decision. The Chief Officer advised that it had been a developing situation over the previous month, and that discussions would continue. They reiterated that it was a national issue that required national guidance.

Decision

The Integration Joint Board:-

- (1) noted the adjustments to the 2024/25 planning assumptions detailed in section 4 of the report;**
- (2) approved the updated business case which had been revised following confirmation from Falkirk Council and NHS Forth Valley in respect of the level of payments for financial year 2024/25 and additional information that had become known since the draft business case;**

- (3) approved the use of brought forward reserves for the Strathcarron Hospice non-recurring funding of £0.051m agreed for 2024/25, detailed in section 4.14 of the report, and**
- (4) approved the 2024/25 savings plan including the use of non-recurring funds totalling £4.090m, £3.856m from reserves and £0.234m from development funds not yet required for their intended purpose, to address the residual financial gap until a recurring solution had been identified.**

IJB54. Medium Term Financial Plan 2024-2028

The Board considered a report by the Interim Chief Finance Officer which presented the Medium Term Financial Plan (MTFP) 2024 – 2028. This report covered the period from 2024/25 to 2027/28 and provided a framework to enable the IJB to effectively allocate its financial resources.

The MTFP had been refreshed having taken account of the financial challenges within the public sector. An up-to-date MTFP would help balance the financial implications of objectives and policies against constraints in financial resources. This would allow effective decision making and provide a clear and concise view on future sustainability. The MTFP indicated a significant savings requirement in 2024/25 and emphasised the need for transformational change. The plan also noted the need for further recurring savings delivery in the remaining 3 years, with a need to consider appropriate actions immediately.

The Interim Chief Finance Officer highlighted aspects of the MTFP relating to:

- the national context;
- the local context;
- the financial overview, planning assumptions and summary position;
- the managing the financial challenge;
- capital, and
- risk.

The Board asked for further information in relation to the proposed transfer of Prison Services to the IJB and the level of funding expected to manage this transfer. The Chief Officer advised that although the services were managed within the HSCP, the financial responsibility remained with the Health Board, however the financial responsibility may be delegated as a function of the IJB. The Interim Chief Finance Officer explained that the delegation of financial responsibility for Prison Services would present a potential financial implication to the IJB, however this had not been quantified. The Head of Primary Care provided an update on the national context in relation to Prison Services and advised that planning would be required on a national basis to manage funding and review the increase in the prison population.

The report anticipated a year-on-year increase in the funding deficit, and the Board asked what plans were in place to manage these increases. The Interim Chief Financial Officer explained that although a forecast position had been provided, a focus had been placed on managing savings over the following 12 months as this would dictate the financial challenge for future years. The Chief Officer added that the MTFP had provided some strategic planning for the next 4 years. They noted that this was a difficult situation, but that it provided an opportunity for transformational change and development.

The Board suggested that a deep dive was required to better understand the issues relating to prescribing pressures. The Interim Chief Finance Officer advised that this work had started and would form an important component of financial management moving forward.

Decision

The Integration Joint Board approved the Medium-Term Financial Plan 2024/25 – 2027/28 contained within appendix 1.

IJB55. Partnership Funding Investment Plan 2024-2027

The Board considered a report by the Partnership Funding Co-ordinator which presented the proposed Falkirk HSCP Partnership Funding Investment Plan 2024-2027.

The Investment Plan provided an overview of funding priorities for ringfenced funds which had been made available to support the delivery of the Strategic Plan and to accelerate and enable transformation on a whole systems basis. Recommendations were also made about changes to the use of IJB reserves.

The Partnership Funding Co-ordinator highlighted the proposed changes to use of reserves. They further outlined the scope and funding of the following projects:

- Main Programme;
- Carers Fund;
- Carers Challenge Fund;
- Carers Improvement Fund;
- Dementia Innovation Fund;
- Mental Health Recovery and Renewal Fund;
- Technology Enabled Care;
- Innovation Fund;
- Ideas and Innovation Fund;
- Falkirk Suicide Prevention Fund;
- Services for Survivors;

- Health Improvement Fund, and
- Alcohol and Drug Partnership.

The Board turned to the information relating to the use of Carers Fund reserves, which proposed that a formal evaluation was commissioned to understand the impact of activity relating to the implementation of the Carers (Scotland) Act 2014 and Falkirk Carers Strategy 2023-2026, and that this would determine the use of reserves. The Carer Representative shared feedback received from carers and explained that concerns relating to the practicalities of Self-Directed Support (SDS) and a lack of understanding on Extending Respite had been received. They added that carers had noted anecdotal evidence of increases in wait times and unsuccessful referrals for various services.

The Head of Integration (M Thom) advised that, in relation to SDS, a review had been requested with a view to simplifying the process. They acknowledged the delays in wait times and referrals and advised that this had been the result of workforce challenges. To combat these challenges, the Living Well Falkirk initiative had received additional resources to provide a low-level assessment to service users more quickly, and the development of an access team (including the appointment of a team manager) had been undertaken to identify the greatest priority areas. The Head of Integration (M Thom) advised that this substantial work remained ongoing, and they were confident that improvements would be seen. Progress would be provided to the Board at a future meeting. The Partnership Funding Co-ordinator added that SDS Forth Valley's budget had been increased to allow additional capacity and it was expected that this would lead to improvements in service.

Decision

The Integration Joint Board:-

- (1) approved the Partnership Funding Investment Plan 2024-2027, presented at appendix 1 of the report, and**
- (2) approved requests to change use of IJB reserves, set out within section 5 of the report.**

IJB56. Strategic Risk Register

The Board considered a report by the Interim Chief Finance Officer which provided an update on the IJB's Strategic Risk Register. The Strategic Risk Register was reviewed quarterly by the Audit Committee and bi-annually by the IJB. The strategic risk register had been presented to the IJB Audit Committee on 1 March 2024.

No new risks had been added to the register since the version presented to the Audit Committee on 1 March 2024. There were 9 live risks recorded in the register, 2 were considered very high risk, 6 were high risk and 1 as medium risk.

The Interim Chief Finance Officer provided an overview of the report and pointed members to the detailed risk register at appendix 1 of the report. They advised that the risk rating relating to Strategic Risk 1 'Financial Sustainability' had moved from 'high' to 'very high' since it was last presented to the IJB.

Decision

The Integration Joint Board:-

- (1) considered and commented on the high-level summary of the strategic risk register presented at section 4.1 of the report, and**
- (2) considered and commented on the detailed strategic risk register.**

The Board adjourned at 10:45am for a comfort break and reconvened at 11:00am.

IJB57. Equality Outcomes & Mainstreaming Report

The Board considered a report by the HSCP Equalities & Human Rights Lead Officer which presented the Equality Outcomes and Mainstreaming Report 2024 – 2028 for approval. A report on progress of the 2022 -2024 Equality Outcomes would be included in the 2023/24 Annual Performance Report, which would be presented to the IJB later in the year.

The Equality Outcomes had been developed in-line with EHRC guidance on setting Specific, Measurable, Achievable, Realistic, Time-Bound (SMART) evidence-based Equality Outcomes.

Themes and issues had been identified through the Strategic Plan consultation with feedback provided via commissioned partners. A codesign approach had been undertaken with key organisations and groups to develop the Equality Outcomes before the beginning of a two-stage public consultation. Officers held a series of meetings with community groups over the summer of 2023 to test understanding of the issues and to develop draft wording. An update had been reported to the IJB in December 2023 on the first round of public consultation on the new proposed Outcomes.

The Equalities & Human Rights Lead Officer outlined the second stage consultation process and outcomes. They advised that the response rate had been similar to the first stage consultation, at approximately 100 responses. The second stage public consultation gathered views on proposed actions to achieve these Equality Outcomes. Overall, respondents agreed with the actions outlined at section 4 of the Equality Outcomes & Mainstreaming Report.

The Equalities and Human Rights Lead Officer explained that it was the intention to continue to involve the community in the implementation of agreed actions. They added that throughout the lifespan of the Equality Outcomes, progress would be reported back to the Board and provide the opportunity for these outcomes to be reviewed.

The Chief Officer welcomed the report and thanked those in the community who had engaged with the consultation process. They added that the consultation work provided a clear focus for the HSCP.

The Board discussed the demographic of 'older people' and asked, as a result of an increased use of online engagement tools, how best it could be ensured that those who may not be proficient in the use of online tools would still be heard. The Board noted that being an 'older person' did not necessarily correlate to lack of understanding toward online engagement. The Senior Service Manager (S Thomson) advised that work had been undertaken to offer online learning classes through the third sector and the library service and that funding had been made available through the Scottish Government to offer services that help build confidence in online technologies. The Equality and Human Rights Lead Officer advised that the Equality and Human Rights Management Group would be tasked with understanding how all individuals could be best engaged. They added that this would include discussions on both online engagement and more traditional methods, with advice sought from all services across the HSCP. The Board noted that the report had outlined that more traditional methods had been used in the consultation process.

Decision

The Integration Joint Board approved the Equality Outcomes and Mainstreaming Report 2024 – 2028.

IJB58. Carers Strategy 2023-26 Update and Short Breaks Services Statement

The Board considered a report by the Project Development Manager which provided an update on the implementation of the Carers Strategy, including the development of the Delivery Plan. The report also presented the revised Short Breaks Statement for approval.

The Board approved the Falkirk Carers Strategy (2023-26) in March 2023, and this had since been published. The Strategy identified six commitments to carers. Each commitment had attached actions, outcomes and measures which informed the Carers Strategy Delivery Plan. The Strategy identified separate actions, outcomes and measures for young carers and parent carers which also informed the Carers Strategy Delivery Plan. A Carer Strategy Implementation Group comprised of Health, Social Care and Third Sector organisations had been established to lead on the implementation of the Strategy. Meetings of the Carers Strategy Group had been structured to monitor progress with the Delivery Plan with updates from relevant leads.

The Project Development Manager provided an overview of the Carers Strategy Delivery Plan in relation to the following workstreams:

- Commissioning;
- Hospital Support and Discharge;
- Finance;
- Young Carers, and
- Carers Challenge Fund.

They continued to provide a further overview of the Short Breaks Update in relation to:

- Short Breaks Policy;
- National Care Service Bill;
- Local Short Breaks Provision;
- Partnership working with the Carers Centre, and
- Healthcare Improvement Scotland.

The Board was directed towards the Short Breaks Services Statement at appendix 3 of the report. The Project Development Manager advised that as part of the Statement update, feedback from the short breaks survey had been included.

The Board asked for more information on how income maximisation and debt advice aligned within the Strategy. The Project Development Manager advised that a designated advisor had been funded at the Citizens Advice Bureau who would support carers with these issues. The Policy and Development Officer added that the hours for this work had increased, and a second post created which would be funded for 3 years.

Decision

The Integration Joint Board:-

- (1) noted the ongoing implementation of the priorities in the Carers Strategy;**
- (2) approved the Carers Strategy Delivery Plan, and**

(3) approved the updated Short Breaks Services Statement.

IJB59. Palliative and End-of-Life Care Strategic Commissioning Plan

The Board considered a report by the Chief Nurse which presented a proposed approach to the development and production of a Forth Valley Strategic Commissioning Plan for Palliative and End of Life Care. This would be presented for consideration at Falkirk and Clackmannanshire & Stirling IJBs in September 2024.

The Chief Nurse outlined the plan for this work which would primarily involve:

- Scoping of current and updated provision, to be completed by end of April 2024;
- Multi-stakeholder engagement across Forth Valley to establish a general consensus about direction of travel during April/May 2024;
- Drafting of high-level strategic commissioning plan for public consultation to be conducted June/July 2024, and
- Presentation of strategic commissioning plan setting out commissioning and decommissioning intentions for approval to both IJBs by September 2024.

Decision

The Integration Joint Board approved the development of a Forth Valley Strategic Commissioning Plan for Palliative and End of Life Care for consideration at both IJBs in September 2024.

IJB60. Order of Business

The Chair varied the order of business from that stated on the agenda. The following items are recorded in the order in which they were considered at the meeting.

IJB61. Annual Report of the Chief Social Work Officer 2022/23

The Board considered a report by the Chief Social Work Officer which provided an overview of how the statutory responsibilities of the CSWO had been fulfilled during 2022/23. This also included an overview of the work undertaken by social work services and recognised the achievements during this period. Chief Social Work Officers (CSWOs) had been required to submit an annual report in accordance with Scottish Government guidance.

The Senior Service Manager (G McIntyre) provided an overview of the report and outlined matters relating to:

- Governance, Accountability and Statutory Functions;
- Service Quality and Performance;
- Challenges and Improvements;
- Resources;
- Workforce;
- Training, Learning and Development;
- Looking Ahead, and
- Falkirk Council's Duty of Candour Report 2022/23.

Following a question regarding the appropriateness of separating children and adult social work services, the Senior Service Manager (G McIntyre) advised that discussions were ongoing regarding further integrating Children's Services and the HSCP.

The Board asked for further information on the recruitment and retention of staff. The Senior Service Manager (G McIntyre) acknowledged that resourcing remained an issue within the Service and advised that a cross service recruitment and retention group had been established to create strategies and explore more creative means to increase successful recruitment. They added that a new structure had been formed to provide further opportunities for progression and encouraged more experienced individuals to remain within the Service. The Senior Service Manager (G McIntyre) advised that staffing levels had improved in Justice and Children & Families Services. The Head of Integration (M Thom) added that there remained challenges relating to Adult Services resource capacity.

Decision

The Integration Joint Board :-

- (1) noted on the content of the CSWO's Annual Report, and**
- (2) acknowledged the commitment, skills, and experience of social work staff in continuing to deliver services in challenging circumstances.**

IJB62. Falkirk Alcohol & Drug Partnership (ADP) Update

The Board considered a report by the ADP Lead Officer which provided an update on the progress made by the Falkirk Alcohol & Drug Partnership (ADP). The report outlined the progress made towards:-

- Delivering the Medication Assisted Treatment (MAT) Standards, and
- ADP Executive membership and Chair arrangements.

The ADP Lead Officer advised that a self-assessment of progress, with reflections from the MAT Implementation Support Team and feedback from Scottish Government, anticipated significant improvement in the implementation of the Standards when compared to the 2023 Benchmarking Report. It was expected that all MAT Standards, with the exception of MAT Standard 3, would be RAG rated at Green. MAT Standard 3 was anticipated to be RAG rated at Amber and referred to “All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT”.

The ADP Lead Officer pointed members to the ADP Executive Terms of Reference at appendix 1 of the report and outlined the roles, responsibilities and reporting arrangements. They continued to advise that Sara Lacey, Chief Social Work Officer, and Martin Thom, Head of Integration, had been nominated as Chair and Vice-Chair respectively for the ADP Executive.

The Board welcomed the significant progress that had been made relating to the MAT Standards. The ADP Officer advised that progress to the MAT Standards required a continual effort to maintain a RAG rating of Green.

The Board asked if further information could be provided on drug related deaths. The ADP Lead Officer advised that the most recent figures released had been in relation to suspected drug related deaths and that confirmed figures would be released by the National Records of Scotland later in the year. However, they added that the figures for suspected drug related deaths continued to show that the deaths occurred in areas of higher deprivation. The ADP Lead Officer advised that nationally there was concern regarding an increase of synthetic drug use, however this had not been prevalent in the Falkirk area. They added that work would be ongoing to monitor and review synthetic drugs.

Decision

The Integration Joint Board:-

- (1) considered the progress to deliver the MAT Standards;**
- (2) approved the Terms of Reference of the ADP Executive Committee, and**
- (3) approved the appointment of Sara Lacey as Chair, and Martin Thom as Vice-Chair of the ADP Executive Committee**

IJB63. Performance Monitoring Report

The Board considered a report by the Performance & Quality Assurance Manager and Performance Review Officer which presented the Performance Monitoring Report December 2022 – December 2023. This supported the IJB to fulfil its responsibility to ensure the effective monitoring and reporting of service delivery.

The report provided a summary of key performance issues and drew on a basic balanced scorecard approach with a focus on exception reporting. The Performance Monitoring Report had been presented to support focus on key performance issues and actions in relation to the delivery of services and relevant national and local targets and measures aligned to the Strategic Plan. Performance reporting would continue to develop in a responsive manner taking account of Scottish Government directives and local changes.

The Performance & Quality Assurance Manager provided an overview of the report and highlighted the key performance issues, with comparison made to previous years. They outlined matter relating to:

- ED Performance against the 4 Hour Access Standard;
- Delayed Discharge;
- Complaints – Falkirk Council Social Work Adult Services;
- Complaints – NHS Forth Valley;
- Attendance management – Social Work Adult Services;
- Attendance management - NHS Forth Valley, and
- Psychological Therapies.

Decision

The Integration Joint Board:-

- (1) considered the content of the Performance Monitoring Report, and**
- (2) noted that appropriate management actions continued to be taken to address the issues identified through these Performance Monitoring Reports.**

IJB64. IJB Governance Report

The Board considered a report by the Senior Service Manager (S Thomson) which provided an update on the membership of the IJB and the work to review the Integration Scheme.

The Senior Service Manager (S Thomson) provided an overview of the report and highlighted matters which related to the:-

- IJB Membership;
- Integration Scheme, and
- Falkirk IJB self-evaluation: MSG review of progress with integration.

The term of office for Margo Biggs, Robert Clark and Victoria McRae would expire in March 2024. The Board was asked to re-appoint Margo Biggs as the service user representative; Robert Clark as the NHS staff representative, and Victoria McRae as a Third Sector representative.

The Senior Service Manager (S Thomson) advised that the timescale for the review and the revised schemes to be presented to all partner Boards and Committees, and then submitted to the Scottish Government, was by September/October 2024. They added that the Board would receive an update at its meeting in June 2024.

Decision

The Integration Joint Board:-

- (1) approved the re-appointment of Margo Biggs, Robert Clark and Victoria McRae, respectively, as non-voting members of the Board, and**
- (2) noted the ongoing work to review the Integration Scheme.**

IJB65. HSCP Communications Update

The Board considered a report by the Communications Officer which provided a summary of communications activity undertaken during October – December 2023. The Partnership's communications activity had covered key service developments, media issues, and improvements to the website and digital channels.

The quarterly communications update provided ongoing monitoring of the implementation of the Partnership's 2021-2024 Communication Strategy. As part of the Strategy, the Partnership established new methods of communication included social media platforms, blog posts, media releases, internal newsletters, and increased use of briefings and case studies.

Decision

The Integration Joint Board considered the report.

IJB66. Approved Minutes of Meetings

The Board considered the following minutes of the committees and groups:-

IJB Audit Committee – 17 November 2023

IJB Clinical and Care Governance Committee – 22 September 2023
Falkirk Joint Staff Forum – 30 November 2023 and 21 December 2023
Strategic Planning Group – 12 October 2023

Decision

The Integration Joint Board noted the minutes of committees and groups.

FORTH VALLEY NHS BOARD

TUESDAY 30 JULY 2024

11. Update on Level 4 Escalation and Updated Assurance and Improvement Plan For Approval

Executive Sponsors: Ms Amanda Croft, Interim Chief Executive; Mrs Neena Mahal, Chair

Author: Ms Kerry Mackenzie, Head of Corporate Governance

Executive Summary

On the 23 November 2022, NHS Forth Valley was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework (now Support and Intervention Framework) for concerns relating to Governance, Leadership and Culture. Concerns were also raised in relation to the completion of integration of health and social care in addition to a range of performance-related issues, notably in GP Out of Hours services, unscheduled care, and mental health, specifically, Child and Adolescent Mental Health Services and Psychological Therapies.

Stage 4 escalation brought direct formal oversight and coordinated engagement from Scottish Government in the form of an Assurance Board chaired by Christine McLaughlin, Director of Population Health. The purpose of the Assurance Board is to support NHS Forth Valley in providing focus and direction through strong leadership and effective governance and improved culture to deliver the sustainable changes and improvements required.

On the 19 December 2022, the Board of NHS Forth Valley approved the Escalation Improvement Plan and actions to strengthen leadership, governance, and culture.

The Escalation Improvement Plan was centred around putting patients first, supporting our staff, and working in partnership whilst strengthening our leadership informed by effective governance and cultural improvement.

A number of immediate and short-term actions were agreed for the period to the end of March 2023. It was recognised that the Board's response would take direction and be informed by a number of diagnostic reviews notably in determining the effectiveness of our governance arrangements and cultural challenges. An independent review of Corporate Governance was commissioned in January 2023 and the work previously started around the Culture Change and Compassionate Leadership Programme was refocussed.

Escalation Improvement Plan version 2 was in place for the period March to August 2023 and focussed on medium to longer term achievements. In November 2023 the NHS Board noted a paper 'Escalation Improvement Plan v2: Close out Report', which detailed completion and progress of actions. It highlighted progress with the plan and identified actions that had been completed. The remaining actions that were underway continued into the third iteration of the Escalation Improvement Plan known as the Assurance and Improvement Plan and have been monitored within that governance structure.

In November 2023, the NHS Board approved the Assurance and Improvement Plan. This built upon the work already undertaken in the first two versions and provided an overview of the key actions and priorities for the period to the end of March 2024, along with details of specific

outcomes, leads and timescales. It was agreed that the plan would be updated to reflect the recommendations from the Corporate Governance review report to ensure that any outstanding actions were addressed.

A Board self-assessment was undertaken in September 2023 with the review of Corporate Governance Report received in October 2023. Work was concluded to map these two pieces of work to ensure that any outstanding actions were captured within the Assurance and Improvement Plan.

A comprehensive review of the full Assurance and Improvement Plan was undertaken in June 2024 with a view to clearly identifying any outstanding actions. Actions were reviewed individually, and the status descriptors were revised. Actions assessed as in progress have transitioned to an updated plan enabling focus on the outstanding actions where work needs to continue.


Recommendation

The Forth Valley NHS Board is asked to:

- **note** the status and progress of the Assurance and Improvement Plan.
- **confirm** it is content with the revised status descriptors and the focus going forward.
- **agree** the transition of actions ‘in progress’ to the new Assurance and Improvement Plan and the planned next steps.
- **approve** the revised Assurance and Improvement Plan comprising the actions in progress.

Assurance

Proposed assurance level:

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

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

Key Issues to be considered

Following approval of the NHS Board approved the Assurance and Improvement Plan in November 2023 work has continued to progress with many improvements in both usual and new business processes. Work across all of the priority areas is being monitored under normal business arrangements, to support continuous improvement and progress changes across the whole system.

Current Position

Significant progress has been made against the Assurance and Improvement Plan and we are seeing the positive impact and outcomes while continuing to prioritise and close out any remaining actions. Over the past 18 months as work has been undertaken to address agreed actions, plans have adapted to respond to the requirement for continuous learning and improvement. It is acknowledged that in many cases the work will never be concluded as it becomes embedded and monitored as business-as-usual activities with a focus on continuous learning and improvement.

As work to deliver actions within the Assurance and Improvement Plan continues, we plan to concentrate on any outstanding actions that require ongoing focus.

A comprehensive review of the full Assurance and Improvement Plan was undertaken in June 2024, informed by initial Internal Audit findings and year end discussion with External Audit, with a view to clearly identifying any outstanding actions. Actions were reviewed individually, and the status descriptors were revised so that actions were assessed as being:

- Progressed and complete,
- Progressed and being monitored as business-as-usual activities with a focus on continuous learning, or
- In progress.

The update on actions has been summarised to detail the current position. Actions assessed as in progress have transitioned to an updated plan (appendix 1) enabling focus on the outstanding actions where work needs to continue. Specific areas of focus are related to Culture and the work around the culture change programme, Leadership and the work to ensure stable structures and leadership, and Performance and the delivery of sustainable performance improvements in urgent and unscheduled care.

Cognisance has been taken of comments from our External Auditors and of Christine McLaughlin's letter to the Public Audit Committee around the areas of focus required going forward. The language and the priorities in the updated Assurance and Improvement Plan align in this regard.

The Escalation Performance and Resources Committee met on 18 June 2024 providing an opportunity for members to review the proposed status descriptors and associated updates. In discussing the proposed next steps and way forward, the Escalation Performance and Resources Committee members indicated that they were content with the proposed status descriptors, the status of actions and with the actions transitioned to the updated Assurance and Improvement Plan.

The updated Assurance and Improvement Plan was shared with the Assurance Board at its meeting on 27 June 2024. Following a robust discussion around the status of actions and the evidence of progress a number of additional actions were converted to '*Progressed and being monitored as Business-as-Usual activities with a focus on continuous learning and improvement.*' These actions were in relation to governance and integration with the Assurance Board satisfied that sufficient monitoring processes were in place.

The Assurance and Improvement Plan has been updated to reflect the changes to the status of the actions and it was agreed that the focus for delivery going forward would be on culture, leadership, and performance and actions 'in progress'.

It should be noted that the Assurance Board also met on 10 July to receive an update on the Culture work which is being presented to the Board today at Item 15.

Next Steps

Following approval of the revised Assurance and Improvement Plan work will continue to address the actions in progress. Governance and oversight of actions and associated progress will continue through the agreed governance routes.

Implications

Financial Implications

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

Workforce Implications

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

Infrastructure Implications including Digital

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

Sustainability Implications

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

Sustainability Declaration

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

Yes

N/A

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

Quality / Patient Care Implications

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

Information Governance Implications

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

Risk Assessment / Management

Key risks that may impact on delivery of the Assurance and Improvement Plan are identified within the Strategic Risk Register with oversight through the relevant Assurance Committee.

Relevance to Strategic Priorities

The Assurance and Improvement Plan impacts on all the extant Corporate Objectives approved by the NHS Board in March 2023, namely:

- Plan for the future.
- Protect and improve the Health and Wellbeing of the people of Forth Valley whilst reducing health inequalities.

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

- 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.

Going forward the Assurance and Improvement Plan will continue to link with the Corporate Objectives. It should be noted that the revised NHS Forth Valley Corporate Objectives for 2024/2025 will be presented to the Board for approval at Item 12.

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

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

The Board's Escalation Performance and Resources Committee has full oversight of the Plan and has reviewed the actions to gain assurance on progress. Committee Members, comprising the Chairs of all the Governance Committees and the Board's Advisory Committees (APF and ACF) are content with the status and with the transition to the updated version of the Assurance and Improvement Plan.

The Assurance Board has also discussed the in progress actions at its meeting on 27 June 2024.

Appendices

- Appendix 1: Updated Assurance and Improvement Plan.

Updated NHS Forth Valley Assurance and Improvement Plan Version 4

Considerable progress has been made against the actions within the Assurance and Improvement Plan resulting in positive impact and outcomes. Over the past 18 months, as work has been undertaken to address agreed actions, the plan has adapted to respond to the requirement for continuous learning and improvement.

The majority of the actions have either been:

- Progressed and are complete; or,
- Progressed and being monitored as Business-as-Usual activities with a focus on continuous learning and improvement.

This updated Assurance and Improvement Plan details outstanding actions which are In Progress and will be the focus for delivery.

Improvement Theme	Ambition	Assurance & Improvement Plan Actions	Progress	Indicative Timescale
1. Culture	Promote and develop a positive organisational culture - where staff can speak up, are listened to, and have their concerns heard and addressed effectively.	<p>1.6.2 Share diagnostic feedback and seek contributions from colleagues to develop an improvement plan.</p> <p>1.6.3 Develop programme of activity in response to feedback.</p> <p>1.9 Revisit NHS Forth Valley's organisational values alongside the NHS Scotland values that already apply to the workforce.</p>	<p>The sharing with staff of the key themes and findings from the Culture Change Programme feedback was completed throughout April and May 2024. A total of 747 colleagues from across NHS Forth Valley and partner organisations attended sessions in person or via Teams and the presentation with spoken narrative was made available on StaffNet to all staff in early May 2024.</p> <p>The design phase of the programme has now been completed with 26 design workshops taking place throughout May and June 2024 involving 444 participants in total. These workshops have successfully identified a broad range of potential solutions to help improve the experience of local staff, students and partners and these are now part of the first draft of the Culture Change and Compassionate Leadership Action Plan (the Plan). The draft Plan has been reviewed by the Culture Change and Compassionate Leadership Programme volunteer group and an extraordinary meeting of the Programme Board will review the Plan on 18 July 2024. Work will continue to refine the Plan and align solutions with all ongoing or planned activity within scope.</p> <p>Presentation to the Assurance Board around the Culture Change Programme highlighting progress. Culture Change Programme progress to be presented to and discussed at the Area Partnership Forum on 23 July 2024 and the Staff Governance Committee on 29 July 2024.</p> <p>The values of NHS Scotland will be reaffirmed in line with the work around the Culture Change Programme. Plan to be agreed in this regard.</p>	<p>August 2024.</p> <p>August 2024.</p>
2. Leadership	Ensure professional and managerial structures are fit for purpose, with enhanced leadership capability, stabilisation of the Executive Leadership Team and better understanding of responsibilities and accountabilities aligned to NHS	2.2.4 Review and appoint to all senior manager vacancies, interim or permanent.	<p>A review has taken place and a number of posts have been recruited to - the Director of Acute Services, the Chief Officer of the Falkirk Health and Social Care Partnership, and the Board Secretary.</p> <p>An experienced Interim Chief Executive was appointed in September 2023 and an experienced Interim Chair was appointed in April 2024.</p> <p>Chief Executive recruitment was completed in June 2024.</p> <p>Work is ongoing to resolve the number of interim posts. There are currently no vacant posts and no gaps in senior leadership however, this will be kept under constant review.</p> <p>A further risk assessment will be conducted against all interim posts and will be considered at the next meeting of the Remuneration Committee.</p>	

	<p>Forth Valley's vision and values.</p>	<p>2.3 Ensure corporate objectives are aligned with the aims of the organisation.</p>	<p>There is good evidence that the Leadership Team is operating as a cohesive, inclusive team. This is documented by checkouts which include regular reference to positive and respectful behaviours and agreement that values are being demonstrated. NHS Forth Valley is now playing a key role in the community planning process of which health is an equal partner via the Acting Director of Public Health.</p> <p>The NHS Forth Valley Chief Executive meet on a regular basis with the Chief Executives from Falkirk Council, Stirling Council and Clackmannanshire Council to discuss whole system working and integration. This forms an integral part of ELT development work, both structurally and for the organisational development of the wider team. NHS Forth Valley and partners of the Forth Valley region have agreed to pursue one anchor institute instead of four.</p> <p>To ensure clear direction and vision NHS Forth Valley's draft corporate objectives, aligned with the aims of the organisation, have been developed by the Executive Leadership Team. These have been reviewed and discussed at the Performance and Resources Committee in June 2024 and are being presented to the NHS Board in July 2024 for approval.</p>	<p>July 2024.</p>
<p>3. Performance</p>	<p>Deliver sustainable Performance improvements in urgent and unscheduled care.</p>	<p>5.1 Work to improve the emergency 4-hour access standard through delivery of the Urgent and Unscheduled Care Programme.</p>	<p>The whole system urgent and unscheduled care delivery plan aligns to the national unscheduled care work streams and addresses the local requirements for improvement.</p> <p>Six workstreams are in place:</p> <ul style="list-style-type: none"> • Community urgent care. • Flow navigation centre. • Hospital at home. • Front door. • Flow optimisation. • Whole system. <p>The aim is to improve the patient and staff experience, building towards better performance and flow through the hospital. Better patient flow will reduce patient length of stay and reduce the financial burden.</p> <p>The whole system approach to delivery of the plan includes but is not limited to Health and Social Care Partners, Scottish Ambulance Service, Primary Care and Mental Health.</p> <p>Work is being progressed with the senior triumvirate on the acute site alongside partners in the Health and Social Care Partnerships to diagnose and establish the root cause of challenges allowing for incremental changes to be made for sustainable improvement.</p> <ul style="list-style-type: none"> • Leadership Realignment of local leadership is underway along with implementation of the Triumvirate structures. The triumvirate model is being introduced across the acute site ensuring local ownership for many aspects of operational delivery such as clinical leadership and governance, budget, performance, training, Ward beat and reducing length of stay. The Chief Nurse post was appointed within Acute which is driving and supporting nursing leadership across the site. There is also investment in external senior professional leadership support for the ED nursing team to enable their leadership development. • Governance There is increased oversight and governance in relation to unscheduled care work streams with reporting through the urgent and unscheduled care programme board to the Executive Team with oversight from the Performance & Resources Committee. A focussed review of the urgent and unscheduled care position detailing the workstreams and associated metrics was presented to the Performance & Resources Committee in April 2024 with further oversight from the NHS Board in May 2024. There is ongoing review in this regard and the Delivery Plan is being presented to the July 2024 Board meeting for assurance. • Culture 	<p>Review progress end of August 2024.</p>

			<p>There is an increase in the number of open engagement sessions enabling staff to have open and honest discussions, along with specific OD work underway with nursing and clinical teams. This relates to the local leadership, ownership and improved culture. Further work has been undertaken with the medical teams within Acute to understand any cultural challenges that they face. This work was led by the culture change and compassionate leadership team and a report of outputs is currently being drafted.</p>	
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FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

12. Draft NHS Forth Valley Corporate Objectives 2024-2025 For Approval

Executive Sponsor: Mr Kevin Reith, Interim Director of Human Resources

Author: Mr John Ratcliffe, Executive Officer

Executive Summary

The Corporate Objectives reaffirm our ambition and purpose as an organisation, setting out the response to key priorities for NHS Forth Valley in 2024/2025. They are aligned with our first 3-year Delivery Plan which delivers against Planning Priorities detailed in Scottish Government Guidance and provides the link between national and local context. The Corporate Objectives support the wider NHS Forth Valley vision and aim, aligning with NHS Scotland Values.

Recommendation

The Forth Valley NHS Board is asked to:

- **consider and approve** the NHS Forth Valley Corporate Objectives for 2024/25.

Assurance

Not applicable. Corporate Objectives in line with key NHS Forth Valley priorities.

Key Issues to be Considered

The Health Board annually revisits its Corporate Objectives (in line with national policy) to provide direction for staff whilst promoting action towards goal-related activities and behaviours that align with our values. Staff will be supported when developing and agreeing their objectives and personal development plans to which they will be held to account for.

Taking cognisance of the Corporate Objectives, the ELT in setting team and personal objectives is asked to consider SMART objectives (Specific, Measurable, Achievable, Relevant, and Time-Bound) supporting the creation and delivery of goals in line with NHS Forth Valley's priorities.

Implications

Financial Implications

There are no direct financial implications associated with this paper.

Workforce Implications

The paper supports the outcome of championing a culture where staff feel valued, safe and have a voice, which sits under the 'Culture' corporate objective – 'Model behaviours and contribute to our broader cultural development.'

Infrastructure Implications including Digital

No infrastructure implications identified.

Sustainability Implications

No sustainability implications identified.

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](#).

Not Applicable

Quality / Patient Care Implications

This paper supports the outcome of ensuring safe, high quality and sustainable patient care, which sits under the 'Transformational Change' corporate objective – 'Change the way we think and do to redesign or reimagine the way we need to work in the future.'

Information Governance Implications

No Information Governance implications identified.

Risk Assessment / Management

Objective setting contributes to improved alignment of Board strategic direction and staff engagement in supporting overall improved performance - helps minimise risks at operational and strategic levels.

Relevance to Strategic Priorities

This paper refers to both the strategic priorities of the Board and proposes the corporate objectives for the year ahead.

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

Corporate Objectives and the need to present these annually to the Board for approval has been discussed at the ELT and presented to the Performance & Resources Committee for endorsement. A commitment has been made to support the roll out of the objectives notably to support Team and individual objective setting and will be a key feature in ELT priorities for the year ahead.

Additional Information

N/A

Appendices

- Appendix 1: Corporate Objectives 2024/2025

NHS Forth Valley Corporate Objectives 2024-25

1. Introduction

The NHS Forth Valley corporate objectives set out the response to key priorities for the organisation in 2024/2025. They are aligned with our first 3-year Delivery Plan which delivers against Planning Priorities detailed in Scottish Government Guidance and provides the link between national and local context.

The Delivery Plan includes key deliverables linked to the 10 updated national recovery drivers, addressing the need to make significant financial savings amid workforce challenges:

- Primary and Community Care
- Urgent and Unscheduled Care
- Mental Health
- Planned Care
- Cancer Care
- Health Inequalities and Population Health
- Women and Children's Health
- Digital Services and Innovation Adoption
- Workforce
- Climate

2. Our Purpose and Priorities

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 of a Delivery Plan that also focuses on the long term.

- 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 and compassionate culture (open, just, and fair) for the Board and organisation.

In Forth Valley, we embrace the roles outlined above whilst at the same time being informed by -

- the external context within which we operate.
- the intelligence which provides trend and comparative information on how our Board is performing.
- dialogue and engagement with our patients, staff, partners, and the people of Forth Valley – a whole-system approach.

As a population health organisation, NHS Forth Valley aims to improve the health and wellbeing of the whole population, tackle health inequalities, and deliver high value sustainable health and care. We aim to embrace value-based health and care as an approach that enables us to optimise the health of the population from available resources.

A population health and care approach is required if we are to achieve financial sustainability in the longer term. This requires whole-system working as opposed to organisational silos and for a population health and care approach which focuses activity across four pillars – the wider determinants of health, health behaviours and lifestyle, places and communities and health and social care.

It is important to think about the population challenges we will face over the next decade. Our Population Health and Care Strategy will take account of an aging population, a growing gap in life expectancy between the poorest and the wealthiest, and that people are spending more of their life in ill health. With these growing challenges, innovation and transformational change will be essential and understood by all, with a key focus on embedding prevention across the system and continued application of realistic medicine and delivery of value-based health and care. The ongoing cost of living crisis and the focus on climate change has informed the Board's continued commitment to sustainability and to reforming the services we provide, to improve the health and wellbeing of the people who live and work in Forth Valley.

The local Integration Joint Boards will continue to play a key role in commissioning services in ways that support people stay and keep well in their own homes and/or communities and we remain committed working with partners to deliver improved outcomes for the people of Forth Valley.

3. Our Corporate Objectives

Every year, the Board review and approve its corporate objectives. These objectives are intended to inform team and individual objectives for the year ahead. Table 1 below sets out our corporate objectives for 2024/2025 and illustrates how they support the overall NHS Forth Valley vision and aim, aligned with NHS Scotland values.

Table 1. Corporate Objectives 2024/2025

Vision	To improve the health and wellbeing of the population of Forth Valley.					
Aim	To deliver high quality, high value, sustainable healthcare and reduce health inequalities.					
NHS Scotland Values	Care and compassion; dignity and respect; openness, honesty and responsibility; quality and teamwork.					
Corporate Objectives	Leadership	Culture	Governance	Transformational Change	Financial	Performance
<p>Outcomes</p>	<p>A joined up, collaborative approach to our system-wide leadership.</p> <p>A collaborative approach that ensures the organisation's systems are integrated or aligned with the governance arrangements of key external stakeholders.</p> <p>Promote and develop better integrated services locally and regionally.</p> <p>Leading improvements to meet current and future service pressures and priorities.</p>	<p>Staff treated fairly and consistently, with dignity and respect, in an environment where diversity is valued, promoting the health and wellbeing of staff, patients and the wider community.</p> <p>An organisation that values equality, diversity and inclusion and ensures everyone the opportunity to make healthy choices and live healthy lives.</p> <p>Demonstrate behaviours that nurture and support transformational change across our health and care system.</p>	<p>A Board Assurance Framework that aligns strategic planning and change implementation with the organisation's purpose, aims, values, corporate objectives and operational priorities.</p> <p>Clear governance and accountability processes and whole-system decision making for prioritisation, supporting improved integrated working. Clarity around operational and professional decision making.</p>	<p>Deliver a shift on reliance of hospital care towards a preventative and proactive community care model.</p> <p>Demonstrate the use of digital technology and innovation to support the reform of our health and care system.</p> <p>Ensure safe, high quality and sustainable patient care.</p> <p>Reduce the burden of disease and premature mortality rate of the population by optimising prevention programmes, maximising uptake across our communities.</p>	<p>Deliver best value in the use of our resources.</p> <p>Delivery of cost improvement and reduction programmes, efficiencies, waste reduction and innovations to support financial sustainability.</p> <p>Equitable, sustainable, and transparent use of available resources to achieve better outcomes and experiences for every person.</p>	<p>Protect and improve the health and wellbeing of the people of Forth Valley whilst reducing health inequalities.</p> <p>Improve good health and wellbeing in early years to ensure the best start for children.</p> <p>Improve mental health and wellbeing in all ages.</p> <p>Reduce the risk of infection, injury or harm to our patients and our people.</p> <p>Improve our access to services.</p> <p>Continue to make progress against the targets in our Climate Emergency & Sustainability Action Plan</p>

FORTH VALLEY NHS BOARD

TUESDAY 25 JUNE 2024

**13. NHS Forth Valley Delivery Plan 2024/25
For Approval**

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Author: Mrs Janette Fraser, Head of Planning

Executive Summary

The Delivery Plan 2024/25 outlines the key actions which will be delivered by NHS Forth Valley to meet the requirements set out by the Scottish Government, in the NHS Scotland Delivery Planning Guidance 2024/25. In previous years, NHS Boards submitted Annual Delivery Plans to Scottish Government for approval. In 2023/24, in addition to the Annual Delivery Plan, three year Medium Term Plans were prepared by NHS Boards. This year, a Three Year Delivery Plan is required, which has a detailed focus on year one i.e., 2024/25. The Delivery Plan is closely aligned to the Board's Three Year Financial Plan.

Whilst progress with delivery will be reported to the Performance and Resources Committee on behalf of the Board, it should be noted that the Scottish Government has not finalised the format and frequency of national reporting. In a supplementary paper issued to Boards, the Government indicated that a delivery framework and key metrics would be developed against which delivery plans will be reported, monitored and discussed with Boards. The intention is not to ask Boards to submit quarterly data but to generate reports from dashboards, once developed.

The draft Delivery Plan was approved by Scottish Government on 14 May 2024, on the basis that this broadly meets the Government's requirements and provides assurance under current circumstances. It should be noted that approval of Board Delivery Plans is contingency upon the understanding that NHS Boards will continue to work closely with the Scottish government around delivery and implementation during 2024/25 and that even more so than in previous years, the Delivery Plans must remain dynamic and responsive to the fluid situation in which NHS Scotland is operating.

It is also important to recognise that NHS Board financial decisions, in the context of the Financial Recovery Plan and the requirement to return a balanced budget, may have an impact on performance and on implementation of the Delivery Plan. Performance reports to the Board will be aligned to any changes in the financial plan which impact on delivery and performance, along with any impacts from changes related to workforce.

Recommendation

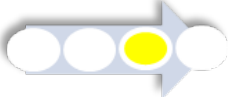
The Forth Valley NHS Board is asked to:

- **approve** the Delivery Plan 2024/25.
- **note** that Scottish Government has approved the plan, recognising that this must remain dynamic and responsive.
- **note** that reporting on progress with delivering the Annual Delivery Plan will be to the Performance and Resources Committee on behalf of the NHS Board and that further

guidance is expected from Scottish Government regarding the frequency and format of national reporting.

Assurance

Proposed assurance level

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

A reasonable level of assurance has been reported on the basis that the Delivery Plan was prepared using the Scottish Government Guidance, issued to all Boards. The Scottish Government has approved the Delivery Plan. There was engagement with NHS Forth Valley Executive Leadership Team and other senior leaders in NHS Forth Valley and the Health and Social Care Partnerships in preparing the draft Delivery Plan

Key Issues to be Considered

Delivery Planning guidance was provided to NHS Boards, aligned to ten national recovery drivers:

- Primary and Community Care
- Urgent and Unscheduled Care
- Mental Health
- Planned Care
- Cancer Care
- Health Inequalities and Population Health
- Child and Maternal Health
- Workforce
- Digital Technologies and Innovation
- Climate Emergency and Environment

Supporting Themes:

- Finance and Sustainability
- Value Based Health and Care

Feedback from NHS Boards on the 2023/24 Annual Delivery Plan Guidance, recognised that Child and Maternal Health had been largely omitted from the guidance last year. Therefore, Child and Maternal Health has been designated as a recovery driver for 2024/25, whilst Digital and Innovation have been brought together as a combined recovery driver. For each of the recovery drivers, the national guidance identifies priorities and topics where the Government expects Boards to describe in their Delivery Plans, developments and improvements planned or in progress, in addition to priorities identified locally.

The Delivery Plan has been prepared in collaboration with the Executive Leadership Team and senior leaders in NHS Forth Valley, Clackmannanshire and Stirling Health and Social Care Partnership and Falkirk Health and Social Care Partnership. The Scottish Government Directorate for Health Performance and Delivery Leads have also supported the development of the Delivery Plan, with guidance documents and sponsorship meetings with the NHS Forth Valley Directors of Finance and Human Resources, and the Heads of Planning and Corporate Governance.

The plan outlines the Forth Valley priorities for 2024/25 aligned to the specific requirements set out in the Delivery Plan guidance and to the Board's Financial Plan. The Delivery Plan

guidance is not exhaustive and does not cover all the activities and services provided to NHS Forth Valley in 2024/25 but focusses on the areas where change and improvement across NHS Scotland have been prioritised by the Scottish Government.

In addition to the Delivery Plan and Financial Plan, a more detailed Planned Care Delivery Plan was also submitted, alongside the Delivery Plan. The Planned Care Plan sets out the expected activity and projected impact of this on waiting times and numbers of people waiting, for elective inpatient care, day cases, outpatients and diagnostic tests, including cancer care. Following the submission of Planned Care Plans by NHS Boards in March, there has been an announcement of additional funding for Boards totalling £30m for investment in planned care. Forth Valley has submitted a bid for a recurring investment of £2.7m to support the Scottish Government planned care priorities of reducing waiting times year on year, delivering waiting list size reductions, reducing the longest waits and improving cancer outcomes.

The Delivery Plan 2024/25 is set in the context of the challenging financial and workforce environment and the associated risks to delivery and implementation. The Delivery Plan indicates that the scale of the financial challenge, as set out in the Board's financial plan, is unprecedented and to make the recurring savings needed to achieve financial balance, the Board will need to make significant changes to deliver the levels of savings required. Alongside the impact of the financial situation is the impact of the workforce challenges, identified across many services in Forth Valley. All NHS Boards submitted a report on service sustainability to the Scottish Government in January 2024.

The Scottish Government indicated their approval of the NHS Forth Valley Delivery Plan 2024/25 and welcomed the approach in Forth Valley to developing service delivery plans and financial planning in an integrated way. The letter acknowledged the significant and ongoing challenges and stated that planning is set in a landscape of uncertainty and risk. Most of the feedback was around development and improvement areas to inform future years' plans but will not be considered further by Scottish Government in 2024/25. Some specific feedback on the NHS Forth Valley Delivery Plan content was provided, though most of the feedback was common to all Boards. Priority areas were identified which will be part of the ongoing Scottish Government engagement with the Board, to provide further assurance.

The priority areas identified for Forth Valley to provide further assurance to Scottish Government are:

1. Development of performance trajectories for Forth Valley against national Delivery Framework Indicators, once the indicators have been finalised by the National Delivery Planning Team.
2. Further clarification regarding oral health needs and engaging with independent dental contractors to ensure equitable access to NHS oral health care.
3. Further information and clarification regarding local actions associated with the Alcohol and Drug Partnerships' strategic plans, delegation of funds allocated under the National Mission, sufficient procurement and distribution of medicinal treatments and aspects of implementation relating to Medication Assisted Treatment (MAT) Standards.

Implications

Financial Implications

The financial implications are set out in the Financial Plan.

Workforce Implications

The workforce implications including the Workforce Action Plan are referred to in the Delivery Plan.

Infrastructure Implications including Digital

A summary of the Digital Actions for 2024/25 is included in the Delivery Plan.

Sustainability Implications

Sustainability and Climate Change priorities and associated actions are included in the Delivery 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](#).

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 Delivery Plan sets out actions for improvement to quality and patient care.

Information Governance Implications

There are no implications for Information Governance.

Risk Assessment / Management

Relevant risks are identified in the Corporate Risk register.

Relevance to Strategic Priorities

The Delivery Plan is aligned to the NHS Board corporate objectives and strategic priorities. The Population Health and Care Strategy, in development, will provide further alignment between the priorities for 2024/25 and the medium to long term, along with alignment to national priorities for health and care.

Equality Declaration

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

Further to an evaluation it is noted that:

- Screening completed - no discrimination noted

Communication, involvement, engagement and consultation

The Executive Leadership Team and senior leaders in NHS Forth Valley and the two Health and Social Care Partnerships have contributed to the preparation of the Delivery Plan and will report on progress to the Performance and Resources Committee.

Appendices

- Appendix 1: NHS Forth Valley Delivery Plan 2024/25

Delivery Plan 2024/25 to 2027

7 March 2024



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Introduction

The NHS Forth Valley Delivery Plan 2024-2027 reflects the new national guidance issued in December 2023. This is our first 3 year Delivery Plan, with a focus on the detailed actions for year 1 (2024/25), bringing together the previously required Annual Delivery Plan and a three year Medium Term Plan. Our Delivery Plan has been developed noting the Scottish Government's intention to monitor performance differently to previous years, with the expectation performance information will be drawn from existing reporting sources and that Boards will prepare performance trajectories, in conjunction with the Scottish Government, aligned to finance and workforce plans.

Members of the Executive Leadership Team and other senior leaders were involved in completing the draft Delivery Plan, detailing key deliverables linked to the 10 updated national recovery drivers (note the addition of Women and Children's Health and Population Health) in the context of the need to make significant financial savings and the workforce challenges.

- Primary and Community Care
- Urgent and Unscheduled Care
- Mental Health
- Planned Care
- Cancer Care
- Health Inequalities and Population Health
- Women and Children's Health
- Digital Services and Innovation Adoption
- Workforce
- Climate

This aligns delivery in Forth Valley, where appropriate, to the Planning Priorities described in the Scottish Government Guidance. The Delivery Plan also sets out a marker for some medium to longer term objectives and ambitions, building on the more detailed plans for 2024/25. The Delivery Plan has been prepared in collaboration with the two Health and Social Care Partnerships, acknowledging the planning responsibilities of the Integration Joint Boards and delegated operational delivery for significant parts of

this Delivery Plan. The Delivery Plan aligns to the two Integration Joint Boards' Strategic Commissioning Plans, which were developed in 2023, following extensive public and staff engagement and consultation.

The Plan is set in the context of the significant financial and workforce challenges facing NHS Forth Valley, as with all NHS Boards, and the public sector. The Delivery Plan should therefore be read in conjunction with the Board's Financial Plan 2024/2027 and the current Workforce Plan.

The most significant challenges facing the NHS Board in 2024/25 and beyond are financial and workforce. The scale of the financial challenge as is set out in the Board's financial plan is unprecedented and to make the recurring savings needed to achieve financial balance, the Board will need to make significant changes to deliver the levels of savings required. Alongside the impact of the financial situation is the impact of the workforce challenges, identified across many services in Forth Valley. All NHS Boards submitted a report on service sustainability to the SG in January 2024.

The Covid-19 pandemic and its legacy, remains another major challenge which our health and care system has faced and continues to face, alongside the rising demand for healthcare and increasing complexity associated with the ageing population in Forth Valley. The ongoing impact of the pandemic has brought inequalities into focus, which our Anchor Strategic Plan work seeks to address in collaboration with other local Anchor institutions and in our unique 'Partnership' with the University of Stirling and Forth Valley College. The ongoing cost of living crisis and the focus on climate, has informed the Board's continued commitment to sustainability and to reforming the services we provide, to support and promote innovation and improvements in accessing services and to improve the health and wellbeing of the people who live and work in Forth Valley.

Recognising the significant financial and workforce challenges the following planning assumptions have been made and are reflected throughout this draft Delivery Plan:

- Further decisions regarding the plans to achieve financial balance will be made in the coming months by the NHS Board and the impact of these on service capacity and performance will need to be assessed and quantified. This includes understanding the operational plans for and the impact of major cost reduction plans including withdrawing from contingency bed areas, substantial reduction of supplementary staff use in many areas and achieving a significant reduction in sickness absence.
- The service plans and performance levels set out in the Delivery Plan are provisional and will be reviewed and amended, as further financial decisions are made and the full impact of these is understood.

- Given the scale of the financial and workforce challenges, the Board will be unable to provide assurance of delivery against the Scottish government draft Performance Framework Indicators and further work to understand anticipated performance against each of the indicators will be progressed in the months ahead alongside the Scottish Government (page 2 of NHS Board Delivery Plan Guidance 2024/25 – Supplementary Advice: delivery progress reporting).
- NHS Forth Valley relies on tertiary and specialist services from other NHS Boards and this is a significant component of our annual expenditure. Any decisions made by our partner Boards regarding services provided to NHS Forth Valley patients will need to be communicated and assessed, to understand the potential impact on access and performance.
- Financial sustainability is 1 of the 2 highest scoring risks on the NHS Forth Valley Strategic Risks on the Corporate Risk register, alongside Urgent and Unscheduled Care. The impact of the financial plan on all areas will include an assessment of risk, including reviewing and updating current risks, risks scores and status and adding any further risks to the Corporate Risk Register, in terms of service capacity, performance and service provision.
- Any service change plans are expected to be innovative, focused on redesign, and where there is a financial impact, there will need to be an associated funding source through efficiency improvement, redesign or redistribution.
- Changes in the levels or scope of services provided to NHS Forth Valley by the 3rd sector and other strategic partners could have a significant impact on capacity and performance in services where we rely on other providers.

In 2023/24, the Board continued to invest in services to support the redesign of our whole system urgent and unscheduled care including Out of Hours services, planned care, same day medicine and expansion of Hospital @ Home (H@H). Alongside investment in service redesign has been continued investment in our workforce, including recruiting to permanent posts, international recruitment of nurses and midwives, completing the transition of the majority of health care support workers from Band 2 to Band 3, and investing in new and innovative posts. These investments are intended to support the NHS Board's commitment to service and workforce sustainability whilst reducing our supplementary staffing spend.

As we look to the future and prepare our new Population Healthcare Strategy, we will continue our focus on prevention, early intervention, supporting people to keep well and stay well, whilst tackling inequalities. Primary care and staff wellbeing will continue to be at the core of our plans to stabilise and reform services. Our ambitious plans to improve Urgent and Unscheduled Care performance have delivered some improvements and in the coming year, we will continue to implement our transformation programme with a focus on alternative pathways and community services to reduce hospital admissions, improve planning of discharges, develop acute frailty and improved access to professional to professional advice for ambulance crews, community and

primary care teams. However, we have to recognise that scale of change required to achieve recurring financial cost reductions may impact on capacity, services and performance. We will continue to implement new pathways to support scheduling of patients who traditionally present to the Emergency Department, improving prenoon and weekend discharge rates and delays in transfer or discharge, with a focus on reducing our hospital length of stay, as part of a whole system approach to urgency and unscheduled care.

We have had continued success in delivering innovation and digital improvements, with the use of technology within the Board and we will ensure we continue to support the acceleration of digital services and innovation to improve patient outcomes and experiences, support value based care and deliver cost improvement, where appropriate.

NHS Forth Valley remains escalated to Stage 4 of the NHS Scotland Escalation Performance Framework, in relation to leadership, culture and governance. Significant progress has been made with implementing the escalation improvement plan for each of these areas, and we look forward to building on this in the year ahead.

The key strategic risks which are considered in the development of this plan are summarised below.

Code	Title	Description	Current Score	Target Score
SRR 002	Urgent & Unscheduled Care	If NHS FV 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.	25	9
SRR 005	Financial Sustainability	If our recurring budget is not sufficient to meet the recurring cost base there is a risk there will be an increasing recurring gap in our finances, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision.	25	9
SRR 009	Workforce Plans	If NHS Forth Valley does not implement effective, fully costed strategic workforce planning based on projected demand there is a risk that we will not have a sustainable workforce that is the right size, with the right skills and competencies, within an affordable budget, resulting in significant pressures on staff health and wellbeing, sub-optimal service delivery to the public and increasing pressure on our financial sustainability.	20	10

SRR 018	Primary Care Sustainability	As a result of significant levels of financial pressure on the public services in Scotland, increasing demand and workforce challenges. There is likely to be an impact in relation to the delivery of Primary Care Services. This is likely to result in a reduction in services and independent contractors across FV and have a negative impact on the health of the population and increased pressure on other services.	20	6
SRR 017	Environmental Sustainability & Climate Change	If NHS Forth Valley does not receive funding and resources, there is a risk that we will be unable to comply with DL38 and delivery actions/meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy, and will not operate in an environmentally sustainable way, resulting in failure to meet objectives and damaging stakeholder/public confidence.	16	16
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.	15	10
SRR 011	Digital & eHealth Infrastructure & Strategy	If NHS FV does not develop and effectively implement a Digital and eHealth strategy which enables transformation and improvement as well as minimising technical vulnerabilities, there is a risk that other key organisational strategies cannot fully deliver the intended benefits, or the IT infrastructure could fail, impacting on long-term sustainability and efficient and effective service delivery.	12	6
SRR 009	Culture & Leadership	If NHS Forth Valley does not foster a cohesive culture with strong leadership, there is a risk that our people will not have a shared sense of purpose and understanding of how their work contributes to achievement of our objectives, negatively impacting our overall performance, ability to deliver on key strategies and effect sustainable change and impacting staff morale and public/stakeholder confidence.	12	8
SRR 016	Out of Hours Service	If NHS Forth Valley is unable to provide a fully staffed OOHS taking an integrated, multidisciplinary approach, there is a risk that the service will not have the resilience and capacity to flex to meet demand, negatively impacting on the patient experience and journey, and ability to deliver care at the right time, right place by the right person.	12	6
TBA	Health Inequalities	There is a risk that health inequalities will not be addressed adequately and that actions to address changes in demand, demographics, workforce and financial challenges may mean that health inequalities will persist at current levels, or potentially worsen. (This risk is in development)	TBA	TBA

1. Primary Care and Communities

Scottish Government Planning Priorities 2024/25

Board Delivery Plans should set out how they will progress delivery in the following priority areas:

- *Delivery of core primary care services.*
- *Ongoing development of Community Treatment and Care (CTAC) services, supporting more local access to a wider range of services.*
- *Ensuring there is a sustainable GP and Primary Care Out of Hours service, utilising multi-disciplinary teams.*
- *Early detection and improved management of the key cardiovascular risk factor conditions, primarily diabetes, high blood pressure and high cholesterol.*
- *Delivery of sustained and improved equitable national access to NHS dentistry, setting out how they will assess and articulate local oral health needs, and engage with independent dental contractors and bodies corporates to ensure that patients receive the NHS oral health care they are entitled to.*
- *Increasing delivery of hospital-based eyecare into a primary care setting where appropriate.*
- *Provision of non-emergency patient transport services, working with bodies which provide community transport services in the Board area.*

1.1 Delivery of core primary care services

We have fulfilled our Primary Care Improvement Plan (PCIP) plan, as far as resources permit. to embed more than 180 additional multidisciplinary healthcare professional roles, based in local GP practices and supporting our 49 GP practices in the delivery of core primary care services. This work has resulted in the full vaccination service transfer and around 6000 weekly multidisciplinary team (physiotherapy, mental health, occupational therapy (OT), advanced nurse practitioner and phlebotomy) appointments being created.

Within existing resource limits, this will extend to around 7000 weekly appointments if we retain our trainee Advanced Nurse Practitioner (ANP) workforce into available roles. We have recruited and trained around 70 ANPs over the last 5 years, of which around 50% move on to other ANP roles due to the high demand of these practitioners across the wider system and the range of opportunities available to them. We continue to recruit proactively, support training opportunities and review skill mix and, workforce permitting, we hope to achieve 7000 weekly appointments over the course of 2024/25.

We continue to see significant pressures on general practice and a significant focus of our work over 2024/25 will be in relation to its ongoing sustainability in face of the challenges we see in relation to funding, the availability of both the GP and wider multi-disciplinary workforce and increasing demand and complexity. We will develop proposals in relation to new roles in general practice that will support recruitment and retention, and which will support extended practice across the primary and secondary care interface.

Primary care services have now been formally delegated to the two Forth Valley Integration Joint Boards (IJBs). This is hosted by the Falkirk IJB and operationally managed by the Falkirk Health and Social Care Partnership (HSCP). A key focus over 2024/25 is to ensure we harness the positive opportunities within a more integrated model and that, in the face of the significant pressures already mentioned, develop our shared, system vision for the sustainable future of general practice and primary care in Forth Valley. In doing so we will look to learn from both the outcomes of the national demonstrators in delivery of the memorandum of understanding (MOU) and from the recent primary care roundtable discussions jointly led by the National Chief Officers' and the NHS Board Chief Executives' Groups.

We continue to support GP practices in Forth Valley having direct access to mental health nursing service embedded within the practice. This is funded jointly by the PCIP (Primary Care Improvement Plan) and Action 15 (Mental Health and Wellbeing Funding). A test of change extended this successfully to include mental health support for young people and it is proposed that this is now embedded as core practice, pending agreement through our governance processes in early 2024/25.

Plans aligned to the Mental Health and Wellbeing Programme (MHWBP) to ensure every GP practice has access to a link worker are paused due to withdrawal of the funding programme. No further plans to increase mental health resource in primary care can be progressed, existing non-recurring link worker funding is under discussion to secure ongoing delivery of this programme. Other elements of the MHWBP have been wound down including the enhanced psychological practitioner roles which had been developed in partnership with NHS Education Scotland (NES).

The Pharmacotherapy service has 68 pharmacy team members in place from a plan of 70. Following recent successful recruitment, we anticipate that all 70 posts will be filled by Q2 2024. Recruitment and retention have stabilised but workforce availability is still limited. These efforts will not, however, meet the full GP expectations of the 2018 General Medical Services (GMS) contract in relation to pharmacotherapy and we await the learning from the Scottish Government's Primary Care Phased Investment Programme (PCPIP) demonstrator sites on how to fully implement pharmacotherapy services.

Pharmacy services play into several parts of this via community pharmacies in support of our wider ambitions. All community pharmacies in Forth Valley offer 'Pharmacy First' as part of the core national pharmacy contract. This service allows people to access treatment and advice for many common health conditions during hours and in the out of hours setting.

There are also several community pharmacists who are independent prescribers that can prescribe treatment for common clinical conditions which would otherwise require a prescription following a consultation with a GP or other healthcare professional. Several of these pharmacists are available in the out of hours period, predominantly Saturdays.

Community pharmacies also provide a service for specific patients with Chronic Obstructive Pulmonary Disease (COPD) where they can access antibiotics and steroids. This allows quicker access to treatment and contributes to reducing contact with GP / Out of Hours (OOH) services as well as hospital admissions for this group of patients.

Whilst national funding for Community Link Workers has been reduced, both Health and Social Care Partnerships are committed to identifying funding to support the link worker roles. Link workers support people with housing, benefits, food insecurity etc all of which impacts on health and wellbeing.

1.2 Ongoing development of Community Treatment and Care services, supporting more local access to a wider range of services.

Community Treatment and Care (CTAC)

Forth Valley delivers a community wide treatment room service delivering more than 1300 weekly appointments for a range of services including wound care, intra muscular injections, removal of stitches, catheter care, Doppler scans, and ear assessments. Treatment room guidelines are in place and agreed with the GP sub-committee as part of our tri-partite approach to the development of primary care services.

The CTAC phlebotomy service, when staffed to full available resources, will provide around 3200 blood and chronic disease management (CDM) appointments per week. A full transfer in line with GP contract expectations would require at least 3500 appointments per week with general practice total demand being around 4500 appointments per week in Forth Valley. Development of CTAC services is a collaborative process between GPs, Practice Nurse Lead and community nursing. CDM protocols are standardised across Forth Valley to reduce variation and provide a consistent standard of service. If fully funded and staffed, we aim to provide 3200 CTAC phlebotomy and CDM appointments per week however we acknowledge that without full funding for this we will continue to have gaps and will have to prioritise provision going forward.

Given the challenging financial position set out above, we continue to report gaps in the overall provision of some of these services which adds pressure to primary care and the wider provision of core services within GP practices. A key aim in the coming year is to set out which core services can be delivered sustainably within current funding and to agree priorities for any future development, again aligned to available financial and workforce resources.

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

Preventative and Proactive Care

An approach that shifts the focus to include preventative and proactive care is also being considered and will be explored in the medium term. CTACs could become a focal point for the meeting of health and social care to support community-based prevention

and early intervention through local access. We will also incorporate the learning from Keep Well Forth Valley into our approach to implementing CTACs.

A focus on equity, and a system which plans services based around local population needs, drawing across health, social care, third sector and communities' own assets to help shift culture and behaviour towards living well for longer, by giving people more autonomy in how they choose a more preventive and proactive approach, is proposed.

1.3 Ensuring there is a sustainable GP and Primary Care Out of Hours service, utilising multi-disciplinary teams.

NHS Forth Valley developed a GP Out of Hours (OOH) Redesign & Sustainability Improvement Plan in response to the findings and twelve recommendations from the review carried out by Sir Lewis Ritchie in 2022. These have continued to be implemented and reported on over 2023/24. Sir Lewis will meet again with the team in March 2024.

Since last reporting on this area of priority a new Service Manager has been appointed and taken up post and, as with wider Primary Care services, OOHs has now been formally delegated to the Integration Joint Boards and is hosted by the Falkirk IJB. Operational responsibilities now sit within the Falkirk Health and Social Care Partnership (HSCP).

The GP and Primary Out of Hours service continues to work with the wider MDT. This includes a dedicated advice line for Scottish Ambulance Service (SAS), Care Home Assessment and Response Team (CHART), pharmacy, nursing homes, laboratories, police and prisons.

GP and Primary Care Out of Hours Priorities 2024-25

NHS Forth Valley GP and Primary Care Out of Hours (OOH) will work to embed agreed changes and improvements. This will include providing the evidence that appropriate systems and protocols are in place to deliver a high-quality sustainable service in accordance with national guidelines and NHS Forth Valley and Falkirk HSCP strategic objectives.

OOH will seek to establish a GP salary structure that recognises the challenges of working within OOH and provides a work environment that attracts and retains experienced GPs. This will support us in developing a stable salaried GP team that reduces the reliance on sessional GPs and contributes to the delivery of a sustainable service.

Working in partnership with primary and secondary care colleagues, the service will develop a GP training programme for newly qualified GPs that will enable them to gain the necessary experience, under a single contract in both primary care, OOHs and additional skills in a specialist area.

OOH will complete the process of full integration of the night nurse team into OOH to further develop and build the MDT which provides patients with a full range of services from OOH based on the healthcare need of individual patients.

There will be a focus on performance and data management to evidence continued performance of the service and inform future developments. This will include, working in partnership with data analyst colleagues, expanding the range of data collected and analysed and further development of the performance and activity dashboard.

Patient feedback is crucial for ensuring OOH is meeting patients' needs and expectations. Therefore, OOH will, in partnership with the patient relations team, establish clear processes and pathways to capture, record and use patient feedback for continued service development.

We will develop and implement a staff wellbeing plan aligned to NHS Forth Valley (NHSFORTH VALLEY) and Falkirk HSCP strategic objectives. This will include establishing and embedding a learning culture and environment which adopts a whole team approach.

OOH will complete a review of the staffing model and explore increased use of hybrid roles across nursing and HCSW team. This will include working in partnership with Urgent and Unscheduled Care (UUSC), Rapid Access Care Unit (RACU) and night nurse team, adopting a portfolio approach that provides opportunities for individuals to gain experience across a range of disciplines under one employment contract.

OOH recognises and supports the importance of greater integration across other OOH services and colleagues in HSCPs to enhance the patient experience, ensuring individuals are seen by the right person and receive the right support in the right place.

2025/26:

Looking longer term we see our priorities as being:

- Working as an active partner in the Reimaging Care Closer to Home Programme in Forth Valley to further develop the integration of OOH with other services across NHSFORTH VALLEY and Falkirk HSCP.
- Embed the staff wellbeing strategic plan and utilise the learning from 2024/25 to further develop this.
- Implement the GP training programme.
- In partnership with patient relations team explore a framework for lived experience forums and advisory groups.
- In partnership with NHSFORTH VALLEY HR and professional frameworks explore and devise succession planning strategy.

2026/27:

- Establish and embed programmes and plans from 2024-26.

1.4 Early detection and improved management of the key cardiovascular risk factor conditions, primary diabetes, high blood pressure and high cholesterol.

The CTAC service supports annual review for all patients with cardio-respiratory long-term conditions. This includes protocol-based data collection including bloods, weight, blood pressure which are reported via the GP system for clinical review. There is currently no dedicated respiratory physiotherapy service provision in NHS Forth Valley, although we have specialist respiratory support within our new long covid service. Respiratory and pulmonary physiotherapy and nursing are subject of a recommendations paper.

In 2023, this was extended to include the alcohol brief intervention questionnaire which we will continue to deliver over 2024/25.

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

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

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

Diabetes Prevention

Action plans are in place to deliver the Diabetes Prevention Framework national milestones for children and adults. Plans and progress reports are shared regularly with the Scottish Government Population Health Directorate. Key improvement areas are child healthy weight & adult weight management pathways, antenatal and postnatal gestational diabetes pathways, people with pre-diabetes, type 2 diabetes remission pathway for people with newly diagnosed diabetes, people with established diabetes. We will continue to focus on equity and what matters most to individuals and communities. Services will prioritise user engagement, following the Scottish Approach to Service Design, and collaboration to deliver high quality care across systems to include third sector, local authorities, HSCPs and other NHSFORTH VALLEY teams.

Diabetes prevention for adult's actions include The Healthier Future Team which facilitates health change for adults. Person centred care is enabled through promoting universal and targeted approaches to health improvement. The pre-diabetes work stream is an early adopter of the Human Learning Systems approach and is working with a community at highest risk of multiple deprivation in collaboration with local partners to maximise capacity and better manage the wider determinants of health.

1.5 Delivery of sustained and improved equitable national access to NHS dentistry, setting out how they will assess and articulate local oral health needs, and engage with independent dental contractors and bodies corporates to ensure that patients receive the NHS oral health care they are entitled to.

The Scottish Government's Determination 1 was introduced in November 2023, and we are monitoring the number of General Dental Service (GDS) practices registering NHS patients.

Two applications have been submitted for the Scottish Dental Access Initiative (SDAI), one for a new dental practice and one for an expansion to NHS dental service delivery, to the Health Board for the Scottish Government's SDAI scheme. This scheme financially supports new or expansion of GDS practices to the area, which helps to attract new dentists and practices to NHS Forth Valley or

expand existing practices. The Senior Dental Management Team (SDMT) will monitor the increase in GDS registrations through the SDAI dentists' Annual Reports. This is in addition to monitoring all practices' new patient registration capacity.

The SDMT will continue to encourage GPs to participate in the vocational training (VT) scheme to increase practice places in NHS Forth Valley and attract new graduates to the area. We currently have 10 VT places in this training year.

The Public Dental Service (PDS) is currently taking responsibility for unscheduled dental care, over and above their core service work. This has been an ongoing necessity in response to workforce shortages and patient backlog from the Covid-19 pandemic in GDS. We will continue to monitor recovery of general dental practice workforce in Forth Valley and look to identify practices which could take on unscheduled patients on weekday mornings when their capacity allows. This could positively impact on the usage of the unscheduled care clinics and allow PDS dentists to work on their registered and referred PDS patients. We will work towards identifying one practice in Falkirk and one in Stirling by December 2025.

1.6 Provision of non-emergency patient transport services, working with bodies which provide community transport services in the Board area.

Non-emergency patient transport services supported by NHS Forth Valley and provided by other bodies for renal dialysis and oncology, set out below. There are no additional services currently planned.

Renal Dialysis	Home to FORTH VALLEYRH and return	Charity / Volunteer Drivers	Approx. £2.5k per month
Oncology	Home to Tertiary centre and return	Charity/ Paid drivers	Approx. £3.2k per month

The 'dedicated' budget for non-emergency transport is in an overspend position due to the unplanned withdrawal of SAS support to the Renal Dialysis Unit at FORTH VALLEYRH. A recent review identified that 38 renal patients met the SAS Patient Needs Assessment for transport. Currently none of these patients are being supported by the SAS.

NHS Forth Valley works with the South East Regional Transport Partnership (SESTrans). The SESTrans transport for health priorities for 2024/25 have been identified and will involve the following:

- Meetings with NHS boards to identify opportunities to reduce and reallocate spend on transport for health.
- Working with local authority officers on what is working well.
- Explore healthcare and Active Travel together.

- Consider role of Community Transport across the region in delivery of effective transport for health.
- Make transport for health a theme of the current regional Bus Strategy work.
- Improve SESTrans data and understanding current arrangements.

2. Urgent and Unscheduled Care

Scottish Government Planning Priorities 2024/25

Board Delivery Plans should set out how they will progress delivery in the following priority areas:

- Improve urgent care pathways in the community and links across primary and secondary care.*
- Ensuring patients receive the right care in the right place by optimising Flow Navigation Centres, signposting and scheduling of appointments to A&E where possible and increasing the routes for professional to professional advice and guidance with a specific focus on frailty pathways and care home support*
- Improving access to Hospital at Home services across a range of pathways including Outpatient Parenteral Antimicrobial Therapy (OPAT), Respiratory, Older People, Paediatrics and Heart Failure.*
- Optimising assessment and care in Emergency Departments by improving access to ‘same day’ services, the use of early and effective triage, rapid decision-making and streaming to assessment areas.*
- Reducing the time people need to spend in hospital, increasing 1-3 day admissions and reducing delays over 14 days, by promoting early and effective discharge planning and robust and responsive operational management*
- Reduce unscheduled admissions and keep people care for closer to home through reconfiguring existing resource to accelerate rapid assessment and evolve to implement Frailty Units*

2.1 Introduction

The proposed service, capacity, activity and performance set out in this Draft Delivery Plan for Urgent and Unscheduled Care (UUSC) Services, across the Whole System in NHS Forth Valley, will be subject to update and amendment once further decisions are made regarding financial sustainability and achieving recurring savings.

The 4-hr Emergency Access Standard (EAS) is a barometer for overall health and care performance and reflects the interrelated dependencies across the whole system. Ensuring all these services are working in harmony will affect the overall 4-hr EAS performance.

For NHS Forth Valley the demand for unscheduled care is about average for mainland Scotland, however 4HR EAS performance remains significantly challenged. Although the Emergency Department (ED) footprint is relatively large the actual occupancy regularly exceeds its physical capacity. Each hour that the ED is over occupancy is associated with a growing backlog of activity, increasing time to first assessment, a rise in ED length of stay and a drop in performance for both admitted and non-admitted patients. This is further impacted by the limited capacity downstream to support flow. The actual number of beds within the system is about average for mainland Scotland although a larger number of beds are occupied by long-stay patients (Length of Stay (LOS)>15days) than is typical elsewhere. This has resulted in an increased use of contingency beds across the acute site. The Board's Financial Plan for 2024/25 is explicit in terms of the need to withdraw from the use of contingency beds and the associated workforce costs.

Key to improving performance is implementing a whole system approach to developing and implementing the work streams set out in our local Urgent and Unscheduled Care Delivery plan. The progress of this plan, alignment of resources and focus will first and foremost aim to improve patient and staff experience, building towards better performance and flow through the whole system. In addition to this, better patient flow will also reduce patient length of stay and reduce the financial spend within the system. A whole system approach to this plan incorporates Health and Social Care Partnerships, Scottish Ambulance Service, primary care, mental health and the third sector, which is essential to success. The plan has been informed by the Discovery Data Report from the Centre for Sustainable Delivery (CfSD) as well as the outcomes of the Forth Valley System Reset Improvement Work. The primary aim of the reset work was to stabilise the system and to provide intelligence and diagnostic data to understand system processes, system constraints, bottlenecks and queue burden which is supporting continued improvement work.

The local Urgent and Unscheduled Care (UUSC) delivery plan aligns with the Scottish Government Planning Priorities set out below.

2.2 Improve urgent care pathways in the community and links across primary and secondary care

Key to this work is establishing a Community Urgent Care Delivery Group with work ongoing to identify priorities for this new work stream. Our ambition is to reduce preventable admission to hospital by refining community falls pathways and increasing opportunities for care at home. To better understand admission activity there are plans to test the use of a 'criteria to admit' tool. This is a similar resource as criteria to reside and as such could provide a significant level of intelligence in relation to admission pathways and in particular alternatives to admission across front door areas.

2.3 Ensuring patients receive the right care in the right place by optimising the Flow Navigation Centre, signposting and scheduling appointments to A&E where possible and increasing the routes for professional to professional advice and guidance with a specific focus on frailty pathways and care home support.

The Flow Navigation Centre model is being reviewed with the need to radically reform current services / pathways to continue to provide person centred care delivered at the right time, in the right place. The link to the 'Care Closer to Home' pathway is being strengthened with a view to establishing an integrated model. Work to explore alternative pathways for admission will include increasing redirection and signposting. There is also work ongoing to develop further pathways for RACU (Rapid Assessment and Care Unit).

To maximise professional-to-professional communication Consultant Connect is being implemented providing immediate access to a senior clinical decision maker. This will reduce avoidable ED attendances by directing patients to the more appropriate urgent care settings. This will increase scheduled urgent appointments to ED/Minor Injury Unit and avoid waits in a busy department.

2.4 Improving access to Hospital at Home services across a range of pathways including OPAT, Respiratory, Older People, Paediatrics and Heart Failure

- Hospital@Home
 - Work continues as part of the HIS Hospital at Home expansion programme to improve existing processes to optimise capacity using Quality Improvement methodology
 - Near Me test of change ongoing
- Outpatient Parenteral Antimicrobial Therapy (OPAT)

- Review of current OPAT service model to understand current demand and capacity and identify areas for improvement using process mapping methodology. Group has been established to take forward this work.
- Respiratory
 - Onboarding patients to the InHealth application is ongoing
 - Review of respiratory pathways in development
- Heart Failure
 - Business case in development to build on success of community heart failure service which has demonstrated admission avoidance and bed days saved. Implementation of virtual ward in progress.

2.5 Optimising assessment and care in Emergency Departments by improving access to ‘same day’ services, the use of early and effective triage, rapid decision-making and streaming to assessment areas

Our urgent and unscheduled care services remain under significant pressure from over occupancy and difficulty discharging patients. As a first step to optimising assessment and care in ED, plans are in place to develop a high-level target operating model. This will define how we should operate to deliver urgent and unscheduled care services going forward.

The implementation of the ED triage model has resulted in effective early triage for patients. Staff are being trained in the Manchester Triage System with relevant support tools being sourced for the team. A test of change to increase consultant cover during the nightshift is also being considered.

Further work is planned to fully embed the redirection policy from ED to Minor Injuries Unit or most appropriate place of care.

2.6 Reducing the time people need to spend in hospital, increasing 1-3 day admissions and reducing delays over 14 days, by promoting early and effective discharge planning and robust and responsive operational management

Over occupancy on the acute site has had a negative impact on discharge planning and has aligned with a sharp rise in >14day data. The Discovery data showed that the number of patients in hospital with a LOS>14days has a significant negative correlation with performance in key metrics. Work to standardise Daily Dynamic Discharge Board rounds and accurate Predicted Day of Discharge recording for every patient has started with the aim of reducing LoS by discharging patients on planned date of discharge. This work is linked with the development of a performance maxtrix to improve patient flow and discharges to increase capacity across the whole system.

The integrated discharge team is essential to support patient discharge. Taking a whole system approach, a group has been established to review and reform the integrated discharge team model for Forth Valley. In a similar way, work has commenced on developing the discharge to assess model with distinct pathways to be established.

2.7 Reduce unscheduled admissions and keep people care for closer to home through reconfiguring existing resource to accelerate rapid assessment and evolve to implement Frailty Units

With an increasing ageing population we continue to experience high demand for acute frailty emergency admissions. To support flow across the site we are refreshing the frailty at the front door model to streamline processes and improve patient safety. A workshop has been held and a group tasked with leading this work which will report in the first instance to the UUSC Board and also aligns with the Care Closer to Home workstream. The formation of an Acute Frailty Unit is key , and a review is ongoing to identify an appropriate location for this service. A test of change is in development for cohorting in the Acute Assessment Unit as a pre-cursor to moving to a dedicated unit. Links are being made with community colleagues to identify all discharge pathways which will also support an integrated approach to frailty coordination.

2.7 UUSC Medium Term Plan 2024-2027

NHS Forth Valley remains committed to delivering sustainable improvement across the urgent and unscheduled care programme. The focus of these activities is on delivering change and improvement over the next 12 months, however, these actions will also have

longer term benefits in terms of improving sustainability across the whole system and in better managing demand, capacity and flow. Over the next three years the success of the Urgent and Unscheduled Care Programme will be determined by:

- Achieving true whole system collaboration. As a first step weekly whole system meetings have been established with full engagement on the UUSC delivery plan. Investing in a whole system approach over the next few years will embed whole system as the new 'norm' in terms of working practices.
- Redesign of community urgent care which is based on reducing hospital admissions to hospital.
- Strengthening of the Flow Navigation Centre model which incorporates prof-to-prof decision making, pathway development and increased redirection.
- Maximising Hospital at Home capacity including expanding pathways to include OPAT, Community Heart Failure and Community Respiratory.
- The development of a Target Operating Model for front door services which provides the future direction for pathways into and out of acute services.
- Embedding Discharge Without Delay (DWD) processes into whole system working.
- Redesign Integrated Discharge Team model to provide a smooth transition for patients between community and acute services.
- Implementation of whole system escalation tool with associated actions to ensure a responsive system.
- Established frailty model which can flex across the system to improve access and support for older people

In addition to the above the UUSC Programme is evolving to reflect the learning from the CfSD Discovery work and the NHS Forth Valley System Reset. This intelligence is providing a strong foundation to developing a robust programme of work which is targeted to the areas of greatest impact.

3. Mental Health

Scottish Government Planning Priorities 2024/25

Board Delivery Plans should set out how they will progress delivery in the following priority areas:

- *Improving Access to Mental Health services and building capacity to sustainably deliver and maintain the CAMHS and PT 18-week referral to treatment standard.*
- *Tackling inequalities in relation to accessing Mental Health services, strengthening provision in Community Mental Health teams and better supporting those with complex needs and delivering service reforms aimed at supporting more people in the community.*
- *Developing and growing Primary Mental Health teams and integration of the primary care mental health workforce into wider primary care multi-disciplinary teams, community and secondary care.*
- *Delivering a coherent system of forensic mental health services, addressing issues raised by the independent review into such services.*
- *Improving support and developing the Mental Health workforce*
- *Improving the mental health built environment and patient safety*

3.1 Improving Access to Mental Health services and building capacity to sustainably deliver and maintain the CAMHS and PT 18-week referral to treatment standard.

Child & Adolescent Mental Health Services (CAMHS)

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

- Continue with local quality improvement and waiting times monitoring established via assurance reporting.
- The CAMHS Management Team continue to link with Scottish Government assurance work, Mental Health Improvement Team & Performance Team for support and advice.
- Clinical activity will continue to be reviewed at a service, pathway and clinician level to identify fluctuations in demand.
- Continue with job planning process for the Choice and Partnership Approach (CAPA).
- Utilising clinical activity data to continue to enable capacity to be flexed to meet team level demands or pathway bottlenecks.

- Continue to engage with a network of mental health services (including wellbeing services and primary mental health nurses) and provision across the three local council and tiers of service to promote appropriate referrals, signposting and influence wellbeing strategy and commissioning.
- Recruitment of CAPA Clinical Coordinator to oversee the clinical activity and patient flow for high volume pathways (Choice, Core Partnerships).
- Review requirement for additional treatment capacity from planned overtime and an independent provider (Healios)
- Quality improvement project to reduce the requirement for additional treatment capacity provided by overtime and Healios and absorb the learning from these additional pathways into existing services.
- Continue to gather feedback from patient and carer engagement groups around any proposed service changes.

Plans to build capacity to deliver improved services underpinned by CAMHS and neurodevelopmental specifications and standards for service delivery:

- Reviewing workforce development strategy in line with the CAMHS and Neuro Developmental Disorders (NDD) specifications.
- Coordination of workforce development by CAMHS Learning Coordinator in conjunction with NES and CAMHS Management Team.
- The CAMHS Management Team will continue to link with Scottish Government and the CAMHS National Advisor and Ann York (co-creator of CAPA) for support and improvement advice.
- Clinical activity will continue to be reviewed at a service, pathway and clinician level to identify fluctuations in demand.
- Continue with quarterly job plan reviews in line with CAPA cycles to maximize capacity.
- Utilising clinical activity data will continue to enable capacity to be flexed to meet team level demands or pathway bottlenecks.
- Continue review of skill mix to deliver Choice and Partnership Approach (CAPA) and meet waiting times standard and consider new posts (e.g., advanced clinical nurse specialists, clinical pharmacists) where relevant, to meet the specifications.
- Further develop clinician and pathway level data to support management discussions with staff to highlight opportunities for quality improvement and patient flow.
- Increase CAMHS capacity in line with allocated funds by recruiting actively to all vacancies and utilise bank staff where appropriate and available.

- Secure NES funded posts to increase capacity in allocated areas of funding.
- Secure NES funded training opportunities to enhance the skill set of the whole team.
- Take part in recruitment fairs and regional/national teaching to attract newly qualified staff.
- Promote retention of staff through deployment of retire and return policy.
- Coordination of activity in high volume pathways (CHOICE, Core Partnerships) by CAPA Clinical Coordinator.
- Continue the development of group therapy for high volume pathways (partnerships).
- Continue to offer opportunities for flexible working and overtime where budget permits on a temporary basis specifically to target waiting times bottlenecks.
- Continue to establish Steering Groups for all CAPA Patient Treatment Pathways (Partnerships) to audit and review clinical improvements in the delivery of care and flow.
- Participation in meetings and project work aimed at scoping and planning to support the implementation and delivery of the regional aspects of the CAMHS specification.
- Evaluate workforce development plans aimed at skilling staff in high volume pathways (CHOICE and Partnership) as priority induction.
- Focused recruitment to small sub-specialties to maintain capacity (e.g. neuropsychology, systemic therapy).
- Continue with pilot for unscheduled care and home intensive support.
- Review care related documentation and administrative processes completed by clinical staff to reduce any inefficiencies or requirement for unnecessary clinical admin activity.
- Continue to promote awareness of transitions guidance and care planning recommendations across adult mental health and learning disability services.

NHS Forth Valley continues to be actively engaged in the national work to identify how and when the additional data items will be provided by all NHS Boards. NHS Forth Valley Head of Information, Director of Psychology and Clinical lead for Data for Psychology attend the national meetings. A local NHS Forth Valley group is meeting to plan ahead for implementation. Once the national group determines how this data will be collected and what the national timeline will be for achieving this, Forth Valley will be able to finalise an implementation plan and timeline. However, NHS FORTH VALLEY cannot progress this or set any local timelines until the national group determines how the information will be collected and when. NHS FORTH VALLEY is fully committed to Child, Adolescent and

Psychological Therapies National Dataset (CAPTND) database development and already submits all of the data that it is currently feasible to submit and will implement the outcomes of the national work locally once these are determined. Specific actions are summarised below.

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

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

Psychological Therapies

Trajectory modelling, completed in line with national modelling assumptions, indicates the 8-9 Whole Time Equivalent (WTE) additional clinical staff are required in order to timeously and sustainably implement the 18 week referral to treatment standard for Psychological Therapies. To date, additional resource has not been available to recruit these additional staff. Furthermore, the modelling includes the assumption that demand remains relatively steady. However in Forth Valley this has not been the case, with referral demand shifting significantly from below the national average per head of population, to above the national average.

Unfortunately the decision not to fund the Mental Health & Wellbeing in Primary Care work to the expected level will also have an impact on Psychological Services. The Enhanced Psychological Practitioners who had been supported by Forth Valley (while funded by NES) with the intention that they would take up posts in the enhanced Primary Care Mental Health teams, will not have their contracts renewed at the end of the NES funding. Finally, the ongoing uncertainty regarding the Mental Health Outcomes Framework allocation for 2024/25 has resulted in the decision to stop all fixed term extra hours and agency staff within Psychological Services at the end of Q1 2024/25 if the allocation has not been confirmed by that time.

Taking all of these factors in account, delivering sustained improvement in RTT performance in Forth Valley is going to be extremely challenging, and indeed there is the potential for performance to deteriorate in the future. Nevertheless, a comprehensive programme of improvement actions is in place, and will continue to be progressed throughout 2024/25. Key actions include:

- Half day session with the Psychological Services Management Team and the Scottish Government's Psychological Therapies Improvement Team.
- Whole service approach to Quality Improvement (QI), with service-wide QI driver diagram in place and team level QI projects in progress.
- Ongoing data improvements. Areas of focus for 2024/25 include:
 - further analysis of referral patterns to better understand areas of increased demand.
 - analysis of capacity for assessment appointments and for treatment appointments, to ensure optimum balance across Adult Psychological Therapies team.
 - further development of the Psychological Services performance metrics available on the Pentana reporting system.
 - continued engagement with the national programme of work to fully implement the CATPTND.
- Once the HIS tool is available, self-assessment against the Psychological Therapies and Interventions Specification. This will be followed by the development of additional actions to improve those areas highlighted by the self-assessment. It is important to note however that implementation of some requirements of the Specification may be limited due to financial constraints.
- Further development and promotion of digital therapies, including widening access to Silvercloud to the perinatal population, promoting the service to clinical specialties out with adult mental health, and exploring with pharmacy colleagues the potential to add information on self-referral digital options to prescriptions.

In addition, the service will continue to:

- Review clinical activity at service, team, and clinician level.
- Actively recruit to all vacancies, as resourcing allows.
- Build on the good links already established with universities and training courses to aid recruitment through promotion of the service to trainees.
- Promote retention of staff through e.g. deployment of the retire and return policy, utilisation of flexible working arrangements where clinically appropriate.
- Have a strong focus on staff wellbeing and continuing professional development to mitigate the challenge of staff retention.
- Regularly engage with the Scottish Government's Psychological Therapies Enhanced Support Team.
- Continuously review the skill mix and actively upskill staff in high demand areas e.g. complex trauma.

3.2 Tackling inequalities in relation to accessing Mental Health services, including plans to strengthen provision in Community Mental Health Teams, better supporting those with complex needs and delivering service reforms aimed at supporting more people in the community.

In line with the Anchor Institution guidance on service design and delivery, NHS Forth Valley will work to plan and provide services which support equitable access for everyone in society so reach and benefit disadvantaged communities.

With the appointment of a new mental health information analyst, the previously commenced work to improve ethnicity recording and reporting will be progressed in 2024/25.

A proposal for the implementation of Distress Brief Interventions on a Forth Valley wide basis has been developed, and is currently under consideration by both Falkirk and Clackmannanshire & Stirling Health and Social Care Partnerships. However it is important to note that identifying resource for this beyond the initial period of central funding is likely to be challenging in the current financial context.

3.3 Developing and growing Primary Mental Health Teams and integration of the primary care mental health workforce into wider primary care multi-disciplinary teams, community and secondary care.

See Primary Care section of Delivery Plan.

3.4 Delivering a coherent system of forensic mental health services, addressing issues raised by the independent review into such services.

Forth Valley has a well-established multidisciplinary Forensic Community Mental Health Team. There are also mental health services based within each of our three prisons, as well as two inpatient low secure wards, one male and one female, to address the needs of those who require care which cannot be delivered in general inpatient mental health services. This provides a context to further develop forensic mental health services across our local system, building capacity and capability for forensic mental health interventions.

In the financial year 2024-25 the local governance arrangements will be reviewed, in order to support greater integration of public protection arrangements and strengthen existing relationships. In addition, the Forth Valley forensic inpatient units are part of the wider work to improve the mental health built estate. Within 2024/25, the intention is to bring forward capital plans to enhance the quality of the environment of local low secure inpatient wards. This aligns with the observations of the Barron report that the estate for low secure services requires investment. However, it is important to note that given the likely scale of investment required, these plans may need staged delivery over successive financial years.

NHS Forth Valley is engaged in the national work to refine the delivery of forensic mental health services, particularly within prisons and for women. The opening of HMP Stirling has been a significant milestone in the development of these services and places NHS Forth Valley in a key position for developing work with neighbouring Health Boards to address the findings of the Barron report.

3.5 Improving support and developing the Mental Health workforce.

Key mental health and learning disabilities workforce improvement action for 2024/25 are to:

- Implement and adhere to the Safe Staffing Legislation across all professional groups in mental health and learning disabilities.
- Continue to focus on staff wellbeing as a key component of staff recruitment and retention, as well as of delivering high quality care. This includes a particular focus on investigating options to enhance staff support available within inpatient settings, and monitoring the impact of this on sickness absence.
- Implement E-rostering and alternative shift patterns to both maximise the availability of the nursing workforce and also enhance the staff experience.
- Continue to proactively recruit to all mental health and learning disability professions. By Q4 23/24 there was a slight reduction in nursing, psychology and AHP vacancies in Forth Valley, and it is hoped to be able to maintain and build on this improvement in 24/25 and beyond.

It is also a priority to continue to:

- Monitor the established workforce within all of our mental health & learning disabilities services by the use of validated workforce tools to assess if the current established workforce meets the needs to deliver safe patient care.
- Ensure our workforce has the skills and knowledge to provide safe patient care.
- Develop career development programmes and opportunities within the workforce.
- Promote a culture of continual staff wellbeing within the workforce that supports the needs of the workforce and ensure that this is flexible to support the changing needs of the population.
- Ensure clinical and managerial support is provided to all staff.

3.6 Improving the mental health built environment and patient safety.

The Bellsdyke site provides longer term care and treatment to people over the age of 18 suffering from severe and enduring mental health problems. It is an ageing site, and the make-up and construction of the buildings are not suitable to withstand the regular day to day use. The general condition and maintenance of the buildings on site is becoming increasingly costly as more repairs and upgrade work is required.

Significant improvements to the low secure units on the Bellsdyke Hospital site were completed in 2023/24, including the fitting of safety glass in the windows, improvements to the air lock entrance and improvements to internally secure doors. In addition, essential repair work was completed at the Therapeutic Activities Unit on the site. Work is ongoing to identify the costs of further essential work to the site, including the provision of ensuite facilities. However, it is likely that the cost of this will be substantial. It may therefore be challenging to implement in 2024/25 and require longer term investment and planning.

There is an ongoing programme of work, led by the Medical Director, reviewing and addressing ligature risk across the mental health and learning disability estate. It is anticipated that further improvements will be completed in 2024/25, although again the potential cost is likely to be a significant factor in the rate of implementation.

There are a number of areas within mental health & learning disabilities identifying pressure on clinical space, particularly in terms of safe segregation of staff and patients where appropriate, for example in Substance Use Service delivery, and with meeting the needs of patients attending the Community Mental Health Teams for Older Adults.

4. Planned Care

Planning Priorities for 2024/25

NHS Board plans for 2024/25 should set out how they will progress delivery in the following priority areas:

- *Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology and diagnostics.*
- *Enabling a “hospital within a hospital” approach in order to protect the delivery of planned care.*
- *Maximising capacity to meet local demand trajectories.*
- *Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs).*
- *Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.*
- *Implement outcomes of Specialist Delivery Groups including reducing variation.*
- *Undertake regular waiting list validation.*
- *Delivery of Centre for Sustainable Delivery (CfSD) / National Elective Coordination Unit (NECU) waiting times initiatives and productive opportunities.*
- *Optimise theatre utilisation and implement digital solutions.*

4.1 Introduction

For Planned Care, a discrete planning process, as set out by Scottish Government, is proceeding alongside the preparation of Board Delivery Plan. The detailed **Draft Delivery Plan for Planned Care** is attached (appendix 1) and as with other parts of this draft Delivery Plan, the proposed service, capacity, activity and performance set out in the Planned Care Plan are subject to change, once further decisions are made regarding financial sustainability and achieving recurring savings. Key points drawn from the Planned Care Plan are summarised below.

100% of the NRAC allocation for Planned Care had been invested in previous years to provide sustainable substantive staffing. There is a risk that if no additional funding is made available to support inflation rate staffing costs there will be a significant overspend. The

only mitigation available would be to reduce the workforce through natural wastage which will have a negative impact on our ability to deliver the agreed plan. If a 5% efficiency saving is required from the NRAC (Resource Allocation) funding, the trajectories and agreed plan will not be met in 2024/25.

4.2 Planned Care Performance Risks

- Due to winter pressures in unscheduled care there is a risk that planned care performance will not have the same scrutiny and waiting times management due to planned care operational managers supporting the necessary actions required to maintain flow on site for unscheduled care, e.g. from Nov 2023 all operational managers were re-directed to cover unscheduled care systems reset.
- Due to increased demand on unscheduled care beds the protected planned care beds will be used for unscheduled boarding patients. This will impact on planned care ability to maintain access to surgery and at times of extremis might impact on delivery of surgery for cancer patients. In 23/24 has been the first year since the Covid-19 pandemic that Forth Valley has encroached on the elective bed capacity.
- Due to the unscheduled care pressures and reduction in elective bed capacity to accommodate unscheduled care boarders, there is a risk that planned care trajectories for 23/24 may not be met for inpatients and day cases – the number of procedure cancellations has been submitted to Scottish Government in the weekly sitrep report.
- There is a risk that planned care trajectories may not be met in 24/25 due to difficulties in recruitment of specialist consultants in anaesthetics, rheumatology & rehabilitation medicine. Forth Valley has appointed three ENT consultants due to start in August 2024.
- NHS Forth Valley has invested 100% of its NRAC allocation into recruitment of workforce to deliver sustainable services. There is a risk that planned improvement projects may not realise the full benefits if further funding is not available for invest to save initiatives. If a 5% efficiency saving is required the agreed trajectories and plan will not be delivered 6.
- There is a risk that the planned workforce changes to support succession planning through advanced roles and skill mix changes may not be achieved through lack of funding to support training.
- There is a risk that the delay in opening of the new NTC ward in Forth Valley may impact on NHS Forth Valley waiting times for arthroplasty due to core number of beds being allocated to other NHS Boards' patients in order to meet the financial pressures.
- Due to the delay in opening of the new NTC ward, Forth Valley will need to utilise core bed capacity to deliver financial commitments as stipulated by Scottish Government for other NHS Boards' arthroplasty patients, with the risk that this will further increase waiting times for Forth Valley patients.

- If funding is not available for 3rd CT scanner, this will directly impact on NHS Forth Valley ability to meet the cancer pathways and prevent patients breaching the 62-day standard.
- If funding is not available for delivery of the endoscopy sustainability plan, this will directly impact on NHSFORTH VALLEY ability to meet the cancer pathways and prevent patients breaching the 62-day standard.

4.3 Planned Care Plan

NHS Forth Valley is now in the third year of a sustainable workforce plan for planned care. All NRAC funding has been allocated to the appointment of a sustainable workforce; there has been no uplift in this funding since 2021/22. All funding has been used to maximise the potential of all grades of staff throughout the workforce structure. Ongoing improvement work is in place to achieve further efficiency and productivity within the current workforce and resources, however this may be limited due to lack of future investment.

We are working to ensure the consistent delivery of sustainable services which have potential to increase capacity through agile and flexible use of all available core resources.

We will deliver consistent and expanded adoption of CfSD priorities, rigorous application of the Access Policy, we will monitor and develop action plans to address same day cancellations and work to reduce the number of people who did not attend appointments (DNAs), as shown in heatmap submissions. This will be further developed in all services, as appropriate.

We are working to utilise all available funded theatre and outpatient sessions 50 weeks per year, have increased procedure room capacity and continue to support repatriated services. We are looking to optimise job planned Direct Clinical Care(DCC) capacity and ensure that through e-rostering we are delivering all job planned sessions for both medical and non medical staff.

We will continue to develop advanced practitioners from a nursing, operating department practitioners, expanded scope practitioners, pharmacy, radiography and AHP backgrounds to work across scheduled care and will upskill Clinical Support Worker staff to take on work previously performed by registered staff. We will continue working with colleagues from the Quality Team to ensure that all national CfSD pathways have been implemented locally.

4.4 Waiting List Validation

Forth Valley use the National Three Stage Validation Process which includes administration validation, patient validation and clinical validation. This enables us to reduce demand where appropriate and maximise capacity. This is usually targeted to a specialty to yield maximum results e.g. endoscopy. NHSFORTH VALLEY validation processes have been established and already realised the initial high yield of removals, going forward as services undertake validation under business as usual this will yield small annual removal rate.

4.5 High Impact Programmes

We are engaging with all CfSD specialty delivery groups and we are in the process of implementing recommendations from these groups to deliver on our priority heatmap areas of focus. Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) have been implemented across the majority of services with rheumatology and respiratory and gastroenterology to implement PIR robustly in 2024/25. The detailed update and timelines can be found in the heatmap submission.

The Theatre modernisation project has commenced, looking at improvement in theatre flow and maximising efficiency and productivity (booking and scheduling, early adoption of INFIX theatre scheduling system, pre-assessment, day surgery, fallow time, list utilisation, cancellations). NHS Forth Valley has been the early implementer of Hospital within a Hospital model to focus on protecting resources for planned care.

NHS Forth Valley has implemented a number of advance practice roles in theatres, anaesthetics and cancer care. We will evaluate and monitor the impact of these roles on service delivery. Forth Valley also employs extended scope AHP practitioners in a number of specialties e.g. orthopaedics and rheumatology. There are plans to expand the number of advanced roles in other specialties using a multi-professional approach.

4.6 Regional and National Working

INFIX theatre scheduling system is currently being evaluated in NHS Forth Valley. This will support improved theatre scheduling. This will be part of bigger project encompassing all of theatre efficient flow and productivity in 2024/25.

NHS Forth Valley is participating in the national ANIA (Accelerated National Innovation Adoption) project for a digital imaging system for dermatology. This will improve ACRT in dermatology and reduce waiting list size.

Open Eyes collaborative system for ophthalmology is underway and will support more engagement from colleagues in community Ophthalmology. Digital pathology is also underway and will be fully implemented during 2024/25. This will align NHS Forth Valley with other Health Boards to support cross health board working and remote working.

NHS Forth Valley is participating in the national implementation of the new IT system for endoscopy. This will improve the functionality for scheduling and booking, accessing clinical information and reporting to support best practice. NHS Forth Valley is participating in the National Labs Information System procurement with a projected go-live date of October 2025.

A digital outpatient hub for optimised communication with patients is planned with e-Health colleagues for implementation. This will provide easy to access information for patients, offer easy access to change or cancel appointments and will reduce workforce hours and paper use associated with sending out appointment letters.

4.7 Centre for Sustainable Delivery Pathways

We are engaging with all CfSD specialty delivery groups and we are in the process of implementing recommendations from these.. The flagship Urology Hub in NHS Forth Valley is already operational. This provides one-stop access to various urological interventions with plans to continue to develop further services over 2024/25. Dermatology digital imaging will reduce demand and expedite care and treatment for patients with suspicion of cancer.

We are working towards General Surgery GIRFT (Getting it Right First Time) to increase efficiency and productivity within theatre lists. NHS Forth Valley are already delivering an element of change from general anaesthetic to local anaesthetic procedures and day of surgery discharge, with further work to progress in 2024/25. This will ensure compliance with British Association of Day Surgery (BADs) targets, reduce length of stay and improve patient experience. We are planning for orthopaedics to adopt 4 joint lists and day of surgery discharge for arthroplasties. We are finalising implementation of the ophthalmology blueprint. We have EQUIP (Effective Quality Interventions Pathways) in place for minor operations, varicose veins and haemorrhoidectomy and are working with primary care colleagues to introduce an opt-in pathway for inguinal hernias.

4.8 Capacity maximisation

There are a number of improvement activities which have already commenced in NHS Forth Valley such as:

- Demand Capacity Activity and Queue (DCAQ) exercise to quantify available capacity for the services and identify the manageable queue size.

- NHS Forth Valley has undertaken a collaborative event with range of key stakeholders in December 2023 to identify key areas in development of Endoscopy Sustainability Plan, this dovetails with the national plan and includes green endoscopy.
- We have implemented three stage validation in endoscopy for our new and surveillance waiting lists with the aim of moving towards a sustainable waiting list size for new patients and capacity available to ensure surveillance patients are treated within their clinical tolerance. The adopted improvements will be described in the local Endoscopy Sustainability Plan. We continue to support use of cytoscot and roll out transnasal endoscopy. To optimise clinical pathways, we have adopted the use of a number of pathways e.g. the British Society of Gastroenterology guidelines for cancer and polyp surveillance and we will incorporate the roll-out of the national pathways in the endoscopy sustainability plan. However, it should be noted that resources will be required to implement the Plan.
- NHS Forth Valley Radiology Department has already fully maximised all available capacity i.e. running two CT scanners on 12hr/7day schedule. Following the DCAQ exercise, the capacity deficit is 50% of an additional CT scanner. This would be required to meet local cancer and diagnostic demand. If an investment was made in 3rd CT scanner the remaining 50% of capacity could be offered to support other regional Boards. If no funding for a 3rd scanner is made available, access to a mobile CT van will be required to meet Forth Valley demand otherwise capacity will be unable to meet demand.

4.9 Performance Trajectories

Indicative performance trajectories have been prepared for specialities and diagnostics in the Planned Care Delivery Plan, however it should be noted performance and capacity may be further impacted by critical decisions which will require to be made regarding the Board's Financial Plan and are therefore subject to further review and amendment.

5. Cancer Care

Scottish Government Planning Priorities for 2024/25

NHS Board plans for 2024/25 should set out how they will progress delivery in the following priority areas:

- *Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.*
- *Increasing diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish a Rapid Cancer Diagnostic Service.*
- *Embedding optimal cancer diagnostic pathways and clinical management pathways.*
- *Delivering single point of contact services for cancer patients.*
- *Configuring services in line with national guidance and frameworks on effective cancer management; Rehabilitation; and psychological therapies and support*
- *Supporting the oncology transformation programme, including through sharing data and advice, and developing services and clinical practice in line with its nationally recommendations.*

5.1 Introduction

For cancer care, a discrete planning process, as set out by Scottish Government, is proceeding alongside the preparation of the Board Delivery Plan. The detailed Draft Delivery Plan for Planned Care, which includes cancer care, is attached (appendix 2) and as with other parts of this draft Delivery Plan, the proposed service, capacity, activity and performance set out for cancer care in the Planned Care Plan are subject to change once further decisions are made regarding financial sustainability and achieving recurring savings. Key points drawn from the cancer care sections of the Planned Care Plan are summarised below. Provisional plans for improved performance, and to utilise productive opportunities for each cancer type and the overarching cancer services, are set out in more detail in the cancer sections of the Planned Care Delivery Plan.

5.2 Framework for Effective Cancer Management

The Framework is being reviewed at regular intervals, and each action point in the Framework has been designated to a service or clinical lead, responsible for taking that aspect forward and updating the framework.

Work continues to review the clinical pathways concentrating on prostate, lung, head & neck and colorectal/ bowel screening initially, as these are the pathways where there are the highest rates of patients breaching the cancer performance targets.

The MDT Fit programme of work has been completed and action plans are being taken forward.

5.3 Implementation of National Regrading Guidance

The Lead Cancer Clinician and the Lead Cancer GP are working with the tumour site leads to implement guidance regarding communication surrounding re-prioritisation of Urgency Suspicion of Cancer referrals. Further work will continue into 24/25 to embed this guidance. Financial support to roll out qFIT (Quantitative Faecal Immunochemical Test) will provide an adjunct to clinical care.

5.4 Implementation of National Effective Breach Analysis Guidance

The Cancer Team has reviewed the process for reporting breach analysis and started incorporating the national guidance from January 2023. The documentation now includes the visual pathway diagram. The Breach analysis process is in place in Forth Valley and Breach reports are circulated to the services for review prior to each monthly and quarterly submission. Monthly meetings are held with relevant operational managers and clinical leads, whilst active tracking has improved through a revision of the escalation processes.

5.5 Optimal Diagnostic Pathways

NHS Forth Valley has secured funding for Project Management support to assist with the implementation of both the lung and head and Neck optimal pathways. This has ensured a focused project management approach to delivery of the plans.

5.6 CfSD Peer Review Recommendations

Active Clinical Referral Triage (ACRT)	ACRT is implemented and continues to be developed across all services.
Discharge Patient Initiated Reviews (PIR)	Introduction of PIR across majority of services will provide opportunities for cancer review within the outpatient model, this will ensure cancer patients will remain priority for access to outpatient appointments.
Colon Capsule Endoscopy (CCE/ ScotCap)	In line with a number of Health Boards, NHS Forth Valley has withdrawn from the CCE programme at present.
Cytosponge	The change of supplier from Cytosponge to Cytoscot has caused a pause in the service. We are awaiting confirmation of central funding to re-establish this.
Workforce Programmes	NHS Forth Valley continues to support development of advanced roles across cancer pathways.
Breast Pain Pathway	Breast pain pathway has been implemented with clinics in place which are facilitated by an ANP.
qFIT	A pilot has been carried out for validation of a large cohort of patients which has seen good outcomes for patients. Intention is to roll it out in the endoscopy service however funding is required to support this.
Haematuria Pathway	This national criteria is largely based on the work undertaken in NHS Forth Valley and has been implemented for some time.
Theatre Scheduling	Cancer patients remain priority for theatre scheduling and will continue to be identified and listed appropriately.
Endoscopy optimisation	Cancer patients remain priority for endoscopy service and will continue to be identified and listed appropriately.

5.7 Performance

Oncology capacity continues to be a challenge for all boards. Forth Valley has designated some of the NRAC money to introduce specialty doctors in oncology to assist the visiting Beatson Oncologists and allow the team to ensure the right patients can be seen by the right person as quickly as possible. Forth Valley is also reviewing the Non-Medical Prescribing (NMP) clinics to identify what other drugs can be given through these clinics to increase NMP capacity. With the NRAC money we have expanded the cancer nurse specialist workforce, and once they are fully trained, they will be able to undertake NMP clinics.

Improvement programmes are taking place within theatres and endoscopy to review their service and ensure they are working efficiently. The Cancer Team meet regularly with the different services to review their pathways and demand.

5.8 Performance Trajectories

Indicative performance trajectories by cancer type been prepared in the cancer sections of the Planned Care Delivery Plan however it should be noted performance and capacity may be impacted by critical decisions which will require to be made regarding the Board's Financial Plan and are therefore subject to further review and amendment.

6. Health Inequalities and Population Health

Scottish Government Planning Priorities 2024/25

Board Delivery Plans should set out how they will progress delivery in the following priority areas:

- *Tackling local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment.*
- *Working with partners to support the National Mission on Drugs to reduce death and improve lives, including the implementation of Medication Assisted Treatment (MAT) Standards, delivery of the treatment target and increasing access to residential rehabilitation.*
- *Supporting improved population health, with particular reference to smoking cessation and weight management.*
- *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”.*
- *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.*
- *Improving custody healthcare through participation in the Executive Leads network and ensuring that the deaths in custody toolkit is implemented.*

6.1 Introduction

NHS Forth Valley’s strategic aim is to move fully to being a population health organisation. It seeks to improve the health and wellbeing of the entire population which it serves. NHS Forth Valley will use its unique assets to focus on improving population health outcomes and tackling inequalities, and will partner with local agencies, and local government in new ways to progress this agenda.

6.2 Enabling change – working in a world class population health system

- We will develop data on inequalities that we routinely monitor in Forth Valley.
- We will develop a clear understanding of current investment in prevention across the system, both nationally and locally, and develop clarity of understanding of the aim of prevention spend. We will develop an aspiration about what the percentage of total spend should be to improve health and reduce health inequalities.

- We will monitor and evaluate data and activity and embed core datasets for health inequalities and prevention activities whilst developing accountability and incentives within the system to focus on these outcomes and thereby the prevention activity that will improve them.
- We will aim to make further progress with embedding population health and prevention outcomes and programmes/services in community planning themes across the three community planning partnerships
- As part of the Forth Valley University College NHS partnership, we will be in a positive position to progress innovation and research programmes which focus on prevention.
- Governance around prevention and inequalities activity to be developed alongside the proposal for prevention and inequalities to be a workstream of each of the NHS Forth Valley Programme Boards.
- We will work to embed prevention, early intervention and self-management in HSCP Locality Plans and the work of the Community Planning Partnerships.

As well as these commitments, NHS Forth Valley will also work to tackle healthcare inequalities by

- developing collaborative and inclusive systems leadership and accountability on healthcare inequalities.
- using data to identify inequities, inform planning and prioritisation, and track progress.
- committing to delivery models that work for underserved communities, are culturally competent services, and mitigate risks at interfaces of care, in collaboration with Health and Social Care Partnerships and other strategic partners.

6.3 Tackling local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment

The NHS Forth Valley healthcare strategy is currently being refreshed. The new strategy will be a population health strategy which will focus on prevention, tackling health inequalities and healthcare which meets the needs of the population. In line with Anchor Institution plans, the strategy will highlight the development of service design and delivery which reach and benefit disadvantaged communities.

The four priorities for the refreshed population health/healthcare strategy will be –

- better health
- better care

- better staff experience and wellbeing
- better value

The refreshed strategy takes cognisance of the Health & Social Care Partnerships' strategic needs assessments as well as data from community planning partnership locality action plans and primary care and acute services surveys. A child health and poverty needs assessment is currently being progressed and this will also shape the development of the strategy.

6.4 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

The Clackmannanshire & Stirling, and Falkirk Alcohol & Drug Partnerships (ADP) continue to interface with a range of local and national strategic and operational organisations as well as facilitating effective and swift communication between partners, stakeholders, and commissioned services. The ADPs report on several aspects of work to Scottish Government and Integration Authorities as well as local partnerships and leadership teams within the HSCP. The ADP is also a key partner in the councils' various Public Protection groups and Licencing Forums. Broadly, ADPs are responsible for delivering national and local priorities identified and published in strategy documents such as:

- Rights, Respect & Recovery (2019)
- Alcohol Framework (2019)
- Partnership Delivery Framework (2019)
- National Drug Mission Plan (2021)
- Local Outcomes Improvement Plans

Forth Valley's ADPs are making progress against 7 national ADP outcomes:

- Health: People are healthier and experience fewer risks as a result of alcohol and drug use.
- Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.
- Recovery: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.
- Families: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances.

- Community Safety: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour
- Local Environment: People live in positive, health-promoting local environments where alcohol and drugs are less readily available.
- Services: Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.

We will continue to review all drug related deaths, 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 Medication Assisted Treatment (MAT) standards, but there is still a way to go to full implementation, and the work will continue this year. 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 into the coming year.

The deliverables we are working to relate to the above. In addition outcomes of commissioned services are monitored through Key Performance Indicators.

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

Our overall approach is to embed prevention into everything the NHS does in Forth Valley - a major theme of the healthcare strategy currently being refreshed.

The Forth Valley Healthier Future Group will continue to co-ordinate the delivery of adult and child healthy weight programmes and early detection and prevention of diabetes, implementation of the outputs of whole systems approach work to physical activity, and community food work. In particular, meeting the requirements of the Good Food Nation Act will be a focus for this year.

This year the Forth Valley Tobacco Action Group will lead on communications on smoking cessation services, application of the whole systems approach (good partnership working) and begin to develop a tobacco action plan for Forth Valley.

A major challenge for the delivery of smoking cessation and weight management programmes is that Scottish Government funding has not increased in line with salary increases in the relevant staff groups.

The Maternal and Infant Nutrition Framework aims to support women to breastfeed for longer plus decrease the drop off in breastfeeding rates by 10% at first visit at 6 -8 weeks by 2025. In 2024/25 we will aim to:

- Continue progress around UNICEF’s Baby Friendly Initiative (BFI) through reaccreditation of neonatal unit and Community for BFI.
- Take forward achieving the BFI sustainability with a plan for accreditation in early 2025/26.
- Completion of Baby Steps project and develop plans to build into business as usual.
- Maintenance of peer support mothers within Forth Valley Royal Hospital.
- Widen Best Start vitamin scheme for children up to age three.
- Develop a proposal with third sector for the funding to support community based peer support for mothers.
- Increase the number of places and organisations who sign up to the national Breastfeeding Friendly Scheme by 5%.

Our ambition for the period 2025-2027 is to

- Maintain BFI Sustainability and progress to achieving gold by end of 2026/27.
- Increase uptake of Best Start Vitamins with a continues focus on working with partners in the third sector to support distribution of vitamin D drops to vulnerable families.
- Maintenance of peer support for mothers within Forth Valley Royal Hospital, subject to ongoing Scottish government funding.
- Maintain the number of places and organisations who sign up to the national Breastfeeding Friendly Scheme and increase by 5%.
- Establish more robust community mothers peer support in conjunction with the third sector.

6.6 Redirection of wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their “Anchors Strategic Plan”

As set out in the NHS Forth Valley Strategic Anchor Plan 2023 – 2026, NHS Forth Valley is committed to improving the health of the population of Forth Valley and decreasing inequalities by using the resources of NHS Forth Valley. This will initially be achieved by supporting the development of a local wellbeing economy across Forth Valley where more wealth is generated, circulated and retained within local communities. NHS Forth Valley will procure more locally and for social benefit, use buildings and space to

support communities and widen access to good quality work and work experience as well as designing and delivering services which reach and benefit disadvantaged communities.

In 2024/25, an NHS Forth Valley employability action plan will be produced and delivered, building on the work of the Forth Valley College University NHS partnership and the Youth Academy work with NES.

Year on year, NHS Forth Valley will increase the proportion of budgets spent procuring goods from local services.

As agreed by the NHS Forth Valley Anchor Board, NHS Forth Valley will work with community planning partners to develop a shared asset register for local buildings and other facilities.

Please see Appendix II: Baseline and proposed Anchor scores for NHS Forth Valley measured using the Public Health Scotland Harnessing The Power of Anchor Institutions Framework for baseline Anchor measurement and for Anchor trajectories up to 2027.

NHS Forth Valley will continue to be committed to improving the health of the population and addressing inequalities within the area over the next 3 years. Anchor delivery will include –

- Further delivery of the NHS Forth Valley employability action plan.
- An increase in the proportion of NHS Forth Valley budgets spent procuring goods from local services.
- Development of a shared asset register with community planning partners.

6.7 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 Advancing Community Planning Group is to be established in 2024/25. The proposed purposes of the Advancing Community Planning Group are as follows –

- To develop organisational plans for community planning partnerships.
- To define and monitor community planning resources offered to the three community planning partnerships.
- To monitor improvements to local outcomes in LOIPs and Locality Plans.
- To collate information required for reporting, such as for Annual Delivery Plan returns and reports for the Performance & Resources Committee on community planning and Anchor progress.

- To provide a governance group for community planning for the Board.
- To develop a Board community planning communications plan.

The Advancing Community Planning Group will develop robust measurements of the contributions of NHS Forth Valley to community planning.

6.8 Improving custody healthcare through participation in the Executive Leads network and ensuring that the deaths in custody toolkit is implemented.

Police Scotland procure healthcare in Forth Valley from NHS Lothian. The Falkirk IJB Chief Officer is the Executive Lead for custody healthcare for NHS Forth Valley.

6.9 Prison Healthcare

NHS Forth Valley has consistently strived to deliver healthcare services based on a primary care model in the three local prisons. supported by enhanced care delivery in addictions and mental health. This is no longer sustainable, and a more intensive and bespoke healthcare service model is now required in response to national policy initiatives and external reviews of care within the prison environment as well as the increasing rise in population numbers, the wide range of primary and secondary health care needs and increases in the numbers of complex patient needs including the need for trauma informed models of care.

Having in place a suitably trauma informed and responsive workforce will support people affected by trauma and adversity, be able to respond in ways that prevent further harm and support recovery. We are committed to improving healthcare for those in our care and in line with any recommendations made. We will implement actions in collaboration with our partner agencies.

The priority areas and actions for 2024/25 are set out below:

Recruitment, retention and development of a healthcare team with the essential skills and experience allows consistent delivery of an enhanced psychologically trauma informed model of care to meet the required standards, recommendations and national policy initiatives. A workforce which complies with Safe Staffing legislation, who is supported to develop these skills will enable a more holistic, recovery and outcome focussed, and individualised approach.

Recruitment of experienced clinicians is challenging and this is in line with the national picture. In addition, retention of staff is challenging due to staff moving to promoted posts within our prison teams or externally.

Strengthen delivery of safe, effective and equitable healthcare services to this vulnerable population.

There are dental clinics in all three prisons in Forth Valley providing emergency dental care for any prisoner with urgent needs, and routine treatment for those in prison for longer than 6 months. Public Dental Services provide dental care for our prison population.

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

NHS Forth Valley is engaged with national colleagues and a Prison Project working Group regarding plans to implement MAT standards in prison. We have a project delivery plan which details local milestones and timelines. Prescribing guidelines for Addictions will be taken through our governance processes and, once approved will be embedded. As the MAT Standards are implemented this will develop into the creation of a NHS Forth Valley Clinical Guidelines document which will support standardisation of practice..

All three NHS Forth Valley prisons have established recovery cafes. Topics for discussion are prisoner led e.g. individual recovery, challenges faced, relapse prevention. Change, Grow, Live (CGL) is training their staff to deliver specific groups. This has initially been rolled out in HMP YOI Polmont but will be facilitated in the other two Forth Valley establishments as CGL workers complete their training.

The Mental Health Team operates within all three sites and a local Quality Network for Prison Mental Health Services group has responsibility for implementation of the standards. All patients with a mental health diagnosis, who are identified as appropriate, will have an allocated named mental health nurse who undertakes meaningful one to one work with patient with a trauma informed approach. Other interventions which may be appropriate are engagement in decision skills and psycho education.

Primary Care

Funding has been secured for two improvement projects to develop a frailty screening and support programme and to develop a bereavement pathway.

The Long Term Conditions Nurse supports the delivery of chronic health conditions management and promotes healthy living. Given the increase in the number of patients being admitted to custody with social care & mobility needs, rehabilitation support and specialist equipment are provided.

Skills and practical cooking classes will be supported initially by NHS dietician, alongside SPS but the aim is an SPS /peer educator model combined delivery.

Specialists providing assessment, screening, prevention, treatment and care in the prisons including sexual health nurses, clinical psychologists, mental health occupational therapist and speech and language therapists.

Finance

While we remain committed to the delivery of the priority areas of action set out above, we also recognise the financial and resource challenges we face in continuing to provide fair and equitable services to a growing prison population with increasingly complex healthcare needs. NHS Forth Valley will continue to engage with Scottish Government in relation to the known financial pressures in this area.

7. Women and Children's Health

Scottish Government Planning Priorities 2024/25

Board Delivery Plans should set out how they will progress delivery in the following priority areas:

- *Maternity and neonatal services, and in particular continuing delivery of 'Best Start' policy, with ongoing focus on delivery of continuity of carer and the new model of neonatal care, and that all eligible families are offered child health reviews at 13-15 months, 27-30 months and 4-5 years.*
- *Taking forward the relevant actions set out in the Women's Health Plan.*
- *Setting out how they will work with their local authorities to take forward the actions in their Local Child Poverty Action Report.*
- *Delivering high quality paediatric audiology services, taking into account the emerging actions arising from the Independent Review of Audiology and associated DG-HSC letter of 23 February 2023.*

7.1 Introduction

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

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

Actions to maintain services to support urgent care pathways:

- Recruited to advanced nursing roles and clinical nurse specialist roles to support nurse led clinics within the gynaecology outpatient departments.
- Secured funding for substantive consultant to facilitate moving inpatient work to outpatients which will support known challenges for current long waiters and pressured subspecialties within gynaecology. Estimated start date June 2024.
- Successful test of change to support the unscheduled care pathway: right place right time. Secured funding for equipment for a more long term sustainable model. Estimated start time May 2024.
- Development of advanced nursing roles to support nurse led clinics & Emergency Department pathway.
- Service redesign by initiation of nursing posts into community paediatrics to support nurse led clinics.

- It is acknowledged that the primary care response is interdependent on unscheduled care presentations therefore collaborative work with our Primary Care colleagues is currently ongoing in relation to the Scottish Government's Women's Health plan, with a focus on sexual health, including contraception and termination of pregnancy, as well as menopause and menstrual health.
- Supporting the new primary mental health posts with general practice will reduce referrals and enable appropriate young people to be managed in the community.

7.2 Women's Health Plan

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

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

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

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

There is a focus as per the Women's Health Plan regarding postnatal contraception. Early discussion within the antenatal period is now 'business as usual' with extended choice contraception within the acute inpatient areas.

We have secured training for clinicians, nurses, and midwives for Long Acting Reversible Contraception (LARC) with the objective of preventing unwanted pregnancies. This will also support the reduction in termination of pregnancy waiting times. This work continues into 2024.

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

7.3 Active Clinical Referral Triage

With regard to Active Clinical Referral Triage (ACRT), we will work collaboratively with primary care colleagues to facilitate appropriate pathways ensuring patients are seen in the right place at the right time for gynaecology, paediatrics and CAMHS. We will increase the ACRT footprint on review of consultants' job plans over the next three months (February-May 2024). This will also include team service plans reviewing gynaecology sub-specialties with long waits.

7.4 Best Start Maternity and Neonatal Plan

Local recommendations are to be implemented by mid-2024, with the exception of continuity of carer which is to be achieved by Mid 2026 in line with updated national and local recommendations. A summary of our approach is below.

- We will continue with the project management delivery tool to support the implementation of recommendations.
- We will review and implement access to perinatal mental health services.
- We will signpost healthcare professionals and women to third sector support organisations.
- We have extended the range of pain relief provided to women including TENS and aromatherapy.
- We have and will continue to support clinicians with biomechanics study days to support using methods to enhance our SVD (spontaneous vaginal delivery) rate.
- We will continue to train and embed trauma informed care in Maternity and neonatal services.

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

7.5 Every child has the best start in life

- Provide preconception health advice for women and men.
- Provide support to pregnant women and their partners who smoke, drink alcohol or take substances to stop or change behaviours from as early in the pregnancy as possible to reduce the impact on children.
- Throughout the year deliver smoking cessation to women attending maternity clinics and their partners.
- Ensure families who are experiencing financial challenge and hardship receive the support they require to maximise their household income through the work of midwives and health visitors referring to community based financial services.
- Deliver a suite of health improvement programmes to improve infant and child health including maternal and infant nutrition programmes, immunisations and early intervention activities to promote overall child and family wellbeing.
- Tackling poverty – offering income maximisation, tackling child poverty, and delivering dignified access to food programmes.
- Deliver child and adult healthy weight programmes in line with Scottish Government requirements.
- Sustain the delivery of all Universal Health Visiting Pathway visits, working inter-professionally to address any identified need in order to ensure each child’s health and wellbeing is optimised, irrespective of social and family circumstance.

By end of 2023/24 we will have completed first group of NHS child poverty demonstrator programme placements with local authority employment services.

7.6 Audiology

Newborn screening is provided by trained hearing assessors within the Women and Children’s Service. Babies are referred to the Audiology service following the initial screening test, should this be necessary. The risk associated with ABR (Auditory Brainstem Response) testing of newborns in the Audiology Service is recorded on the corporate Risk Register.

Forth Valley has an Audiology Services Action Plan, which includes paediatrics. The highest risks still remain in place, due to Audiology Services workforce, which includes vacancies, maternity leave and long-term sickness absence. Where possible, staff are working additional hours to cover some of the gaps.

8. Workforce

Scottish Government Planning Priorities 2024/25

The Workforce Strategy Implementation Programme will continue to take forward key workforce reform in 24/25 designed to enhance staff and patient safety, improve working cultures, optimise workforce planning and staff deployment, and deliver sustainable improvement in conditions of service.

As spend on staffing continues to rise as a proportion of total portfolio expenditure, Boards are asked to set out plans to:

- *Achieve further reductions in agency staffing use and to optimise staff bank arrangements.*
- *Achieve reductions in medical locum spend.*
- *Deliver a clear reduction in sickness absence by end of 24/25*

The NHS Scotland Planning and Delivery Board is considering the requirement for a national-level business services transformation. As part of this, Boards will be expected to establish clear trajectories for increasing efficiencies across administrative and support services.

In addition, all territorial NHS Boards have signed up to the national eRostering contract, is a key enabler for Health Boards when complying with and reporting on the duties in the Health and Care (Staffing) (Scotland) Act 2019. In readiness for reporting by April 2025, Boards will have received access to eRostering and will have 6 rosters built by November 2024/ Boards are asked to set out in their 3 Year Delivery Plan:

- *An implementation plan for eRostering in 24/25 with a view to implementing across all services and professions by 31st March 2026.*

Board specific improvement plans and targets will be developed and issued via the Planning and Delivery Board and progress will be monitored through, inter alia, quarterly returns.

8.1 Achieve further reductions in agency staffing use and to optimise staff bank arrangements.

NHS Forth Valley is working closely with the Scottish Government's short life working group on agency use, and Forth Valley has managed to move away from all nursing off framework use from October 2023 and is working to maintain this.

NHS Forth Valley has commenced a reduction in framework agency use for nursing Health Care Support Worker (HCSW) which commenced in February 2024 and a reduction of 50% has been achieved in the first 2 weeks.

NHS Forth Valley is working with the short life working group to reduce framework agency use by October 2024. A Board wide escalation process is in place with sign off at Executive Board Director level. This will be achieved if other works on reducing contingency beds is successful and recruitment is maximised.

With regards to maximising staff bank arrangements, NHS Forth Valley has a staff bank covering all staff groups and recruits throughout the year to all job families, including health care students at local colleges and universities.

In early 2024, NHS Forth Valley is attending four university job fairs to recruit newly qualified nurses graduating this year and also offering fixed term 11.5 hour contracts or bank work to all students.

8.2 Achieve reductions in medical locum spend

Until April 2024, NHS Forth Valley has been part of the West of Scotland medical collaboration for medical agency via Retinue. This contract will be coming to an end and NHS Forth Valley is moving to an in-house medical agency provision with the use of Direct Engagement (DE) to maximise savings.

From April 2024, all new medical agency workers will be secured from the NP500 framework and DE will be promoted as the payment method of choice.

NHS Forth Valley is represented on the Scottish Government Medical Agency Short Life Working Group, which will plan further medical locum spend management enablers to work towards a reduction in spend.

8.3 Reduction in Sickness Absence

NHS Forth Valley developed an Attendance Management Action Plan in June 2023 and a number of actions were delivered including focus on areas with 10% and above absence, review of Attendance Management Training and review of wellbeing support services for staff. The primary focus of current interventions is to improve governance processes around ongoing absence management, to support local leadership to address issues and to implement and promote significant supports for staff's mental health and wellbeing.

A revised Action Plan for 2024/25 has been developed in partnership with staff-side colleagues with the following actions have been agreed:

- Develop KPIs to ensure fair and consistent application of policy and reporting.
- Consider implementation of a Temporary Placement Programme which may enhance an effective return to work for staff who can return to an alternative work placement.
- Implement Return to Work recording on eESS (national HR) system within two days of return.
- Policy Application - establish if there is a direct link between absence from work and involvement in other parallel employment relations processes.
- Attendance Case Review Audits to ensure consistent application of policy.
- Establish an Attendance Management Oversight Group which will oversee all activities associated with the Attendance Management Action Plan 2024/25.

Moving forward to 2025 – 27 NHS Forth Valley will be working towards a sustained and continued improvement to promote attendance at work. We will continue to monitor progress across all areas as part of the Performance Review Activity. We will continue to focus on staff health and wellbeing. A staff health and wellbeing managers' toolkit, which covers topics such as making well-being a priority, supporting emotional, mental, physical, social, and financial wellbeing, will continue to be developed, and in response to staff feedback, we will be focussing upon basic needs at work. An Occupational Health Service pilot project will progress with a stepped approach to mental health including peer support, this will enhance Occupational Health support for staff.

Improved reporting, using the Pentana system, will ensure managers have access to attendance management information.

The Culture Change and Compassionate Leadership Programme, which was launched in April 2023, will progress during 2024 and aims to be as collaborative and inclusive as possible to ensure staff have the opportunity to put forward their ideas and suggestions for improvement.

8.4 In addition, all territorial NHS Boards have signed up to the national eRostering contract, is a key enabler for Health Boards when complying with and reporting on the duties in the Health and Care (Staffing) (Scotland) Act 2019. In readiness for reporting by April 2025, Boards will have received access to eRostering and will have 6 rosters built by November 2024/ Boards are asked to set out in their 3 Year Delivery Plan:

An implementation plan is in place for eRostering in 2024/2025 with a view to implementing this across all services and professions by 31st March 2026.

NHS Forth Valley have successfully rostered the acute services division including mental health areas and have rolled out safe care to these areas. In total, 75 areas involving 2052 staff, have been fully implemented and are using safe care.

In adopting a safe care roll out within nursing, it has benefitted the reporting work around the Safe Staffing Act. Community hospitals, some support service and AHPs have also been included.

A project plan is in place and there are 7 staff employed within the team, who are working towards having all staff rostered by April 2025, where these staff groups are covered by the Health and Care Safe Staffing Act and are on track to have fully completed the implementation by March 2026 across all areas.

In 2024/25 our implementation plan continues including health visiting, women and children's services, IT services, AHPs and medical staff.

8.5 NHS Forth Valley will review Administrative and Support Services to ensure increased efficiencies across these areas.

As part of our work on workforce sustainability, we are reviewing all aspects of our current service design to ensure we have the capacity and capability to deliver our services in an efficient and effective way. This work has already commenced and will be a feature of our Financial Sustainability programme of work. We are aiming to work proactively to identify opportunities for redesign of work roles to reflect opportunities for agile working, blending our digital and people strategy aspirations. This work will embrace opportunities for transformational change and supports our aims to make NHS Forth Valley a great place to work for our staff. We are in active discussions about regional working opportunities and will also be guided by national programmes of work which will influence the direction of travel in relation to design of administrative and support services.

9. Digital Services and Innovation Adoption

Scottish Government Planning Priorities 2024/25

Board Delivery Plans should set out how they will progress delivery in the following priority areas:

- *Adoption and implementation of the national digital programmes.*
- *Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework.*
- *Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce.*
- *Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway.*

9.1 Optimise Microsoft 365

- The M365 Cross-Organisation Collaboration project has been established to maximise collaboration and communication opportunities available to organisations using the M365 platform.
- Phase 1 (Calendar Sharing) of the M365 Collaboration work with Falkirk is has been complete. The national team is waiting for Stirling and Clackmannan Councils to engage and commence the work required for Phase 1.
- NHS Forth Valley is not one of the territorial boards taking part in the pilot for Phase 2 (Document Sharing) so no work is expected to take place during 2024/25.
- With regards to M365 and all its associated products, plans for 2024/25 have been set out to demonstrate how NHS Forth Valley will start utilising these and in order of priority. Our main objective remains for the removal of Office 2007 from all devices.
- The first priority is the implementation of the Microsoft Defend for Cloud Application Security (MCAS) as this is a pre-requisite for transitioning over to SharePoint Online (SPO) and One Drive.

- To facilitate the move to SPO and OneDrive, NHS Forth Valley is working on creating a SMART Hub for all users to access as a collaboration platform, therefore, maximising the benefits of efficiency, increased collaboration, improved record keeping and security of information.
- Tools in current use are Excel, Word, PowerPoint, Outlook, OneNote. Teams is widely used across the organisation and forms the basis of the main business tool deployed.
- Viva Engage is being used for a small number of pre-approved specific sites which are governed by the Communications Department. Any new sites being created are tightly controlled until the completion of the core M365 products (MCAS, SPO and OneDrive).
- For all other M365 application and functions, such as Power BI and Power Automate, NHS Forth Valley have suspended the use of these until a full security assessment has been carried out.
- NHS Forth Valley is still operating on the licence allocation detailed below, based on an 80%: 20% split. and this will remain until the new licencing arrangements have been agreed between Microsoft and the national team.
- A weekly and monthly review of licences is conducted to enable the management of licences utilising the national dashboard and local information from Active Directory. Our Joiners-Movers-Leavers process is now built into Service Now (Service desk system) to manage the licences from start to finish.

Licence Type	Allocated Licences	User Type	Included in Licence
E5s	2119	Knowledge workers	E5 licence with 100Gb mailbox, unlimited OneDrive storage, Office client install.
F3s & AFE	61	Frontline worker	F3 licence with 2Gb mailbox, 1Tb OneDrive storage and Office client install.
F3	8233	Frontline worker	Standard 2Gb mailbox & 2Gb OneDrive storage; Office Online

- Communications around the introduction of M365 SPO and OneDrive will ramp up to local users to inform them of the changes coming and help guide them through the process. There will be ongoing training, guides, and facilitation from the eHealth

department to keep staff updated of any changes and assist with change management. This will assist staff to use the M365 suite of products both current and future ones.

- The local benefits of deploying M365 have been identified and these will be monitored to ensure they are realised through the M365 Project monthly, which is held monthly.

9.2 National digital programmes

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

- **Community Health Index (CHI):** The implementation of the CHI system replacement was successful, and all project objectives were achieved. The new system went live on 1st November 2023.
- **Child Health:** Participating in product testing and implementation, planned for 2024/25 – in line with National Programme timescales.
- **GP IT:** NHS Forth Valley signed their Direct Award with Cagedim on the 30 January 2024, ahead of the national deadline.
- The first practice is due to commence their 18-week migration in May 2024 with the remainder of practices starting from September 2024 right through to December 2025. There have been some issues identified with the Stallis migration tool, which may impact NHS Lanarkshire's timelines and push NHS Forth Valley's plans back.
- **eRostering:** NHS Forth Valley has engaged fully with this project as one of the early adopter NHS Boards. The project is largely complete with some requirements for continuing eHealth training.
- **Laboratory Information Management System (LIMS):** Proposed go live for NHS Forth Valley is October 2025. Preparation work is underway locally and national to recruit essential staff for implementation, create the data migration strategy (aligning with Lothian) and configuration workshops to complete standardised design specifications for the national build.
- **HEPMA:** Work with the Pharmacy Team to upgrade to the latest version of the electronic prescribing and medication system. No date set.
- **M365:** See section 9.1.
- **Endoscopy reporting system:** It is anticipated the system will go live in NHS Forth Valley early in Q1 2024/25, delayed from February 2024.

- **Diagnostics (PACS)** - Participating in product testing and implementation, planned for 2024/25, in line with National Programme timescales.
- **Connect Me:** Forth Valley currently has eight active pathways, with two further pathways planned for 2024. These all support people to self-manage their health needs from home or wherever is convenient for them.
- **Scottish Vaccination Immunisation Programme (SVIP):** There was an initiative examining the business case for a West of Scotland Unified Care Record however this project has now been put on hold. Further clarity is being sought.
- **Heartflow:** Trialling the use of Heartflow technology for patients with evidence of coronary disease on CT imaging. Sending images safely to the Heartflow company with appropriate speed of return of the report. Document the outcomes for patients in terms of the need for further investigations including stress echo and invasive angiography as well as admissions and clinical events. Evaluation in progress to inform next steps. 56 successful Heartflow scans have been performed.
- **Opera heart failure:** A digital Heart Failure application to support standardised and more efficient clinical care of people referred from the community in NHS Forth Valley for investigation of suspected new Heart Failure. Now live. Forth Valley has been piloting OPERA and capturing the impact of the platform alongside NHS Greater Glasgow and Clyde. A value case is being developed with CfSD for submission in June. If approved this will be added to the Accelerated National Innovation Adoption pathway.
- **Digital Dermatology Pathway (ANIA):** Forth Valley and the Dermatology Consortium worked closely with CfSD and the ANIA team to initially build the value case which was approved at IDA in 2023. The aim of the project is to capture triage quality images of a patient's skin concern at the point of referral within primary care. Forth Valley is one of the initial test boards.
- **Eye health:** Trial remote vision apps (IBIS and OPTONET). Clinical Validation continues, impact data captured. Initial results submitted to ANIA for consideration.
- **Theatre Scheduling:** Forth Valley is evaluating a theatre scheduling system that will digitise theatre lists, potentially improving theatre utilisation. Three specialities are testing this solution. Qualitative and quantitative data is being collected to support evaluation of the system. Forth Valley is supporting the national procurement process which is being led by Digital & Health Care.

9.3 Digital Maturity

Digital Maturity Assessment was completed, and a report was published in December 2023. Recommendation by Scottish Government is for a process locally to be established to provide continual assessment. This has yet to be determined and planned for NHS Forth Valley.

9.4 Leadership in digital

- NHS Forth Valley has executive support and commitment to how we are optimising use of digital & data technologies in the delivery of health services. Furthermore, we have ongoing commitment to developing and maintaining digital skills across the whole workforce. Our refreshed digital health and care strategy 2023-27 was approved by the NHS Board in January 2024 and governance is maintained via our Digital & eHealth programme board reporting to our Performance and Resources committee as well as our Executive Leadership Team.
- NHS Forth Valley has a track record of developing and supporting Digital Leaders with recent participants in National Schemes supported by our eHealth Clinical Lead for Nursing Midwifery and Allied Healthcare Professions (NMAHPs). This Lead has national recognition by gaining a Digital Health Leadership Postgraduate Diploma and a Digital Health Leadership Master of Science Degree with Distinction from Imperial College, London and regularly contributes to the national agenda on Digital Health and Care.
- From 2023/24 a Senior Digital and eHealth Manager is currently part of the National Digital Health and Care Transformational Leaders Programme, which is funded by Scottish Government for two years, studying data science for health and social care (Postgraduate Diploma in Professional Development). This is sponsored and mentored by the Facilities and Infrastructure Directorate / eHealth Lead and has executive support. Learning will be shared through various forums, reports, and committees.
- Integration of acute, health and social care and local authority data to enable population health data to be considered alongside acute service data. As health inequalities is being considered as a corporate risk, greater understanding is required on access and service usage. Develop dataset to assess healthcare generated health inequalities. For example, use vision in primary care to increase understanding of access to healthcare and health inequalities. We will continue to work through Community Planning Partnerships to deliver on digital inclusion for all (R100), which is key to access.

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

- During 2023/24 NHS Forth Valley developed and approved a Cyber Resilience Framework called ‘Shaping the Future: a Supporting Cyber Resilience Sub-Strategy for NHS Forth Valley 2022-25’. This follows the national guidance as well as linkages to Cloud Centre of Excellence and set out how the Board will comply with NIS regulations and the national audit programme. The Cyber Resilience Sub-Strategy was also enhanced by the Digital Health & Care Strategy (2023-2027).
- As evidenced at prior Network and Information Systems audits 2020-2023, the Health Board will aim to continue to improve compliance year on year with the Cyber Resilience Framework through the audit process. The Health Board has adopted the new evidence template and has implemented this as part of internal progress monitoring. Significant recurring investment has been made in the cyber team during 2023/24 underlying the NHS Board’s commitment to this important area.
- The NHS Board has been engaged with the Cloud Centre of Excellence (CCoE) since its inception and has close working relationships with members of the centre which help support incident response, monitoring, and reporting.
- NHS Forth Valley founded the national NIS Leads Team which is focused on cross-board collaboration inclusive of the CCoE and Competent Authority to encourage and support continuous improvement of NIS compliance.

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

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

We have identified potential ANIA projects within the E-health Delivery Plan, to support us to be able to prioritise resource required to adopt and scale. NHS Forth Valley has a dedicated Innovation Team with expertise in project and change management to adopt and scale ANIA innovations. We have recruited a Project Officer to support us with implementation to support the ANIA pipeline. Forth Valley has been key in working with CfSD and the ANIA team to evaluate three potential solutions and develop the Value Cases for submission to IDA (Innovation Design Authority). We are also one of the first Boards to test the Digital Dermatology Pathway. However, we will need to understand how all IDA approved ANIA pathways align with our local priorities with a plan to ensure we

have the appropriate governance routes. The Digital & eHealth Delivery Plan and ICT Teams include a digital project support resource to scope and plan. However, each ANIA solution to be adopted will require an assessment of digital, technical and other resource requirements, depending on our existing systems, technologies and specialist capacity.

Reprioritisation of Digital and eHealth delivery will require appropriate change management, local business cases (or proposals) will be taken through existing governance structures.

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

Our approach to fast tracking adoption of proven innovations in 2024/25 includes:

- Delivered as a local Test Bed and worked in partnership with CfSD, ANIA Team and Chief Scientist's Office on three ANIA pipeline innovations (see below).
- Continued leadership and management of two national innovation consortia and hosting of SBRI/catalyst challenges, to improve innovation development and implementation locally.
- Achieved whole system visibility and understanding of performance challenges and priorities through directorate performance meetings and HSCP transformation boards.
- Continuous review of timelines for innovations being progressed through the ANIA pipeline, so as to be aware of potential need for adoption.
- Digital and eHealth Delivery Plan 24/25 incorporating programme outcomes and milestones, based on existing ehealth, innovation, Information Governance, Medical Physics, and change management resource approved.
- Ongoing joint review of eHealth and digital project requests.
- Innovation Governance Group and process embedded into both the corporate and clinical governance structures and aligned to the Digital and eHealth Delivery Plan.

- Forth Valley Quality Portfolio includes R&D, Innovation, Clinical Governance and Quality Improvement, allowing interdependencies to be identified and awareness of potential demand for change management.

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

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

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

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

We will continue to lead and manage two national innovation consortia i.e., Dermatology AI Consortium and Eye Health Consortium and the delivery of associated innovation programmes with agreed milestones for 2024/25 and beyond. The consortia have members from academia, health and social care, industry partners, Scottish Government, National Services Scotland Innovation Procurement, Healthcare Improvement Scotland – Scottish Health Technologies Group, CfSD, ANIA.

We are one of two Boards selected for Phase 1 of the CfSD/ANIA led digital dermatology pathway implementation the value case to which we contributed change package, blueprint material and other information. We will be learning from and with NES colleagues in changes in workflow and training and in use of the National Digital Service to support the recently procured software.

We will continue to meet regularly with Chief Scientist's Office – Scottish Health and Industry Partnership to support these consortia and other innovations that NHS Forth Valley has been asked to test, share progress, learning and challenges including accessing Artificial Intelligence and technical architecture expertise. NHS Forth Valley also contributes to the national Digital and eHealth, Information Governance, Procurement and Innovation Regulation lead groups and our Deputy Medical Director is Clinical Lead for CfSD.

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

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

10. Climate Emergency and Environment

Scottish Government Planning Priorities 2024/25

NHS Board plans for 2024/25 set out how they will progress delivery in the following priority areas:

- *Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide.*
- *Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards.*
- *The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme within NHS Boards.*
- *The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation.*
- *Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate.*
- *Reducing the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and the adoption of the sustainability in quality improvement approach.*

10.1 NHS Forth Valley Board Delivery Plan 2024/25 – Climate

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

A Climate Emergency Response & Sustainability Team has also been established. This group informed the NHS Forth Valley Climate Emergency & Sustainability Strategy and is responsible for delivery of outcomes within the Action Plan. An extensive amount of work is carried out by the working groups which have been set up by NHS Forth Valley to respond to the climate emergency. The activities that will be delivered by each working group in 2024/25 are summarised below.

10.2 Energy in buildings & Facilities Management

Building on the work that has already been carried out to improve the energy performance of the Board's property portfolio, in 2024/25, the focus will be on:

- Monitoring and verification of savings achieved through implementation of a range of energy conservation measures (ECMs) delivered as part of the 2022/23 Green Public Sector Estate Decarbonisation Scheme (GPSEDS) project. These savings are guaranteed by the main contractor (Vital Energi) and independently verified over the 12 months post-completion.
- In the non-PPP/PFI (Public Private Partnership / Private Finance Initiative) estate, implement an Energy Management Plan that will focus on the 10 most energy intensive sites and the 10 worst performers in terms of energy consumed/m².
- In the PPP/PFI estate, shift the focus of existing Joint Utilities Management Groups (JUMGs), that form part of the contractual arrangements at the Board's PPP/PFI sites, onto energy conservation and utilities management that will achieve maximum efficiency. The Board's three PPP/PFI sites are: Forth Valley Royal Hospital (which alone accounts for 50% of the Board's total energy consumption), Stirling Health & Care Village (SHCV) and Clackmannanshire Community Healthcare Centre. In addition to identifying and implementing operational efficiencies, this approach will seek to maximise lifecycle planning and investment at these sites to drive efficiency and carbon reduction.
- Build on the GPSEDS-funded energy efficiency and de-steaming feasibility study carried out Falkirk Community Hospital (FCH) in 2022/23 to shift viable options to implementation, funding dependent. FCH is the Board's last remaining steam site and a real challenge in the shift to net-zero.
- Develop and progress, with the Board's Building Management System (BMS) contractor, opportunities to improve building performance by optimising BMSs e.g. adjusting set-points and run times etc.
- Work with Scottish Government (SG) and NHS Assure to develop the opportunities identified as part of the Net-zero Route Mapping exercise, with a particular focus on Forth Valley Royal Hospital). The SG is commissioning follow-up feasibility work in 2024/25 to understand the viability of the options that have been identified.
- Prepare and submit a GPSEDS bid to fund implementation of Environmental Change Model opportunities – the focus is likely to be on electric boiler installations in conjunction with solar arrays that will generate power on-site and reduce demand for electricity from the grid to power the new equipment. This will also reduce the revenue burden that is attached to using electricity for heating in place of gas (in 2024/25 gas will cost circa 6p/kWh compared with electricity that will cost circa 32p/kWh).
- The NHS Forth Valley Grounds Maintenance Team will continue to identify options to shift away from petrol driven equipment in favour of electric variants.

NHS Forth Valley has appointed an Energy and Sustainability Manager in 2023/24 to provide a dedicated resource that will focus on reducing impacts associated with the Board's buildings portfolio.

10.3 Greenspace & Biodiversity

- Work will continue to monitor, evaluate and improve upon the wellbeing and biodiversity etc benefits of the extensive greenspace improvements implemented at Stirling Health and Care Village (SHCV) in 2022/23.
- The NHS Scotland Greenspace Mapping exercise, commissioned by NHS Assure, will conclude and options identification and feasibility will get underway.
- Additional opportunities to improve use of available greenspace and protect and increase biodiversity at NHS FORTH VALLEY sites will be identified using the SHCV project as a model.
- A Greenspace Champion will be identified to drive forward the NHS FORTH VALLEY greenspace and biodiversity opportunities.
- Partnership opportunities to develop collaborative greenspace and linked biodiversity 'corridor' options will be explored e.g. with local authorities and/or other public and private sector organisations.
- The 'No Mow May' approach that was piloted at SHCV in 2022/23 will be rolled out to other sites where appropriate. This will be aligned with the new Grassland Management Guidance that has been prepared by NHS Assure/Short Life Working Group members.

10.4 Fleet Operations

- Implementation of the NHS Forth Valley Electric Vehicle (EV) Strategy is ongoing. The fleet operations emissions targets in the NHS Forth Valley EV Strategy are also reflected in the NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan.
- In addition to shifting the NHS FORTH VALLEY fleet to EVs, 'hub and spoke' arrangements for fleet electric vehicle charging infrastructure have been installed at key sites. Fleet only hubs with multiple charging outlets have been established at our large sites, with single or dual charging posts installed at the smaller/more remote/rural sites.
- NHS Forth Valley is on track to achieve the Scottish Government's targets to decarbonise the fleet (where technology allows) by 2025: currently, 54% of the core fleet has been shifted to electric and planned replacements at end of lease will see the remaining fleet vehicles shift to EV (where possible and funding dependent).

10.5 Active Travel

- A wide range of healthy living activities are delivered by the Board on an ongoing/annual basis – many of these are linked to encouraging more active travel which also offers health and wellbeing benefits. This programme of work will continue in 2024/25.
- In addition, cycling facilities will be improved at NHS Forth Valley sites and the three-month free e-bike loans will continue to be offered to NHS Forth Valley staff on the basis that they use the e-bike to cycle to work.
- Increased uptake by NHS Forth Valley staff of the NHS Forth Valley Cyclescheme is expected to continue in 2024/25 (there has been significant spike in interest since 2023 when the funding limit was increased from £2,000 to £2,500 and the payback period increased from 12 months to 18 months for all eligible staff).

10.6 Waste

- The focus in 2022/23 and 2023/24 has been on addressing operational issues. With a new NHS Scotland waste management contract in place in 2024/25, it is expected that opportunities to further improve waste management will be taken forward to reduce waste to landfill and increase recycling.
- Work will continue with FM staff, domestics/supervisors and waste contractors to establish a consistent approach to waste disposal/management across all sites, with a view to reducing waste arisings and increasing recycling.

10.7 Sustainable Care

- The NHS Forth Valley Sustainable Care Working Group has 7 priority areas of activity: respiratory inhalers, medical gases, other green theatres projects, Realistic Medicine, care pathways (including 'green/active' alternatives), medicines and supporting Primary Care.
- The Board's theatre staff have engaged with NHS Scotland Green Theatres Programme (NGTP) since its inception and have been involved in successful delivery of associated projects for several years. The NGTP targets are included in the NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan and a separate delivery plan has been developed and agreed with NGTP for implementation in 2024/25. The Sustainable Care Working Group will continue to implement initiatives - the aim is to achieve six out of the seven 'Bundle A' targets set by the NGTP.
- Work will also continue with Serco (the Facilities Management Provider at FORTH VALLEYRH) and external agencies, via a Short Life Working Group, to reduce 'wasted' Entonox and to increase pipeline supply efficiency
- The NHS FORTH VALLEY Greener GP Practices Group has agreed a way forward that will reduce impacts associated with respiratory inhalers. This work is ongoing in 2024/25 with support from the Board's Pharmacy.

10.8 Sustainable Procurement and Circular Economy

- The NHS Forth Valley Sustainable Procurement & Circular Economy Working Group will continue to support the national drive to reduce impacts associated with NHS Scotland procurement. It will also work with local suppliers to make purchasing that is controlled by the Board more sustainable. In 2024/25, this work will include but not be limited to the undernoted.
- Develop a supplier engagement programme to communicate sustainability commitments and expectations to suppliers. Key suppliers to the Board have committed to support the NHS Forth Valley climate response and will submit details of savings and initiatives on an ongoing basis.
- The aim (nationally) will be to have either contacted or will have a plan to contact all of the NHS Scotland contracted product suppliers on all National Procurement (NP) contracts to understand and gauge their net zero ambitions.
- Relaunch the NHS Forth Valley Warp-it reuse scheme.
- Ensure that key NHS Forth Valley suppliers are aware of their vulnerability to climate change disruptions and have resilience and contingency arrangements in place to minimise disruption resulting from extreme weather.
- Work with National Procurement to understand local impacts and opportunities etc. of single use plastics regulations by reviewing the 8,000 items in NDC (National Distribution Centre) firstly to understand what products can be removed and swapped to reusable or more sustainable products.
- Build on existing cardboard reuse initiative (within the Board's Central Supplies Depot) by rolling out to other sites.

10.9 Sustainable Communities

- The NHS Forth Valley Sustainable Communities Working Group is aligned directly with the NHS Forth Valley Anchor Springboard, which has a robust measurement framework in place to monitor progress. The synergies with the Board's climate emergency response have been acknowledged within the NHS Forth Valley Anchor Strategic Plan that covers the period 2023 – 2026.
- The shared vision is to improve the health of the population of Forth Valley and decrease inequalities by using the resources of NHS Forth Valley effectively.
- The NHS Forth Valley Anchor Plan sets out our current position, our vision, our strategic priorities for the next three years and how we plan to deliver the actions.
- Milestones for all five anchor pillars: employment, procurement, land, assets and environment, service delivery and being an exemplar anchor have been developed.

- This will initially be achieved by supporting the development of a resilient local wellbeing economy across Forth Valley where more wealth is generated, circulated and retained within local communities. The Health Board will procure more locally and for social benefit; use its buildings and space to support communities and widen access to good quality employment opportunities.

10.10 Environmental Management System (EMS)

NHS Forth Valley has engaged as far as practicable with limited resources with the NHS Scotland EMS User Group. The Board acknowledges that there is much work to be done to embed an effective EMS across the whole organisation and steps have been taken to include this as a key risk within the NHS Forth Valley Strategic Risk Register.

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

10.11 Climate Change Adaptation

The NHS Scotland Climate Change Risk Assessment (CCRA) Toolkit has been used by NHS Forth Valley to assess the risks facing the organisation. Colleagues from a range of departments and services attended an initial workshop to inform the NHS Forth Valley CCRA and identify the key risks. This was followed by another workshop, attended by representatives from the NHS Board's Risk Management, Resilience and Contingency Teams – the risks initially identified were revisited and the scores etc verified.

NHS Forth Valley acknowledges the importance of adapting to a changing climate; and when resources permit will ramp up efforts to finalise the Adaptation Plan.

10.12 Responding to the Climate Emergency

NHS Forth Valley has acknowledged that significant and long-term changes to the way care is delivered will be required to ensure this NHS Board makes an effective contribution to the national/global drive to limit the impacts of climate change.

The NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan 2023 – 2026 was approved by the Board's Executive Leadership Team in June 2023 and adopted by the NHS Board in July 2023.

Significant challenges remain, however, if the NHS Board is to achieve its own targets and in doing so, contribute towards achieving NHS Scotland's net-zero ambitions. The risk of not achieving what is required is recognised in the NHS Board's Strategic Risk Register, and in particular the resources required to build and sustain a climate change and sustainability team commensurate with the challenge.

This NHS Board is conscious of the significant financial pressures that are affecting NHS Scotland and must stress that budget availability is highly likely to impact on our ability to achieve targets and deliver outcomes. It must also be acknowledged that the current financial pressures are likely to affect NHS Scotland's climate emergency response.

Key challenges in the years ahead for NHS Forth Valley, in terms of responding to the climate emergency, include:

- Funding for energy efficiency and carbon reduction projects is likely to become increasingly difficult to secure in 2024/25 (and beyond)
- Whilst efforts are ongoing at NHS Forth Valley to build a core team to support the Board's climate emergency response, the recurring funding required for two new posts has still to be confirmed for 2024/25 (and beyond).
- The postholder that would assume responsibility for implementation of the NHS Scotland Environmental Management System (EMS), that will underpin the Board's climate emergency response, has still to be recruited.
- Effective climate emergency response and sustainability information and reporting are also dependent on recurring funding for the additional staff resources being in place.

10.13 Climate Change Reporting

NHS Scotland Boards report progress annually in regard to climate change and sustainability to the Scottish Government (SG): as a Statutory requirement of the Public Bodies Climate Change Duties (PBCCD) and more recently to demonstrate compliance with the NHS Scotland Climate Emergency & Sustainable Development Policy, DL (2021) 38 (DL38). Annual performance is currently reported in November for the previous financial year. These are retrospective submissions that cover the preceding Financial Year, which does not align with the quarterly reporting requirements associated with the Board Delivery Plans.

10.14 NHS Forth Valley Board Delivery Plan 2023 - 2026

NHS Forth Valley has a comprehensive Climate Emergency & Sustainability Strategy and Action Plan, outlining what will be delivered between 2023 – 2026 N.B. 2027 is not included within the scope of the Board's current strategy and action plan. The NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan sets out details of the actions this Board will take between 2023 and 2026 to respond to the climate emergency. The Action/Delivery Plan that accompanies the strategy will be updated each year to

reflect progress and shifting priorities. The NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan 2023 – 2026, which can be accessed [here](#).

Appendix 1

Draft Planned Care Delivery Plan (spreadsheet template document)

Appendix 2:

NHS Forth Valley Anchor Institution Benchmarking Scores 2024 – 2027

PHS Framework theme	Current 23/24	In-between by March 25	Goal by March 27	Key points from baseline assessment
Employer	3.2	3.5	3.9	Data used to analyse workforce plans. Need action plan to target recruitment and retention. Social media used to promote posts on request. Employability events and careers events. Clinical and care simulation projects. Support Modern Apprenticeships. Systematic promotion, support for and implementation of apprenticeships. Member of Disability Confident Employer Scheme. Project Search NOLB funded Mentorship project with FORTH VALLEYC planned. NHS Demonstrator Project for single parents underway with three Local Authorities. Flexible working policy in place supporting work-life balance. Have Disability Scheme in place. Know numbers of workforce with long term conditions and, or registered disabled. Review national PIN policy. Promotion of staff wellbeing programme. Financial Wellbeing site. Work with Credit Union and Citizen Advice. Inclusive strategy for personal and professional development in place to attract and retain talent with delivery via a range of solutions including via unions.
Procurement	2.3	3	3.3	Limited by national procurement contracts/frameworks and FCH Masterplan and Primary Care Premises Plan paused on capital spend. Analysis of local spend, as % of total spend/year using Spikes Cavell tool and loaded into Procurement Annual Report. Procurement Annual Report includes payments to suppliers. Analysis identifies all local suppliers spend and supply chain gaps. Supplier engagement with larger/top 8 suppliers. Benchmarking of community benefits portal and feedback from TSIs. Appendix 2: Key points from self-assessment against PHS Framework 16 Have built Fair Work practices into all tenders since 2022.

Environment and Assets	2.2	2.6	3.2	Climate Emergency & Sustainability Strategy and Action Plan approved by Board in July 2023. Need to plan training in waste management and disposal, as part of wider action plan. e bike loan scheme for key workers, cargo bikes, Active Travel ambassadors, over 50% of fleet vehicles fully electric. Large project focusing on energy matters - windows, insulation, LED lighting, solar PV, BMS controls, wall cavity insulation. All projects take account of the environment and how building and estate performance can be improved. Greenspace Group. Funded project in Stirling Care Village. Sustainable design, local involvement/consultation in developments Engagement with Local Authorities and other public sector organisations directly and as Participant in East Central Hub Territory.
Service Design and Delivery	1.8	2.3	2.8	Whole System Leadership Team workshop session. Strong Forth Valley University College NHS Partnership with focus on education and skills, career pathways and workforce development, research, and innovation. Strong NHS Youth Academy FORTH VALLEY Huddle. Data and community need driven place-based projects in Alloa and Grangemouth. Exploring with Stirling. Look to strengthen contribution of expertise to local communities. Health improvement well embedded in community planning. Need to review existing delivery against health inequality impact and data. Data being used to inform access planning. Clacks and Stirling Locality Planning explaining inequalities approaches and why.

FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

14. CT Scanner Business Case For Approval

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Author: Ms Marie Gardiner, Head of Planned Care; Ms Jennifer Gilchrist, Radiology Service Manager

Executive Summary

The Business Case outlines the ask for NHS Forth Valley to invest capital funding of £785,388 to procure a 3rd CT scanner for the Health Board; and approve the use of £986,163 (proportion of £2.7m recurring Scottish Government Planned Care funding) to meet the associated revenue costs.

Due to several factors: change in clinical guidelines in number of conditions where increased diagnostic and surveillance imaging is required, increasing numbers and acuity of inpatients resulting in additional need for imaging, the overall numbers of imaging requests raising nationally, the two CT scanners currently available in NHS Forth Valley are not able to provide the activity to match the demand. The disparity between capacity and demand has resulted in a growing waiting list for CT imaging. NHS Forth Valley is unable to meet the Scottish Government standards: 6-week Diagnostic Standard (current performance is 30% and projected to decline further) as well as the 31 & 62-day Cancer Standard. This impacts on patient care and treatment plans and health outcomes as the CT imaging is crucial in diagnosing and treating a range of serious and life-threatening conditions. Numerous patient complaints regarding the waiting time for access to CT imaging have also highlighted the significant impact on patient experience and the ability to deliver care and treatment in a timely manner.

This has been an ongoing concern which the Radiology Department, Planned Care and Acute Directorate have been unable to fully mitigate thus far with the situation expected to deteriorate further unless action is taken to increase CT capacity on a long-term basis. Mitigations put in place have included enhanced vetting of all CT referrals by Consultant Radiologists to assure validity of all requests, extended working hours on the outpatient scanner (a costly solution which also contributes to shortening the life cycle of the existing CT scanners and further risk of downtime and repairs required), use of a mobile CT Unit supplied from the Scottish Government – a temporary solution which cannot be relied upon long-term.

The option appraisal carried out within the Business Case outlines four possible courses of action:

- (1) Do nothing,
- (2) Continue with the extended working day on the outpatient scanner,
- (3) Continue with the temporary mobile CT unit, where possible,
- (4) Procurement of a third CT scanner for NHS Forth Valley – which is the preferred option.

The benefits of increased CT imaging capacity through a third CT scanner include:

- A long term, assured, sustainable delivery of CT imaging for NHS Forth Valley patients.

- Compliance with the Scottish Government Diagnostic 6-week access standard.
- Increase the ability to achieve the 31-day and 62-day Cancer waiting time standards.
- Physical space is available within the Radiology Department for the third scanner.
- A staffing plan has been identified, following the phasing out of the extended days on the outpatient scanner.
- Ability to provide additional CT capacity to other NHS Boards which would also generate income which could be invested in local services, once a sustainable waiting list position has been reached in NHS Forth Valley
- The CT scanner vendor is on the NSS Procurement Framework and supports turnkey installation.

There are a number of issues associated with proceeding with the preferred option, which have been thoroughly addressed in the Business Case.

These include:

- Re-allocation of capital funding which will impact on planned Medical Physics, Facilities and Estates and Digital programmes of work.
- Additional storage needs in the PACS system.
- Works required to improve ventilation and prepare a room within the Radiology Department to house a third CT scanner.

The risk assessments can be found in the Business Case on page 19, paragraph 3.6 Risk Assessment.

The finances, organisational readiness and the proposed timelines have also been provided within the Business Case. In line with section 15.2 of the Board's scheme of delegation, the business case is being presented to the Board for approval.


Recommendation

The Forth Valley NHS Board is asked to:

- **note** the evidence for the requirement for increased CT imaging capacity and the impact not proceeding would have on patient care and treatment.
- **consider** the Business Case and recommendation from the option appraisal presented
 - **agree** to reprioritise the previously approved capital plan to release the required capital funding to purchase the CT scanner and any installation costs. The CT scanner is expected to cost £785,388. Note that at the time of drafting this paper the cost of installation requirements is still to be confirmed.
 - **approve** the use of £907,624 £986,163 from the £2.7m new planned care funding allocation to support the recurring revenue cost implications of the new CT scanner.

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.

- If NHS Forth Valley financial plans are not aligned to strategic plans and external drivers of change, there is a risk that our 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.

- A reasonable level of assurance has been reported on the basis that planned expenditure continues to be impacted by delays in major capital projects under construction and the availability of staff resource to support further initiatives.

Key Issues to be Considered

Due to several factors: change in clinical guidelines in number of conditions where increased diagnostic and surveillance imaging is required, increasing numbers and acuity of inpatients resulting in additional need for imaging, the overall numbers of imaging requests raising nationally, the two CT scanners currently available in NHS Forth Valley are not able to provide the activity to match the demand. The disparity between capacity and demand results in growing waiting list for CT imaging. NHS Forth Valley is unable to meet the Scottish Government standards: 6-week Diagnostic Standard (current performance is 30% and projected to decline further) as well as the 31 & 62-day Cancer waiting time Standards. This impacts on patient care and treatment plans and health outcomes as the CT imaging is crucial in diagnosing and treating a range of serious and life-threatening conditions. Numerous patient complaints regarding the waiting time for access to CT imaging have also highlighted the significant impact on patient experience and on the ability to deliver care and treatment required in a timely manner.

This has been ongoing concerns which the Radiology Department, Planned Care, and Acute Directorate have been unable to fully mitigate thus far with the situation expected to deteriorate further unless action is taken to increase CT capacity on a long-term basis. Mitigations put in place have included enhanced vetting of all CT referrals by Consultant Radiologists to assure validity of all requests, extended working hours on the outpatient scanner (a costly solution, which also contributes to shortening the life cycle of the existing CT scanners and further risk of downtime and repairs required), use of a mobile CT unit supplied from the Scottish Government – a temporary solution which cannot be relied upon long-term.

The Business Case describes the operational issues involved in responding to the increasing demand and the risks to the organisation of not increasing CT capacity in the longer term.

The Business Case describes the risks and issues which should be considered in relation to the installation of a 3rd CT scanner.

Implications

Financial Implications

The Scottish Government has agreed that Capital funding can be borrowed from our 2025/26 formula allocation and brought forward into 2024/25 if necessary (dependent on procurement lead in times). The estimated capital cost to procure a 3rd CT scanner is £785,388. There will be additional installation costs which will also be capitalised and these are currently being quantified.

Recurring revenue funding of £986,163 will be allocated as a proportion of £2.7m recurring Scottish Government Planned Care funding for the staffing and other revenue costs.

Workforce Implications

A workforce plan has been developed to ensure all staff groups are supported to deliver the additional activity. The installation of a 3rd CT scanner will reduce the need for extended days and 12-hour shifts patterns for staff. This will improve the experience of staff and deliver improved facilities and a better working environment.

Infrastructure Implications including Digital.

The Business Case describes the risk to medical devices plans for 2025/26 which will be managed within the services. The potential impact on estates and facilities to deliver the

refurbishment programme will also be monitored as the work progresses. NSS has agreed that no further digital space will be required for PACS with the new equipment.

Sustainability Implications

As a result of the increased demand for CT scans, the wait for routine outpatient scans has increased beyond the Scottish Government's target of 6 weeks for a routine outpatient scan. The demand for CT scanning is expected to continue to grow over the next two years. New and updated SIGN guidelines continually recommend either an increased incidence of CT scanning in many pathologies, or increased numbers of scans per patient journey before, during, and after treatment. The installation of a 3rd CT scanner will ensure an improvement in waiting times for cancer and non-cancer pathways accessing CT imaging. There will be an opportunity to achieve the national 62-day and 31-day cancer standards and the national 6-week access target for diagnostics. This will future proof the CT imaging service and provide opportunities for development in line with the national pathway review and recommendations for cancer and non-cancer pathways. There may also be opportunities for income generation once local waiting times targets have been met.

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

Forth Valley has a growing number of patients breaching the waiting time guarantee for routine CT studies. It is recognised that the capacity offered at present by the existing two CT scanners is no longer sufficient to meet all demand, from inpatients and from outpatients. Patient experience will greatly improve with access to CT imaging in a timely manner.

Early diagnosis of cancer will be more achievable. Cancer treatment will not be delayed or prolonged unnecessarily. Non-cancer pathways will be given access to appropriate CT imaging in a timely manner. This will provide a more person centred, safe and effective delivery of care across all services.

Information Governance Implications

No information governance issues are apparent.

Risk Assessment / Management

There is currently a clinical and reputational risk being carried by the organisation. Delayed diagnosis may result in direct and indirect harm to patients.

There is no ability to adopt new pathways e.g. early detection of lung cancer and primary care access to CT scans for patients with an urgent suspicion of cancer with an unknown primary.

Patient and clinician dissatisfaction.

This is currently being mitigated through unsustainable delivery of a mobile CT van which is funded by SG non-recurringly and a change in working patterns for staff to maximise CT2 by running 12 hours a day 7 days a week. Both mitigations are financially unsustainable and will impact on the current CT2 running ability.

Relevance to Strategic Priorities

This supports the delivery of Planned care and diagnostics services. It aligns with SG priorities to reduce waiting times and long waits for planned care and diagnostics and support the delivery of early cancer detection.

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

Briefly detail which stakeholders, groups & / or individuals have been involved in contributing to the document, use a table format if required for ease of understanding

Stakeholders involved:

Radiology, Digital/e-Health, estates and facilities, medical physics, procurement, external specialist services (Cannon), Council planning department, NSS and acute services directorate.

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: Business Case for Additional CT Scanning Capacity for NHS Forth Valley



CT Imaging

Case for Additional CT Scanning Capacity for NHS Forth Valley

Business Case

V11.4 11th July 2024

EXECUTIVE SUMMARY

The Business Case outlines the ask for NHS Forth Valley to invest capital funding in 2024/25 of the sum of £785,388 to procure a 3rd CT scanner for the Health Board; and approve the use of £986,163 (proportion of £2.7m recurring Scottish Government Planned Care funding) for the staffing and revenue costs.

Due to several factors: change in clinical guidelines in number of conditions where increased diagnostic and surveillance imaging is required, increasing numbers and acuity of inpatients resulting in additional need for imaging, the overall numbers of imaging requests raising nationally, the two CT scanners currently available in NHS Forth Valley are not able to provide the activity to match the demand. The disparity between capacity and demand results in growing waiting list for CT imaging. NHS Forth Valley is unable to meet the Scottish Government standards: 6 week Diagnostic Standard (current performance is 30% and projected to decline further) as well as the 31&62-day Cancer Standard, impacting patient safety and health outcomes as the CT imaging is crucial in diagnosing and treating life threatening conditions. There are also reputational risks to the Health Board arising from media coverage and MSP involvement in patient complaints.

This has been a persistent concern and risk which the Radiology Department, Planned Care, and Acute Directorate have been unable to mitigate thus far with the situation expected to deteriorate further. Mitigations put in place have included enhanced vetting of all CT referrals by Consultant Radiologists to assure validity of all requests, extended working hours on the outpatient scanner (costly solution, which also contributes to shortening the life cycle of the existing CT scanners and further risk of downtime and repairs required), CT Van supplied from the Scottish Government – temporary solution which cannot be relied upon long-term and creates surges in the demand after the CT Van is re-allocated to another Health Board.

Option appraisal carried out within the Business Case outlines four possible courses of action: (1) Do nothing, (2) Continue with the extended working day on the outpatient scanner, (3) Continue with the CT Van where possible and (4) Procurement of the third CT scanner for NHS Forth Valley – which is the preferred option. The benefits include: long term, assured, sustainable solution which will enable NHSFV to meet the Scottish Government Diagnostic Standard and minimise detrimental effect on the Cancer standards, physical space within the department identified for the third scanner, staffing plan identified following the phasing out of the extended days on the outpatient scanner, ability to income generate as once in sustainable position, NHS FV would be able to offer some of the third scanner capacity to other Health Boards, the CT scanner vendor is on the NSS Procurement Framework and supports turnkey installation. There are number of risks associated with proceeding with this option, which have been thoroughly addressed in the Business Case, and have been assessed to pose lower risk than the clinical risk associated with the lack of imaging capacity available in NHSFV. These include re-allocation of capital funding which will impact Medical Physics, Facilities and Estates and Digital programmes of work, additional storage needs in the PACS system, works required to improve ventilation and prepare the room to house the third CT scanner.

The finances, organisational readiness and the proposed timelines have been provided within the Business Case.

The recommendation is for the investment to be made in procurement of the third CT scanner (option 4) for NHS Forth Valley.

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1. INTRODUCTION

1.1 Overview

This Business Case sets out the case for change to increase CT imaging capacity in NHS Forth Valley, by providing a 3rd CT scanner.

Increasing CT imaging capacity will support the delivery of care which is timely, safe, and sustainable, for inpatients and outpatients. This will ensure that patients with cancer or a suspicion of cancer and a wide range of other pathologies and conditions, can be diagnosed and treated in a timely way, enabling definitive treatment or changes in treatment plans to also be delivered timeously.

Demand for CT scanning has grown in Forth Valley; outstripping the available core capacity at Forth Valley Royal Hospital (FVRH), including the short-term capacity created locally, and the capacity made available at the Golden Jubilee National Hospital (GJNH). This business case sets out the increased demand for CT scanning and the impact this is having on waiting times for scans. Demand for diagnostics has been increasing steadily over the past decade as hospital referrals, ambulatory attendances have risen, and the acuity of inpatients has changed. This has increased further since the Covid-19 pandemic. This means more people are now waiting longer for diagnostic tests i.e. 1.58 million in the UK in January 2023 (King's Fund "What are diagnostics and how are diagnostic services performing?" April 2023), which is a 9 per cent increase over the past year, and a 150 per cent increase over the past decade.

As a result of the increased demand for CT scans, the wait for routine outpatient scans has increased beyond the Scottish Government's target of 6 weeks for a routine outpatient scan. The demand for CT scanning is expected to continue to grow over the next 2 years. New and updated SIGN guidelines continually recommend either an increased incidence of CT scanning in many pathologies, or increased numbers of scans per patient journey before, during, and after treatment.

Forth Valley has a growing number of patients breaching the waiting time guarantee for routine CT studies. It is recognised that the capacity offered at present by the existing 2 CT scanners is no longer sufficient to meet all demand, from inpatients and from outpatients. It is noted that since December 2023, the outpatient CT scanner is now being used for extended days and weekends, with the expectation that the phased extension will eventually enable CT to be operational 12 hours a day, 7 days a week. This is partly in response to demand for inpatient CT, which has outstripped the available capacity in the inpatient scanner; and to respond to the increasing outpatient demand. This additional capacity is being increased as more staff are trained. Unfortunately, CT waiting times remain high, including those for new cancer patients, with the cancer CT wait now 27 days, with 302 patients on this pathway alone, this is incongruent with the 62-day cancer treatment time guarantee, and the 14-day referral to report target, set by Scottish Government.

As at May 2024, approximately 1914 patients are waiting over 6 weeks for an outpatient CT scan. Of greater concern is the number of patients waiting more than 6 weeks for an urgent

scan (1222 patients as of 13th June 2024) and 30 patients waiting over 6 weeks as part of Cancer Tracking, though it should be noted that mitigations have been implemented recently to arrange scan dates for the immediate cohort of high suspicion of cancer patients. Each month there are in the region of 250-285 follow-up/surveillance scans requested. Each of these have specific dates attached due to treatment schedules and recognised follow-up points following treatments (not all Cancer). Currently NHS FV is four weeks behind for appointing the follow-up scans and is three weeks behind with the surveillance times. This impacts the Chemotherapy regimes for patients and interrupts vital treatment cycles for those on Cancer and Surgical pathways.

Increased activity to recover the planned care waiting times positions and upcoming changes in clinical pathways e.g. CT screening for early detection in lung cancer patients, means that demand for CT will continue to grow. Local radiology improvement work, including consultant vetting of all requests and altering shift patterns has not offered sufficient additional capacity to meet current and predicted demand. For outpatients waiting for a CT scan beyond the 6 week target, this does not offer a good experience of care and this is reflected in the complaints received from patients and requests from clinicians to prioritise patients' scans.

The impact of the increased demand and waiting time for a CT scan is illustrated in the examples below:

- CT colonoscopies are indicated for patients with suspected colon cancer who have a failed endoscopy. Despite multispecialty improvement work to streamline the pathway the current longest waiting patient is 26 days. This is a significant factor in Forth Valley's cancer waiting times target performance.
- CT angiography is part of the standard TIA pathway for identifying patients who require endarterectomy surgery. Endarterectomy should be achieved within 14 days of patients having symptoms of a TIA, in order to reduce the risk of a significant disabling stroke. In order to achieve this, CT angiography needs to be undertaken within 7 days of initial symptoms. However, the next available slot for this is currently 3 weeks.

The benefits to patients and staff from increasing CT capacity can be summarised as:

- Improved patient experience including addressing and reducing potential harm
- Early diagnosis enabling definitive treatment to be agreed or treatment plans to be amended, reducing the risk of deterioration during a protracted wait for diagnosis
- Improved compliance with the access standards with patients being seen within the relevant waiting time guarantees for outpatient imaging, cancer diagnosis and treatment guarantees and TIA target.
- Better staff experience and staff able to provide rapid diagnosis supporting treatment and care
- Not relying on unsustainable and costly short term capacity measures i.e. mobile scanner and agency staff
- Prompt diagnostic and follow up scans for cancer patients, enabling definitive treatment and appropriate follow up care to be provided which is effective and timely.

Costs, both recurring and non-recurring are set out in the Business Case. Revenue costs present a significant pressure. Capital sum of £785,388 is required for the turnkey,

procurement, and installation of a 3rd scanner, along with anticipated additional costs to update the ventilation as yet not obtained from Forth Health. The scanner would be in place by Q4 2025 depending on the availability of capital funding to procure and install the machine and make changes to the ventilation. The recurring costs for a 3rd scanner are £907,624 as set out in the Business Case.

The expansion of CT scanning should also be seen in the context of the Forth Valley Planned Care Plan, within the Board Delivery Plan, which sets out the arrangements for improving access to planned care services. The NHS Board agreed investment in planned care services, in order to reduce waiting times and ensure that planned care services were sustainable, with investment in additional workforce, rather than rely on unsustainable use of short term waiting list initiatives, staff bank and agency. The expansion of CT capacity is also aligned to the Board's Cancer Operational Plan. These plans aim to ensure services can be delivered in a safe and sustainable way.

1.2 Current Arrangements

At present there are 2 CT scanners in Forth Valley, located at Forth Valley Royal Hospital. In the short term, additional CT capacity has been made available locally through temporarily increased operating hours. This additional capacity, which has been phased in since December 2023, is providing 7-day working, including 4x 12 –hour days per week for the outpatient scanner, utilising the existing staffed capacity. This investment is currently delivering approximately 21 additional hours of capacity per week (85 additional CT scans per week). The full 33.25 hours of additional capacity per week was scheduled to be available during July 2024, when increased numbers of CT Radiographers were to be migrated onto the long day roster. However, this is a work in progress due to the CT Van being on-site at present.

In addition to this, Scottish Government funded CT Van (50% capacity to NHS FV, 50% capacity to NHS Lanarkshire) in the short term.

1.3 Demand, Capacity and Waiting List

One CT scanner was previously providing 50% of weekday, day-time capacity to inpatients, and 50% to outpatients. Whilst the 2nd CT scanner was designated for outpatient use. With the requirement to open additional beds in FVRH for unscheduled care inpatients and also as a result of the more complex nature of the patients admitted, one CT scanner is now only providing inpatient and ED scans, and operational 24/7. This has meant a 33% reduction in local CT scanner capacity for outpatients. The inpatient scanner provides up to 82 scans per 24-hour period and the outpatient scanner provides up to 45 scans between 8.00am and 8:00pm daily, giving a daily maximum staffed capacity of up to 125 between 2 CT scanners.

The increase in demand now means that all appointed slots are utilised with inpatients, date specific follow up scans, urgent, and urgent with a suspicion of cancer scans. NHS Forth Valley had employed agency staff to enable 7-day working from November 2023 ongoing, with additional non-recurring revenue supplied by Scottish Government. This has allowed (through an Organisational Change process), four 12-hour shifts to run each week – including one weekend day. The yield from this increased staffed capacity is an additional

356 patients per month.

Table 1 below summarises the waiting times position for routine and urgent outpatient CT scans at May 2024.

Table 1 – May 2024 waiting times and numbers

Diagnostic Test	Urgency	Waiting list size	Over 2 weeks	Over 6 weeks	Over 12 weeks	Over 26 weeks
CT	Routine	1315	165	249	376	424
CT	Urgent	1222	243	224	342	269
CT	Urgent Suspicion Cancer	302	139	22	6	2
CT	Follow Up / Surveillance	212	210	2		

As at May 2024, the Radiology department had achieved 33.2% of all outpatients being scanned within the 6-week Scottish Government Referral to Treatment (RTT) imaging target for all modalities combined. This is a decreasing trajectory since April 2022. CT performance alone currently sits at 30% compliance with the 6-week RTT, despite the efforts with a significant financial pressure, to reduce the waiting lists. Agency was booked for full weekend sessions until 24th March 2024, as a short-term mitigation for the long waits. It reduced the overall waiting list in CT by 550 patients. However, as per the van model utilised in Q2 2022, there was an expected exponential rise in waits again immediately following the short-term reduction.

Projected outpatient demand is currently around 922 scans per month and capacity is 714 per month, therefore demand and capacity are not equal, resulting in growing waits for a scan.

While SG have afforded 50% of the current mobile CT Van activity to NHS FV; this equates to 476 additional scans per month. Thus, reducing the current waiting list by 200 patients per month, however, this will only last the length of stay of the CT Van. This is being reviewed by SG on a quarterly basis.

1.4 Case for change

The demand for CT scanning in Forth Valley, both inpatient and outpatient, exceeds the current available capacity as outlined in the sections above. In order to ensure that the CT capacity is used effectively and efficiently, all requests for a CT scan are vetted by the Consultant Radiologists. Any inappropriate requests are either rejected for more information or directed towards an alternative imaging modality. These local triage processes and protocols are standardised to national expectation. Radiology have raised the need for a Realistic Medicine approach, raising awareness of patients' acute need for imaging at Clinical Engagement sessions.

Although CT scan rates in Forth Valley have not been formally benchmarked with peer NHS Boards, the Centre for Sustainable Delivery has confirmed that there is commonality of service demand across all NHS Scotland Health Boards.

In addition, improvement work has been facilitated in terms of shift patterns, and this has enabled the core CT capacity to increase. However, despite the workforce redesign and the strict vetting of requests, demand continues to exceed available capacity.

The introduction of a Scottish Government CT Van in 2022, and again in Q1 2024 has

demonstrated how effective the additional capacity has been in reducing the waiting lists. However, as predicted when the CT Van ceases scanning FV patients the waiting lists rise exponentially again in the proceeding 4-5 months. The CT van is neither sustainable, nor affordable, but a useful interim tool to reduce excessive long waits.

The reasons for the sustained increase in demand for CT scans and expected future additional demand, are a result of the following:

- Increased inpatient beds at FVRH (53 additional core beds since 2022, in excess of 65 additional contingency beds, plus interim beds in endoscopy when required).
- Increased complexity of patients admitted.
- Planned Care Programme investment, which is focused on reducing waiting times and creating sustainable capacity, has increased outpatient, planned day case and planned inpatient activity. A predicted impact of increasing planned care activity is increased demand for imaging and other diagnostics, therefore this business case for CT is a further phase of the planned care development programme.
- The national review of the lung cancer screening pathway will include additional CT studies. The date and numbers for implementing this in Forth Valley are to be advised and therefore this has not been factored into the projected demand but will result in a further increase in demand. Currently there is only the ability to provide one session per week for lung biopsies for such patients. This is impacting the ability to keep within the 62-day target and affecting the ability to have shared input at MDT at the earlier stages of the patient's journey.
- Patients are living longer with cancer and CT scans are an integral part of many of the national follow-up pathways for patients in the post-treatment period. This has and will continue to increase the demand for CT scans, with some follow-up regimes continuing for up to 10 years.
- The Scottish government requires all Boards to increase direct access to CT scans by Primary Care for patients with a suspicion of malignancy. A pilot study in Forth Valley will determine the full impact on CT demand and required activity / capacity. This has not been factored into the projected demand but will result in a further increase in demand.
- CT colonoscopy is indicated for patients with suspected colon cancer who have failed endoscopy. Despite multispecialty improvement work to streamline the pathway the current longest waiting patient is 27 days. This is a significant factor in the cancer waiting times target performance. Currently there is only the ability to carry out one Colonoscopy session in CT per week, this is directly impacting on the 62-day pathway for positive findings, and increasing anxieties for patients who tend to be frail and codependent.
- CT angiography is part of the standard TIA pathway for identifying patients who require endarterectomy. Endarterectomy should be achieved within 14 days of patients having symptoms of a TIA to reduce the risk of significant disabling stroke. To achieve this, CT angiography needs to be done within 7 days of initial symptoms. The next available slot for this is currently 3 weeks.
- The Melanoma pathway in 2023-24 will add an additional 125 patients into the existing pressures. These 125 patients will each increase the CT demand by up to 5-scans per patient, and the existing patients on the melanoma pathway will also require enhanced CT screening; creating another significant pressure.
- With the increasing incidence of cancer and the approval of new and additional chemotherapy drugs by the Scottish Medicines Consortium, demand for

chemotherapy in Scotland increases by 8% annually. This year on year increase in the demand for chemotherapy treatment has an impact on CT scanning, as many of the chemotherapy treatment protocols include the requirement of CT scans at specified times, on numerous occasions during treatment cycles to assess response to the therapy.

- With increasing number of patients living with and beyond cancer, this increases the numbers of people being followed up post-treatment. The cancer follow-up protocols are agreed nationally and include the requirement for imaging and lab tests at regular intervals. The length of follow up depends on the type of cancer and the treatment given, but on average, follow up is for 5 years, but can be longer.
- Hidden demand, which has not yet been quantified, because of patients delaying presentation during and following the pandemic. Fortunately, the number of new cancer diagnoses in Forth Valley are broadly similar to pre-pandemic numbers, so the hidden pathology is expected to be low, but not negligible
- With the introduction of trauma network pathways, patients undergoing orthopaedic trauma surgery now require additional CT scans in order to better inform clinical decision making, provide less invasive and more effective surgery, with faster recovery times and a shorter inpatient stay in hospital. This places an urgent pressure on the daily scanning sessions due to the faster turn-around time required from injury to surgery.

The Imaging Service currently prioritises scans for cancer diagnosis and treatment as detailed above, however this can be to the detriment of other conditions. For example, patients with Interstitial Lung Disease are not prioritised for CT scans, but a delay in either diagnosis or in identifying a worsening of their condition, can result in further deterioration and the need for more intensive, complex and costly treatment. Another current challenge is the demand for imaging for patients awaiting diagnosis of neurological degenerative conditions such as Dementia and Alzheimer's. This is having a significant impact on the equity of access to the correct services for such patients, which continues to put pressure on families and carers with no formal diagnosis. Further therapies and medications are unable to be accessed until formal diagnosis – again impacting the wider community services supporting these patients and their families.

Unfortunately, there are also the unknown cohort of patients awaiting scans; who sadly pass away while on the waiting list. To date only two IR1 incidents have been logged, with investigation demonstrating comorbidities, and life limiting diagnoses.

Regular letters of complaint from patients (often via their local MSP), are increasing in numbers. Whilst those who clinically can be justified to: move up the queue of waiting patients. Managing patients and MSP's expectations around the existing service pressures is becoming a more challenging task. Corporate reputation is anecdotally becoming more prevalent in social media posts – in particular when NHS Forth Valley is celebrating new equipment as part of a replacement programme. This often leads to a notable increase in phone calls and complaints regarding length of waits for scans.

1.5 Opportunity

Additional capacity equivalent to a scanner operating over 3 full days per week is required initially for Forth Valley patients. By operating the scanner over 5 days per week, this would enable the capacity equivalent to 2 days per week to be offered to other NHS Boards with

long waiting times for CT scanning, as a mutual aid arrangement. With the longer-term demand for CT scanning expected to increase further, the provision of a 3rd CT scanner would future proof CT scanning capability sustainably for NHS Forth Valley. By staffing over 5 days, the cost per scan is lower than the cost per scan if the scanner operated over 3 days and therefore offers a financial benefit to NHS Forth Valley and NHS Scotland from a lower cost per patient and income generation from available capacity.

1.6 Organisational Readiness and Timeline

It is expected that the scanner would be available within 5 months of placing the order and would be commissioned and available for use in February 2025, effectively planned alongside the training of additional staff, including new radiography graduates and new qualified Consultant Radiologists. There is a moderate plan for building works to create the control room required in the department. This is not in the direct area of existing patient care and involves removal of minor infrastructure which Forth Health have approved for removal/remodelling. The build area is a redundant set of smaller changing cubicles, which as diagnostic tests have developed since 2011, are no longer required.

The projected turnkey works are initially estimated to take 8-10 weeks to prepare the area, with a Building Warrant from Falkirk Council predicted to be a 12-week wait.

The organisation requires to be ready to start the turnkey works as soon as the Building Warrant is approved, which indicates that any associated ventilation works etc by NHS FV Facilities/Serco/Forth Health, must be agreed and approved by 30th July to allow for turnkey completion before Dec 15th 2024. The aim being install of CT no.3 in early January 2025, and fully functional by mid-February 2025.

A full Project Management Team are in place for the building and implementation works, including key members of the vital teams in NHS Forth Valley such as: Finance, Facilities, Digital and Cyber Security, Estates, Serco, Infection Control, Health and Safety, Medical Physics, Health Physics (Radiation Safety), Clinical Team Leads, and Radiology Service Manager. The proposed vendor will also provide a project manager for the physical prep and build.

From a Governance perspective, it is proposed that a Senior NHS FV team meet regularly with a Lead for the project, who will ensure that Clinical, Financial, and Information Governance streams are adhered to for the duration of the project. The project lead is to be confirmed once the project goes live.

As it is proposed to call directly off the framework for the scanner, Procurement and NSS will be guiding the process to ensure all processes in such a large ticket purchase are adhered to. NSS are fully informed and continue to support throughout the project. All preparations are underway in anticipation of the final outcome of this paper.

1.7 Workforce Planning

Workforce planning has been undertaken in a level of detail which aims to provide an effective and efficient workforce to staff extended hours for the existing scanners and a future additional CT scanner. It is more efficient and sustainable to staff the 3rd scanner over

5 days, and whilst the capacity required by Forth Valley is 100% of what would be available initially, once the backlog is scanned; the remaining capacity would be offered to adjoining NHS Boards in the short to medium term.

The workforce plan has been developed alongside the Business Case process, with stakeholder engagement and agreement on the workforce arrangements. This workforce plan is included in section 4 and as part of the financial information.

1.8 Finance

The Business Case outlines the total annual revenue costs to operate CT3 and assumes that the temporary expansion of CT2 through maximising capacity will continue for the first 3 quarters of the financial year 2024/25, with the staff transitioning across to the CT3 once this is operational. This is detailed in section 4 of this Business Case. Maximising extended opening hours for CT2 will provide up to an additional 145 patient scans per week once 12hr/7-day working is implemented fully. Working with this extended day will take approximately 52 weeks to bring the waiting list back to the RTT of 6 weeks and under. Currently, due to staff numbers involved in the 12-hour shifts, there are only an additional 89 patients being scanned per week.

The capital costs in 2024/25 are expected to be in the region of £785,388 for a turnkey procurement and installation of the scanner. Details of ventilation and other installation costs have not yet been provided by Forth Health, however, Forth Health and Facilities are currently investigating this requirement. There is a cost involved in providing a quote for this work and therefore this work will only be actioned if there is certainty of capital funding for a CT scanner. A ballpark cost for changes to the area proposed for the scanner could not be provided and, therefore, this unknown additional cost presents a risk.

NHS Forth Valley has a strong track record of managing both capital projects and change programmes effectively, to ensure that investment objectives and benefits are successfully delivered.

A project governance structure has been established, using a project management approach, led by the Imaging Services Manager and supported by Clinical Leads, Associate Medical Director, Finance, Planning etc. to ensure maximum control, quality and financial benefit. This will ensure that:

- A process and audit control framework is applied to all aspects of the project
- Project risks are being managed effectively
- Learning and good practice from the project can be transferred to other projects in the NHS Forth Valley capital programme

Working in partnership with Forth Health, the PPP service provider for FVRH, and NHS Forth Valley Facilities, NHS Forth Valley has the capacity to support the procurement and installation. The Digital Health Team will lead the IM&T aspects associated with delivery, whilst Medical Physics and Procurement will lead with the provision of the additional equipment identified.

2. OBJECTIVES

The CT expansion Programme is intended to offer additional CT capacity for FV outpatients and offer mutual aid to other NHS Boards in the short to medium term.

Programme objectives include:

- Support the additional inpatient CT demand to ensure inpatients have timely scans to support clinical decision making and acute hospital capacity and flow
- Support the new orthopaedic trauma pathways which ensure patients have the most appropriate surgery, quicker recovery and short length of stay
- Support the growth in outpatient demand including new referrals for suspicion of cancer, cancer pathways and non-malignant patient pathways
- Reduce routine waiting times to below the 6 week maximum standard
- Create sufficient capacity to manage the growth in demand without increasing waiting times and increasing the size of the waiting list
- Determine Workforce Requirements
- Undertake an option appraisal process to determine the optimum delivery model to provide additional CT scan capacity
- Prepare a business case which includes the management case, setting out the case for change, benefits and risks, benefits realisation, workforce implications, revenue and capital requirements, implementation project management arrangements and resources

2.1 Realistic Medicine

Realistic Medicine, the Chief Medical Officer's Annual Report 2014-15 sets out a number of questions which seek to engage clinicians in a conversation relating to how medicine is practised in a changing world. The proposal set out in this Outline Business Case responds positively to the questions set out in Realistic Medicine, and the investment proposal will provide a best in class example of how the NHS in Scotland can meet the challenges faced.

This can be summarised as follows:

Figure 1 – Realistic Medicine Questions

Realistic Medicine	Additional CT Capacity
How can we further reduce the burden and harm that patients experience from over-investigation and over-treatment?	<ul style="list-style-type: none"> • Vetting of all requests by Radiologists to ensure scans are appropriate and redirection to alternative imaging modalities. • Clinical pathways and protocols for cancer and non cancer conditions in place or being developed.

<p>How can we reduce unwarranted variation in clinical practice to achieve optimal outcomes for patients?</p>	<ul style="list-style-type: none"> • Variation in practice will be reduced and removed over time as waiting times for outpatient CT scans are reduced and clinical decisions regarding treatment and follow up are timely, reducing the detriments which can occur while patients are waiting for a scan.
<p>How can we ensure value for public money and prevent waste?</p>	<ul style="list-style-type: none"> • Vetting of all CT requests. • Standardised pathways and protocols providing consistent care • New indications for CT scanning assessed, evaluated and implemented in line with national and local protocols
<p>How can people (as patients) and professionals combine their expertise to share clinical decisions that focus on outcomes that matter to individuals?</p>	<ul style="list-style-type: none"> • Consistent pathways and protocols. • Informed consent

2.2 Investment Objectives

Figure 2 - Investment Objectives

Investment Objectives	What needs to be achieved to deliver the necessary change?
<p>Safe, timely effective patient centred care provided locally.</p>	<ul style="list-style-type: none"> • Reduce planned outpatient, day case and inpatient waiting times in line with national standards for imaging, planned care and cancer care, ensuring timely and appropriate treatment. • Timely inpatient scans to support clinical decision and minimise length of stay in hospital where appropriate. • Since January 2023, the service has received 27 complaints regarding the length of time to wait for a CT appointment. • The Radiology department receives calls and written communications daily from clinicians asking for scans to be prioritised.
<p>Capacity to meet demand through improved service and facilities.</p>	<ul style="list-style-type: none"> • Additional capacity to meet current demand which is in excess of available capacity and to support future demand, as yet unknown in terms of quantity, associated with new services such as lung cancer screening and increased cancer workload resulting from better outcomes and the ageing population.
<p>Recruitment and retention of staff.</p>	<ul style="list-style-type: none"> • By reducing waiting times, staff are not required to make difficult decisions to re-prioritise patients and respond to patient and clinician complaints. This will improve staff wellbeing.
<p>Optimise whole system working arrangements with Primary Care, Community Health and Social Care and Acute Care</p>	<ul style="list-style-type: none"> • Minimise delays in diagnosis and commencing or amending treatment for outpatients. Reduce unscheduled care impact from patients waiting for a CT scan whose condition may deteriorate while waiting. • Timely scans for inpatients and urgent care to prevent unnecessary admissions and ensure length of stay is appropriate.

2.3 Benefits

The Business Case sets out the Forth Valley benefits:

- Improved patient experience including addressing and reducing potential harm measured through reduction in cancer breaches, reduction in Planned Care diagnostic waiting times and reduction in complaints. Monthly reports are submitted to AD&T management group.
- Early diagnosis enabling definitive treatment to be agreed or treatment plans to be amended, reducing the risk of deterioration during a protracted wait for diagnosis. Measured through reduction in IR1s, patient complaints, PROMs and early stage diagnosis stats. This is monitored on a daily basis and reported via management and escalated as appropriate.
- Improved compliance with the access standards with patients being seen within the relevant waiting time guarantees for outpatient imaging, cancer diagnosis and treatment guarantees and TIA target.
- Mitigation for corporate risk for waiting times standard non-compliance and delivery of Planned Care. Measured through reduction in risk score for corporate risk.
- Better staff experience and staff able to provide rapid diagnosis supporting treatment and care. Measured through i-matters and staff feedback.
- Not relying on unsustainable and costly short term capacity measures i.e. mobile scanner and agency staff. Reduction in financial costs versus activity delivered.

3. OPTION APPRAISAL

3.1 Purpose of Option Appraisal

The purpose of this option appraisal was to enable NHS Forth Valley to make an informed decision with regard to increasing the capacity of CT scanning.

The vision is that Forth Valley will deliver all CT scanning requests for inpatients within 24 hours and outpatient scans within either the 31 day cancer diagnostic standard, the 7 day TIA target or the 6 week standard for routine imaging, whichever is relevant. This will ensure a more responsive CT service for patients and referring clinicians, enabling timely decision about treatment and care, and minimising harm to patients.

3.2 Option appraisal criteria

The key objectives and considerations in relation to the increased demand for CT scanning are embedded into the options appraisal. Appraisal criteria definitions are included below:

Figure 3 - Option Appraisal Criteria

Criteria	Definition
Clinical sustainability, feasibility and safety	<ul style="list-style-type: none"> • Service model can deliver a sustainable CT scanning services which meets all of the relevant waiting times standards and targets, ensuring timely clinical decision making, treatment and care. • The CT service is safe and clinically effective with agreed clinical pathways and only those patients who would benefit from a CT scan are given a scan, minimising

Criteria	Definition
	<p>unnecessary exposure and taking a realistic medicine approach to imaging.</p> <ul style="list-style-type: none"> The workforce will be in place to deliver the additional capacity. Implementation is feasible within the required timescale
Accessibility and Proximity to key services	<ul style="list-style-type: none"> Preferred location is to expand CT capacity on the acute site, within the existing Radiology Department, with access to waiting areas, reception, booking office, reporting areas and workforce. This supports inpatient services and ambulatory care the majority of which is also provide at FVRH, facilitating same day scheduled and unscheduled care. Disabled access is available.
Deliver within an acceptable timescale	<ul style="list-style-type: none"> Equipment, workforce and accommodation is available within an acceptable timeline to increase capacity, in order to minimise the further growth in the numbers waiting beyond national targets and standards for a CT scan and be able to deliver a trajectory for eliminating waits beyond the maximum standards.
Patient Centred and Equitable	<ul style="list-style-type: none"> CT services is accessible to patients, in terms of location and operating hours. Patients are offered a CT scan at a time and place which meets their needs and can be accessed equitably. Communication is available in a range of formats to meet patients' needs.

3.3 Options

Figure 4 - Option Appraisal

Option	Benefits	Risks	Cost for Forth Valley
1. Do nothing	Low cost	<ul style="list-style-type: none"> Delayed diagnosis resulting in direct and indirect harm to patients. No ability to adopt new pathways e.g. early detection of lung cancer and primary care access to CT scans for patients with an urgent suspicion of cancer with an unknown primary. Reputational damage. Patient and clinician dissatisfaction. 	£0
2. Continue Increased capacity on	No capital investment required in equipment and infrastructure	<ul style="list-style-type: none"> Extended working hours continue to full 7-day model increases the use of the scanner and therefore 	Graduated extended working introduced in

existing OP scanner		<p>reduces the lifespan of the equipment. This also reduces the time available for maintenance, which could result in scanner shutdowns for maintenance.</p> <ul style="list-style-type: none"> • Unplanned downtime takes considerable re-organisation of appointments and patient scan delays. 	<p>December 2023 – CT2 now working 12 hours per day over 3 days. Cost taken into account for 7-day model once all staff available & recruited.</p>
3. Intermittent use of CT van	<p>Non-recurrent funding. However, this is time limited and assumes funding is available to include 36 patient scans in 10hr day, over 6-months. As per Framework Costs Feb 2024.</p>	<ul style="list-style-type: none"> • Risk of lack of availability of CT vans especially in context of national performance picture. • Note that Performance and Planning Team via CfSD have confirmed in February 2024 that FV is not high priority to gain access to a CT van. • Requirements for increased staffing in FV radiology to support SOP / safe governance of CT van. • Not long-term sustainable option. • Poor value for money 	<p>6-Month Total: £1,093,508</p> <p>Includes: Van, Contrast 0, 2x B2, 2x B3, fuel outsourced reporting.</p>
4. Installation of 3 rd CT scanner with staffing to provide activity 5 days per week	<p>As per option 3 plus: Also includes capacity for additional cardiac CT scans to remove backlog in this cohort. Potential to offer any spare capacity to other Health Boards (income generation to offset staffing costs). Lower price per scan.</p>	<ul style="list-style-type: none"> • The recurring revenue costs to be covered by the Scottish Government allocation of additional funding to support Planned Care. • Most costly option 	<p>£986,163</p>

3.4 Preferred Option

Option 4 – Third CT scanner

A 3rd CT Scanner will bring the following benefits:

1. Additional 170 scans per week
2. Reduction of the current waiting list over a 12-month period (option 2) **or** 9-month period (phased implementation of option 2, moving to option 4 by February 2025)
3. Sustainable control of the waiting list at this point utilising initially 5 full days scanning, then once list locally reduced allowing for capacity for other HB's.
4. Additionality of up to 2 days available at 12-month point (see above) for external HBs to use.
5. Ability to increase access to additional specialist CT Scanning i.e. CT Lung Biopsies, CT Colons, CT Liver Biopsies for Cancer Patients.
6. Ability to introduce recommended scanning requirements as per SIGN guidelines and maintain compliance with national targets sustainably. Thus, providing opportunity for development in support of new services.

Whilst a sustainable model demonstrates demand is for 3 days of a CT scanner at current demand levels, this option provides the scope to accommodate predicted future increases in demand. FV is not currently meeting all the expected cancer targets for scanning and report, therefore this opportunity would allow FV to regain acceptable Cancer targets in a sustainable operational model. This is the only option that addresses both the backlog for CT and cardiac CT scans. It also offers the option for income generation through “mutual aid” to neighbouring Health Boards who have significant documented shortfalls in CT capacity, pending the predicted expansion of requirements for capacity in Forth Valley.

Considering the introduction of the new National PACS system – NHS FV will not go live until September 2025. Therefore, although additional connectivity of the new scanner to the new PACS system will require to take place once in situ, this should have no major impact on delivery of the installation. It is confirmed by NSS, that the additional scanner will have no negative impact on the storage facilities NHS FV require at the National Data Centre. NSS also confirmed that NHS FV will have no additional financial burden because of the additional proposed data storage needs.

3.5 Impact

The impact of the additional capacity of a 3rd CT scanner on the waiting list is set out in table 2 below.

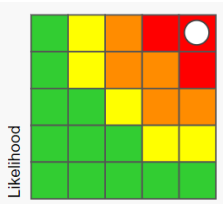
Table 2 – Demand and activity with the addition of a 3rd CT scanner

CT scanner	Av. Current pts/wk	Proposed pts scanned/wk	Increase/ week	Service									
				Activity week 1	Activity week 12	Activity week 23	Activity week 24	Activity week 25	Activity week 26	Activity week 27	Activity week 28	Activity week 34	Activity week 35
Option 4: 3rd CT Scanner 5-days 0830-1700	0	170	170	0	0	0	80	100	120	140	170	170	170
Option 2: 12hr days/7-days	0	308	308	308	308	308	228	208	188	170	170	170	170
New referrals/week			225	225	225	225	225	225	225	225	225	225	225
OP Waiting list			3132	3049	2136	1223	1140	1057	972	857	742	52	-63
19/02/2024													

3.6 Risk Assessment

We have seen an increase in waiting times and numbers waiting for CT scans, and this is due to the imbalance between demand and capacity. The impact of this on patient care, safety and experience of care has been identified as a significant risk on the Organisational Risk Register, with reference on the Imaging Department risk register and the Ambulatory Diagnostic and Theatre Directorate Risk Register. The below table, Table 3, outlines the overarching risk position we are currently in and outlines the Boards appetite and tolerance to this type of risk.

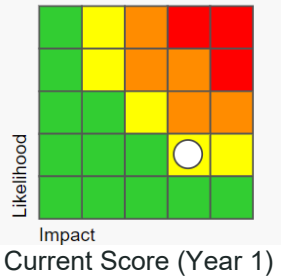
Table 3 – ORG 28 – Risk position for imaging capacity

ORG 28 – Radiology/Imaging Capacity		Current Risk Assessment:
<p>As a result of the radiology/imaging team not having adequate imaging capacity, there is a risk that the service are continually unable to meet the demand of the organisation resulting in an inability to meet the 62 day target for cancer patients, inability to meet 6 week target for imaging, CT, MRI & ultrasound, ultimately creating a negative impact on patient experience, creating delays elsewhere within the system.</p>		<p>Impact Breakdown: Patient Harm (5) – If we miss or are late in a diagnosis of a patient then there could be a serious impact. Patient Experience (4) – Patient experience will be affected if they are delayed in receiving a CT Scan. Likelihood (5) – This risk is very likely to occur.</p>
 <p>Likelihood</p> <p>Impact</p> <p>Current Score</p>	<p>Lead Impact Category Patient Harm</p> <p>Board Appetite Cautious (8-10)</p> <p>Board Tolerance No Tolerance</p>	
Current Controls in Place:		
<p>CT Van on Site 12hr cover 7 days a week to maximise capacity within CT2. Regular review and scrutiny of the waiting times.</p>		

Given the current unacceptable waiting time for new cancer patients and the delays in CT scanning for both surveillance and return cancer patients, NHS Forth Valley requires at least 50% of the capacity of a 3rd CT scanner. If this capacity was not allocated to Forth Valley, then waiting times for new cancer CT scans, surveillance and follow up scans would all increase and Forth Valley would be unable to meet the 31/62-day cancer treatment guarantee and would not meet the regional and national standards and pathways for surveillance and follow up care.

If we progress with the purchase and installation of a 3rd CT Scanner, there are two main risks that have been identified that need to be considered within this decision-making process. The first is in relation to the subsequent impact on the Medical Physics Team and their ability to deliver planned maintenance over the next few years. Below is an overview of this risk and how it will develop overtime if no mitigation is identified.

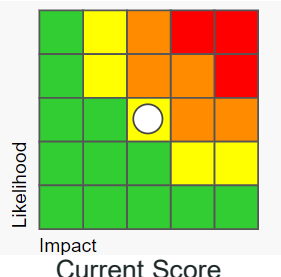
Table 4 – Risk position for Medical Physics planned maintenance.

Replacement Programme for Medical Devices		Current Risk Assessment:
<p>If we progress with a 3rd CT Scanner, there is a risk that we will be unable to fully implement the planned replacement programme for medical devices, resulting in a reduction in equipment reliability through using it beyond its expected life.</p>		<p>Impact Breakdown: Patient Harm (4) – If we cannot deliver clinical services through medical devices being unusable, then there could be an impact on patient harm.</p> <p>Patient Experience (4) – Patient experience will be affected if they receive a delay in clinical services.</p> <p>Financial (4) – Unable to carry out proactive purchases of medical devices which will increase costs significantly (£3.5M has already been saved through combining purchases with NHS Lanarkshire)</p> <p>Progress of Likelihood: Year 1 – Likelihood 2 Year 2 – Likelihood 3 Year 3 – Likelihood 4 Year 4 – Likelihood 4</p>
 <p>Lead Impact Category Patient Harm</p> <p>Board Appetite Cautious (8-10)</p> <p>Board Tolerance No Tolerance</p> <p>Current Score (Year 1)</p>		
<p>Current Controls in Place:</p> <p>Planned rolling replacement programme for medical devices.</p>		

As you can see above, the risk in the first year will be minimal as the proactive work that has been undertaken by the Medical Physics Team creates a low risk position. However, as the funding position will change with the introduction of the 3rd CT Scanner, the effectiveness of the current planned replacement programme will reduce and therefore increase the risk position to be outwith the Boards appetite as outlined above.

Finally, the introduction of a 3rd CT Scanner, will create a risk to the Digital Directorate for implementation. Below is a summary of this.

Table 5 – Risk position for Digital Directorate implementation

Impact on Digital Directorate		Current Risk Assessment:
<p>If the 3rd CT Scanner is installed, there is a risk that we will experience delays in Digital Delivery Plan, resulting in additional costs or delays to existing projects.</p>		<p>Impact Breakdown: Transformation/Innovation (3) – There will be a reduction in scope/quality/project/programme within the Digital Directorate.</p> <p>Service Delivery (3) – The service will experience some disruption and resources will be stretched to accommodate the delays in the workplan.</p> <p>Likelihood Assessment (3) – This risk may happen.</p>
 <p>Lead Impact Category Service Delivery</p> <p>Board Appetite Averse (1-6)</p> <p>Board Tolerance Cautious (8-10)</p> <p>Current Score</p>		
<p>Current Controls in Place:</p>		

<p>Regular reporting (1/4ly & monthly) on projects in Digital. Expectation report (submitted to D&Eh Programme Board to P&R) written for any project that would be impacted.</p>

The two risks outlined above create risk for the organisation, however, they do not outweigh the risk which the business case addresses – Radiology/Imaging Capacity.

The risk above demonstrates the CT Scanner project will impact on the current workload and projects in progress within the Digital Directorate. This project may incur delays which will have an impact on project delivery, and costs associated with the wider Digital Directorate project portfolio and activity. These will be communicated through the regular governance groups and reporting. BAU activity and service delivery may also be impacted due to resource capacity being impacted.

4. FINANCE

The estimated capital and revenue costs are set out below.

4.1 Capital Requirement and Non-recurring set up costs

There is currently no capital provision in the 2024/25 NHS Forth Valley Financial Plan for a 3rd CT scanner and there is no expectation of any additional monies being made available nationally to support this. therefore capital funding would require to be sourced by reprioritising the 5 year capital plan. Depending on procurement lead in times and installation works, there may be a requirement to draw down an element of the 2025/26 formula capital allocation, with Scottish Government providing an advance on this in 2024/25, to be repaid from the 2025/26 allocation. The full impact of this on other 2025/26 capital priorities, such as the planned medical equipment replacement programme and various IT and estates projects, has been risk assessed and mitigating measures determined. Risk weightings have been applied to all equipment on the Capital Medical Equipment Replacement List, which will inform of the output measures required if the 3rd CT Scanner is approved. This is demonstrated in the risk matrix above.

Table 6 – Capital Costs

Modality	Initiative	New Activity	Non-Recurrir	Recurring £	Capital £	Total
CT	Scanner cost (including Turnkey Estimate)				775,000.00	775,000.00
CT	Injector				10,388.00	10,388.00
	Total	-	-	-	785,388.00	785,388.00

The capital cost to purchase a CT scanner is £0.785m for a turnkey installation. Recent NHS Assure Guidance now dictates that upgrading of air handling systems in required for new equipment. There is a requirement to make some alterations to the accommodation in the proposed location. Any work to alter or upgrade will be undertaken by Forth Health/Serco. The associated costs of any physical changes are not yet known and further work is being undertaken to identify this additional capital cost with Forth Health.

Some of the main capital assumptions are noted below for information:

- Costs have been calculated at 24/25 prices with confirmation from vendors and consumable suppliers.

- Includes turnkey installation and service costs.
- Includes equipment (medical and IM&T) within the estimate using current prices and assessment of required equipment.
- Excludes any air handling/ventilation costs and that of any other changes to the area.
- Risk has been included in the capital costs.
- Scottish Government have agreed to provide advance funding to meet the capital costs in 2024/25 if required, on the basis that this would be repaid from the NHS Board's formula capital allocation in 2025/26.

4.2 Revenue Requirements

The revenue costs include the workforce plan for the 3rd CT scanner and infrastructure/support services costs. Costs have assumed this will be operated over 5 days per week/ 8 hours per day.

The main revenue assumptions are noted below for information:

- Full year costs are calculated at 2023/24 prices.
- The Business Case outlines the total annual cost for CT3 and assumes that the temporary expansion of CT2 through maximising capacity would continue until quarter 3 financial year 2024/25.
- The staff recruited to provide additional operational hours for CT 2 will transfer to CT 3. The workforce costs associated with operating a third scanner Monday to Friday, will transfer from the current temporary expanded opening hours associated with CT scanner 2.
- Number of substantive staff required can found in Table 7.
- There will be no impact on staff terms and conditions with no reliance on pay protection.
- Pay costs are inclusive of employer on-costs and allowances for leave.
- VAT is included where appropriate.
- Assumed Hard and Soft Facilities management costs are as current for the room within radiology.
- Utility costs have been estimated using current prices and known consumption level for existing room and existing CT equipment.
- Capital charges have been estimated in line with the Board's accounting policies.
- Picture Archiving Communications Systems (PACS): all radiology examinations performed are stored and reported digitally on the PACS system. The local PACS stores images for approximately 9 months. After this time older images need to be pre-fetched from the National Data Centre. A third CT scanner would reduce the amount of local PACS storage available. Costs for additional local storage have been sought but currently are not necessary for the short period of time (18 months) we have left on the current PACS contract. NSS have confirmed that no additional PACS storage is required to be purchased for the National Data Centre.
- The recurring revenue costs for an additional CT scanner operating over 5 working days/ 8 hours per day, is £907,624.
- A proportion of workforce costs for expanding the existing scanner have been supported from cancer waiting times funding.
- There is an opportunity to offer a proportion of local additional CT scanning capacity to the Scottish Government/ other NHS Boards. This has the potential to attract additional funding. Discussions regarding these potential opportunities continue.

Table 7 outlines the full year revenue and capital costs.

Table 7- Full year revenue and capital costs

Table 7: Full Year Revenue and Capital Costs - 3rd CT Scanner						
Modality	Initiative	New Activity	Non-Recurrring £	Recurrring £	Capital £	Total
CT	Scanner cost (including Turnkey Estimate)				775,000.00	775,000.00
CT	Building Alterations/Ventilation/Variation					-
CT	Financial Implication of Scanners running at Max Capacity					
CT	Waiting Times Scans	6,960				
CT	Cardiac Scans	1,200				
CT	Injector				10,388.00	10,388.00
CT	Service Cost pa £42K			48,000.00		48,000.00
CT	Energy Running Costs (Subject to 5 % Increase)			31,500.00		31,500.00
CT	Staff Costs 3 x B6 Radiographers			195,624.00		195,624.00
CT	Staff Costs 2 x B2 Admin Booking Staff			84,668.00		84,668.00
CT	Staff Costs 3 x B3 HCSW			115,252.00		115,252.00
CT	Uniforms			1,676.00		1,676.00
CT	Training			1,118.00		1,118.00
CT	Contrast: Based on 8160 scans/year @ (£14/scan)			114,240.00		114,240.00
CT	Consumables: Based on 8160 scans/year @ (£4/scan)			32,640.00		32,640.00
CT	Reporting & Admin (1.5 WTE Radiologists)			282,906.00		282,906.00
CT	Capital charges			78,539.00		78,539.00
	Total		-	986,163.00	785,388.00	1,771,551.00
	Cost Per Scan		-	£141.69		

If the approval to procure a 3rd CT scanner is given in July 2024, the scanner is expected to be operational in February 2025, with staff recruited / transferred ahead of go live for training and orientation. The total blended cost of Max-Out until the end of January-25 and new Scanner February-March-25 in this financial year is £1.046m. The non-recurring £60K additionality over and above £986k for a full year of 3rd CT scanner can be accommodated through slippage in the £2.7m New Planned Care funding. This assumes that the staff recruited to maximise throughput through expended opening hours in CT2 would migrate to CT3.

4.3 Workforce Plan

Table 7, above, provides a breakdown of the additional workforce required for the 3rd CT Scanner

5. CONCLUSION

This Business Case has demonstrated the case for additional CT capacity, including the recent and expected future growth in demand for both Inpatient and Outpatient scanning and the benefits of increasing capacity, thereby reducing waiting times and improving patient outcomes.

The Business Case has set out the clinical governance impact of failing to increase capacity on patient care and outcomes and increased waiting times. In the short term, additional capacity has been made available by extending the opening hours of CT2. It has been demonstrated that by utilising a CT Van on a temporary basis significantly reduces the waits for CT scans – but is not a sustainable option.

The proposed way forward is to procure a 3rd CT scanner to be staffed over 5 days, 8 hours per day. 100% of this capacity initially will meet Forth Valley's additional demand and reduce

waiting times, particularly for cancer patients. This will improve attainment of the 31- and 62-day cancer waiting time guarantees. There may be an opportunity to income generate while supporting other NHS Boards to reduce waiting times and improve patient experience. This also future proofs CT scanning availability in NHS Forth Valley in the medium to long term.

The estimated capital costs will be met by reprioritising the current 5-year capital plan. As highlighted above, this will require an advance of the 2025/26 capital allocation into 2024/25 which the Scottish Government have agreed to facilitate if required. Total revenue costs are estimated at £1.046m which is comprised of £0.986m of recurring costs and £0.060m of non-recurring costs. These will be met from the £2.7m recurring revenue allocation for planned care.

FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

15. Culture Change & Compassionate Leadership Programme Update For Assurance

Executive Sponsor: Mr Kevin Reith, Interim Director of Human Resources

Author: Mrs Jo Tolland, Programme Director Culture Change & Compassionate Leadership Programme

Executive Summary

The Culture Change & Compassionate Leadership Programme was launched in early 2023 and since that time have successfully completed the Data Gathering (Staff Feedback & Organisational Data) and Data Synthesis (Identification of Key Themes) phases.

Between December 2023 and March 2024, the Programme findings were shared across the organisation and the collaborative Solution Design Phase has now been concluded, the outputs of which have now been incorporated into the Draft 'Culture & Leadership Improvement Action Plan'.


Recommendation

The Forth Valley Board is asked to:

- **note** the activity and progress of the Culture Change & Compassionate Leadership Programme
- **note** the Culture & Leadership Improvement Action Plan being co-created with staff to align with current and ongoing culture & leadership related projects and initiatives.

Assurance

Proposed assurance level:

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

A Reasonable level of assurance has been reported on the basis that the Programme has progressed within adjusted timescales in the context of significant senior personnel changes and significant organisational change since initiation.

- The level and nature of staff engagement and participation has been extremely positive and effective with outputs of the design phase incorporating staff input informing the content of the Action Plan.
- Monthly Strategic Risk Review meetings have been in place since July 2023
- The 'Oversight Board' has been reviewed (including membership) and reinstated as the 'Programme Board' in line with CPMO terminology and best practice.
- 1 Risk remains red status, post mitigating actions:
 - If staff across the organisation are not able to dedicate time to the improvement plan, there is a risk that the associated actions will not be delivered, resulting in a failure to achieve sustainable cultural change.

Key Issues to be Considered

The Programme Board established to oversee the programme is now formally in place with an approved Terms of Reference signed off in May 2024.

Progress on programme activity is monitored by the Programme Board through a highlight reporting process which is supported by the Corporate Programme Management Office. Highlight reporting has been established with regular updates provided to Executive team, Area Partnership Forum and Staff Governance Committee.

The work on the development actions arising from the discovery and diagnostic phases was extended until the end of June to support maximum engagement with staff and in the spirit of our aim to co-create the delivery phase with our NHS Forth Valley workforce. Colleagues have already reported the 'cathartic' effect of being able to speak out and share their experiences in relation to the challenges they have experienced around Culture and Leadership within NHS Forth Valley.

This has now been further validated by a very honest, open and relatable summary and sharing of the programme findings. A continuation of this inclusive and collaborative approach will only serve to build on this positive response and experience for colleagues.

Over 1200 colleagues engaged with the Data Gathering / Feedback process at the start of the programme. Almost 800 colleagues attended a presentation and discussion of the Programme findings.

The Design Phase of the Programme completed on 27th June and 294 colleagues participated in the Solution Design, Validation and Prioritisation workshops which were held throughout April, May and early June. In addition, 150+ colleagues attending the Nursing, Midwifery and Allied Health Professional (NMAHP) event took part in 3 facilitated Solution Validation & Prioritisation workshops on 15th May. The criteria for validation & prioritisation was: "Those solutions which have the greatest potential for positive and sustainable impact on our Culture."

Again, participants have expressed their appreciation of this opportunity to be directly involved in the development and prioritisation of solutions in relation to the issues they provided feedback on at the start of the programme.

If we can effectively address the cultural and leadership issues identified by staff which we know can have a direct impact on health and wellbeing (such as bullying and incivility) then this will have a significantly positive impact on wellbeing across the organisation.

Issues of note from work to date which the Programme Board continue to review and direct:

- Issue 1: There are historical organisational issues regarding communication with HSCP colleagues and partners and work continues to identify ways to overcome barriers to support extended reach of the programme where there has been limited reach.
- Issue 2: Efforts on targeted communication with 'easy-to-miss' staff groups to share findings and encourage programme participation, are ongoing as engagement with these groups can still be improved.

Implications

Financial Implications

The key aims of the programme are aligned to wider financial sustainability themes - in terms of improved staff experience translating through to a more stable and engaged workforce.

Support for the programme has been managed within existing resources to date. The programme support arrangements are presently built into the existing Corporate Programme Management Office (CPMO). As the Design Phase is completed, we will review any financial requirements for the work we will progress as part of the next phase, and this will be done in liaison with the Finance team and through the appropriate approval process where required.

Workforce Implications

The links between organisational culture and behaviours and levels of staff absence and turnover are widely accepted as having a direct correlation. NHS Forth Valley Organisational data indicates high levels of staff absence and turnover. The Culture Change & Compassionate Leadership Methodology has been proven to have a positive impact on these indicators in other Health Boards and therefore has the potential to increase attendance and retention (and therefore resources) through higher levels of staff engagement and tangible improvements in culture and leadership.

Infrastructure Implications including Digital

No infrastructure implications identified.

Sustainability Implications

No Sustainability Implications identified.

Sustainability Declaration

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

N/A

Quality / Patient Care Implications

Implementation of the Culture Change & Compassionate Leadership Methodology in other Health Boards has evidenced a direct correlation between positive employee experience and positive patient experience in organisations.

Information Governance Implications

Not Applicable

Risk Assessment / Management

Monthly Strategic Risk Review meetings have been in place since July 2023 and have demonstrated that controls are operating effectively. All red status risks are reviewed with the Programme Board every 4-6 weeks.

Relevance to Strategic Priorities

The work and objectives of the CC&CL Programme is relevant to the following:

- Scottish Government National 'Healthier' and 'Smarter' Strategic Objectives
- NHS National Quality Ambitions of 'Person-centred', 'Safe' and 'Effective'
- NHS Forth Valley Strategic Ambitions of 'Better Workforce' and 'Working together to protect the health and wellbeing of our patients and staff and to be a great place to work and an outstanding place to receive care'.
- NHS Forth Valley's Corporate Objectives of 'Value and develop our people', 'Demonstrate best value using our resources' and 'Display Leadership Behaviours that nurture and support transformational change across our health and care system'.

Equality Declaration

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

Further to an evaluation it is noted that:

- Screening completed - no discrimination noted for this report

However, it is important to note that throughout the Programme, screening has been ongoing to identify and address any areas of inequality and potential discrimination for staff members who fall under any (or multiple) of the nine protected characteristics. Accessibility considerations and mitigating actions have been proactively taken to help improve engagement and minimise barriers to this. Support has been offered on a case-by-case basis for any additional needs beyond this. As part of the next phase of the programme, a full EQIA will accompany the Action Plan and the Programme team will ensure any projects or workstreams they are linking with across the organisation adhere to Equality and Inclusion standards and have EQIAs completed individually.

Communication, involvement, engagement and consultation

As well as the extensive consultation with staff through the programme, updates are provided to the Staff Governance Committee and Area Partnership Forum and progress monitoring is provided through the Programme Board. There will be updates provided to the Assurance Board and the NHS Forth Valley Board on progress in July 2024.

Additional Information

Nil

Appendices

Nil

FORTH VALLEY BOARD
TUESDAY 30 JULY 2024

16. Urgent and Unscheduled Care Action Plan For Assurance

Executive Sponsor: Mr Garry Fraser, Director of Acute Services

Authors: Mr Garry Fraser, Director of Acute Services; Ms Gail Woodcock, IJB Chief Officer, Falkirk; Mr David Williams, interim IJB Chief Officer, Clackmannanshire and Stirling.

Executive Summary

The emergency 4 hour access standard is a key objective set by Scottish Government for emergency departments across Scotland. In order to have timely access, treatment, admission or discharge within 4 hours of presentation to the emergency department, the whole system of health care requires being as efficient as possible. The access to care ranges from services in local communities, through intermediate care and the hospital system. Where there is admission into a hospital or intermediate care facility, supporting timely discharge is essential, thus ensuring there is flow through our health and social care system. Working with our Health and Social Care partners, Scottish Ambulance Service, NHS24, Primary care and community services to ensure that patients access the care they need at the right time in the right place. Taking a population health approach is allowing for a better understanding of the community needs and how to best meet the needs of the community.

This paper aims to display the whole system working that is being undertaken to meet the obligations of the board and improve patient experience.

In the most recent review by CfSD they state that the Forth Valley plan is credible and likely to improve performance based on the processes being put in place along with a reduction in patients delayed in discharge mainly AWI. As Board members will be aware this is a focus from the First Minister with the Chief Officers across Scotland.


Within the UUSC plan there is an aim to sustain 57% for the 4 hour emergency department access standard by the end of August 2024.

Recommendation

The Forth Valley NHS Board is asked to:

- **review** the paper and be assured that whole system working is being applied to improve patient experience and performance in urgent and unscheduled care.
- **acknowledge** the work streams underway to improve the 4 hour ED access standard
- **understand** the factors affecting the 4 hour ED performance

Assurance

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 is proposed on the basis that although there is joint whole system working and the plan being progressed has been endorsed by CfSD and will continue to develop new ways of working to deliver the service there remains specifically limited sustained improvement with the 4 hour ED performance and the target of 57% by end of August is well below the national standard expected.

Key Issues to be Considered

Whole system approach

- Whole system working and escalation is vital to successful service delivery and to ensure the longer term sustainability of our health and social care services. Coproduction of strategic plans and aligned data and performance dashboard development is ongoing to measure the impact of strategic implementation plans.
- Early intervention and prevention is being explored through a public health lens to better understand patient needs and prevent unnecessary unscheduled presentations to ED. This is a population health approach which will inform our immediate plans as well as supporting longer term strategic decision making to improve healthy life expectancy and reduce health inequalities.
- Contact has been made with NHS 24 to review the number of calls received from Forth Valley residents and the conversion of calls received to referrals to the Flow Navigation Centre; this is the highest conversion rate in Scotland. We are keen to ensure that patients are being triaged to the right place first time and are working with NHS24 to further explore the range of options available to achieve this.
- 'Call before you convey' is now underway in a phased approach with the Scottish Ambulance Service (SAS). The conveyance rate from SAS when attending a 999 call in Forth Valley catchment area is around 80%. We know that in other areas where 'call before you convey' is well established, that the conveyance rate can be as low as 50%. This initiative went live at the start of June 2024.
- Scottish Ambulance Service turnaround time continues to sit around or below the Scottish average where it is rare for there to be a queue of ambulances waiting to off load for any more than an hour. This is seen as a patient safety priority. There is also no practice of corridor waits within the hospital which equally has patient safety issues. NHS Forth Valley made the decision a number of years ago to manage ambulance flow in this way, this is not replicated in all boards across NHS Scotland, where other Boards are choosing to create ambulance queues rather than off loading into corridor care areas.
- Your Home First is a strategy being developed collaboratively with the Health and Social Care Partnerships (HSCP) and NHS Forth Valley which aims to embed a whole system approach to ensure that people receive their health and care needs at home or as close to home as possible. This will include work streams such as Integrated Out of Hours and Streamlining Access to services; development of an Ambulatory Frailty Pathway, Whole System Discharge Optimisation; and work with communities with high ED attendance rates.
- The Acute urgent and unscheduled care delivery plan previously discussed at the Board development session continues to progress and is monitored through the Urgent and Unscheduled Care Programme Board. This includes work streams such as Discharge without Delay (DWD), Ward Beat and Frailty assessment and cohorting. This aims to ensure the flow through the whole Forth Valley Royal Hospital (FVRH) site is maintained.
- It also can't be ignored that there is a cultural element to the team working and interpersonal relationships that have broken down over the years in some areas. There is a vast amount of internal Organisational Development work underway to develop

trust and effective teamwork with the wards and medical teams. This work continues as part of our approach to Whole System Working, as well as the work across the system in relation to the Culture Change and Compassionate Leadership programme implemented as part of the Board's response to our escalation by the Scottish government.

Data

The trajectory below in table 1 demonstrates the current 4-hour ED trajectory set in February 2024. The 4-hour performance has been above 50% for the last two weeks. We are still seeing variable performance however we are aiming to achieve a sustained 57% by the end of August 2024 as our immediate objective.

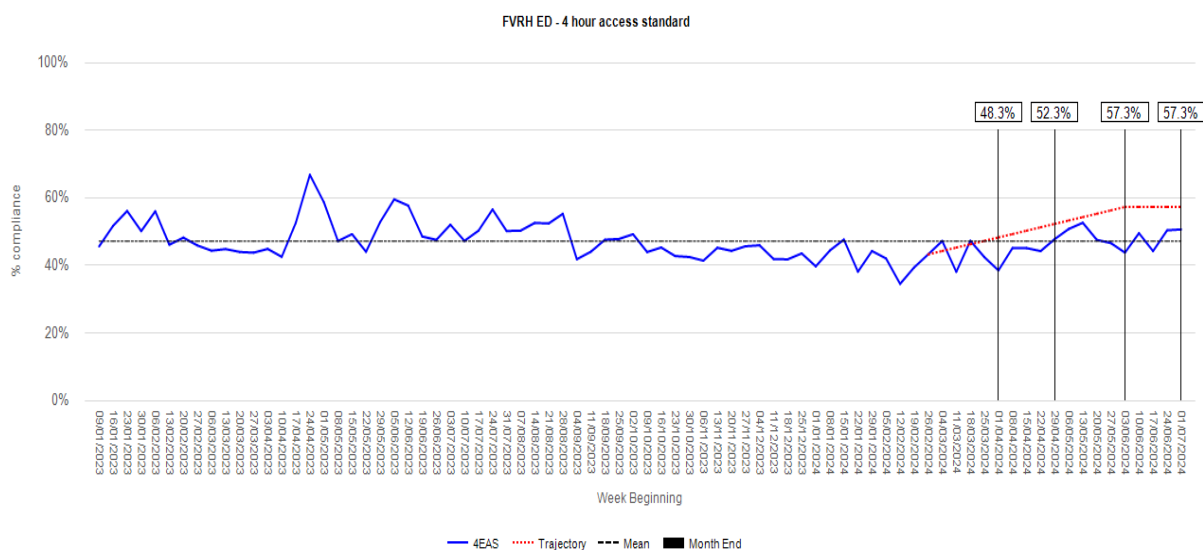


Table 1. Definition: % of unplanned new or return patients who are seen and discharged/admitted within 4 hours at FVRH ED

Table 2 below provides the year to date performance for the unplanned 4 hour ED access standard. Forth Valley has one of the highest planned referral rates to unscheduled care in Scotland and if this was taken account of, the performance would be higher. Public Health Scotland along with an A&E expert group is currently reviewing their guidance to ensure there is equity across Scotland. The attendance to ED whether scheduled by NHS24 or unscheduled by self presenting or by ambulance, are subject to the same process of treatment once at ED with the aim for 4 hours to be seen, treated, discharged or admitted still applied. If the planned attendances were taken account of the performance would rise by circa 4%.

Period		MIU Attendances	ED Attendances	Health Board Attendances
1. Current YTD	Unplanned Attendances	2,828	16,694	19,522
	4hr Compliance	98.4%	47.0%	54.5%
2. Previous Full Year	Unplanned Attendances	13,585	59,334	72,919
	4hr Compliance	99.8%	47.0%	56.8%

Table 2 Cumulative attendances and compliance

Table 3 below displays the Emergency admissions profile. Forth Valley has not seen the seasonal variation that is normally seen at the end for February 2024. This is a similar feature across many health boards in mainland Scotland. This does have a bearing on the flow through the system and the recovery from winter. We are also seeing rising numbers of covid patients over the recent weeks, which causes isolation and patient placing issues.

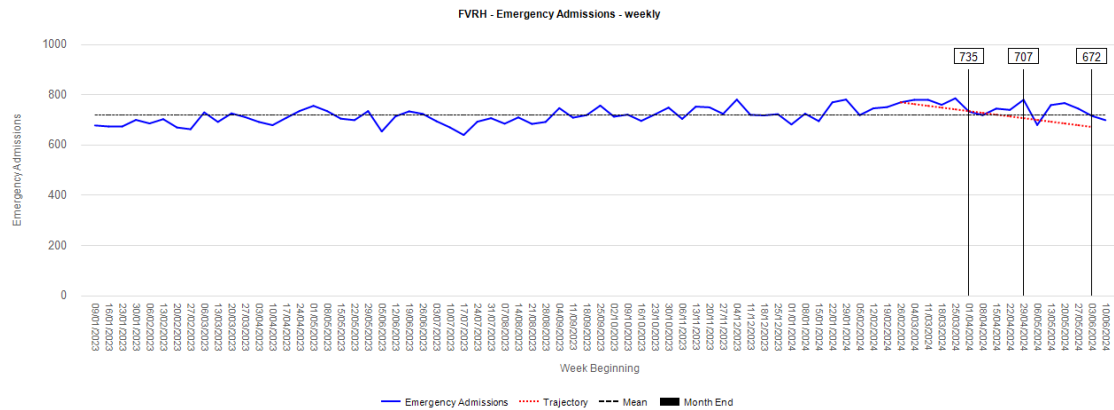


Table 3 Emergency admissions

Table 4 below displays the SAS turnaround time throughout the year 2023-24. This is around or below the National average and allows ambulance crews to be released quickly for their next callout.

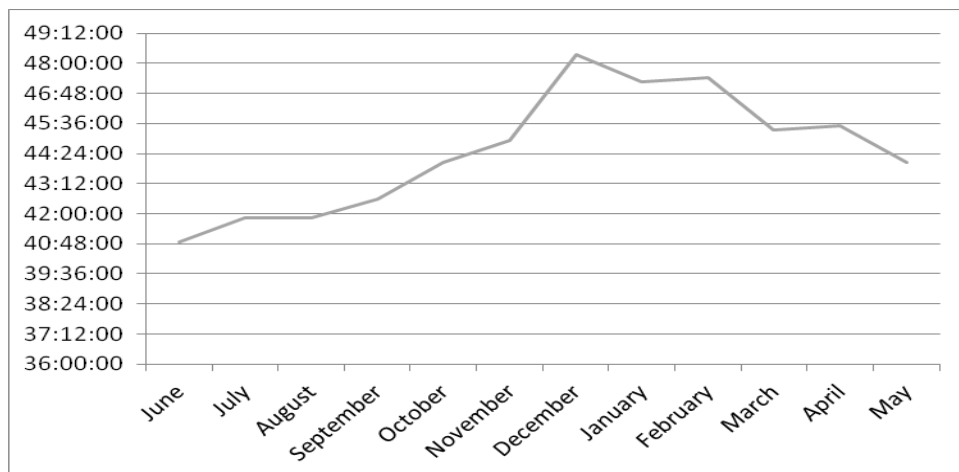


Table 4 Median Turnaround Time at Hospital June 2023 - May 2024

Summary

Performance

The 4-hour performance remains under 50% for the year to date as it is currently recorded. There is work with Public Health Scotland, along with an A&E expert group, who are currently reviewing their guidance to ensure there is equity of reporting across Scotland. If the planned attendances along with the minor injury performance were applied to Forth Valley the performance would be around 54% as displayed in Table 2.

Forth Valley Royal Hospital has its own specific challenges which are different from other mainland sites. These are that it does not and cannot divert to another site to allow the ED to decompress. It must take its own volume of patients with no ability to redirect to another ED, as some other sites have the ability to do, whether this is with emergency admissions or through GP redirects.

FVRH does not have patients waiting in corridors within the ward areas, we view this as a patient safety risk and do not undertake this in the practice to decompress the ED.

FVRH also aims to off load ambulance crews as soon as possible allowing the ambulance service to respond to their next call as timely as possible. There is an unknown clinical risk to the community if the ambulance is not released back to the community. It is a rare occurrence that ambulance crews at Forth Valley Royal Hospital will be waiting for several hours to off load. The median turnaround for last year being around 48 minutes as displayed in Table 4. As stated previously, this is not the routine practice in other Health Board areas, where patients can be held in the back of ambulances for many hours and the 4 hour access standard does not apply until the patient is off loaded into the department.

Diagnostics

- The work underway with our public health team to understand the current and future patient needs is essential in defining where we can implement interventions for population health earlier in their health requirements. This will improve our approach to delivering health services and influence planning decisions.
- The “your home first” strategy aims to prevent admissions to ED and acute care by early intervention of care.
- The work with NHS 24 and SAS aims to reduce the volume of patients coming to ED by providing advice and sign posting to alternative providers such as pharmacy first. The integrated discharge team, Ward Beat and DWD processes provide better joint systems of work for patients that no longer require being in acute care.
- Work with SAS and NHS 24 provides opportunities to reduce the volume attending the ED and therefore increasing the ED capacity and the performance.
- There is a significant cultural element to the team working and interpersonal relationships within the acute sector that have broken down over the years in some areas. Strong leadership along with roles and responsibilities is being developed. There is a vast amount of Organisational Development work underway to develop trust and effective teamwork with the wards and medical teams.
- A need for clarity around the activity associated with Minor Injuries is essential to support comparators across NHS Scotland which are valid.

Plan output

- Appendix one displays the acute measures and a summary of the work reported to the Urgent and Unscheduled Care Board. Through the summer months we will see better data analysis in relation to population health needs that will inform our strategic approach to meeting the needs of our local population.
- Call before you convey will initially aim to reduce the ambulance service conveyance by 5 % by the end of August 2024.
- Working with NHS 24 we would aim to review our joint pathways and reduce the volume to FVRH. This is at an early stage as we don't have the joint data yet but again we will aim to reduce the attendance volume by 5% by end of September 2024 once the data and processes are reviewed.
- Your home first strategy also aims to reduce admissions and reduce LOS. Working alongside the integrated discharge team and the wards with their discharge without delay processes will reduce length of stay (LOS). This helps the flow through the hospital site. We are aiming to align our ward with the National average LOS for their specialty. This will reduce our overall bed base, creating greater efficiency through the remaining funded beds and a reduction in the reliance in supplementary staffing to support the additional capacity.
- There has been a board specific letter from CfSD received on the 12th of June 2024 which highlights some specific actions including delayed discharge actions and focus

on AWI patients to be taken jointly with HSCP's. All of the actions in this letter which are not in the existing plans within NHS Forth Valley are being explored.

- CfSD has reported that *“it is credible that successful implementation of the Forth Valley plan could be expected to reduce hospital bed occupancy by around 3 percentage points (i.e. 21 beds per day). Realising your aims is likely to increase the board's performance against the emergency access standard by around 13.9 percentage points.”*
- Delayed Discharges have become a particular focus of attention at Scottish Government and COSLA in recent weeks due to the unprecedented levels for Scotland as a whole. Weekly meetings have been put in place chaired by the Cabinet Secretary and Councillor Paul Kelly, COSLA Health and Social Care lead, with expected attendance by all 31 Chief Officers or their substitute. Targets have been set for each HSCP to reduce their respective share and the global delayed discharge figure by several hundred by October in anticipation of Winter. Performance is monitored on a weekly basis at these meetings. The target for all Partnerships is to get to 34.6 delayed patients per 100K over 18 years of age population and as at 9 July both HSCPs were above this. We are expected to reduce our delays by 48 from our position as at 9 July was 133 delays. This issue is receiving considerable daily focus and attention by the respective HSCP COs and their teams, jointly with the Acute hospital site, and with the CEO fully engaged as appropriate. There are also two national short life working groups that have been established to focus on MH, LD and AWI delays and secondly Targeted Improvement and Performance Support.
- Leadership - we are undertaking local leadership realignment and implementing the Triumvirate structure which will provide local ownership for many aspects of operational delivery such as clinical leadership and governance, budget, performance, training, Ward beat and reducing LOS. We have appointed to the Chief Nurse post within Acute which is driving the nursing leadership across the site, we are also investing in external senior professional leadership support for the ED nursing team to support their leadership development. There has also been a focus group started with the acute physicians chaired by the Director of Acute to review working practice and service delivery.
- Governance – there is increased oversight and governance in relation to unscheduled care work streams with reporting through the urgent and unscheduled care programme board and up to the P&R committee, the executive team as well as a detailed deep dive into unscheduled care at the Forth Valley Board.
- Culture – there is increased open engagement sessions along with specific OD sessions underway with nursing teams and clinical teams. This relates to the local leadership, ownership and improved culture. We have undertaken further work with the medical teams within Acute to understand any cultural challenges that they face and this work is being written up currently, this work was led by the culture change and compassionate leadership team.

Conclusion

It is the focus of the whole system to support people to live well at home, to reduce incoming demand, process our patient cohort as safely and efficiently as possible, reduce delays on site and continue to work with our staff to do this. We have seen that in early May and for late June that we can sustain a performance above 50% for several weeks at a time and we are aligned to do this as we progress through the summer months. It is our aim to maintain 57% by the end of August 2024. The review by CfSD support the overall plan and state we have ambitious time scales that are dependant on the work to reduce our delays on the FVRH site.

Financial Implications

The continued implementation of this plan would allow for unfunded beds to be reduced in the acute and community setting. This reduces the need for additional staff and allows people to be cared for in their own community setting. We are taking the opportunity to close any of unfunded beds that presents through the course of managing flow. That said this does have an effect on the timely flow through the hospital site and does affect the 4-hour performance if there is reduced capacity on the acute site. The work being undertaken to reduce delayed discharges to the community is welcome. There will be a balance to be maintained around patient safety and reducing the unfunded beds. There is a real risk that closing unfunded beds in an unplanned way will affect the 4 hour performance and patient flow.

Workforce Implications

The implementation of the plans referenced in this report will reduce the requirement for additional staff in the acute areas and increase morale as the wards will reduce to their optimal working bed base.

Infrastructure Implications including Digital

There are no specific infrastructure implications as a direct result of this report. Work is ongoing to develop systems to support more efficient working and enable appropriate performance reports to be developed to underpin our whole system working.

Sustainability Implications

The whole system approach is the sustainable way forward to deliver services for Forth Valley. This aligns to Forth Valley Health Board and the HSCP strategic plans.

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

The joint working outlined in the previous sections of this paper seeks to enhance patient care and aims to ease pressure on the urgent and unscheduled care to allow patients with the greatest immediate need to access timely care.

Information Governance Implications

There are no information governance issues.

Risk Assessment / Management

The course of actions being undertaken will mitigate the risk of access to immediate care through the ED department when it is at capacity and also reduce the overcapacity in the acute wards. There does need to be closer engagement and working with primary care and acute medical staff to ensure any opportunities are maximised. This is being progressed with the HSCP's.

Relevance to Strategic Priorities

The joint system working aligns to both the HSCP and the Forth Valley strategic aims.

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

Engagement with the acute team, the HSCP teams, Forth Valley executive team is all in progress.

Appendices

- Appendix 1: Urgent and Unscheduled Care Programme Performance Report May 2024



NHS Forth Valley

Urgent and Unscheduled Care Programme

Performance Report May 2024

Deborah Lynch
Unscheduled Care Programme Manager
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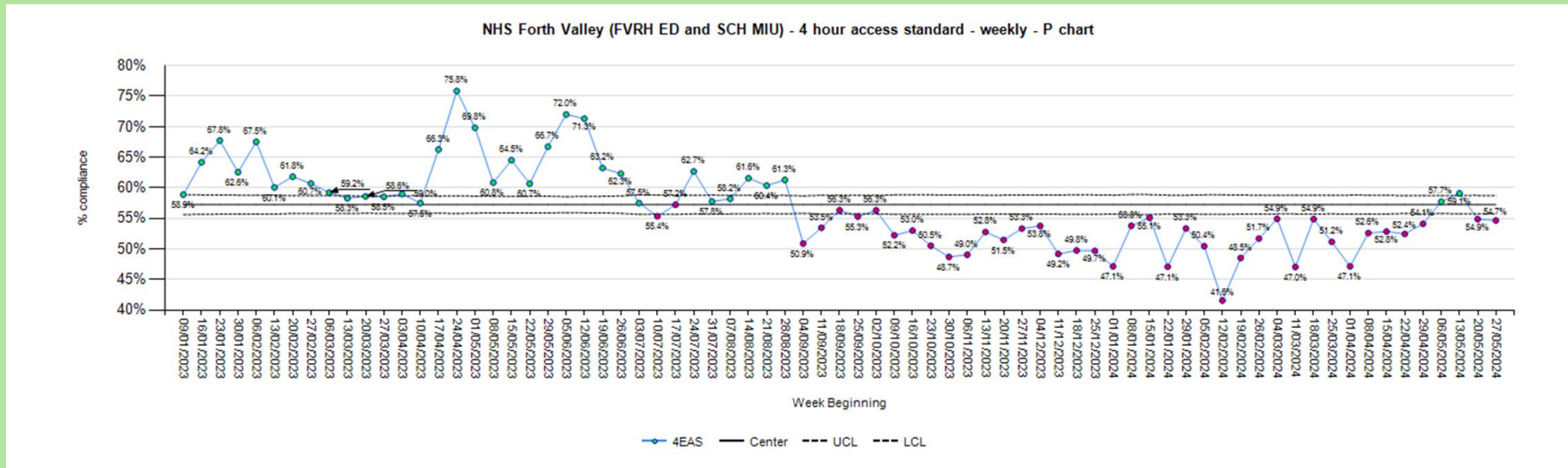
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Associate Medical Director for Unscheduled Care
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Urgent and Unscheduled Care Performance Metrics, May 2024	
4-hour EAS	Our urgent and unscheduled care services remain under pressure from over occupancy and difficulty discharging patients. Our discovery data shows that ED occupancy at 8am and LoS >14days has a significantly significant (negative) correlation with ED performance, both remain at high levels. During May 4-hour ED/MIU performance increased to 56.0% and this increases to 63.7% if we include new planned attendances to ED/MIU (minor's performance).
Emergency admissions	We are starting to see a slight drop in emergency admissions. Work to support the development of alternatives to hospital attendance and admission has started. We plan to use the criteria to admit audit tool to identify missed opportunities to alternatives to admission and identify gaps in resources.
Average LoS	Average LoS for emergency admissions is 9 days. This is likely associated with the high level of delayed discharges and patients with a LoS > 14 days on the acute site. Balance scorecards for downstream wards which will include an individualised 'Wardbeat' to increase ward discharges and reduce ward LoS.
Delayed discharges	The total number of delayed discharges (acute and community hospitals) remain at high levels. We have seen a sustained increase in the number of delays on the acute site since mid-February with the last data point in May showing 148 delays.
Minors' pathway	We continue to see high utilisation of the minor injury unit which has a positive impact on our 4-hour performance. Work to increase the number of patients on this pathway continues.
H@H Capacity	Hospital at Home bed utilisation (based on 25 beds) ranged from 91.4% to 93.7% during May. Work continues as part of the HIS H@H expansion programme to improve existing processes to optimise capacity using QI methodology and to develop our other H@H Services to expand pathways to H@H (OPAT, Community Heart Failure Services and Community Respiratory Services).
ED Occupancy at 8am	We have started to see a drop in ED occupancy at 8am during May. Levels remain high with 3 out of the last 4 weeks above 100% occupancy. Our discovery data shows that ED occupancy at 8am has a significantly significant (negative) correlation with ED performance.
Flow 1	We have seen an improvement in our Flow 1 data since a TrakCare fix to capture Flow 1 data last October. Our discovery data suggests that poor admitted flow blocks assessment space and compromises non-admitted performance. From 2pm onwards, more patients join the queue for admission than leave it each hour which is associated with deteriorating performance in all our ED metrics.
Time to First Assessment	We have seen an improvement in median time to first assessment during May. The limited capacity of senior clinical decision-makers within the ED overnight sees the day shift inherit a backlog of work from the overnight period which is associated with the increase in time to first assessment and deteriorating performance out with the 9am-5pm period.
12-hour breaches	Although we have seen a slight drop in 12-hour breaches levels remain high. We have seen a sustained increase since October 2023 linked to the increase in ED occupancy at 8am. Work to implement regular breach analysis to inform improvement actions is in development.
Pre-noon discharges	The last pre-noon discharge was data point in May was 20% which aligns with the current trajectory for pre-noon discharges. This is as a result work by operational teams across the acute hospital to support flow and facilitate earlier discharges from the site.
LoS >14 days	Although we are starting to see a drop in the number of patients with a LoS >14 days levels remain high. Daily whole system ward level meetings with the aim of facilitating discharge and reducing the number of patients with a in LoS >14 days continue. Our discovery data showed that the number of patients in hospital with a length of stay >14 days has a significantly significant (negative) correlation with ED performance.
Contingency beds	Contingency bed use remains at high levels which impacts on the quality of our discharge planning. We have seen a sustained increased in the total number of contingency beds since January 2024.

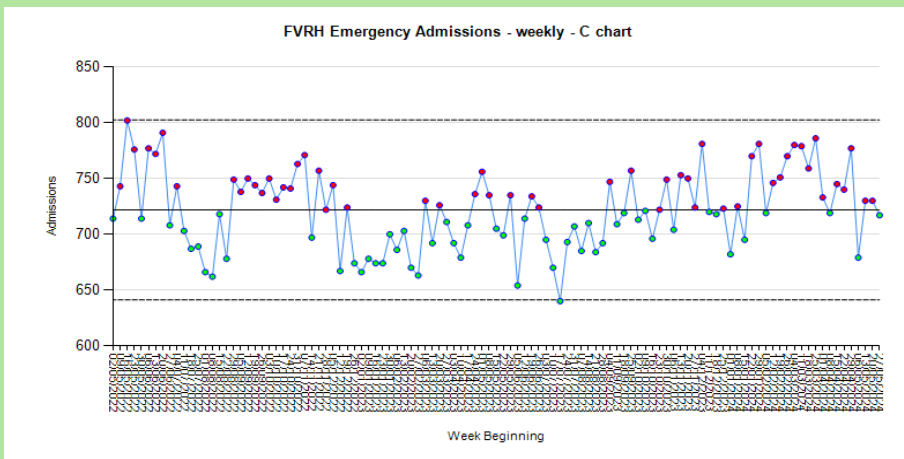
1. Whole System Measures

Graph 1.1: Emergency Access Standard



Our urgent and unscheduled care services remain under pressure from over occupancy and difficulty discharging patients. Our discovery data shows that ED occupancy at 8am and LoS >14days has a significantly significant (negative) correlation with ED performance, both remain at high levels. During May 4-hour ED/MIU performance increased to 56.0%, and this increases to 63.7% if we include new planned attendances to ED/MIU (minor’s performance).

Graph 1.2: Number of Emergency Admissions



We are starting to see a slight drop in emergency admissions. Work to support the development of alternatives to hospital attendance and admission has started.

Key constraints:

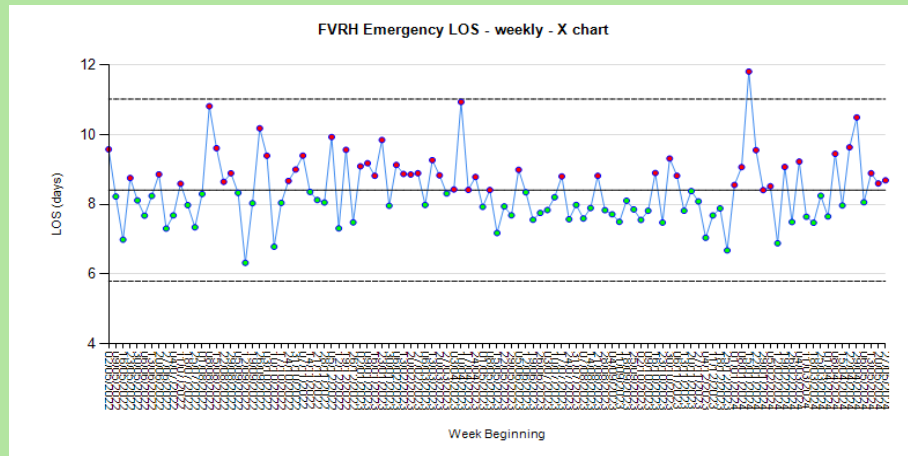
- Awareness of alternatives to hospital attendance and admission to reduce avoidable admissions.
- No discharge service/s at the front door.
- Our CAU and RACU presentations are on an inpatient module on TrakCare and included in emergency admission data.

Next steps:

- Using the criteria to admit audit tool to identify missed opportunities to alternatives to admission and identify gaps in resources.
- Whole system front door patient pathway session to review patient pathways to identify missed opportunities to alternatives to admission and earlier referral to discharge pathways/services.
- Link with other boards re how they capture/report data on patients referred to the acute hospital for assessment.

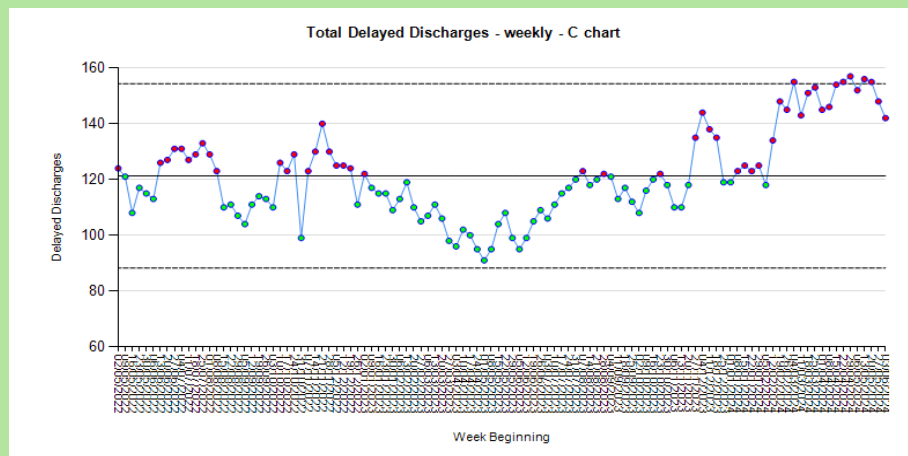
1. Whole System Measures (continued)

Graph 1.3: Emergency LoS



Average LoS for emergency admissions is 9 days.

Graph 1.4: Total Delayed Discharges



Our total number of delayed discharges (acute and community hospitals) remain at high levels. We have seen a sustained increase in the number of delays since mid-February with the last data point showing 148 delays. A breakdown of acute and community hospital delays can be seen in graphs 5.4 and 5.5 on page 13.

Key constraints:

- The number of outliers in our data (people with a LoS > 100 days on the acute site) has a negative impact on our average LoS data.

Next steps:

- Develop clear guidance for PDD recording on TrakCare with support from eHealth to roll out across all areas to improve flow and reduce LoS.
- Roll out the Optimising Flow programme into AMU.
- Develop balance scorecards for downstream wards which will include an individualised 'Wardbeat' to increase ward discharges and reduce ward LoS. Other measures include weekend discharges, pre-noon discharges and use of the discharge lounge.

Key constraints:

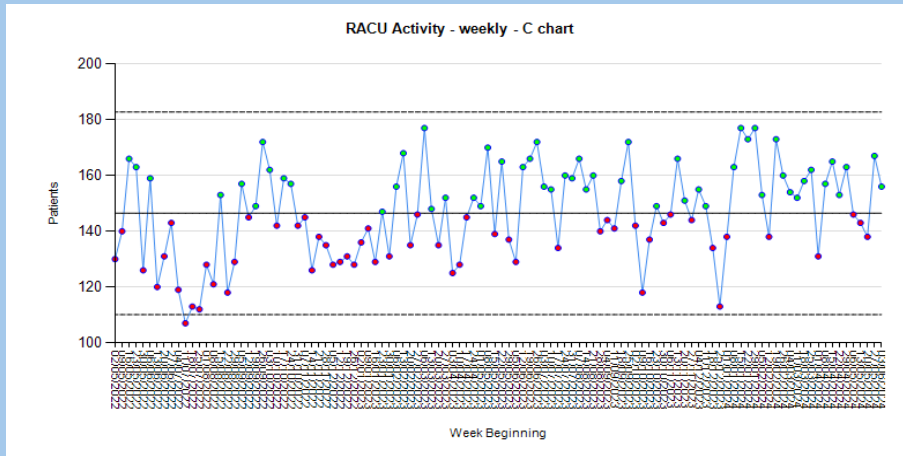
- Our discovery data showed that we have more long stay patients than most boards and this is due to a high number of standard and non-standard delays and AWI delays who typically have an extremely long length of stay.
- We also have and a long length of stay for non-delayed patients.

Next steps:

- Continue with the Optimising Flow programme of work to optimise discharge processes through hospital settings to minimise delays.
- To develop whole system improvement plans and trajectories for acute and community hospital delayed discharges.
- Work to understand availability of and / or pathways to step-down provision.

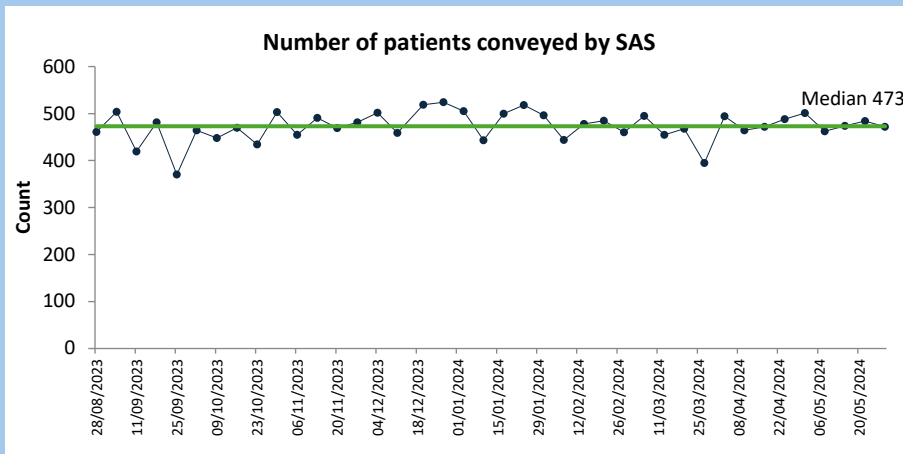
2. Flow Navigation Centre (FNC) Workstream

Graph 2.1: Number of RACU patients per week (new and return)



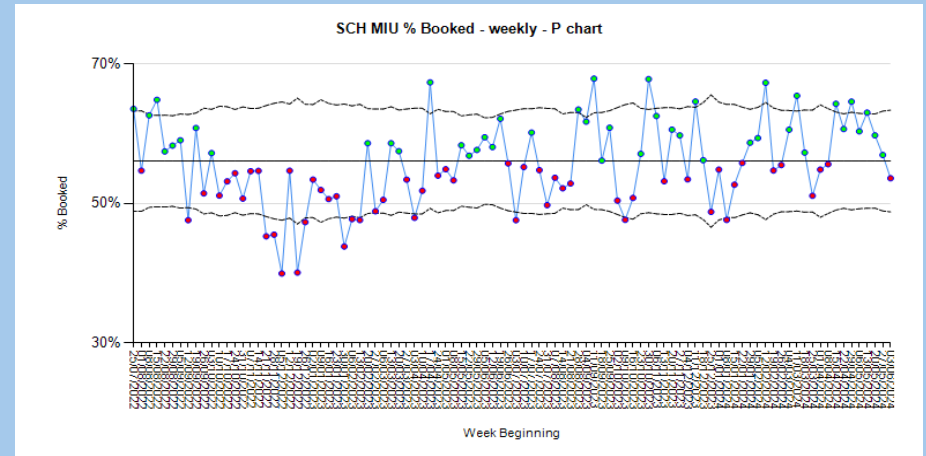
RACU activity remains stable, our discovery data shows that we have a greater proportion of GP admissions directly to RACU than other boards which impacts positively on ED attendances.

Graph 2.3: Number of patients conveyed by SAS



New for May 2024, the graph above shows the number of patients conveyed to hospital by SAS.

Graph 2.2: Percentage of MIU booked appointments



We continue to see high utilisation of the minor injury unit which has a positive impact on our 4-hour performance. Work to increase the number of patients on this pathway continues.

Key constraints:

- We don't have access to electronic data to fully understand our FNC activity. This includes outcomes of calls to the FNC and how well our RACU pathways are working / utilised.
- Our FNC model is admin model vs a senior clinical decision maker model – due to the limitations of data collection we don't understand what impact this has on attendances to our urgent and unscheduled care services. We are currently limited with links to alternative pathways (out of hospital care).

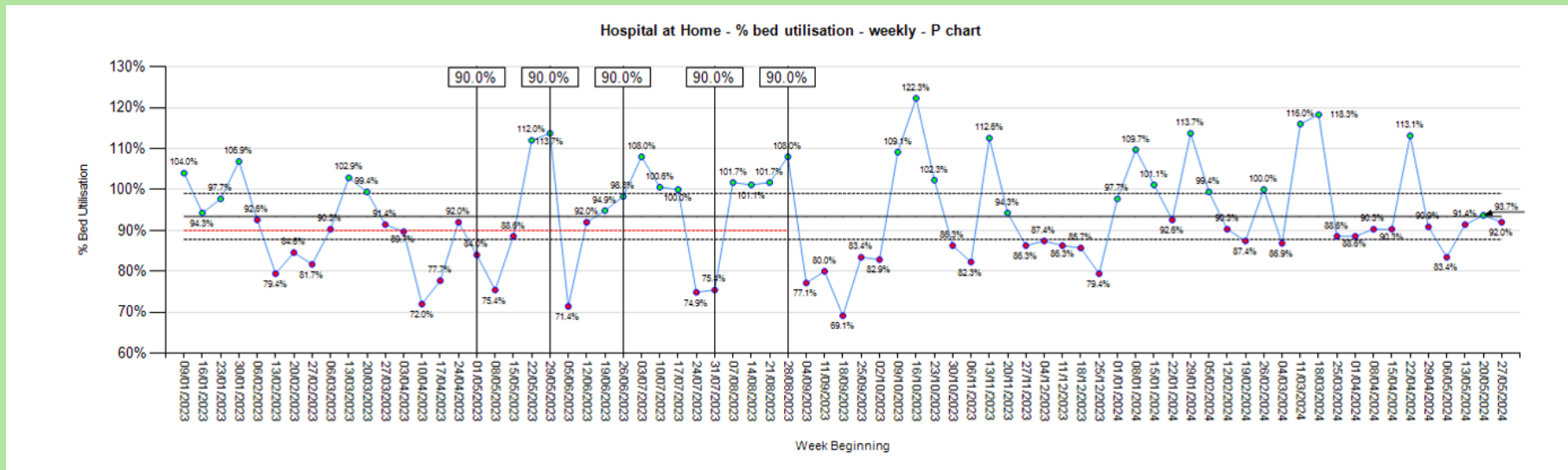
Next steps

- Consultant Connect ToC with ED clinicians and SAS to direct patients to the most suitable pathway of care and avoid unnecessary conveyances to hospital starts on the 3rd of June 2024.
- Support from eHealth to capture electronic data to support national and local data requirements.
- Best practice guidance for FNCs and additional urgent care pathways are in development as part of the national FNC workstream.

2. Flow Navigation Centre (FNC) Workstream (continued)		
Priorities	Progress since last reporting period	Planned activity for next reporting period
Implementation of Consultant Connect - <i>Maximising professional to professional communication</i>	Met with company to finalise contract details ~ Communications disseminated to teams and SAS crews ~ DPrA, DPIA and contract approved and signed off by Acute Director	~ Phase 1 - TBC 'Go Live' 3 June ~ Test of change receiving calls from 2/6 SAS stations ~ Gather feedback from ED and SAS ~ Work with Trak Team to develop reporting mechanism and process to record that call has taken place on patient EPR
Scheduling unscheduled care into MIU	~ Continues to analyse NHS 24 data to investigate direct referrals to ED and possible missed opportunities. ~ Leaflet drop to pharmacies, GPs, and dentists to promote MIU scheduled appointments. ~ Developed MIU video detailing service and access routes, now available on NHSFV public facing website	~ Continue analysis of NHS24 data for referrals direct to ED identifying any missed opportunities ~ What does the process mapping tell us / identify and develop the future state ~ Session with staff to develop change ideas/ToC ~ Update to MIU patient information leaflets with links via QR code to access public internet for discharge advice. ~ Undertake review of scheduled verses unscheduled presentations and develop SOP.
Development of RACU pathways	~ First national urgent care pathway development meeting ~ ToC undertaken w/c 13 May to test new DVT & PE (new/return & follow-up) pathway led by ANP. ~ Working to develop SCI Gateway referral for GPs to enable direct DVT referrals to RACU.	~ Develop project tool. ~ Raise awareness of RACU pathways via education on RACU ~ Develop communication plan
Electronic FNC data – to support local and national data requirements	~ meeting with Lothian eHealth re how they capture electronic data. ~ support from local eHealth team	~ eHealth to link with Lothian TrakCare re comparable functionality ~ eHealth to shadow FNC staff to map current data collection process.

3. Hospital at Home Workstream

Graph 3.1 – Hospital at Home Capacity



Hospital at Home bed utilisation (based on 25 beds) ranged from 91.4% to 93.7% during May. Work continues as part of the HIS H@H expansion programme to improve existing processes to optimise capacity using QI methodology and to develop our other H@H Services to expand pathways to H@H (OPAT, Community Heart Failure Services and Community Respiratory Services).

Key constraints:

- Additional H@H winter funding from the SG to increase capacity of H@H services to support alternatives to hospital attendance and admission and facilitate timely discharge ended in March 2024. All services evidenced admission avoidance and bed days saved as a result of the funding.
- H@H capacity is dependent on staffing and additional support from bank staff and extra hours / overtime to increase capacity from 25 beds to 30 beds.
- Staff awareness of the Hospital at Home pathway / criteria for referral. H@H have been invited to present case studies of missed opportunities for referral to H@H from the front as part of the front door patient pathway session to alternatives to admission and earlier referral to discharge pathways/services.
- No recurring funding for the Community Heart Failure Service

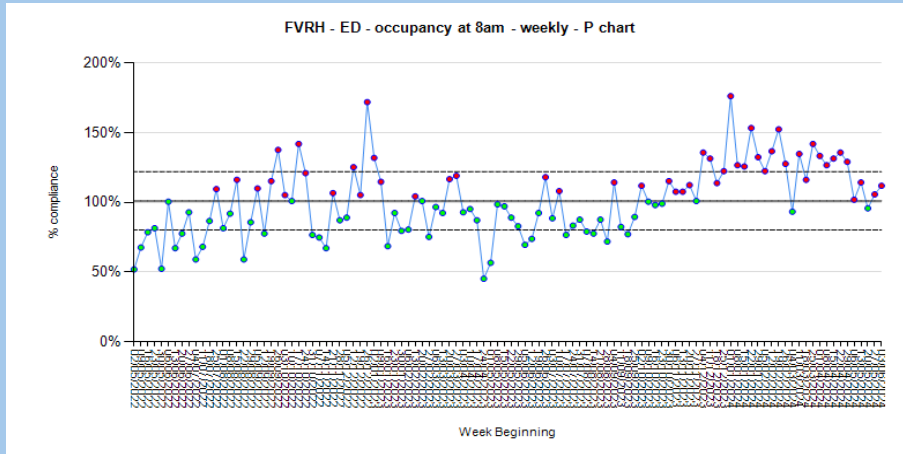
Next steps

- There are plans for a Hospital at Home service wide session to support the expansion of pathways to traditional hospital at home in September 2024.
- Develop local improvement plans for OPAT and Community Respiratory Services
- Revisit the business case for the Community Heart Failure Service
- Submit a bid for the next phase of the HIS H@H expansion programme to support the expansion of OPAT, Community Heart Failure Service and Community Respiratory Service pathways to H@H (June 24).

3. Hospital at Home Workstream (continued)		
Priorities	Progress since last reporting period	Planned activity for next reporting period
Hospital at Home	~ Roll out of Near Me (OPAT Near Me ToC) ~ R&S – Pharmacist – preferred candidate identified. ~ Point of Care Testing ToC ~ HIS bid ~ Education – time to learn. May data: 752 bed days saved	~ Evaluate OPAT ToC ~ OPAT Project Charter ~ Support with Pharmacy data toolkit ~ Continue to support NearMe ~ Rolling education programme. ~ Complete DPA assessment (POCT) ~ Submit HIS bid
OPAT	~ Near Me – OPAT /H@H ~ Mapping existing processes session May data: 627 bed days saved	~ Support with planning / service development requirements. ~ Virtual Ward ~ Data toolkit Near Me
Community Heart Failure Service	~ Support with recurring funding / full realisation of business case ~ Virtual Ward – Workshop 08/05/24 May data: 259 bed days saved and 10 expedited echos	~ Virtual Ward
Community Respiratory Service	May data: Home monitoring 133, ESD 56, COPD and asthma hot clinics: 146	~ Support with planning / service development requirements ~ Respiratory (COPD) Integrated Care Service ToC ~ Virtual ward build

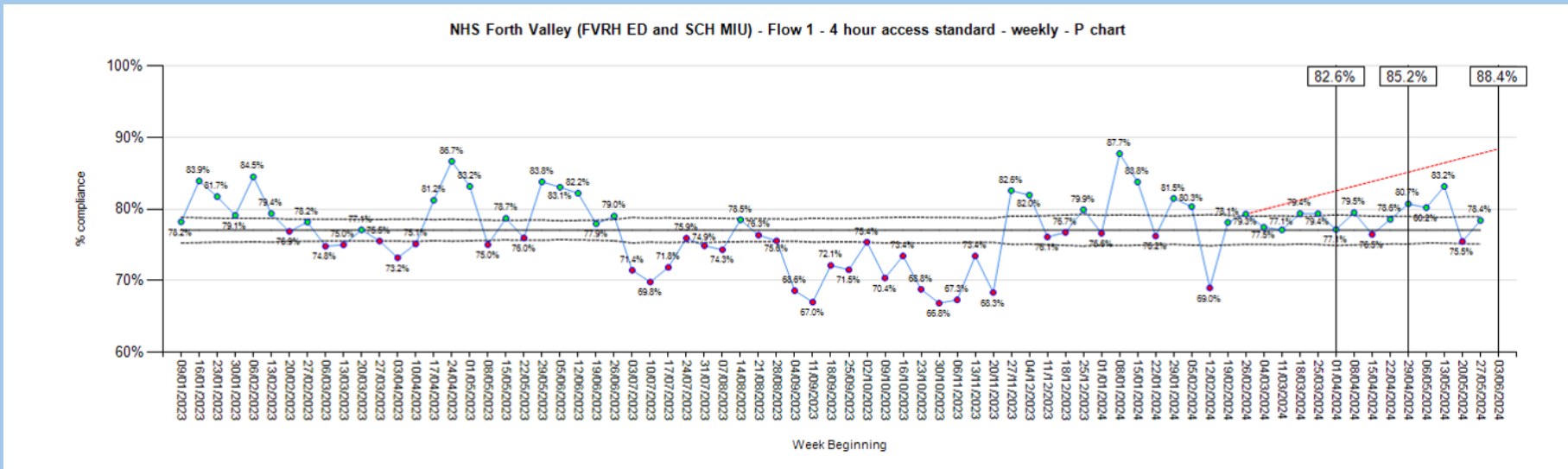
4. Front Door Workstream

Graph 4.1: ED Occupancy at 8am



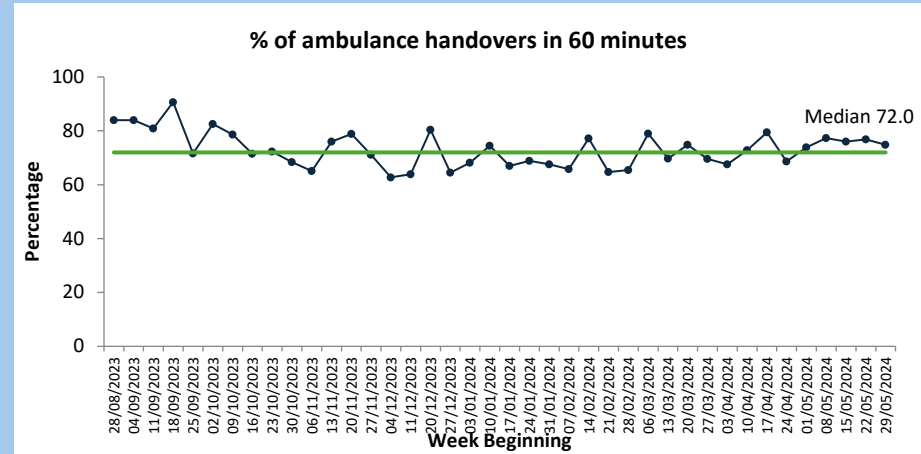
We have started to see a drop in ED occupancy at 8am during May. Levels remain high with 3 out of the last 4 weeks above 100% occupancy.

Graph 4.3: Flow 1 Emergency Access Standard



We have seen an improvement in our Flow 1 data since a TrakCare fix to capture Flow 1 data last October. Our discovery data suggests that poor admitted flow blocks assessment space and compromises non-admitted performance. From 2pm onwards, more patients join the queue for admission than leave it each hour which is associated with deteriorating performance in all our ED metrics.

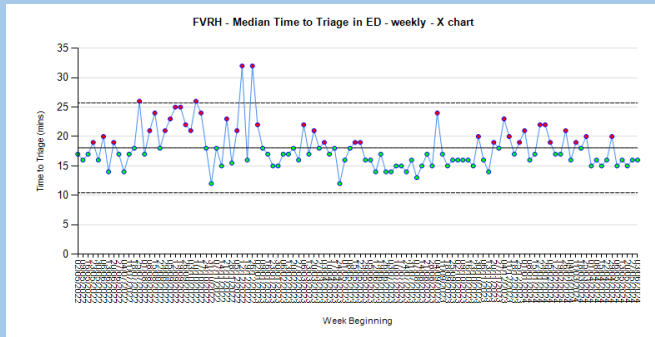
Graph 4.2: Ambulance handovers in 60 minutes



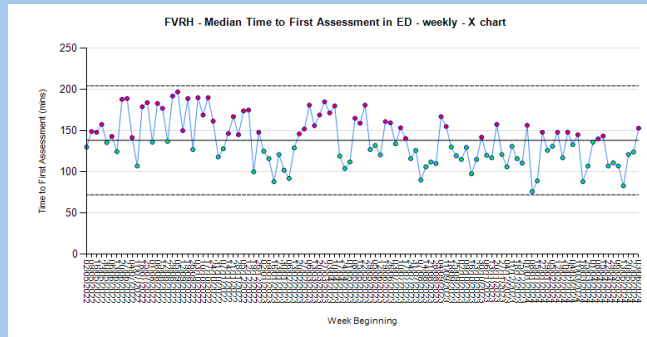
Graph 4.2 above shows the percentage of ambulance handovers (ED and AMU) in 60 minutes. The last 5 data points have been above the median.

4. Front Door Workstream (continued)

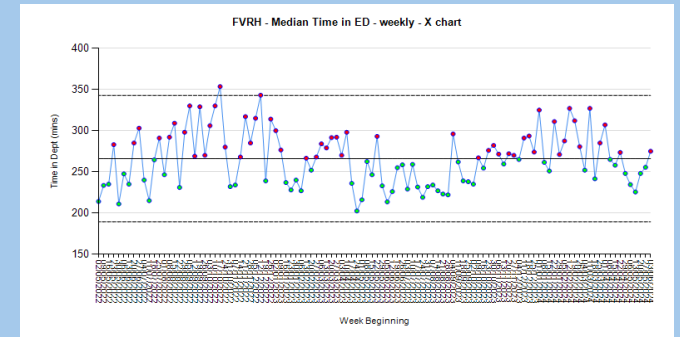
Graph 4.4: Median time to triage



Graph 4.5: Median time to first assessment

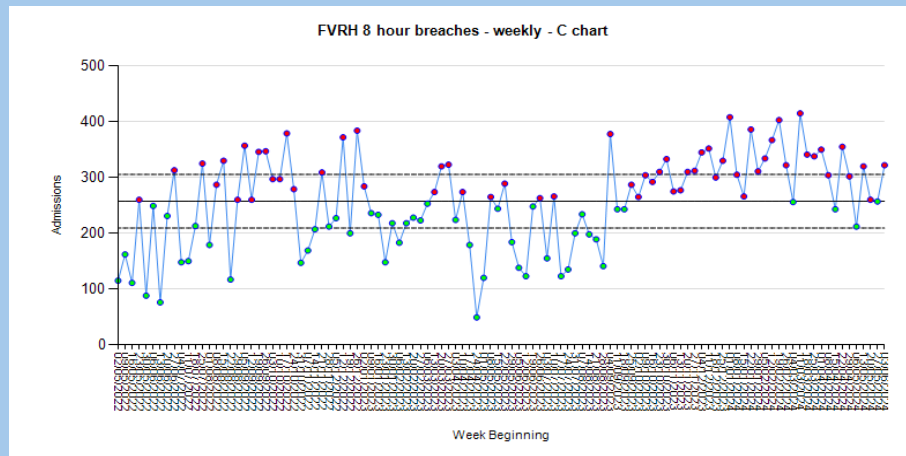


Graph 4.6: Median time in the ED

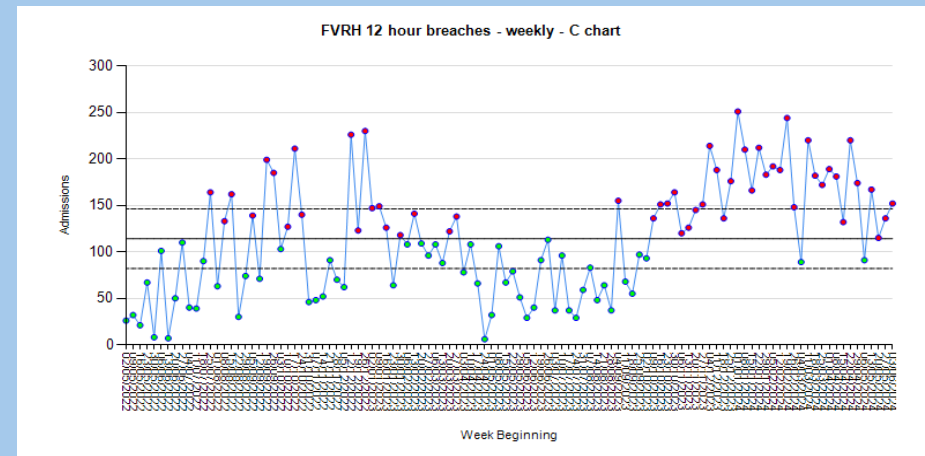


We have seen an improvement in median time to triage, median time to first assessment and median time in the ED during May. Each hour the ED is over occupancy is associated with a growing backlog of activity increasing time to first assessment, and a rise in ED length of stay. The limited capacity of senior clinical decision-makers within the ED overnight sees the day shift inherit a backlog of work from the overnight period which is associated with deteriorating performance out with the 9am-5pm period.

Graph 4.7: 8-hour breaches



Graph 4.8: 12-hour breaches



Although we have seen a slight drop in 8-hour and 12-hour breaches levels remain high. We have seen a sustained increase since October 2023 linked to the increase in ED occupancy at 8am. Work to implement regular breach analysis to inform improvement actions is in development.

4. Front Door Workstream (continued)

Key constraints:

- ED occupancy at 8am has a significantly significant (negative) correlation with ED performance.
- Limited capacity of senior clinical decision-makers within the ED overnight.
- Due to limitations in data recording we still don't fully understand demand to our front door services to help us manage and better align demand and capacity and identify missed opportunities for alternative pathways to admission (existing and non-existing pathways) and gaps in resources.
- Not capturing data on 'out of hospital care' alternatives to hospital attendance and admission (Flow 5) / or redirection outcomes to understand how well our alternative pathways to admission and redirection pathway is working.
- No discharge service/s at the front door.
- Not currently screening for frailty and completing comprehensive geriatric assessment in the ED.

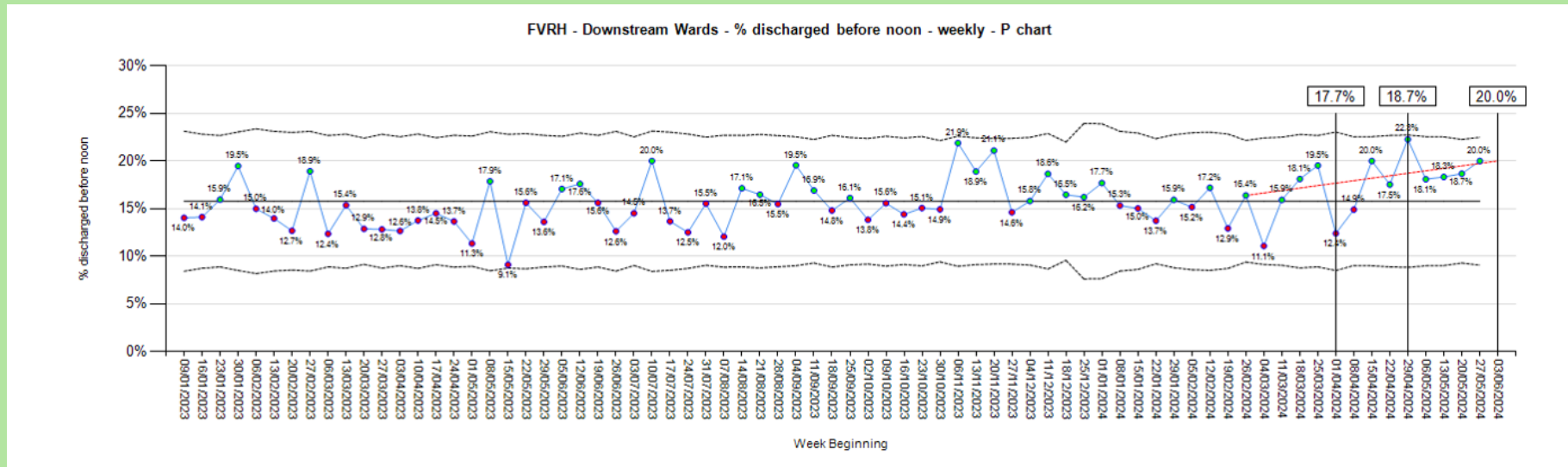
Next Steps:

- Criteria to admit audit in development and a series of front door patient pathways sessions planned to identify missed opportunities for alternative pathways to admission, gaps in resources and identify areas for improvement.
- Flow 5 and redirection data -- scoping how other boards capture this data / linked with our eHealth team to support.
- No discharge service/s at the front door – being picked up as part of wider review of current integrated discharge service.
- ED frailty pathway planned for summer 24.
- Establish process for regular breach analysis.
- Develop Redirection SOP - joint project with pharmacy re redirection to pharmacy first +

Priorities	Progress since last reporting period	Planned activity for next reporting period
Front Door Target Operating Model	<ul style="list-style-type: none"> ~ visit to Monklands to see TOM / debrief meeting. ~ SLWG stakeholder analysis ~ Developed project delivery tool ~ Tested Criteria to Admit audit tool 	<ul style="list-style-type: none"> ~ TOM SLWG kick off meeting 11 June ~ Meeting with NHS Tayside ~ Complete front door process maps/scoping DCAQ process ~ support from comms
High Impact Users Frequent Attenders	<ul style="list-style-type: none"> ~ DPA reviewed by IG Team 	<ul style="list-style-type: none"> ~ DPA endorsed to proceed by IG ~ Test process with one HIU - PDSA
ED triage model	<ul style="list-style-type: none"> ~ SBAR submitted for consideration at Digital Proposal Evaluation Group (DPEG) ~ MTS training for ED staff ~ continue scoping options for use of MTS 	<ul style="list-style-type: none"> ~ Trak team meeting with MTS to scope integration requirements ~ second review of SBAR at June DPEG to determine if interface with Trak a possibility ~ Test new floorplans in ED and gather staff feedback.
Redirection and signposting from ED	<ul style="list-style-type: none"> ~ scoping how other boards capture redirection data / linked with eHealth to support. ~ meeting with pharmacy re pharmacy first + in ED 	<ul style="list-style-type: none"> ~ Joint project with pharmacy re redirection to pharmacy first + ~ develop comms
Regular breach analysis	<ul style="list-style-type: none"> ~ initial meeting 	Project planning - develop milestones and identify responsible people.
AMU redesign		<ul style="list-style-type: none"> ~ Project planning ~ Staff consultation and engagement session to identify key priorities/deliverables.

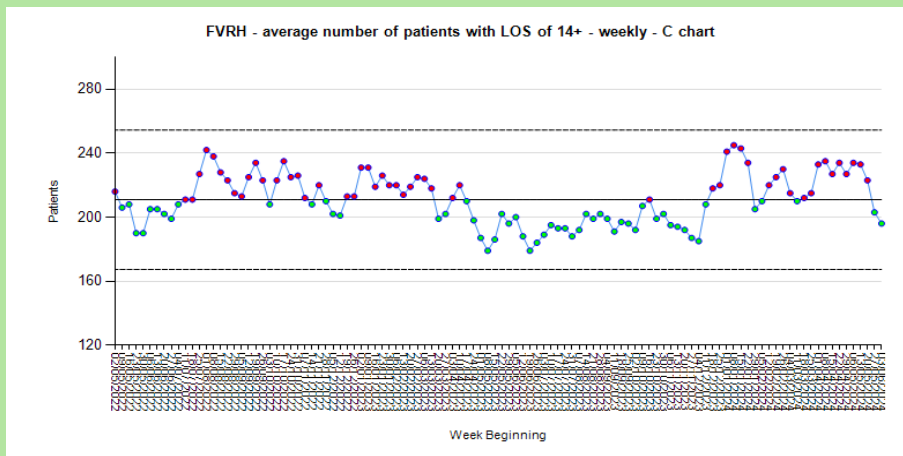
5. Optimising Flow Workstream

Graph 5.1 – Pre-noon discharge



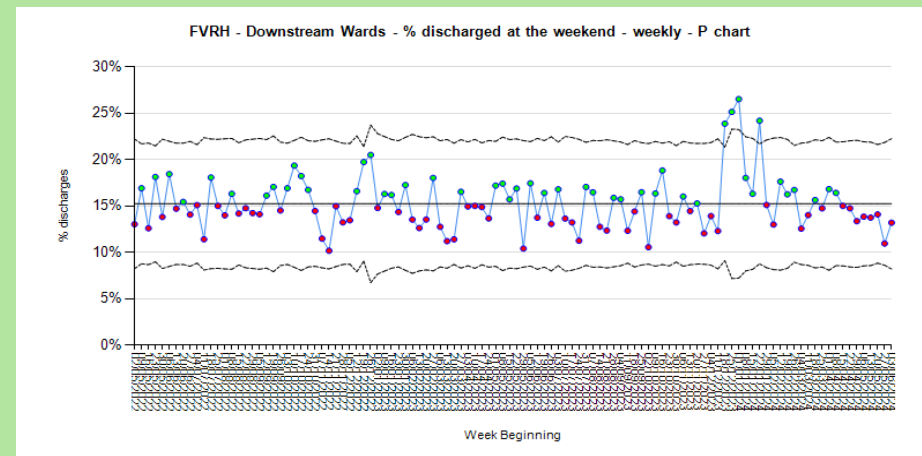
The last pre-noon discharge was data point in May was 20% which aligns with the current trajectory for pre-noon discharges. This is as a result work by operational teams across the acute hospital to support flow and facilitate earlier discharges from the site.

Graph 5.2: LoS >14 days



We are starting to see a drop in the number of patients with a LoS >14 days. Daily whole system ward level meetings with the aim of facilitating discharge and reducing the number of patients with a in LoS >14 days continue.

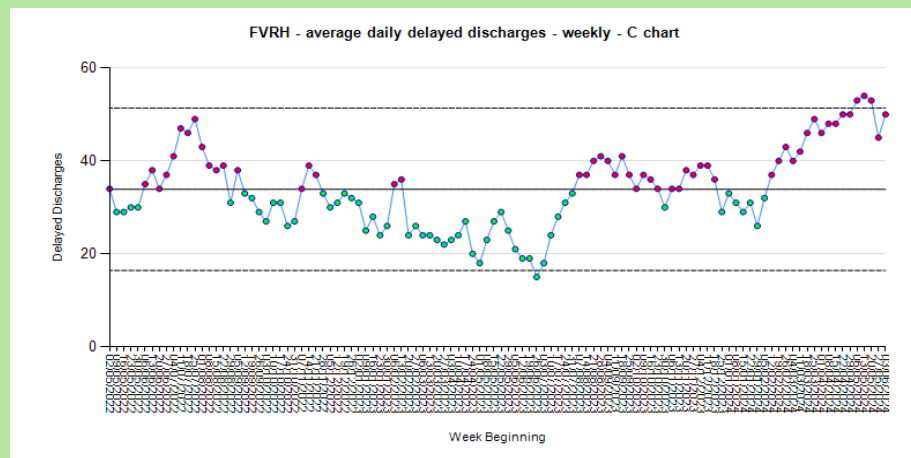
Graph 5.3: Weekend discharges



We have seen a sustained drop in the percentage of patients discharged at the weekend since April 2024. Weekend planners to identify weekend discharges were introduced at the end of May as part of work to increase weekend discharges.

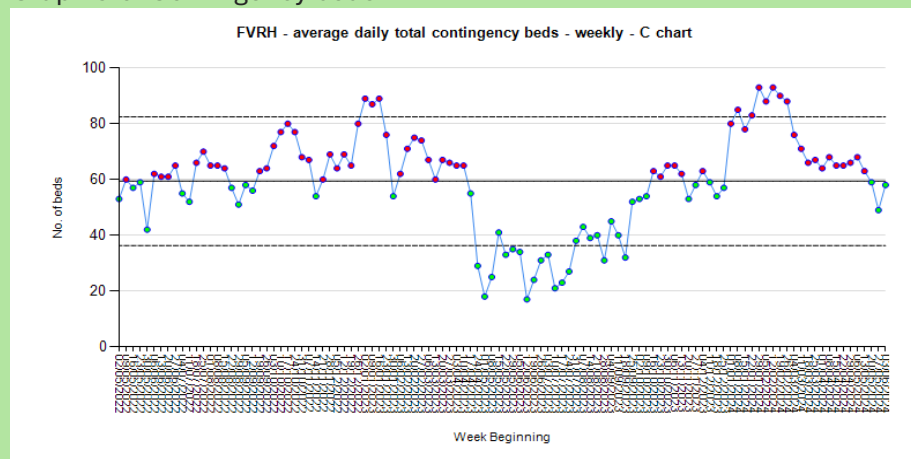
5. Optimising Flow Workstream (continued)

Graph 5.4: FVRH delayed discharges



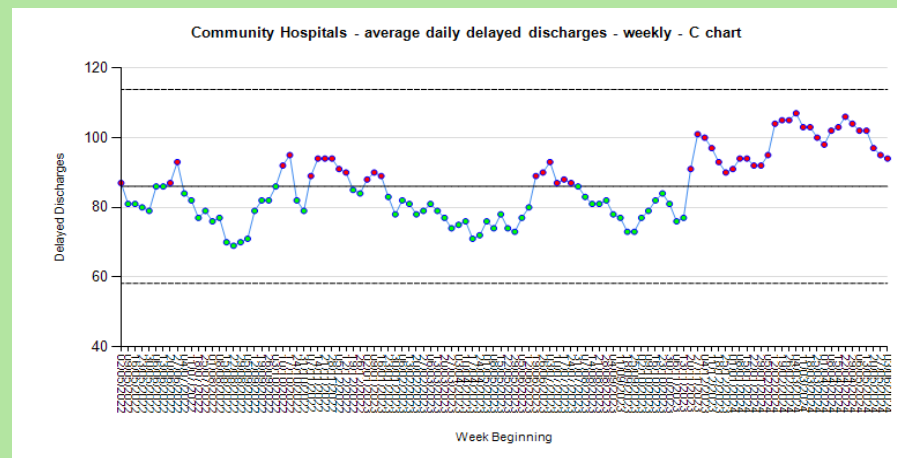
Delayed discharges on the acute site remain at high levels. We have seen a sustained increase in the number of delays on the acute site since mid-February. Please note patients waiting for health beds in community hospitals are not included in delayed discharge data.

Graph 5.6: Contingency beds



We are starting to see a drop in contingency bed use. Contingency bed use and the number of patients boarded to other areas impact on the quality of our discharge planning.

Graph 5.5: Community Hospital delayed discharges



Delayed discharges in Community Hospitals remain at high levels. We have seen a sustained increase in the number of delays on Community Hospitals since November 2023.

Key constraints:

- The number of patients in hospital with a length of stay >14 days has a significantly significant (negative) correlation with ED performance.
- Access to TrakCare and training to improve the quality of our data.
- Contingency bed use and patients boarded to other areas impacts on the quality of our discharge planning.
- Availability/awareness of pathways to step-down provision.
- AHP capacity to support ward DDDs

Next steps

- Continue to standardise DDD meetings – phase 4 front door areas.
- Develop guidance to support recording of PDD on TrakCare including training for staff from TrakCare team.
- Finalise ‘wardbeat’ and balance scorecard metrics and identify area for ToC.
- Work to understand availability of / pathways to step-down provision.
- Develop and implement DWD comms plan.
- Develop Day of Care audit app to support local and National Day of Care audits.

5. Optimising Flow Workstream (continued)		
Priorities	Progress since last reporting period	Planned activity for next reporting period
DDD & PDD	<ul style="list-style-type: none"> ~ Work to standardise DDD meetings across the downstream wards continues. ~ PDDs are being left to expire on TrakCare 	<ul style="list-style-type: none"> ~ roll out DDD/PDD work to front door areas. ~ Develop PDD/delayed discharges TrakCare guidance. ~ PDD/delayed discharges TrakCare training for staff.
Ward Planning	<ul style="list-style-type: none"> ~ joint acute and HSCPs meetings review patients with length of stay >14 days to facilitate discharge. ~ priority patient for am discharge identified at afternoon DDD ~ new bi-weekly meeting with medical staff to review boarding patients to ensure pts have a plan in place ~ weekend planners re introduced to identify weekend discharges 	<ul style="list-style-type: none"> ~ continue with all initiatives
Wardbeat & Balance Scorecards	<ul style="list-style-type: none"> ~ Wardbeat and balance scorecards templates complete. ~ Wardbeat data analysis complete. 	<ul style="list-style-type: none"> ~ Identify Wardbeat / Balance scorecard ToC
DWD comms	<ul style="list-style-type: none"> ~ Development of roadshow for staff to highlight discharge planning, roles, and responsibilities. ~ DWD simulation sessions with MDT to support discharge planning. 	<ul style="list-style-type: none"> ~ Develop DWD comms plan
Day of Care Audit	<ul style="list-style-type: none"> ~ Develop Day of Care audit app – with eHealth ~ Agree local process for Day of Care audits. 	<ul style="list-style-type: none"> ~ Develop Day of Care audit app – DPIA in progress / App at testing phase
Integrated Discharge Service Review	<ul style="list-style-type: none"> ~ Draft business case for the IDS ~ Development sessions continue with staff. ~ Integrated Discharge Service review – ToC 	<ul style="list-style-type: none"> ~ Develop options appraisal

FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

**17. Performance Report
For Assurance**

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Author: Ms Kerry Mackenzie, Head of Policy & Performance; Ms Claire Giddings, Corporate Performance Manager

Executive Summary

The overall approach to performance within NHS Forth Valley underlines the principle that performance management is integral to the delivery of quality improvement and core to sound management, governance, and accountability.

The Performance Report is presented to provide the NHS Board with key performance information to support effective monitoring of system-wide performance.


Recommendation

The Forth Valley NHS Board is asked to:

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

Assurance

Proposed assurance level:

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

A Reasonable level of assurance is proposed on the basis that a comprehensive performance report supported by a scorecard, graph and narrative detail is presented to the NHS Board and Performance and Resources Committee on a monthly basis for scrutiny and discussion. The scorecard is continually reviewed to ensure appropriate revisions or amendments are included in a responsive and timely manner.

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

Key Issues to be considered

The Performance Report considers key metrics in relation to system-wide performance and provides a month-on-month progress overview. Included within the metrics are the eight key standards that are most important to patients: 12-week outpatient target, diagnostics, 12-week treatment time guarantee, cancer targets, access to Psychological Therapies, access to Child & Adolescent Mental Health Services and Accident & Emergency 4-hour waits. Following review, a number of metrics previously reported pre-covid have been reintroduced and

additional metrics have been added to support the provision of a more detailed system-wide picture.

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

The scorecard provides a comprehensive 'at a glance' view of measures with work on-going to ensure accuracy of data, and that all the definitions and reporting periods remain appropriate and meaningful.

The Performance Report is routinely presented to the scheduled meetings of the Performance & Resources Committee ahead of the NHS Board.

1. Key Performance Issues

• *Unscheduled Care*

Overall compliance with the 4-hour emergency access standard (EAS) in May 2024 was 56.1%; Minor Injuries Unit 98.5%, Emergency Department 49.1%. A total of 2,766 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,208 waits longer than eight hours, 597 waits longer than 12 hours and 43 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 1,524 patients, noting this is an increase from 1,499 in May 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 631 patients waiting beyond 4 hours with Clinical reasons accounting for 181 breaches.

In May 2024 there were 562 new attendances to Rapid Assessment and Care Unit (RACU), 124 of which were via ED.

• *Scheduled Care*

At the end of May 2024, the number of patients on the waiting list for a first outpatient appointment was 14,547 compared with 19,694 in May 2023 with the number waiting beyond 12 weeks 4,756 compared to 8,392 in May 2023. Activity against the agreed Annual Delivery plan trajectory highlights that we are on track to meet the 2024/25 quarter 1 projections.

The number of inpatients/daycases waiting increased to 5,449 with an increase in those waiting beyond 12 weeks against the previous year. Activity against the agreed Annual Delivery plan trajectory highlights that we are on track to exceed the 2024/25 quarter 1 projections.

At the end of May 2024, 6,745 patients were waiting beyond the 6-week standard for imaging with 276 patients were waiting beyond 6 weeks for endoscopy. Activity against the agreed Annual Delivery plan trajectory highlights that we are on track to meet and exceed the 2024/25 quarter 1 projections respectively.

Cancer target compliance in April 2024:

- 62-day target – 85.3% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is compared with the April 2023 position of 68.5%.
- 31-day target – 99.0%

The position for the January to March 2024 quarter is that 76.1% of patients were treated within 62 days of referral with a suspicion of cancer. This is consistent with the previous quarter. During the same period, 98.3% of patients were treated within 31 days of the decision to treat.

- **DNA**

The new outpatient DNA rate across acute services in May 2024 is noted as 5.9% which is the same as the position in May 2023. The return outpatient DNA rate across acute services in May 2024 was 6.7%.

- **Psychological Therapies**

In May 2024, 66.0% of patients started treatment within 18 weeks of referral.

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

In May 2024, 96.9% of patients started treatment within 18 weeks of referral.

- **Workforce**

The sickness absence target is 4.0%. Absence remains above the target at 7.69% in April 2024 noting an increase from 7.41% in April 2023.

- **Delayed Discharges**

The May 2024 census position in relation to standard delays (excluding Code 9 and guardianship) is 79 delays; this is compared with 60 in May 2023. There was a total of 55 code 9 and guardianship delays and no infection codes. The total number of delayed discharges was noted as 134.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the May 2024 census was 3,584, this is an increase from 2,403 in May 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.
- Measures, Graphs and Key Performance Issues narrative are linked and should be viewed collectively.
- The Scotland comparison has been included where possible in the Key Performance Measures and Key Performance Graphs sections.
Note that the Scotland figures are typically a month or quarter behind.
- Where a Forth Valley wide measure is reported any areas of challenging or poor performance within a specialty will be highlighted in the narrative.
- Performance data and graphs continue to be developed within the Pentana Performance & Risk Management System with graph detail from Pentana included in the report.

2.1. Performance Scorecard

BETTER CARE													
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL (YEAR ON)	SCOTLAND POSITION	SCOTLAND DATE	NOTES
HOSPITAL STANDARDISED MORTALITY RATE													
MR1	SG	Rolling 12 mth	Hospital Standardised Mortality Ratio (HSMR)	31-Dec-23	<= 1.00	0.89	0.92	1.01	-	▲	1.00	31-Dec-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-May-24	Reduction	5,593	5,252	5,381	-	▼	-	-	Number of ED attendances and a target of 'Reduction' is relevant in relation to capacity and flow. National standard for A&E waiting times is that unplanned attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place. The measure is the proportion of all attendances that are admitted, transferred or discharged within four hours of arrival. 95% of patients should wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment.
US1	SG	Monthly	Number of ED Attendances (4 hour access target)	31-May-24	Reduction	5,406	5,071	5,381	-	▼	-	-	
US2	SG	Monthly	Emergency Department % compliance against 4 hour access target	31-May-24	95%	49.1%	44.4%	50.4%	✓	▼	64.0%	30-Apr-24	
US3	S5	Monthly	Number that waited >4 hours in ED	31-May-24	Reduction	2,753	2,819	2,668	-	▼	-	-	
US4	SG	Monthly	Number that waited >8 hours in ED	31-May-24	Reduction	1,208	1,322	373	-	▼	-	-	
US5	SG	Monthly	Number that waited >12 hours in ED	31-May-24	Reduction	597	773	294	-	▼	-	-	
US6	SG	Monthly	Number that waited >23 hours in ED	31-May-24	Reduction	43	190	0	-	▼	-	-	
	FV	Monthly	Total Number of MIU Attendances	31-May-24	Reduction	2,069	1,813	2,140	-	▼	-	-	
US7	SG	Monthly	Number of MIU Attendances (4 hour access target)	31-May-24	Reduction	889	843	2,140	-	▼	-	-	
US8	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	31-May-24	95%	98.5%	98.8%	99.8%	-	▼	-	-	
US9	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	31-May-24	95%	56.1%	52.2%	64.5%	✓	▼	67.4%	30-Apr-24	
US10	FV	Monthly	Number of ED attendances - Mental Health (4 hour access target)	31-May-24	Reduction	47	41	69	-	-	-	-	
US13	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	31-May-24	-	119	138	117	-	-	-	-	
US14	FV	Monthly	Number of Re-directions from ED	31-May-24	-	582	564	670	-	-	-	-	
US15	FV	Monthly	Re-directions from ED %	31-May-24	-	10.4%	10.8%	12.5%	-	-	-	-	
US16	FV	Monthly	Number of Emergency Admissions	31-May-24	Reduction	3,360	3,199	3,243	-	▼	-	-	
OUT OF HOURS													
OH1	FV	Monthly	Number of Out of Hours Presentations	31-May-24	Reduction	5,148	5,326	5,064	-	▼	-	-	
	FV	Monthly	Advice	31-May-24	-	3,543	3,661	3,779	-	-	-	-	
	FV	Monthly	Attend OOH Appointment	31-May-24	-	1,326	1,386	1,048	-	-	-	-	
	FV	Monthly	Home Visit	31-May-24	-	166	162	134	-	-	-	-	
	FV	Monthly	Mental Health	31-May-24	-	31	37	42	-	-	-	-	
	FV	Monthly	SAS In Attendance	31-May-24	-	74	80	58	-	-	-	-	
	FV	Monthly	Video Consultation	31-May-24	-	8	0	3	-	-	-	-	
OH2	FV	Monthly	Out of Hours % Rota Fill	31-May-24	-	94%	95%	74%	-	▲	-	-	
SCHEDULED CARE													
OUTPATIENTS													
SC1	SG	Monthly	Total Number of New Outpatients Waiting	31-May-24	Reduction	14,547	14,550	19,694	✓	▲	-	-	An outpatient is categorised as a new outpatient at his first meeting with a consultant or his representative following an outpatient referral. Outpatients whose first clinical interaction follows an inpatient episode are excluded. Scotland position quarterly
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	31-May-24	Reduction	4,756	5,306	8,392	✓	▲	-	-	
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	31-May-24	95%	67.3%	63.5%	57.4%	-	▲	42.8%	31-Mar-24	
SC6	Audit	Monthly	Outpatient Unavailability	31-May-24	Monitor	1.0%	0.8%	0.7%	✓	▼	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-May-24	5%	5.9%	5.7%	5.8%	-	▼	6.9%	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 admission date, or for any appointment. Scotland position quarterly
SC8	FV	Monthly	Return Acute Services Outpatient % DNA	31-May-24	5%	6.7%	6.8%	7.1%	-	▲	-	-	

BETTER CARE													
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL (YEAR ON)	SCOTLAND POSITION	SCOTLAND DATE	NOTES
DIAGNOSTICS - Imaging													
SC10	SG	Monthly	Total number waiting - Imaging	31-May-24	Reduction	10,165	10,752	4,289		▼	-	-	Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations - Xray, Ultrasound, CT, MRI, Colonoscopy, Upper Endoscopy, Lower Endoscopy, Cystoscopy Scotland position monthly, available quarterly
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	31-May-24	0	6,745	7,094	373	-	▼	-	-	
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	31-May-24	100%	33.6%	34.0%	77.3%	✓	▼	56.1%	31-Mar-24	
DIAGNOSTICS - Endoscopy													
SC15	SG	Monthly	Total number waiting - Endoscopy	31-May-24	Reduction	886	714	899		▲	-	-	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.
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	31-May-24	0	276	246	292	-	▲	-	-	
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	31-May-24	100%	68.8%	65.5%	67.5%	✓	▲	41.6%	31-Mar-24	
CANCER													
SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	30-Apr-24	95%	85.4%	79.7%	68.5%	✓	▲	72.9%	30-Apr-24	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	30-Apr-24	-	70/82	47/59	61/89	-	-	-	-	
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	30-Apr-24	95%	39.0%	36.6%	96.9%	✓	▲	34.6%	30-Apr-24	
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	30-Apr-24	-	103/104	84/87	94/97	-	-	-	-	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.
SC24	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	31-Mar-24	95%	76.1%	76.0%	70.2%	✓	▲	70.4%	31-Mar-24	
SC25	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	31-Mar-24	95%	98.3%	98.7%	99.3%	✓	▼	94.0%	31-Mar-24	
INPATIENTS & DAYCASES													
SC26	SG	Quarterly	Number of patients that waited >12 weeks - Completed Wait	31-Mar-24	0	1429	1167	1125	-	-	-	-	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
SC27	SG	Quarterly	% Compliance with 12 week TTG Standard	31-Mar-24	100%	47.0%	53.6%	51.7%	-	▼	57.0%	31-Mar-24	
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	31-May-24	Reduction	5,449	5,267	4,526	✓	▼	-	-	
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	31-May-24	Reduction	3,025	3,064	2,380	✓	▼	-	-	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
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	31-May-24	100%	44.5%	41.8%	47.4%	✓	▼	32.5%	31-Mar-24	
SC33	Audit	Monthly	Inpatient/Day case Unavailability	31-May-24	Monitor	7.4%	6.1%	5.6%	✓	▼	2.9%	31-Mar-24	
READMISSIONS													
R1	FV	Monthly	Readmissions - Surgical 7 day	31-May-24	Reduction	2.4%	3.2%	3.3%	-	▲	-	-	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-May-24	Reduction	4.9%	4.7%	6.1%	-	▲	-	-	
R3	FV	Monthly	Readmissions - Medical 7 day	31-May-24	Reduction	1.3%	1.1%	1.5%	-	▲	-	-	
R4	FV	Monthly	Readmissions - Medical 28 day	31-May-24	Reduction	4.2%	4.2%	4.1%	-	▼	-	-	
MENTAL HEALTH													
PSYCHOLOGICAL THERAPIES													
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	31-May-24	90%	66.0%	70.8%	75.7%	✓	▼	80.7%	31-Mar-24	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.
MH2	FV	Monthly	Total Number Waiting for Psychological Therapies Initial Assessment	31-May-24	Reduction	753	648	608	-	▼	-	-	
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	31-Mar-24	90%	68.3%	68.3%	71.1%	✓	▼	79.3%	31-Mar-24	
CHILD & ADOLESCENT MENTAL HEALTH SERVICES													
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-May-24	90%	36.3%	38.0%	31.3%	✓	▲	86.3%	31-Mar-24	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.
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	31-May-24	Reduction	113	98	145	-	▲	-	-	
MH6	SG	Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Mar-24	90%	32.8%	66.4%	42.5%	✓	▲	86.0%	31-Mar-24	
SUBSTANCE USE													
SM1	SG	Quarterly	% Compliance with the 3 Week target - ADP (excluding Prisons)	31-Dec-23	90%	59.7%	87.2%	92.4%	✓	▼	90.6%	31-Dec-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	31-Dec-23	90%	100.0%	100.0%	97.5%	✓	▲	92.1%	31-Dec-23	
COMPLAINTS													
C1		Monthly	% Compliance Forth Valley (inc. prisons)	30-Apr-24	100%	68.6%	62.7%	50.0%	✓	▲	-	-	Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda
C2		Monthly	% Compliance Stage 1 (inc. prisons)	30-Apr-24	100%	89.2%	87.1%	96.0%	✓	▼	-	-	
C3		Monthly	% Compliance Stage 2 (inc. prisons)	30-Apr-24	100%	4.7%	3.9%	8.3%	✓	▼	-	-	

BETTER WORKFORCE												
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL	SCOTLAND POSITION	SCOTLAND DATE
WF3	SG	Monthly	Overall Absence	30-Apr-24	4.0%	7.63%	7.00%	6.41%	✓	▼	6.13%	30-Apr-24
WF4	FV	Monthly	Short Term Absence	30-Apr-24	-	2.80%	2.66%	2.18%	-	▼	-	-
WF5	FV	Monthly	Long Term Absence	30-Apr-24	-	4.83%	4.35%	4.23%	-	▼	-	-
WF6	FV	Rolling 12 mth	Overall Absence	30-Apr-24	-	7.29%	7.15%	7.35%	-	▲	6.37%	30-Apr-24
BETTER VALUE												
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL	SCOTLAND POSITION	SCOTLAND DATE
DELAYED DISCHARGES												
VA1	FV	Monthly	Delayed Discharges - excl. Code 3 & Guardianship (Standard Delays)	31-May-24	Reduction	79	98	60	✓	▼	-	-
			Falkirk	31-May-24	Reduction	52	61	38	✓	▼	-	-
			Clackmannanshire	31-May-24	Reduction	10	14	4	✓	▼	-	-
			Stirling	31-May-24	Reduction	14	19	13	✓	▼	-	-
			Outwith Forth Valley	31-May-24	Reduction	3	4	5	✓	▲	-	-
VA2	FV		Code 3 & Guardianship Delays	31-May-24	Reduction	55	55	38	✓	▼	-	-
			Falkirk	31-May-24	Reduction	26	26	21	✓	▼	-	-
			Clackmannanshire	31-May-24	Reduction	6	7	3	✓	▼	-	-
			Stirling	31-May-24	Reduction	20	19	12	✓	▼	-	-
			Outwith Forth Valley	31-May-24	Reduction	3	3	2	✓	▼	-	-
VA3	FV		Total Bed Days Occupied by Delayed Discharges	31-May-24	Reduction	3,584	3,833	2,403	✓	▼	-	-
			Falkirk	31-May-24	Reduction	2,591	2,612	1,252	✓	▼	-	-
			Clackmannanshire	31-May-24	Reduction	294	514	179	✓	▼	-	-
			Stirling	31-May-24	Reduction	486	522	435	✓	▼	-	-
			Outwith Forth Valley	31-May-24	Reduction	213	185	537	✓	▲	-	-
VA4	FV	Daily	Number waiting for a Community Bed	31-May-24	Reduction	73	64	55	-	▼	-	-
AVERAGE LENGTH OF STAY												
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	31-May-24	Reduction	7.36	7.17	7.15	-	▼	-	-
EFFICIENCY												
E1	FV	Monthly	ED Attendances per 100,000 of the population - Forth Valley	31-May-24	Reduction	1,786	1,675	1,760	-	▼	-	-
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	30-Apr-24	Reduction	839	824	833	-	▼	-	-
E3	FV	Monthly	% Bed Occupancy - FVRH	31-May-24	Reduction	113.6%	114.5%	103.5%	-	▼	-	-
E4	FV	Monthly	% Bed Occupancy - Assessment Units	31-May-24	Reduction	110.5%	114.6%	110.1%	-	▼	-	-
E5	FV	Monthly	% Bed Occupancy - ICU	31-May-24	Reduction	84.2%	83.1%	68.3%	-	▼	-	-
EQUITABLE												
EQ1		Rolling 3 year	Scottish Breast Screening Programme	2020/23	70%	76.4%	74.4%	74.4%	-	▲	75.3%	2020/23
EQ2		Annually	Scottish Cervical Screening Programme	2021/22	-	72.5%	73.2%	73.2%	-	▼	68.7%	2021/22
EQ3		Rolling 2 year	Scottish Bowel Screening Programme	2021/23	60%	66.6%	67.3%	67.3%	-	▼	66.1%	2021/23
EQ4		Annually	Scottish Abdominal Aortic Aneurysm (AAA) screening programme	2022/23	75%	24.1%	80.8%	80.8%	-	▼	70.7%	2022/23
			Surveillance AAA scan (quarterly)	2022/23	90%	81.0%	94.2%	94.2%	-	▼	93.2%	2022/23
			Surveillance AAA scan (annually)	2022/23	90%	84.4%	97.6%	97.6%	-	▼	94.0%	2022/23
EQ5		Quarterly	NHS stop smoking services: Local Delivery Plan (LDP) - Number of 12-week quits	30-Sep-23	86.75	68	51	71	-	▼	-	-
EQ6		Quarterly	NHS stop smoking services: 12-week quits as a % of the LDP Quarterly Target	30-Sep-23	100%	78.4%	58.8%	81.8%	-	▼	67.0%	30-Sep-23
FINANCE												
F1	SG	FYTD	Year to date revenue position	31-May-24	Breakeven	-£4.444m	-£2.107m	£0.221m	-	▼	-	-

From 1st April 2024 all coronavirus absences are included within the sickness absence totals.
Hours lost due to sickness absence / total hours available (%).
Short Term Absence - a period of sickness absence of 28 days or less
Long Term Absence - a period of sickness absence lasting over 28 days

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

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

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

Percentage uptake (three-year rolling periods), females aged 50-70 years
The percentage of eligible women who are up-to-date with their screening participation
Overall uptake of screening - percentage of people with a final outright screening test result, out of those invited (2 year reporting period)
Percentage of eligible population who are tested before age 66 and 3 months
Due to attend quarterly surveillance and tested within 4 weeks of due date
Due to attend annual surveillance and tested within 6 weeks of due date
The LDP Standard for NHS Scotland in 2022/23 is to achieve at least 1,026 self-reported successful twelve-week quits through smoking cessation services in the 40% most deprived areas

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 Reporting Period	Previous year, quarter, month, week or day dependent on frequency of monitoring
Previous Year	Same reporting period in previous year
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.

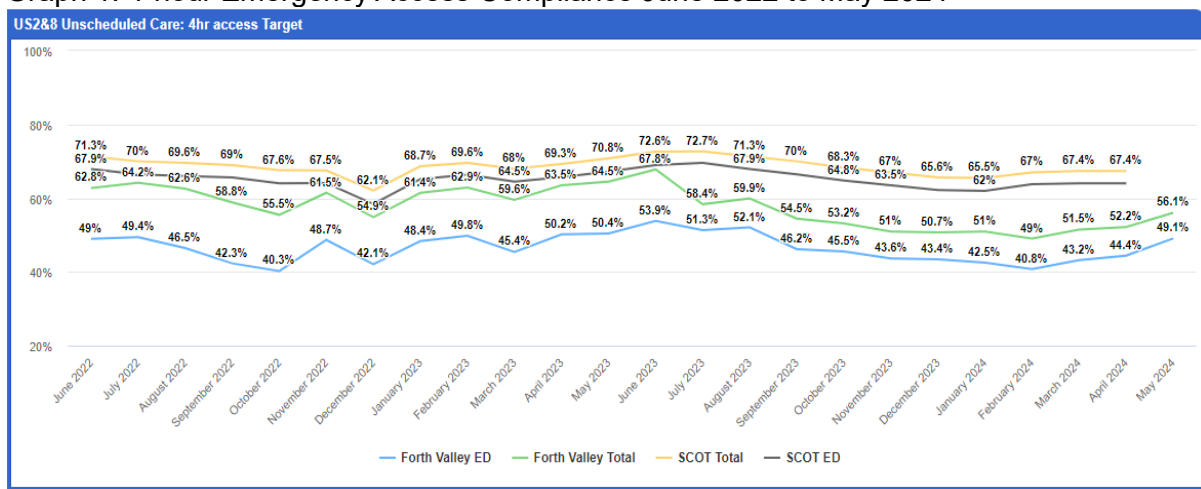
Current Performance

- May 2024 ED Compliance 56.1% - Forth Valley Total.
- May 2024 ED Compliance 49.1% - ED Only.

Scotland Performance

- April 2024 ED Compliance 67.4% - Scotland Total.
- April 2024 ED Compliance 64.0% - Scotland ED Only.

Graph 1: 4-hour Emergency Access Compliance June 2022 to May 2024



Overall compliance with the 4-hour emergency access standard (EAS) in May 2024 was 56.1%; Minor Injuries Unit 98.5%, Emergency Department 49.1%. A total of 2,766 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,208 waits longer than eight hours, 597 waits longer than 12 hours and 43 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 1,524 patients, noting this is an increase from 1,499 in May 2023. Wait for a bed accounted for 631 patients waiting beyond 4 hours with Clinical reasons accounting for 181 breaches.

The whole system urgent and unscheduled care delivery plan aligns to the national unscheduled care work streams and addresses the local requirements for improvement. Six workstreams are in place - Community urgent care; Flow navigation centre; Hospital at home; Front door; Flow optimisation; Whole system.

The aim is to improve the patient and staff experience, building towards better performance and flow through the hospital. Better patient flow will reduce patient length of stay and reduce the financial burden.

Work underway with public health to understand the patient current and future needs will be helpful in defining where we can implement interventions for health earlier in their health requirements. The “your home first” strategy aims to prevent admissions to ED and acute care by early intervention of care. The work with NHS24 and SAS aims to reduce the volume of patients coming to ED by providing advice and sign posting to alternative providers such as pharmacy first. The integrated discharge team, Ward Beat and Discharge without Delay

(DWD) processes provide better joint systems of work for patients that no longer require being in acute care. And the organisational development for the staff to work better as a whole system is arguably the most important aspect of this.

Key performance indicators and trajectories are in place to support and manage performance in this area.

Further detail will be presented to the NHS Board at agenda item 16 Urgent and Unscheduled Care Action Plan.

Scheduled Care

3.2 Outpatients

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

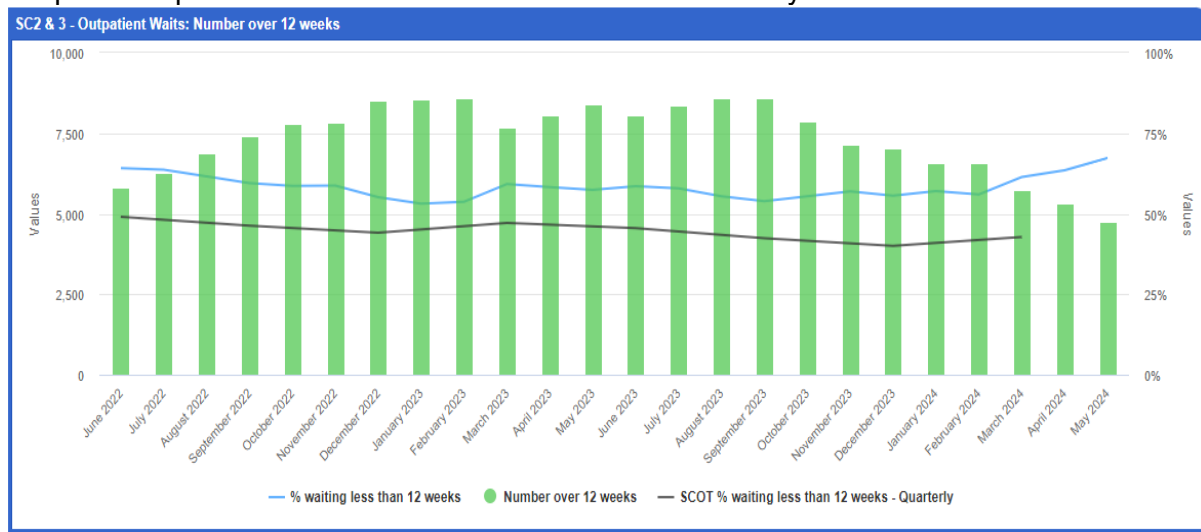
Current Performance

- May 2024 9,791 patients waiting within 12 weeks for new outpatient appointment – 67.3% compliance.
- In quarter 4, 61.4% of new outpatients were waiting less than 12 weeks.

Scotland Performance

- In quarter 4, 42.8% of new outpatients were waiting less than 12 weeks.

Graph 2: Outpatient waits over 12 weeks – June 2022 to May 2024



At the end of May 2024, the number of patients on the waiting list for a first outpatient appointment was 14,547 compared with 19,694 in May 2023 with the number waiting beyond 12 weeks 5,306 compared to 8,392 in May 2023. Note 67.3% of patients were waiting less than 12 weeks for a first appointment; an improvement in performance from 57.4% the same period the previous year. The 2024/25 annual delivery plan trajectories have been produced for per quarter and a quarterly update will be provided to the Performance and Resources Committee following the quarter end. Activity against the agreed trajectory highlights that we are on track to meet the 2024/25 quarter 1 projections.

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.

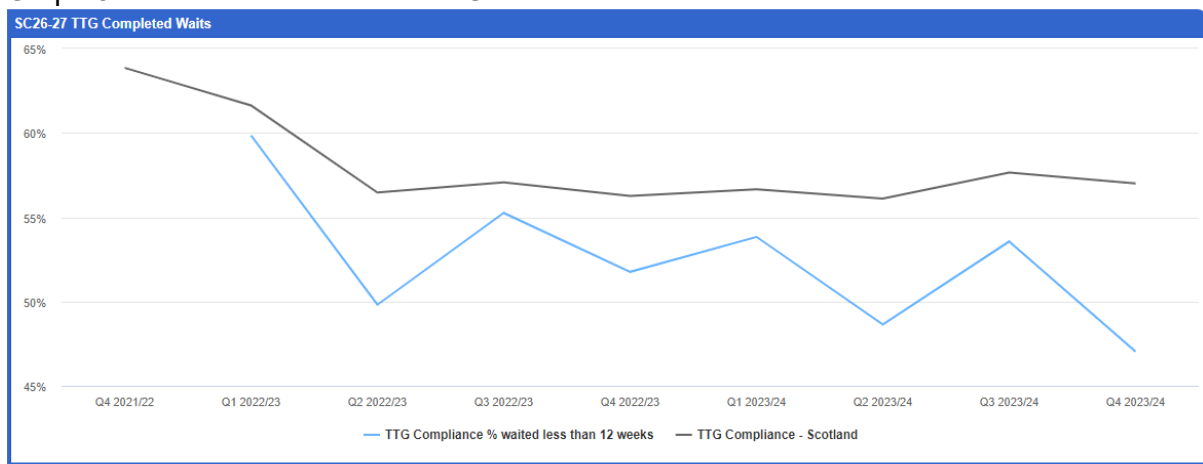
Current Performance

- Inpatient/Daycase treatment time guarantee quarter 4 – 47.0%
- May 2024 – 5,449 patients waiting on an inpatient/daycase treatment – 44.5% waiting under 12 weeks.
- In quarter 4, 45.0% of inpatients and daycases had an ongoing wait under 12 weeks.

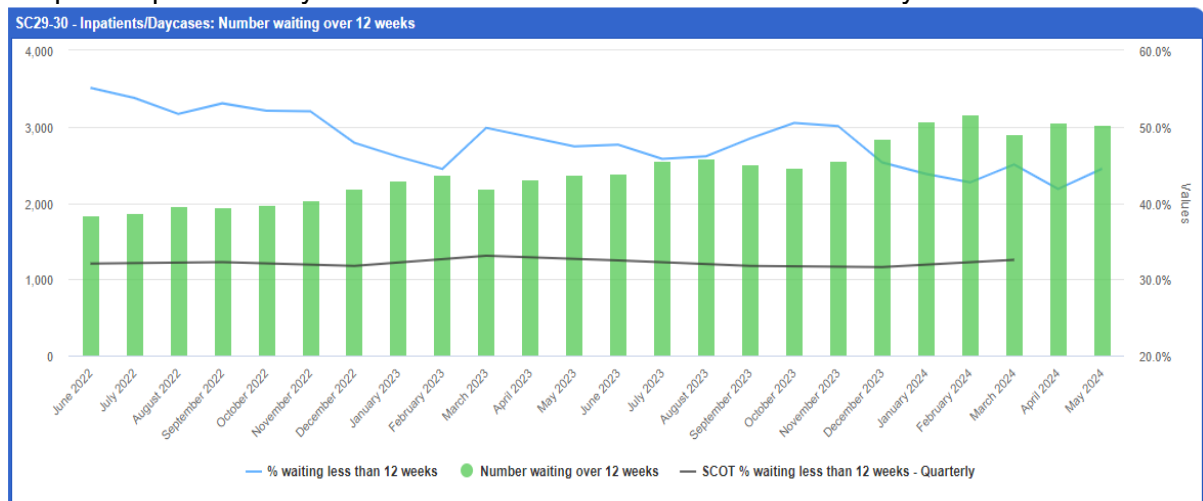
Scotland Performance

- Inpatient/Daycase treatment time guarantee quarter 4 – 57.0%.
- In quarter 4, 32.5% 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 – June 2022 to May 2024



In May 2024, the number of inpatients/daycases waiting increased to 5,449 from 5,267 the previous month and from 4,526 in May 2023. An increase from the previous year in those waiting beyond 12 weeks was also noted. Activity against the agreed Annual Delivery plan trajectory highlights that we are on track to exceed the 2024/25 quarter 1 activity projections.

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 May 2024 was 1.0% of the total waiting list.
- Inpatient/daycase unavailability in May 2024 was 7.4% compared to 5.5% in May 2023. The unavailability rate is less than 10% for all specialties except for Orthopaedics 11.8% (228 patients). This position is monitored on an ongoing basis.

3.5 Did Not Attend (DNA)

The new outpatient DNA rate across acute services in March 2024 is noted as 5.9% which is a slight deterioration from the position in May 2023 of 5.8%. Variation across specialties continues with rates ranging from 28.6% to 0%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 9.6% (92 patients), Cardiology 9.0% (45 patients) and ENT 7.5% (41 patients). New acute outpatient DNAs are detailed in table 1.

The return outpatient DNA rate across acute services in May 2024 was 6.7%. There continues to be a high number of DNAs in Ophthalmology with 234 patients (7.3%), Dermatology 154 patients (8.1%) and Diabetes 132 patients (8.8%). Return acute outpatient DNAs are detailed in table 2.

A number of actions are ongoing to support a reduction in the number of DNAs including the roll out of patient focus booking, currently within dermatology, general surgery, and oral and maxillofacial services. Application of the Access Policy is actively endorsed and there is ongoing benchmarking against national DNAs and removal rates. Patient information provides detail on the process to cancel or change an appointment with the relevant contact information.

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.

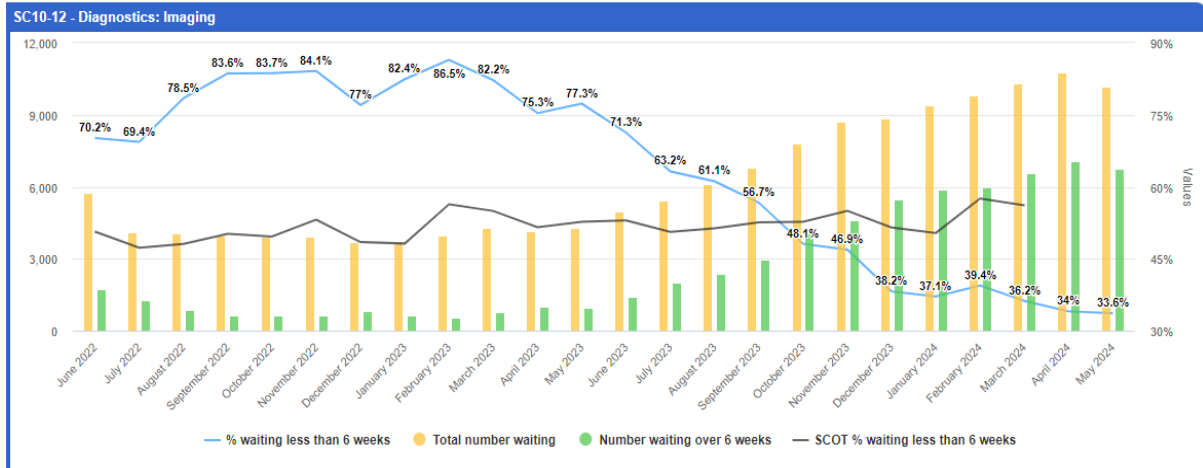
Current Performance

- May 2024 - Imaging – 6,745 patients waiting beyond 6 weeks; 33.6% were waiting less than 6 weeks.
- May 2024 - Endoscopy - 276 patients waiting beyond 6 weeks; 68.8% were waiting less than 6 weeks.

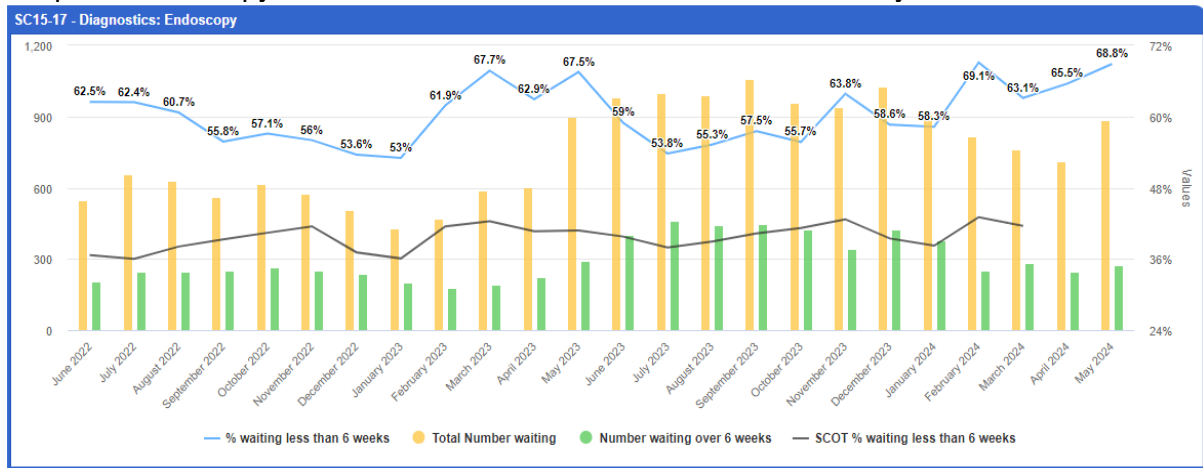
Scotland Performance

- Imaging – 56.1% of patients were waiting less than 6 weeks in March 2024.
- Endoscopy – 41.6% of patients were waiting less than 6 weeks in March 2024.

Graph 5: Imaging waits over 6 weeks and total - June 2022 to May 2024



Graph 6: Endoscopy waits over 6 weeks and total - June 2022 to May 2024



3.6.1 Imaging

At the end of May 2024, 6,745 patients were waiting beyond the 6-week standard for imaging, an increase from 973 in May 2023. Noting 33.6% of patients waiting less than the standard. Activity against the agreed Annual Delivery plan trajectory highlights that we are on track to meet the 2024/25 quarter 1 projections.

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 May 2024 was 10,165; an increase from 4,289 in May 2023.

Note that scan requests for urgent suspicion of cancer are prioritised and Radiology continues to have an increasing number of “date specific” demand. This has impacted on the ability to reduce the waits, especially in CT.

The implementation of a 12-hour working day over 7-days is ongoing and predicted to be fully covering 7-days come late August 2024. A CT van is on-site, funded by Scottish Government, to support bringing our longest waiting patients towards the 6-week target. Activity will be shared 50:50 with NHS Lanarkshire.

MRI has been impacted this year due to the National Treatment Centre allocations being applied. The performance in MRI continues to be consistent however as the scanners run 13hrs/day, 7-days/week there is no scope for increased capacity at present. The Forth Valley NTC allocation for 2024/2025 has been increased by 20%.

Challenges remain in Ultrasound however the Scottish Government has agreed to fund a Locum Sonographer for 6-months to cover weekend working to support driving down the long waits.

3.6.2 Endoscopy

At the end of May 2024, 276 patients were waiting beyond 6 weeks for endoscopy compared to 292 in May 2023. 68.8% of patients waiting less than the 6-week standard. Activity against the agreed Annual Delivery plan trajectory highlights that we are on track to exceed the 2024/25 quarter 1 projections. Despite this level of activity, the total number of patients waiting for endoscopy remains significant with 886 patients in May 2024 noting a small reduction from 899 in May 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 April 2024, 85.4% of patients were seen within the 62-day standard.
- In the quarter ending March 2024, 76.1% of patients were seen within the 62-day standard.

Scotland performance

- In the quarter ending March 2024, 70.4% 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.

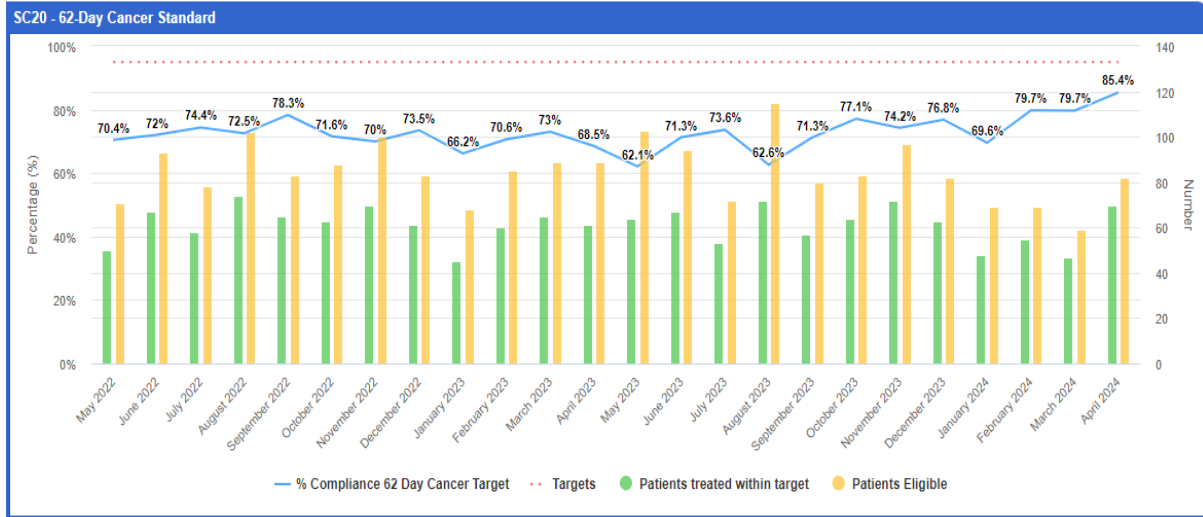
Current Performance

- In April 2024, 99.0% of patients were seen within the 31-day standard.
- In the quarter ending March 2024, 98.3% of patients were seen within the 31-day standard.

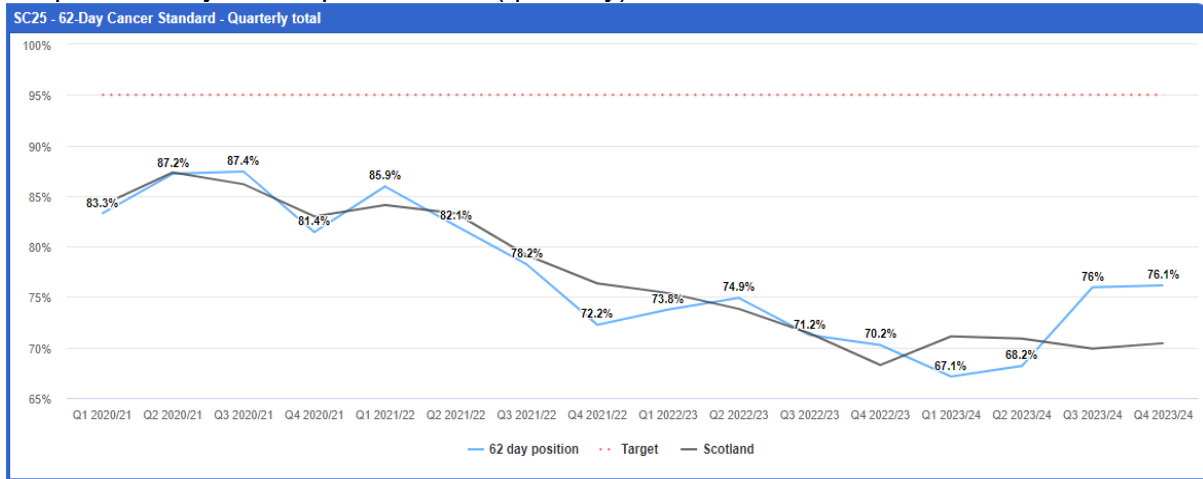
Scotland Performance

- In the quarter ending March 2024, 94.0% of patients were seen within the 31-day standard.

Graph 7: 62-day cancer performance (monthly) – May 2022 to April 2024



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 780 of which 13% are confirmed cancer patients.

Six of the 10 cancer pathways achieved 100% with lung 86.7%, upper GI 75.0%, head and neck 60% and urology 56.3%. The highest number of breaches are within the urology pathway with 7 out of 16 patients not meeting the standard however the impact of improvement work is noted in the performance.

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

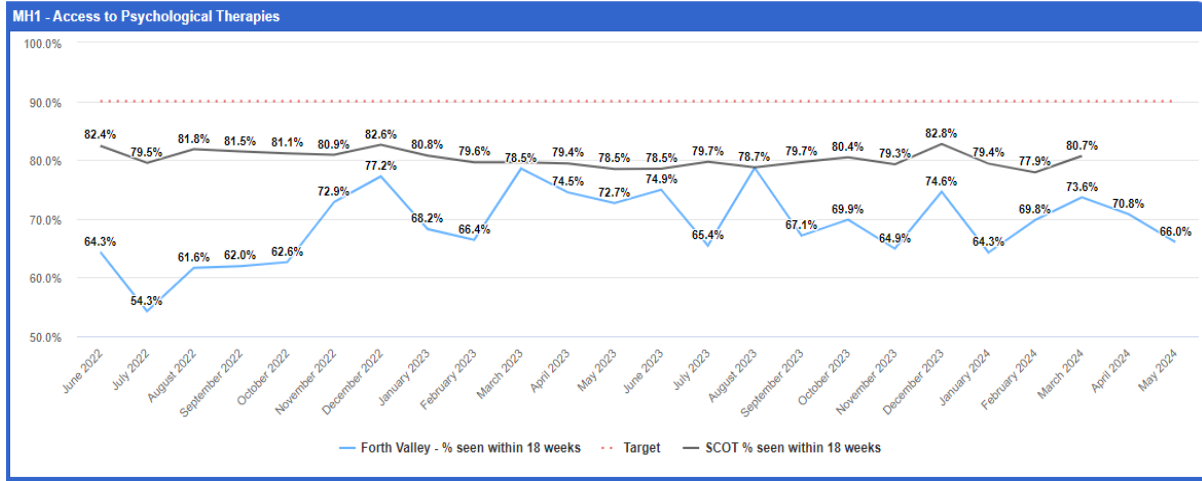
- In May 2024, 66.0% of patients were treated within 18 weeks.

- In quarter 3, 68.9% of patients were treated within 18 weeks.

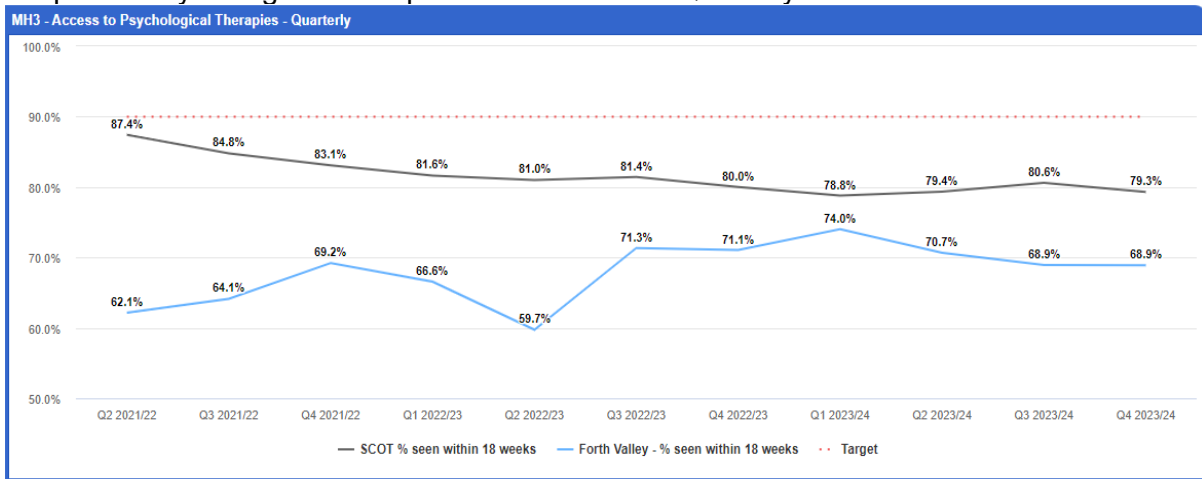
Scotland Performance

- In March 2024, 80.7% of patients were treated within 18 weeks.
- In quarter 4 Compliance, 79.3% of patients were treated within 18 weeks.

Graph 9: Psychological Therapies 18-week RTT – June 2022 to May 2024



Graph 10: Psychological Therapies 18-week RTT – Quarterly



In May 2024, 66.0% of patients started treatment within 18 weeks of referral. This is a reduction in performance from the previous month position of 70.8% and from 72.7% in May 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.

The median RTT from April 2022 to March 2023 was 66.3%. The median RTT from April 2023 to March 2024 will be calculated to enable comparison.

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.

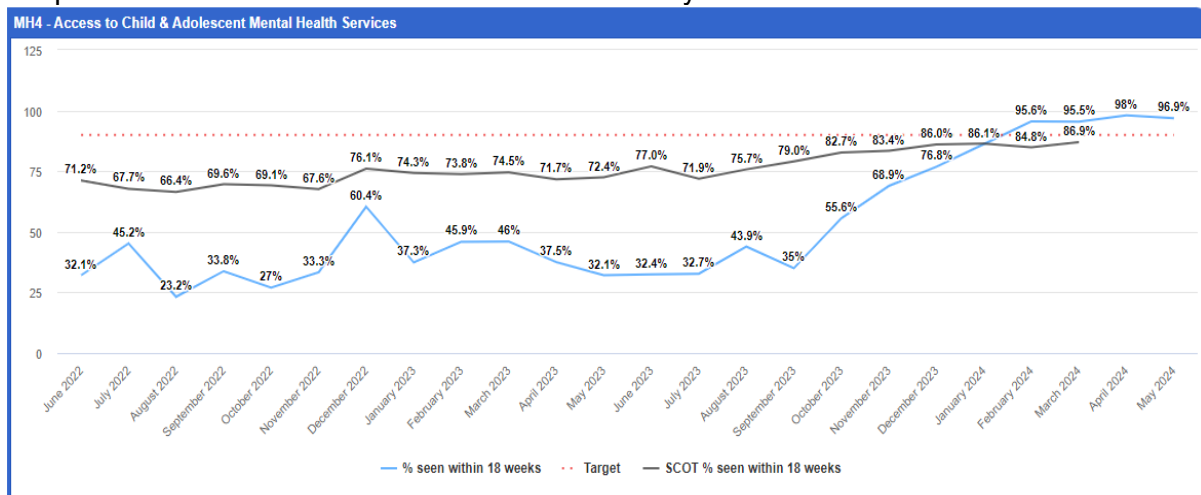
Current Performance

- In May 2024, 96.9% of patients were treated within 18 weeks.
- In quarter 4, 92.8% of patients were treated within 18 weeks.

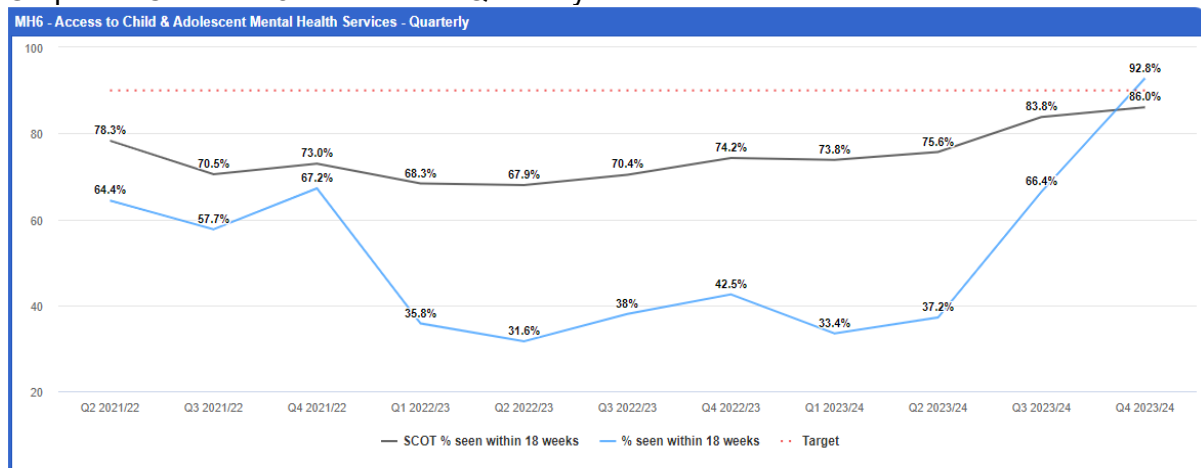
Scotland Performance

- In March 2024, 86.9% of patients were treated within 18 weeks.
- In quarter 4, 86.0% of patients were treated within 18 weeks.

Graph 11: CAMHS 18-week RTT – June 2022 to May 2024



Graph 12: CAMHS 18-week RTT – Quarterly



Performance against the 18-week referral to treatment standard was achieved in February 2024 and has been maintained at 96.9% in May 2024. The RTT will continue to be monitored closely to ensure continued compliance.

The full waiting list for assessment has decreased from 591 patients in June 2022 to 113 Patients as of May 2024 with 0 patients waiting >18 weeks, a decrease of 81%.

The full waiting list for treatment has decreased from 765 patients as of June 2022 to 131 patients as of May 2024 with 1 patient waiting >18 weeks who is appointed to be seen, a decrease of 83%.

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

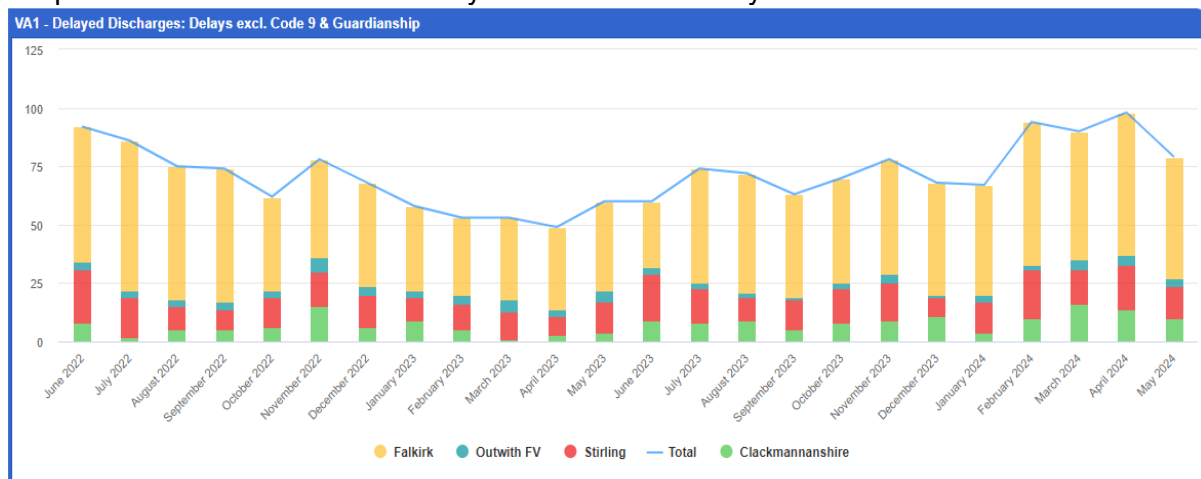
At the May 2024 census:

- 60 patients were delayed in their discharge for more than 14 days.
- 19 patients delayed less than 14 days.
- 41 guardianship delays.
- 14 code 9 delays.
- 134 delays in total.
- 3 code 100 delays.
- 3,584 bed days were lost due to delays in discharge.

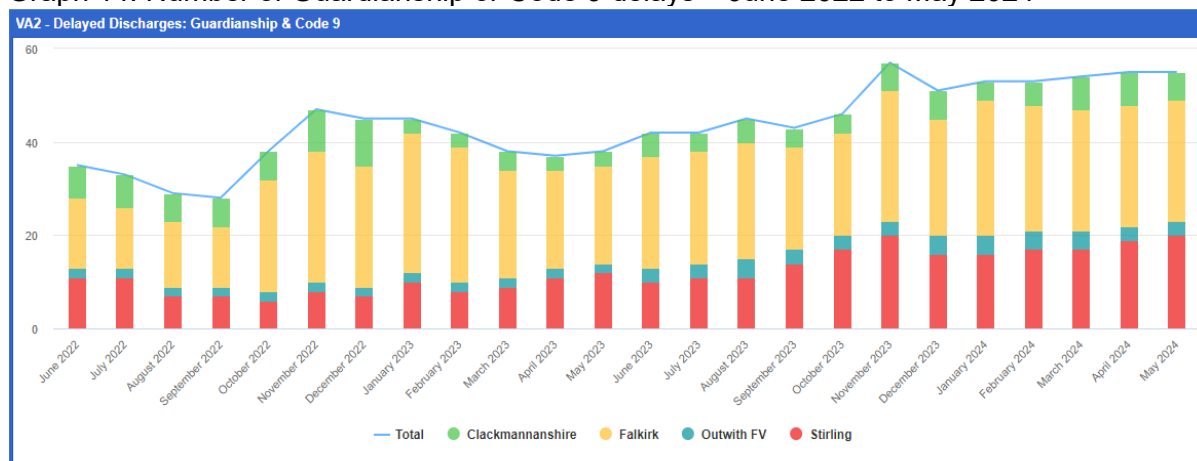
Scotland Performance

- There is no direct Scotland comparison.

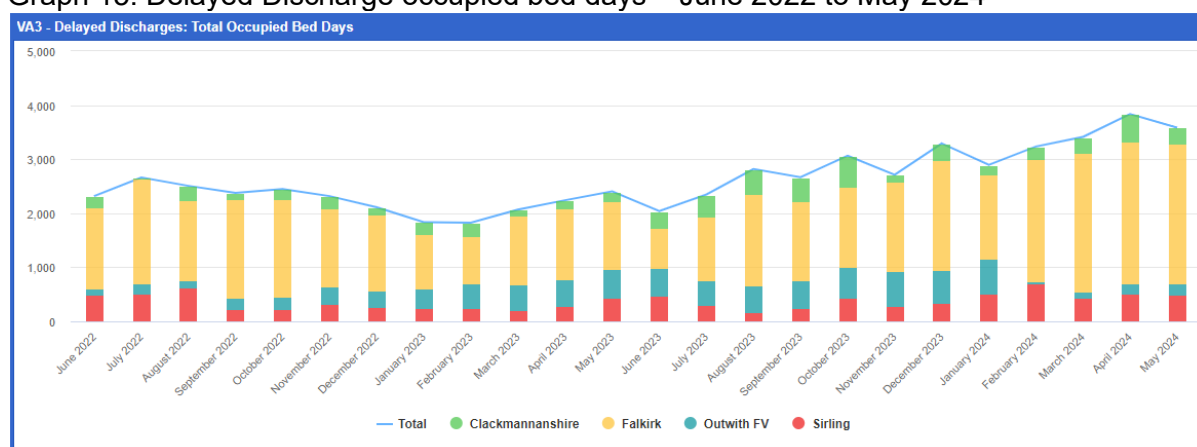
Graph 13: Number of standard delays – June 2022 to May 2024



Graph 14: Number of Guardianship or Code 9 delays – June 2022 to May 2024



Graph 15: Delayed Discharge occupied bed days – June 2022 to May 2024



The May 2024 census position in relation to standard delays (excluding Code 9 and guardianship) is 79 delays; this is compared to 60 in May 2023. There was a total of 55 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 134.

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 May 2024 census was 3,584, this is an increase from 2,403 in May 2023. Local authority breakdown is noted as Clackmannanshire 294, Falkirk 2,591, and Stirling 486. There were a further 213 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

There is currently significant focus from Scottish Government on delayed discharges with specific attention in Forth Valley on the Falkirk position. There is ongoing work being undertaken in partnership to support timely discharge with care in the community, community intermediate care and community hospital facilities a high priority.

Actions include enabling the right short-term support at home through responsive community care and support, care home multi agency working, interim placements to care homes and link workers based on the acute site. The 'Your Home First' programme of work will support early discharge and there is a focus on AWIs and ensuring that all patients have a predicted date of discharge (PDD).

Recruitment processes are underway which will incorporate the role of integrated discharge manager. This will be crucial in supporting work to address delayed discharges.

The work to support a reduction in delayed discharges is linked to the whole system work in support of improving urgent and unscheduled care.

3.11 Workforce

To reduce sickness absence to 4%

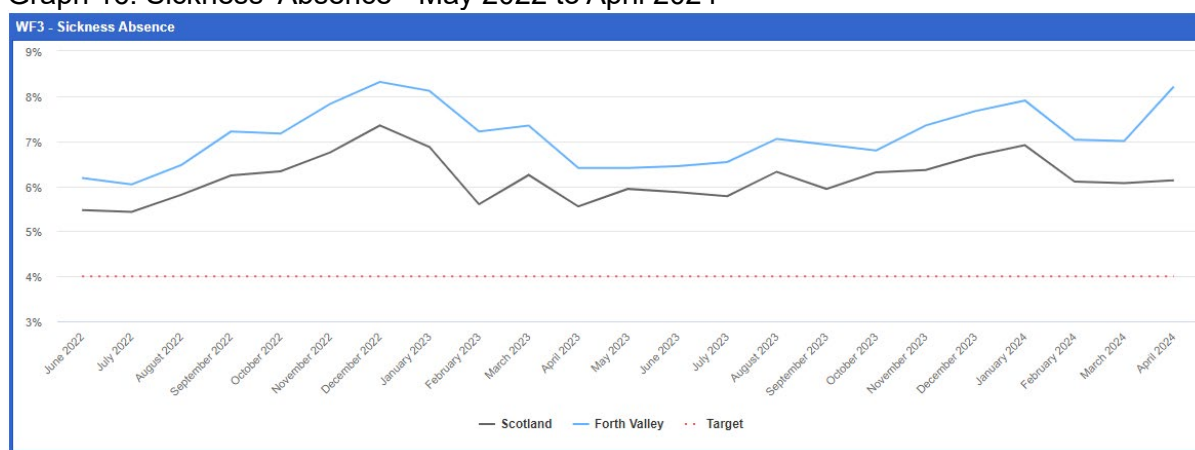
Current Performance

- 7.69% absence rate in April 2024

Scotland Performance

- 6.07% absence rate in March 2024

Graph 16: Sickness Absence - May 2022 to April 2024



The sickness absence target is 4.0%. Absence remains above the target at 7.69% in April 2024 noting an increase from 7.41% in April 2023. The 12-month rolling average April 2023 to March is noted as, NHS Forth Valley 7.15%; Scotland 6.30%.

From 1 April 2024 all coronavirus absences are included within the sickness absence totals with there no longer being any instances recorded as Special Leave.

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.

Work to improve attendance is focussed on the 3 key areas of Attendance Management, Occupational Health and Staff Wellbeing. An Attendance Management Plan has been developed in partnership with staff side colleagues. An overarching Attendance Management Oversight Group has now been established to oversee the implementation of the Action Plan. Regular quarterly audits on the implementation of the NHS Once for Scotland Attendance Policy are undertaken to review adherence and to understand any barriers.

A range of Occupational Health support services are undertaken with a recent review and redesign of core clinical work to align with Once for Scotland Policies. A review of managerial and self-referral pathways has been undertaken along with the development of a proactive Occupational Health consultation advice line and educational training package for accessing Occupational Health services.

With research evidence highlighting the link between the health and wellbeing of the workforce, and the ability to deliver high-quality patient care, work to support employee wellbeing continues supported by the Staff Support and Wellbeing Programme Group.

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

4. Implications

Financial Implications

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

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

- SRR.005: Financial Breakeven

If our recurring budget is not sufficient to meet the recurring cost base there is a risk there will be an increasing recurring gap in our finances, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision.

Workforce Implications

Specific workforce issues aligned to areas of performance are highlighted within the report. The NHS Forth Valley Workforce Plan 2022 – 2025 has been developed and is aligned to the Five Pillars of Workforce Planning outlined within the National Workforce Strategy - Plan, Attract, Train, Employ, Nurture.

Infrastructure Implications including Digital

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

Sustainability Implications

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

Sustainability Declaration

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

- Yes
- N/A

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

Quality / Patient Care Implications

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

Information Governance Implications

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

Risk Assessment / Management

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

- **SRR.002 Urgent & Unscheduled Care**

If NHS Forth Valley does not have enough whole system capacity and flow to address key areas of improvement there is a risk that we will be unable to deliver safe, effective, and person-centred unscheduled care resulting in a potential for patient harm, increases in length of stay, placement of patients in unsuitable places, and a negative impact on patients and staff experience.

- **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.

- **SRR.016 Out of Hours**

If NHS Forth Valley is unable to provide a fully staffed OOHS taking an integrated, multidisciplinary approach, there is a risk that the service will not have the resilience and capacity to flex to meet demand, negatively impacting on the patient experience and journey, and ability to deliver care at the right time, right place by the right person.

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 30 JULY 2024

**18. Healthcare Associated Infection (HAI) Report
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 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 was one hospital acquired SAB in June.
- Total DABs remain within control limits. There were no hospital acquired DABs in June.
- Total CDIs remain within control limits. There was one hospital acquired CDI in June.
- Total ECBs remain within control limits this month. There were three hospital acquired ECBs in June.
- There have been no deaths with MRSA or *C.difficile* recorded on the death certificate.
- There was one surgical site infection in June.
- There were two covid outbreaks reported in June.

Implications

Financial Implications

None.

Workforce Implications

None.

Infrastructure Implications including Digital

None.

Sustainability Implications

None.

Sustainability Declaration

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

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 NHS Forth Valley to meet both national and local standards/expectations.

Relevance to Strategic Priorities

AOP Standards in respect of SABs, ECBs & CDIs.

- Provisional indication suggests NHS Forth Valley did not achieve its targets for March 2024, however formal confirmation will be received from ARHAI in the summer of 2024. AOP targets are under national review, and it is anticipated the targets will be revised.

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, Infection Control Committee and Clinical Governance Committee

Additional Information

None.

Appendices

None.



Healthcare Associated Infection Reporting Template (HAIRT)

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

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

Definition of a bacteraemia

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

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

Cause definitions for *Staph aureus* and device associated bacteraemia

Hospital acquired

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

Healthcare acquired

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

Nursing home acquired

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

Healthcare Associated Infection Reporting Template (HAIRT)

The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly to the NHS Board. This is a requirement by the Scottish Government HAI task Force and informs NHS Forth Valley (NHSFV) of activity and performance against Healthcare Associated Infection Standards and performance measures.

This section of the report focuses on NHSFV Board wide prevention and control activity and actions.

Summary for this month:

- There were two covid outbreaks reported this month in Ward A22 & Ward B32, FVRH.
- There was one SSI reported this month.

Performance at a glance:

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

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

Device associated bacteraemia – total number this month: 1

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

***Clostridioides difficile* infection – total number this month: 3**

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

Surgical site infection surveillance

- There was one surgical site infection reported this month.

HAI Recorded Deaths

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

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. Following on from the 2019-2024 AOP targets, new targets are going to be set by the Scottish Government shortly.

Total number of SABs this month; **2** compared to **3** last month.
There was no data exceedance for SABs this month.

Total number of SABs (April 2024 – date) = **9**

- Hospital acquired = **1**
 - Respiratory tract (No attributed ward)There was no data exceedance for hospital acquired SABs this month.
- Healthcare acquired = **1**
 - UnknownThere 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 **716** blood cultures taken this month, of those there was in total **2** blood cultures that grew *Staph aureus*. This accounts for **0.3%** of all blood cultures taken this month. There was **1** hospital acquired SABs this month, this accounts for **0.1%** of all blood cultures taken this month.

Hospital SABs:

- **Respiratory tract**; not attributed to a ward due to ongoing co-morbidities.

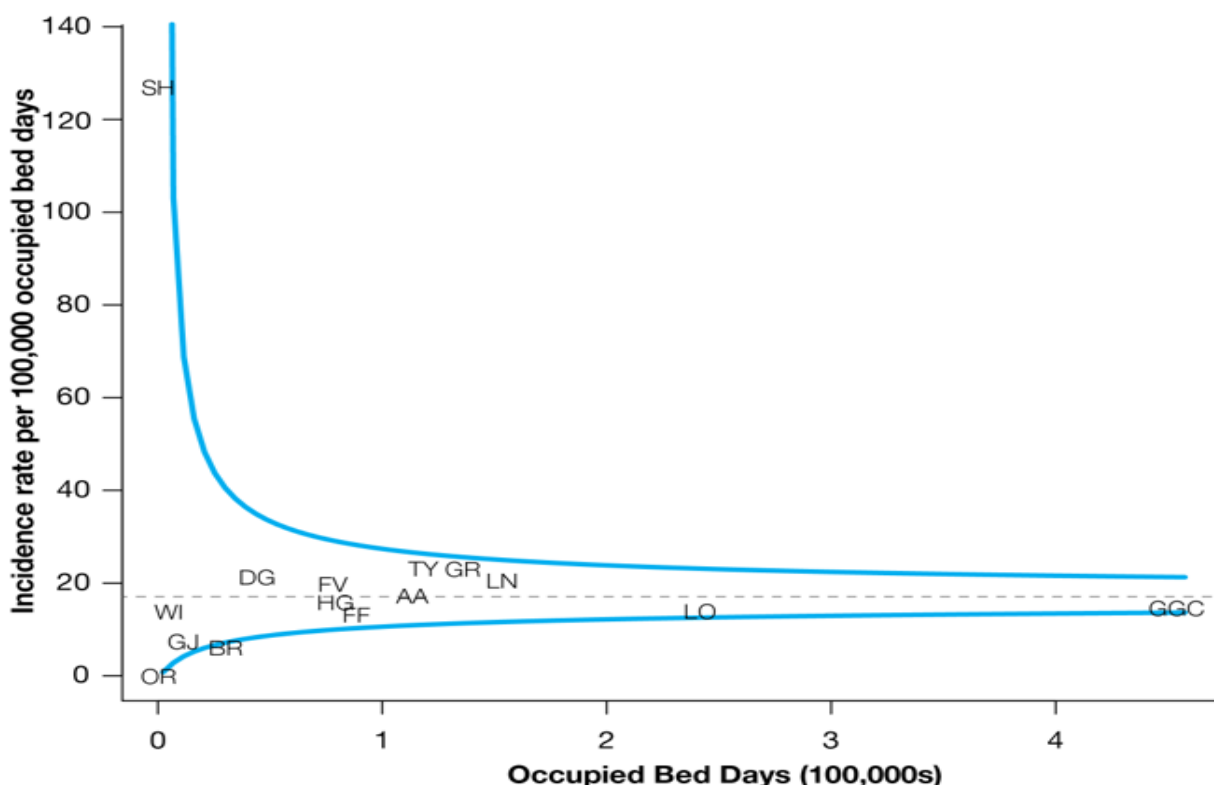
NHS Forth Valley's approach to SAB prevention and reduction

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 contains total case numbers of reported hospital and healthcare attributed infections and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 1 report (January – March 2024) highlighting Forth Valley's position compared to all other boards in Scotland. NHSFV remains on the national mean.



Device Associated Bacteraemias (DABs)

In addition to the nationally set targets, infections from an invasive device caused by *Staph aureus* would be investigated fully and reported, any other organism causing the same infection was not mandated to report nationally or to be investigated. As a result of this, in 2014, the IPCT started reporting all bacteraemias attributed to an invasive device regardless of the bacterium causing the infection. Due to the importance and significance of this surveillance, it is now part of our local AOP.

NHS Forth Valley's approach to DAB prevention and reduction

Continual monitoring and analysis of local surveillance data enables the IPCT and managers to identify and work towards ways to reduce infections associated with devices. All DABs are reviewed and investigated fully and highlighted to the patients' clinicians, nursing staff and management. Where appropriate an IR1 is generated to enable infections that require learning is shared and discussed at local clinical governance meetings.

In addition, on a weekly basis the IPCT assess bundle compliance of three invasive devices (PVCs, urinary catheters, CVCs etc) as part of their ward visit programme and this is reported in the monthly Directorate Reports.

Total number of DABs this month; **1** compared to **2** last month.
There was no data exceedance for DABs this month.

Total number of DABs (April 2024 – date) = **11**

- Hospital acquired = **0**
There was no data exceedance for hospital acquired DABs this month.
- Healthcare acquired = **1**
 - CVC
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 **716** blood cultures taken this month, of those there was in total **1** blood cultures that was associated with devices. This accounts for **0.1%** of all blood cultures taken this month. There was **0** hospital acquired DABs this month.

Hospital DABs:

There were no hospital acquired DABs reported this month.

Escherichia coli Bacteraemia (ECB)

NHS Forth Valley's approach to ECB prevention and reduction

E coli is one of the most predominant organisms of the gut flora and for the last several years the incidence of E coli isolated from blood cultures ie causing sepsis, has increase so much that it is the most frequently isolated organism in the UK. Following on from the 2019-2024 AOP targets, new targets are going to be set by the Scottish Government shortly. The most common cause of E coli bacteraemia (ECB) is from complications arising from urinary tract infections (UTIs), hepatobiliary infections (gall bladder infections) and urinary catheters infections.

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) = **30**

- Hospital acquired = **3**
 - Unknown (No attributed ward) x 1
 - UTI (No attributed ward) x 1
 - Hepatobiliary (No attributed ward) x 1

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

- Healthcare acquired = **4**
 - Unknown x 2
 - Respiratory tract x 1
 - Post procedural x 1

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

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

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

Breakdown

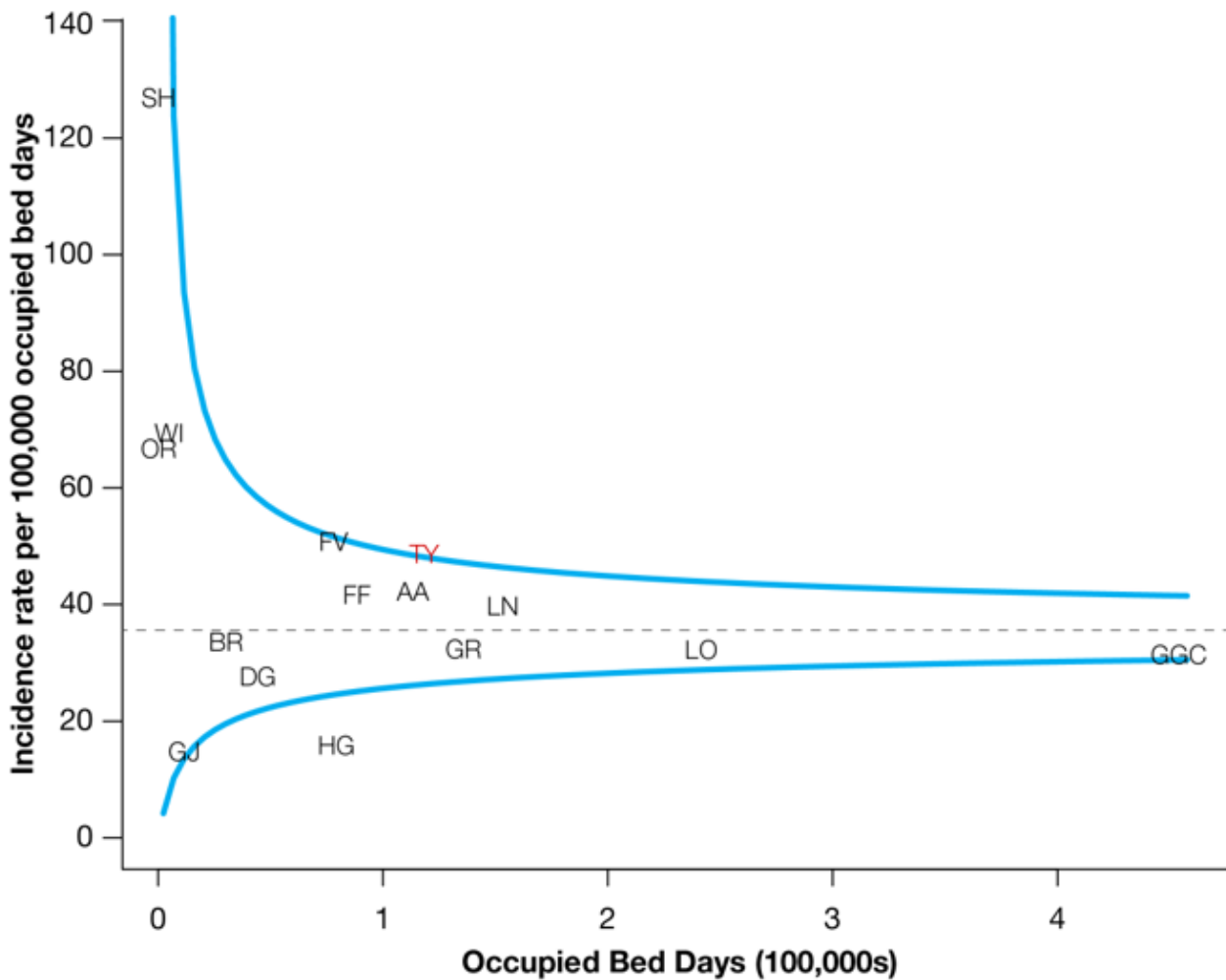
There were **716** blood cultures taken this month, of those there were in total **9** blood cultures that grew *E. coli*. This accounts for **1.2%** of all blood cultures taken this month. There were **3** hospital ECBs this month, this accounted for **0.4%** of all blood cultures taken.

Hospital ECBs

- **Hepatobiliary**; patient admitted with and treated for cholecystitis.
- **Unknown**; patient admitted with several underlying co-morbidities. Unable to determine source of infection, not attributed to a ward.
- **UTI**; patient managed as and treated for urosepsis.

National Context

All ECBs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plot below contains total case numbers of reported hospital and healthcare attributed infections and provides an indication of FV's position nationally. Below is an extract from ARHAs Quarter 1 report (January – March 2024) 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.

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

Total number of CDIs (April 2023 – date) = **10**

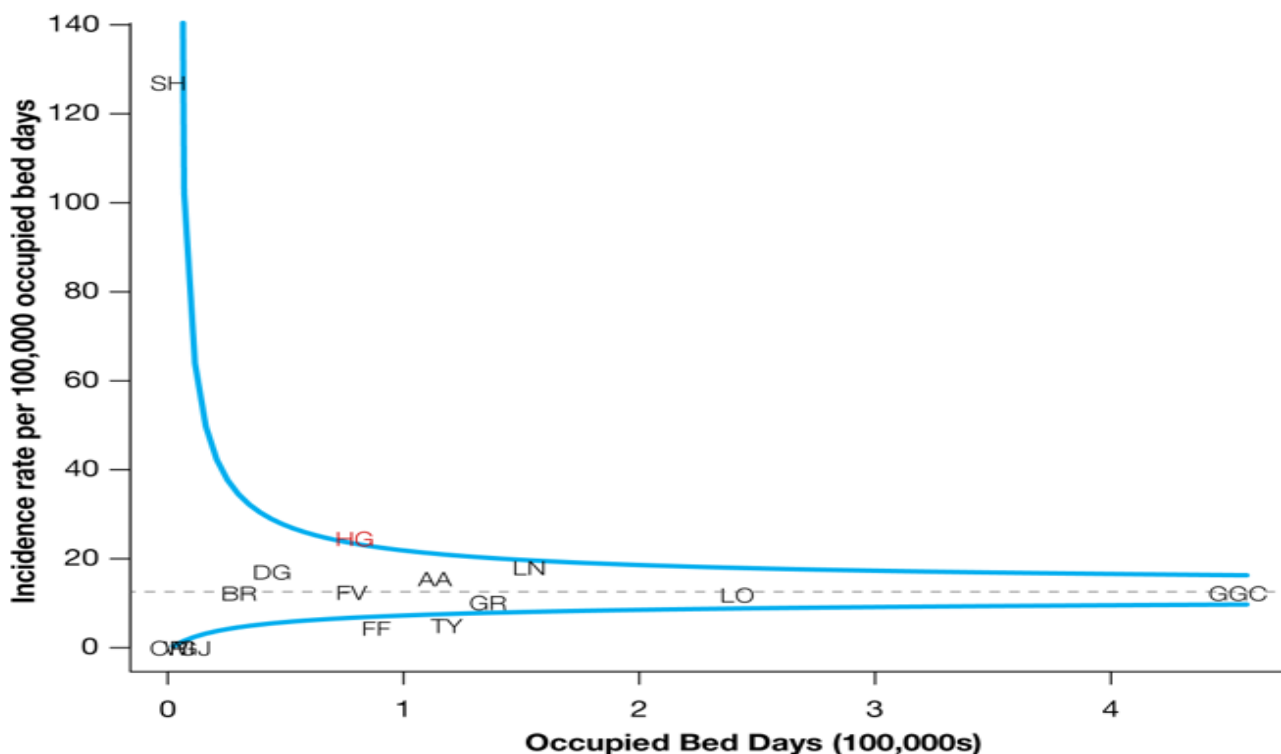
- Hospital acquired = **1**
 - No attributed wardThere was no data exceedance for hospital acquired CDIs this month.
- Healthcare acquired = **2**
There was no data exceedance for healthcare acquired CDIs this month.
- Nursing Home acquired = **0**
There was no data exceedance for nursing home acquired CDIs this month.
- GP acquired = **1**
(GP figures are not included in the total as it is not part of national reporting)

Hospital CDIs

- No ward attributed due to patient being admitted with ongoing GI issues.

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 plot below contains total case numbers of reported hospital and healthcare attributed infections and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 4 report (October – December 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	32	0
Caesarean Section	85	1
Hip Arthroplasty	51	0
Knee Arthroplasty	47	0
Large Bowel Surgery	13	0

Surgical site infection surveillance is under national review and maybe subject to change in the near future.

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:

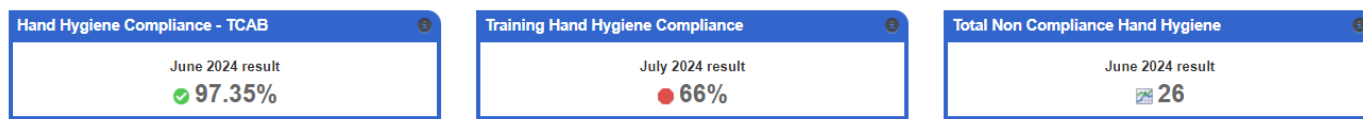
<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>

- 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.

The request by Board members to have this data broken down by staff groups is being further explored, it is not readily available for this report, but the feasibility of producing this for future reports is still being worked on.



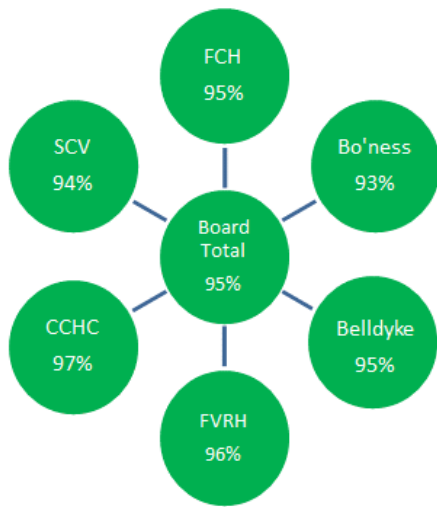
Estate and Cleaning Compliance (per hospital)

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.

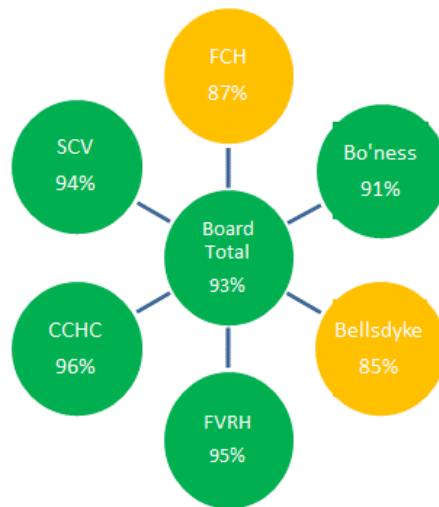
Falkirk Community Hospital and Bellsdyke Hospital Estate Scores

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

Estates & Domestic Cleaning Scores from Cleaning Dashboard



Cleaning Compliance



Estates Compliance

Colour		Description
●	Green	compliance level 90% and above - Compliant
●	Amber	compliance level between 70% and 90% - Partially compliant
●	Red	compliance level below 70% - Non-compliant

Ward Visit Programme

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

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.

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	5	20	26	71	68	23	44	257
Primary Care & Mental Health Services	0	1	2	5	17	3	2	30
WC&SH Directorate	1	4	1	11	8	1	8	34
Totals	6	25	29	87	93	27	54	321

This month has seen an increase in non-compliances. Areas have been identified that have increased and work is ongoing with ward leads to reduce future non-compliances.

Incidence / Outbreaks

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

Healthcare Acquired Infection Incident Template (HAIT)

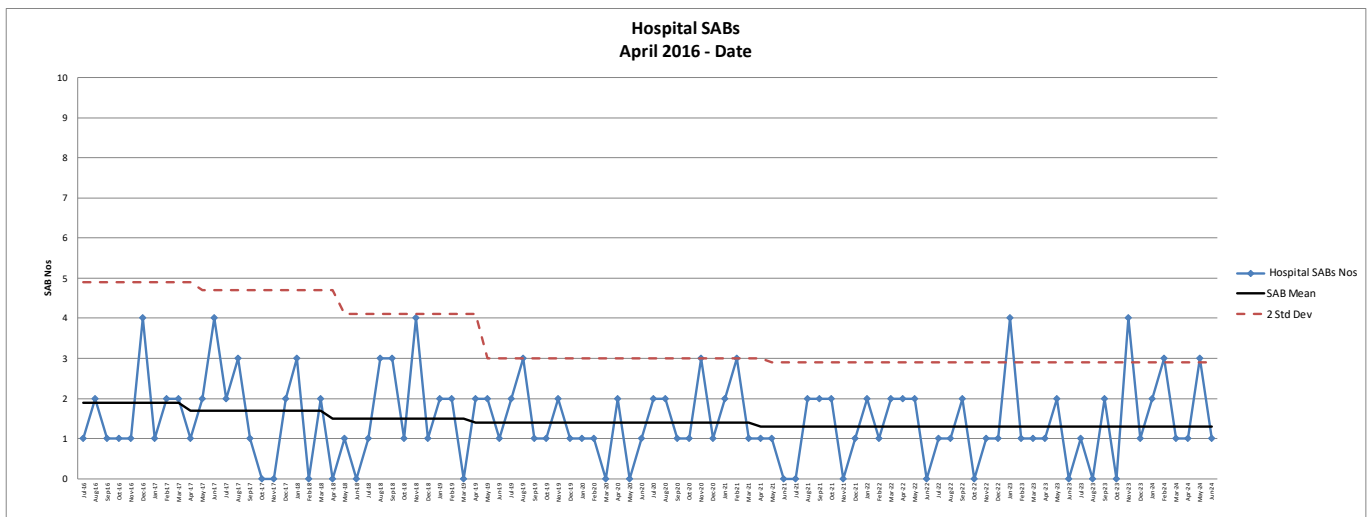
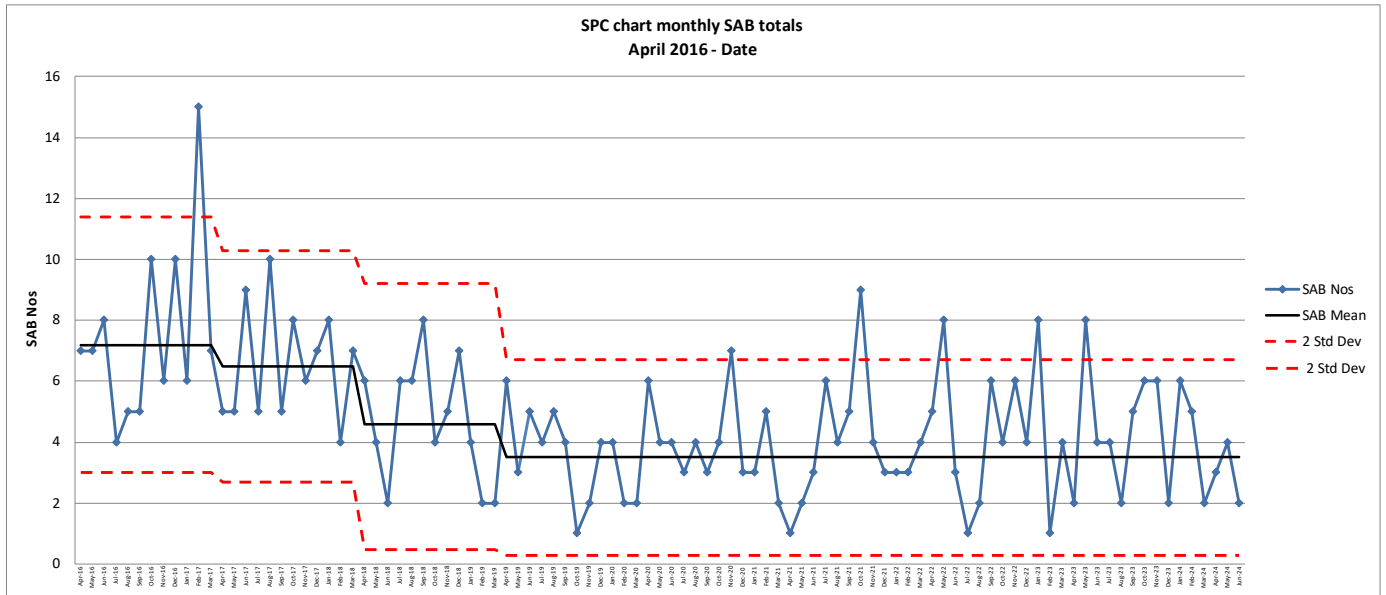
The HAIT is a tool used by boards to assess the impact of an incident or outbreak. The tool is a risk assessment and allows boards to rate the incident/outbreak as a red, amber, or green. The tool also directs boards whether to inform ARHAI Scotland/SG of the incident (if amber or red), release a media statement etc.

There were two outbreaks reported this month.

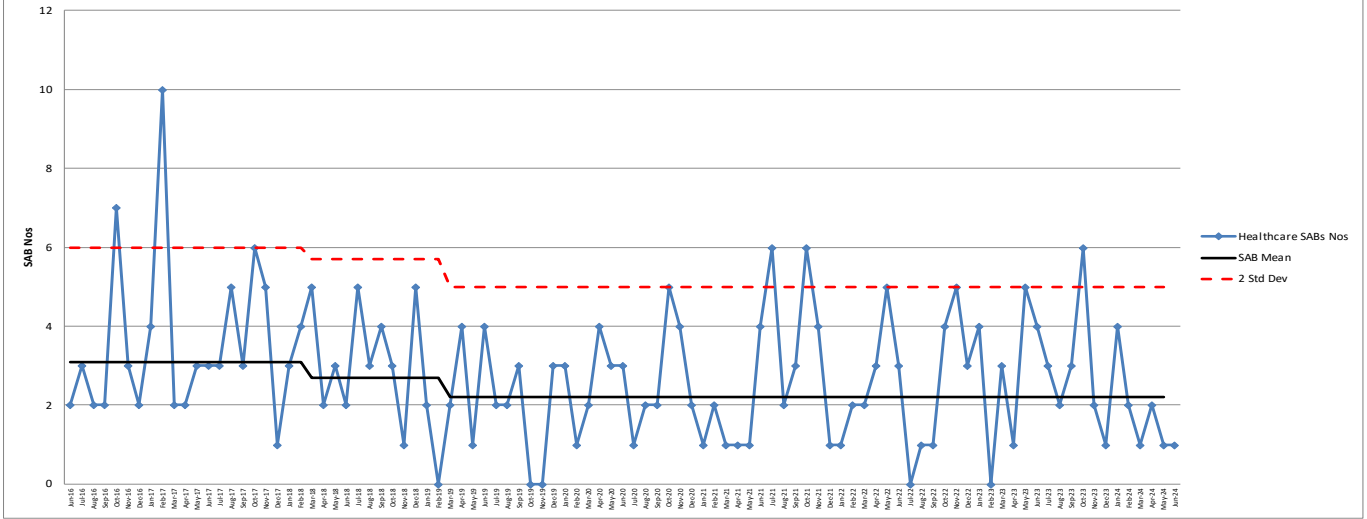
Month	Ward	Type of Outbreak	No of patients affected
June-24	Ward A22, FVRH	Covid	9
June-24	Ward B32, FVRH	Covid	11

HAI Surveillance Statistical Processing Charts

Staphylococcus aureus Bacteraemias (SABs)

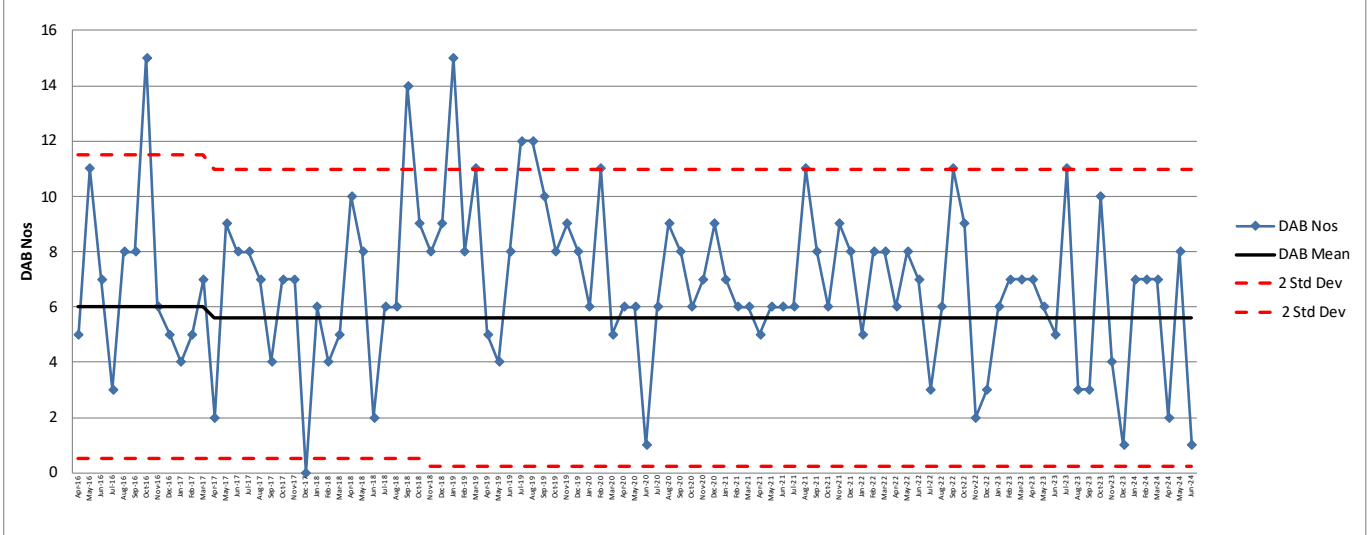


**Healthcare SABs
April 2016 to date**

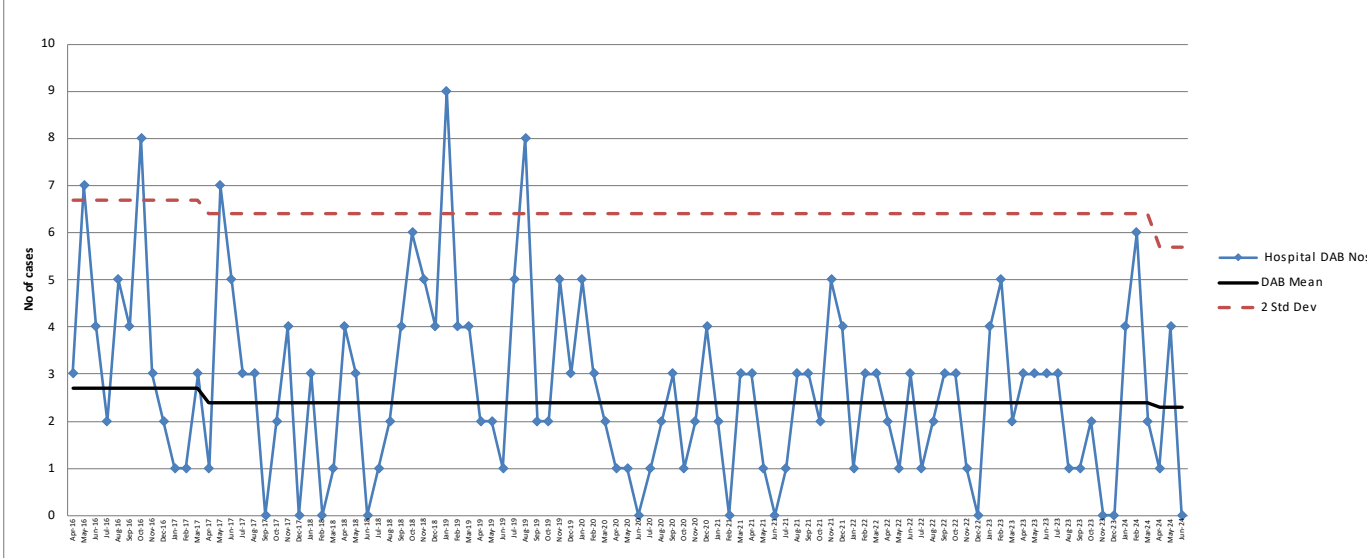


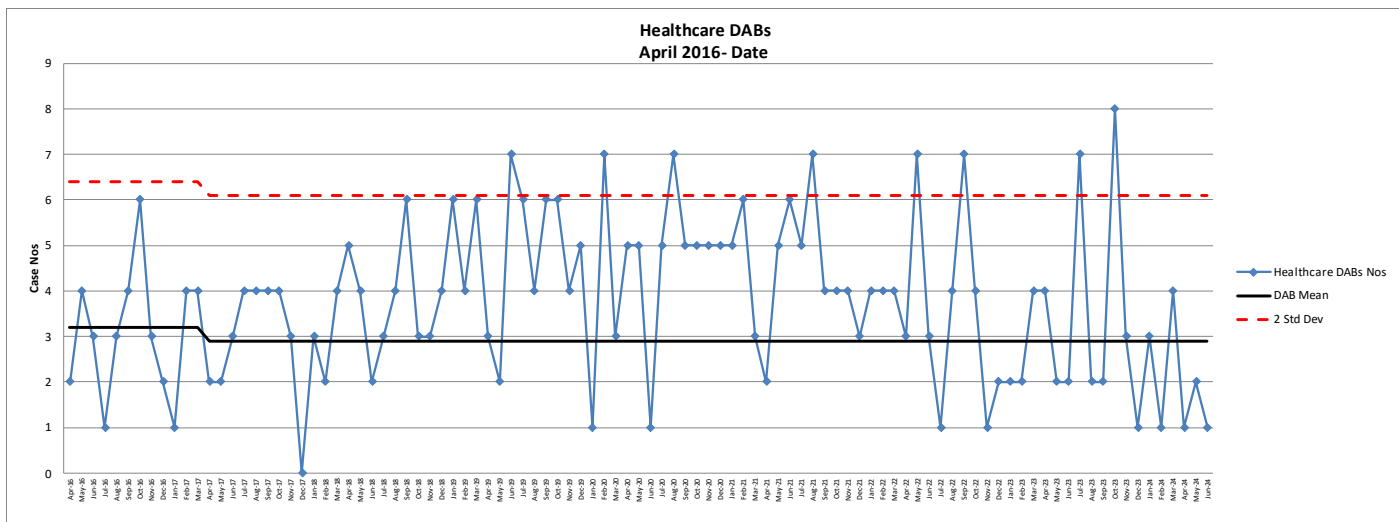
Device Associated Bacteraemias (DABs)

**SPC Chart monthly DAB totals
Apr 2016 - Date**

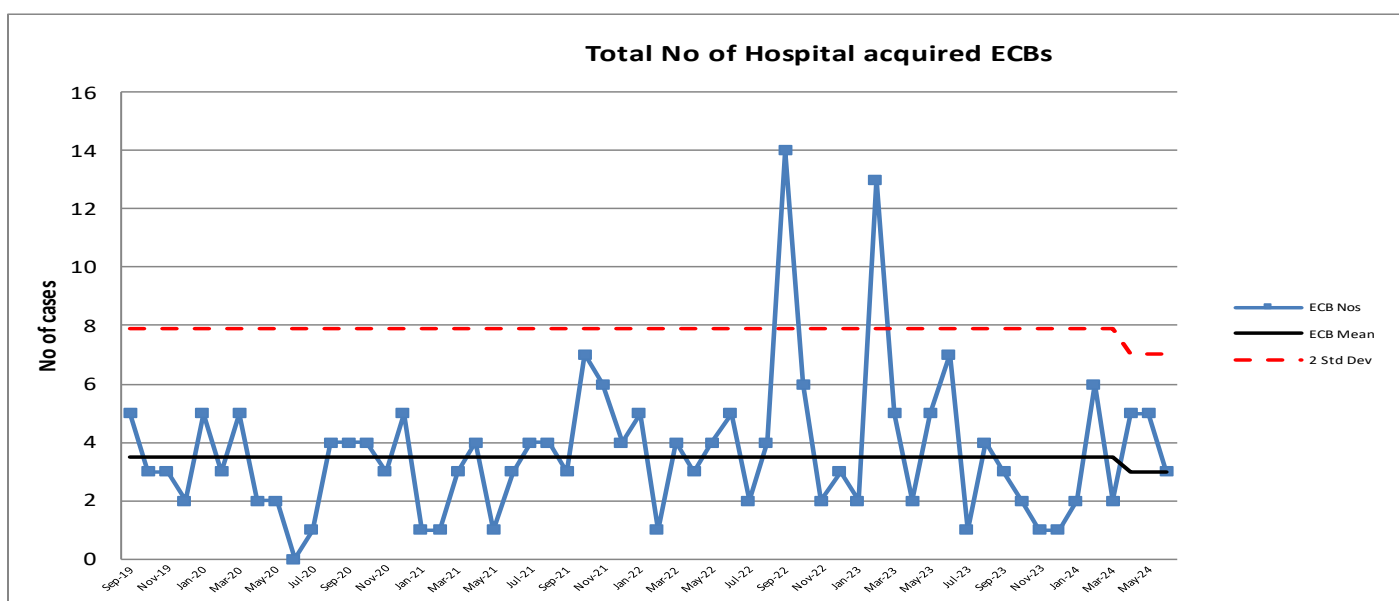
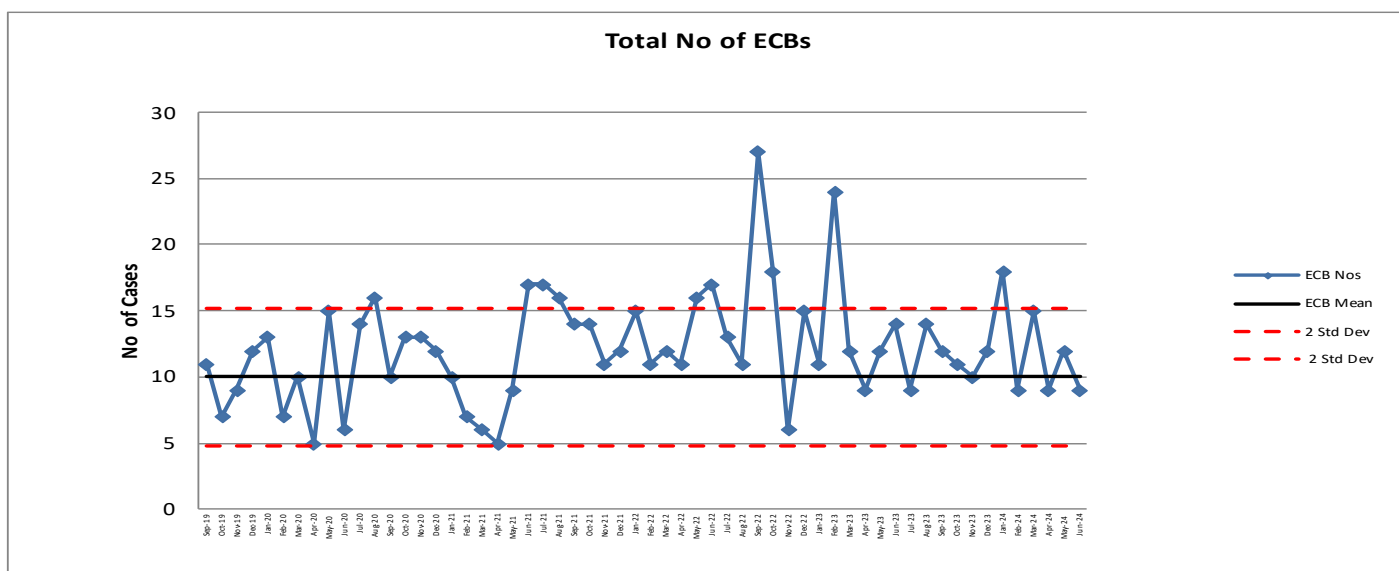


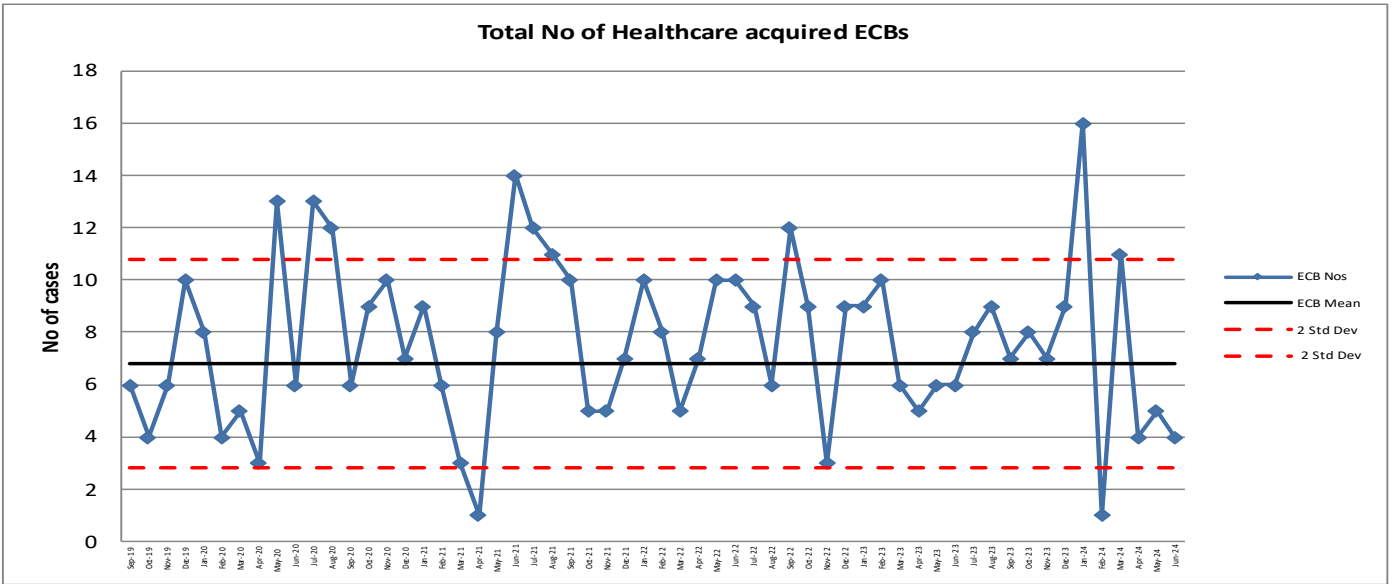
**Hospital DABs
April 2016 - Date**



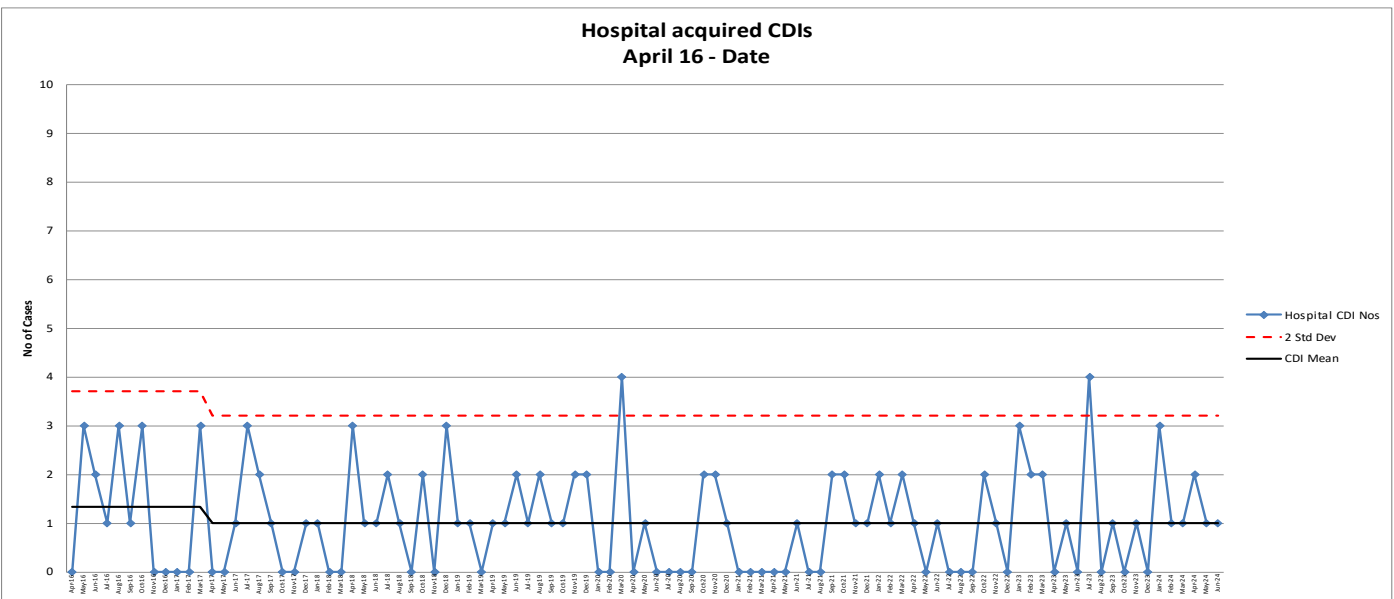
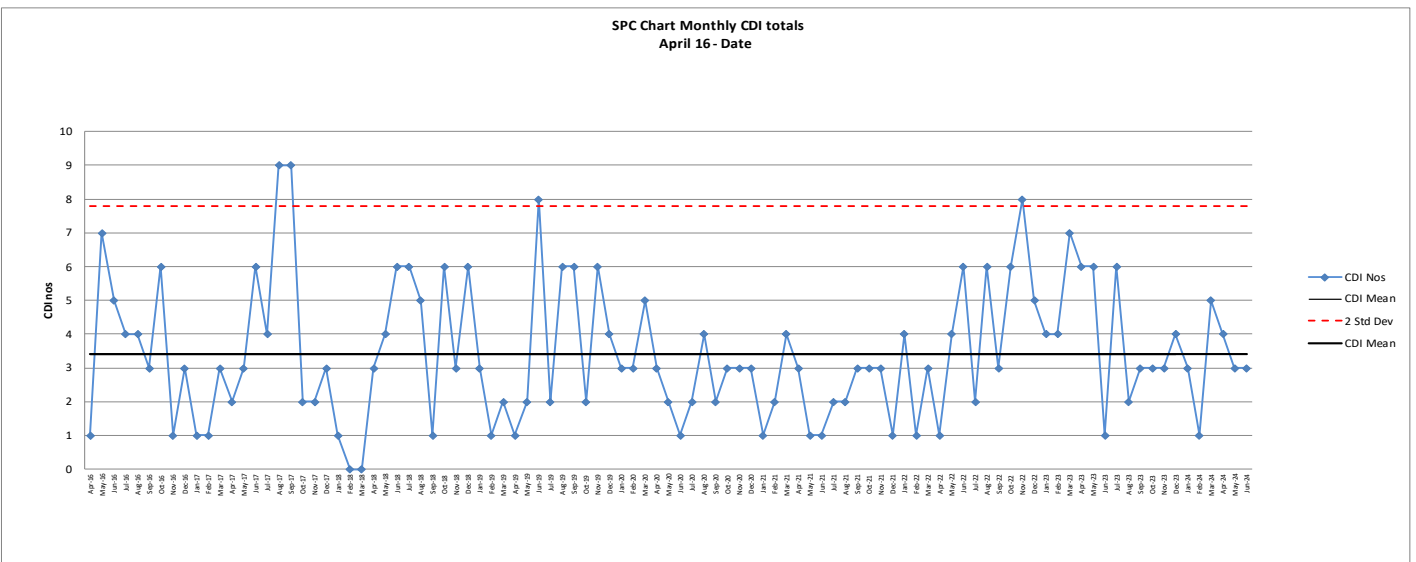


Escherichia coli Bacteraemias (ECBs)

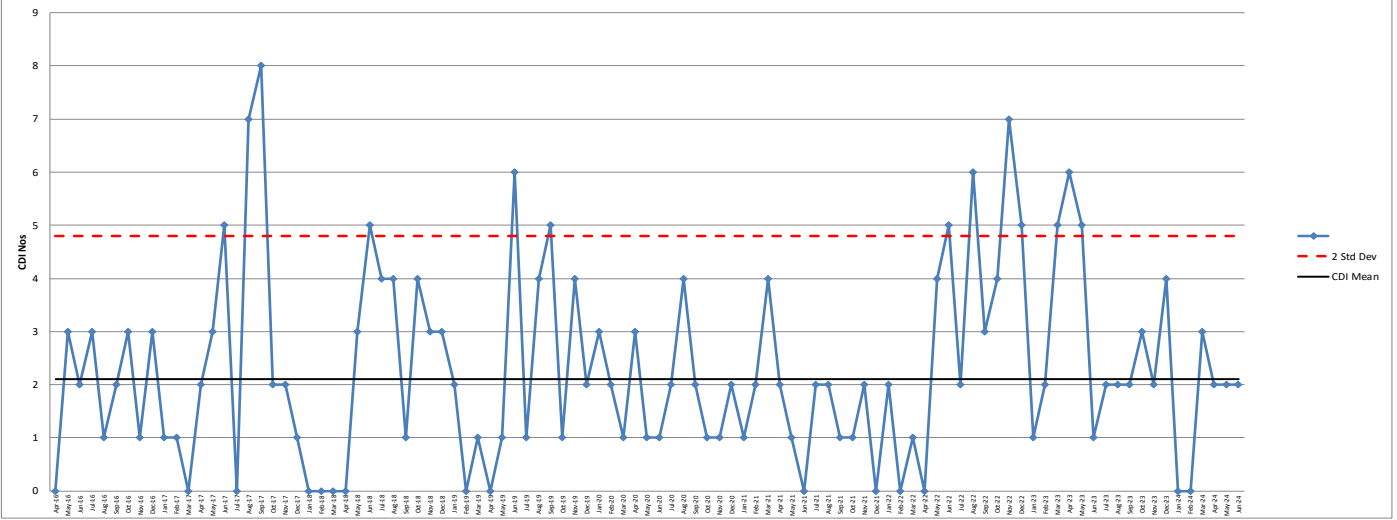




Clostridioides difficile Infections (CDIs)



Healthcare acquired CDIs
April 2016 - Date



NHS FORTH VALLEY BOARD
TUESDAY 30 JULY 2024

**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

Executive Summary

NHS Forth Valley is committed to providing high quality, safe and effective care. Patient feedback offers a key insight into our clinical performance and learning opportunities across the organisation. This report will assess the current feedback mechanisms in place across the organisation and our performance in line with national key indicators.

We continue to carry a substantial complaints backlog, with an associated significant organisational risk attached to performance levels. This backlog has implications for our ability to deliver person centred care with trust in the health board within our communities at risk as a result of delays to responses and the associated learning and implementation of changes. This risk is recognised across all clinical areas and governance forums throughout the organisation.

Over the last six months, the patient relations department has remained committed to reviewing and streamlining processes as appropriate to address the backlog and improve the overall position across the organisation. The department continues to demonstrate improved productivity with a higher volume of outputs each month being sustained however, an increase in the volume of complaints received has diminished the impact of improvement.

There is a recognised risk that, should the volume of complaints not begin to reduce through appropriate control and improvement measures, that there is scope for the existing backlog to double in volume by the close of the current financial year. All actions detailed in this paper are being put in place to mitigate this risk.

Additionally, with recent changes in legislation including the ratification of the United Nations Convention on the Rights of the Child (UNCRC), the way we approach complaints that involve children is changing. This paper will provide the necessary assurance required regarding preparedness across the organisation.


Recommendation

The NHS Forth Valley Board is asked to: -

- Recognise the organisational risk attached to the current position.
- Note the challenges in demand and capacity within the service and the steps taken to improve performance within the current budget.
- Note the action and mitigation plan.
- Recognise the upcoming changes in relation to child friendly complaints and preparedness across the organisation.

Assurance

Proposed assurance level:

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

- A reasonable level of assurance has been proposed on the basis that processes are in place to monitor and manage complaints and feedback across the organisation ensuring learning. It is however recognised that the current performance needs to be significantly improved.
- 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 which mitigates this improvement in terms of performance reporting.
- Improvements are being implemented in relation to learning and implementation of necessary systems changes following the receipt of feedback
- New processes are in place in relation to critical complaints where there is a recognised patient harm. New processes are facilitating earlier identification of risk and progression to adverse event reviews as and where necessary.
- Assurances are in place regarding child friendly complaint process and preparedness across the organisation.

Key Issues to be Considered

Implications

Financial Implications

On a temporary basis, additional non-recurrent funding has been allocated to enhance capacity within the patient relations team, supplementary staffing is offset against vacancies within the wider Person-Centred Care workforce.

The departmental budget has been restructured on a non-recurring basis to facilitate additional capacity over the next twelve months. Adverts will progress through recruitment to introduce band 5 posts into the workforce, this process is in train.

Workforce Implications

In the current climate, staff wellbeing is at risk within the PRO and operational teams due to high levels of work-related stress. Disgruntled patients/families and challenging conversations are likely to be heightened due to lengthy delays in response time adding further stressors to the workforce. There has been a recognised decline in staff wellbeing within the last month with workloads becoming unsustainable. This follows a further period of high levels of unplanned absences. The workforce changes and support mechanisms in relation to workflow and allocation, as well as leadership support are in place to support staff in this challenging environment.

Short term additional staffing uplift has been introduced through the process of staff placements. This has presented the opportunity to introduce clinical staff into the department to support with complex complaint investigation.

Infrastructure Implications including Digital

The lack of electronic case records continues to present challenges to our investigation timelines and processes. The time spent requesting case records presents avoidable delays and often renders the 20-working day target unachievable in the instance of complex multidisciplinary complaints. A SLWG has been developed to consider infrastructure implications. This work will be progressed, and an update brought back to the Board meeting in January 2025.

There is a recognised variation in the NHS Forth Valley infrastructure in relation to complaints handling. Following a recent National procurement process, a new system has been proposed for implementation across NHS Scotland which may merit further discussion across the organisation.

A new learning loop has been introduced to cascade learning across senior leadership teams throughout the organisation.

With the implementation of child friendly complaint handling processes, there is a necessity to review our current complaint handling system for usability. The necessary infrastructure changes can be achieved without the need for further investment relying upon adaptation of existing systems only.

Sustainability Implications

The Patient Relations Department has moved to paper light correspondence unless otherwise requested for all cases in recognition of the environmental, and financial, implications of paper consumption.

Sustainability Declaration

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

- Yes
- N/A

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

Quality / Patient Care Implications

The current complaints position presents a risk of negative patient experience to some of our most vulnerable service users, those who have reason to raise complaint or where healthcare provision may have caused distress. Improving our responses to patient feedback in a timely manner 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.

Improvements in categorisation and triage have presented earlier opportunities to implement learning outcomes resulting in improved quality / patient care. There remains a significant need for further improvement to sustain the changes and to share learning across the organisation for adoption and scalability. The patient relations team are working with local business units and clinical governance teams to develop local learning systems which allow the sharing of learning back into the service. This is being monitored through the Clinical Governance Working Group and for governance up to the Clinical Governance Committee.

Information Governance Implications

N/A

Risk Assessment / Management

Actions are detailed throughout the report offering updates on risk assessment / mitigation plans.

Relevance to Strategic Priorities

This report is in line with the nationally agreed key performance indicators relating to patient feedback defined by the SPSO and is directly aligned to the board strategic priorities such as the Quality Strategy.

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

No consultation required

Additional Information

N/A

Appendices

- Appendix 1: Learning Loop Summary File
- Appendix 2: Acute Year End Report
- Appendix 3: Organisational Readiness Assessment – Child Friendly Complaints

Complaints Performance Summary

Complaints performance remains relatively static in comparison with earlier reports with much need for improvement. During April 2024, 194 complaints have been received with a performance of 68.6%.

As noted in previous Board meetings, the number of complaints received by the board has returned to pre-pandemic levels. A further increase of 30% per month has been sustained since November 2023 with ongoing implications for capacity within the Patient Relations Department. As a result, despite improvements in the volume of cases closed, the overall performance remains static, and the time taken to respond to complaints remains out with an acceptable timeframe. It is anticipated that with the changes being progressed in the workforce, as well as the emphasis on early resolution through focussed work with local leaders, as well as the focus on Stage 1 resolution, then it is anticipated that this work will make progress by the end of the financial year. This assumes that the volume of complaints returns to the levels previously experienced.

Complaint themes have been analysed within this timeframe with considerable increases being reported in areas such as waiting times, communication, staff attitude and behaviour and treatment outcomes. These themes are largely in keeping with the recurrent trends although the incidence has increased. Changes to our public facing website have been made to pro-actively address these issues to reduce the volume of complaints received.

We continue to review workforce capacity and demand for patient relations services. Temporary additional staffing resource is in place on an unfunded basis including a clinical staff member. Clinical resources will be utilised to support early triage and investigation into complex category 3 /4 complaints, which is where we often see delays due to clinical complexity. We will monitor the impact and assess any long-term staffing requirements in the months to come.

We acknowledge that there are opportunities to make further improvements to our complaints handling processes and continue to work with services to achieve improvements. Following learning from the acute governance reset days, several process improvements have been introduced to increase transparency, accountability and visibility of complaints performance and associated learning requirements.

Furthermore, we have made amendments to our paperwork and documentation processes to streamline administrative duties across the department with new letter templates designed to support our responses and ensure that we offer transparency in our investigations and decisions made.

We continue to work on digital solutions with the support of e-health colleagues although dashboards have been delayed with resources being focused on unscheduled care reporting which has resulted in delays. This work recommenced in May 2024.

Complaint Key Performance Indicators RAG – April 2024

Detailed in the table below is an overview of the current performance against each of the Key Performance Indicators as of April 2024. 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	Apr-24	AMBER	◀▶
KPI 2: Complaints Process Experience	Apr-24	AMBER	◀▶
KPI 3: Self Awareness and Training	Apr-24	GREY	-
KPI 4: Total Number of Complaints Received	Apr 24	RED	▼
KPI 5: Complaint Closed at Each Stage	Apr 24	AMBER	◀▶
KPI 6: Complaints Upheld and Not Upheld	Apr 24	GREEN	◀▶
KPI 7: Average Times	Apr 24	RED	▼
KPI 8: Closed in Full within the Timescales	Apr 24	RED	▼
KPI 9: Number of Cases where an Extension is Authorised	Apr 24	RED	▼

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

Complaints – Performance Indicator and Data Snapshot

April 2024 (Data period March – April 24)

NHS Forth Valley Complaints	23/24 Year End	March 23	April 24	Trend
Number of complaints received	1979	199	194	▼
Number of complaints received excluding Prisons	1160	108	103	▼
Performance	60.1%	63.8%	68.6%	▲

NHS Forth Valley Directorate Complaints Received	23/24 Year End	March 23	April 24	Trend
Acute Sector	821	85	80	▼
Women's and Children's	181	12	13	▲
Falkirk	52	5	2	▼
Clacks and Stirling	37	3	1	▼
FV Specialist MH & LD Services	53	2	6	▲
Nursing	1	0	1	▲
Prisons	819	91	91	◀▶
Other	15	1	0	▼

Number of complaints closed	23/24 Year End	March 23	April 24	Trend
Stage One	1075	124	130	▲
Stage Two	735	12	3	▼
Total combined performance	1190	127	133	▲

Stage 1 Complaints	23/24 Year End	March 23 (% of total complaints received)	April 24 (% of total complaints received)	Trend
Number of complaints upheld at stage one	46 (4.3%)	6 (4.8%)	4 (3.1%)	▼
Number of complaints not upheld at stage one	996 (92.6%)	110 (88.7%)	116 (89.2%)	▲
Number of complaints partially upheld at stage one	31 (2.8%)	6 (4.8%)	8 (6.2%)	▲
Total stage one complaints outcomes	1073 (99.8%)	122 (98.4%)	128 (98.5%)	▲

Stage 2 Complaints	23/24 Year End	March 23 (% of total complaints received)	April 24 (% of total complaints received)	Trend
Number of complaints upheld at stage two	49 (8.74%)	0 (0%)	0 (0%)	◀▶
Number of complaints not upheld at stage two	485 (53.7%)	4 (5.3%)	2 (3.1%)	▼
Number of complaints partially upheld at stage two	87 (9.6%)	1 (1.3%)	0 (0%)	▼

Total stage two complaints outcomes	621 (68.7%)	5 (6.7%)	2 (3.1%)	▼
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Complaints closed within timescale	23/24 Year End	March 23 (% performance)	April 24 (% performance)	Trend
Number of complaints closed at stage one within 5 working days.	825 (76.7%)	109 (87.9%)	82 (97.6%)	▲
Number of complaints closed at stage two within 20 working days	124 (13.7%)	3 (4%)	3 (4.7%)	◀▶
Total number of complaints closed within timescales	1190 (60.1%)	127 (63.8%)	133 (68.8%)	▲

Average Time to Respond	23/24 Year End	March 24	April 24	Trend
Stage One	4	5	4	▼
Stage Two	56	77	72	▼
Combined Average Time to Respond	30	41	38	▼

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, offering a deep dive into performance and learning across the organisation.

Key Performance Indicator One: Learning from Complaints

Trigger Indicator – Green

1.2 Situation

Staff attitude and behaviour, waiting times, clinical care provision and issues relating to medicines administration remain the predominant complaint themes.

2023/2024 – Complaint Categories and Outcomes

Row Labels	Fully Upheld	Partly Upheld	Not Upheld	Grand Total	% Fully Upheld	% Partially Upheld	% Not Upheld
Grand Total	95	118	1479	1695	6%	7%	87%
Problems With Medication/Presc	7	5	278	290	2%	2%	96%
Lack Of Communication/Explanation	10	7	143	161	6%	4%	89%
Medication Not Prescribed As E	6	8	102	117	5%	7%	87%
Unacceptable WT For Appt	5	5	102	112	4%	4%	91%
WT/Date Of Appointment/Other	2	3	102	107	2%	3%	95%
Staff Attitude	10	7	82	99	10%	7%	83%
Treatment Didn't Have Expected	5	10	59	74	7%	14%	80%
Unacceptable Time To Wait For Appt	3		54	57	5%	0%	95%
Insensitive To Patient Needs	2	3	38	43	5%	7%	88%
Waiting For Referral	4	1	29	34	12%	3%	85%
Disagreement With Treatment/Ca		1	31	33	0%	3%	94%
Wrong Diagnosis	3	5	21	29	10%	17%	72%
Cancellation Of Appointment	3	1	24	28	11%	4%	86%
Insensitive Communication	3	3	21	27	11%	11%	78%
Patient/Family Not Kept Update	3	3	21	27	11%	11%	78%
Lack Of Support	1	2	22	25	4%	8%	88%
Poor Nursing Care Other	1		24	25	4%	0%	96%
Medication Discontinued Mis-Us		1	20	21	0%	5%	95%
Waiting Too Long Test Results	3		17	20	15%	0%	85%
Diagnosis Not Fully Explained		2	17	19	0%	11%	89%

2023/2024 – Categories with over 15% upheld ratio (either fully or partially) where the volume of complaints >1.

Row Labels	Grand Total	Combined Upheld	Combined Upheld %
Length Of Time Taken Resolve	3	2	67%
Accuracy Of Records	11	7	64%
Poor Communication Between Hospitals	5	3	60%
Treatment Risks/Side-Effects	4	2	50%
Breach Of Confidentiality	5	2	40%
Nursing Care	5	2	40%
Staff Not Observing Patient	5	2	40%
Delay In Medication	17	6	35%
Poor Aftercare	13	4	31%
Delay In Carrying Our Scan/test	14	4	29%
Wrong Diagnosis	29	8	28%
Length Of Time To Be Seen In Dept	15	4	27%
Insensitive Communication	27	6	22%
Patient/Family Not Kept Update	27	6	22%
Delay In Scan/Test Results	18	4	22%
Treatment Didn't Have Expected Outcome	74	15	20%
Lack Of Discharge Arrangements	15	3	20%
Staff Attitude	99	17	17%
Not Listening	12	2	17%
Staff/Attitude and Behaviour	12	2	17%

Staff attitude and behaviour remain predominant themes, both upheld and not upheld. There continues to be a high uptake of first impressions training at board level. E-health solutions are in development to link local uptake with dashboards to improve visibility. Due to absence this improvement has been delayed but will be progressed within coming months.

Concerns regarding clinical outcomes have been shared with AMDs as part of year end reporting for review and consideration of any pertinent learning points.

A learning and development academy for Health Care Assistants has been delivering focused education regarding documentation, pressure care and safer mobility in recent months with a continued roll out plan supported by the NMAHP directorate.

An additional focus on learning needs is to be delivered by offering single point of contact within PRO for services to manage cases and identify any service-learning needs through focused discussions. Implementation has been delayed due to staff absence but was implemented on the 1st July 2024.

Learning bulletins will continue to be shared quarterly across the organisation via Staff Net.

A new Learning Loop has been introduced for weekly discussion across the acute sector and to be cascaded via governance forums to highlight any scalable learning. Appendix 1 offers a summary file of the currently allocated organisational learning points; a total of 17 learning points has been allocated since the reports inception in June 2024. Real time access is granted for service, clinical and NMAHP leads as appropriate to offer a one stop location for

learning from complaints. A summary report will be provided for governance forums across the organisation.

Loop is currently available on a short-term basis with further consideration required regarding the usability and longer-term funding of the application required to sustain its implementation.

1.3 Scottish Public Services Ombudsman (SPSO)

The SPSO has received 45 cases relating to NHS Forth Valley complaints during April 2023 – March 2024, an increase of 13 cases from the previous report. The SPSO has received 4 cases relating to NHS Forth Valley complaints during April 2024, all of which are still under investigation.

SPSO shared their formal statistics in June 2024 per the below. Note that the 28 cases closed at the advice stage would not have been formally notified to board. 24 cases were closed at the early resolution stage as a result of good complaint handling. 7 cases progressed to full investigation, of which 5 were fully upheld.

Stage	Outcome Group	Forth Valley NHS Board
Advice	A&G - Complaint submissions - mature	2
	A&G - Complaint submissions - premature	12
	A&G - Enquiries	14
	Organisation not in jurisdiction	0
	Unable to proceed	0
	Total	28
Early Resolution	Discretion – Insufficient benefit would be achieved by investigation	7
	Discretion – Alternative action proposed	1
	Discretion – Alternative route used or available	0
	Discretion – Good complaint handling	24
	Discretion – Referred back	0
	Discretion – Resolved - both parties satisfied with proposed outcome	0
	No response to contact	0
	Organisation not in jurisdiction	0
	Premature	1
	Right of appeal to court/tribunal/Scottish ministers (s 7 (8))	0
	Subject matter not in jurisdiction	0
	Time limit (s 10)	5
	Unable to proceed	5
	Total	43
Investigation	Fully upheld	5
	Not duly made or withdrawn	0
	Not upheld	2
	Outcome not achievable	0
	Resolved	0
	Some upheld	0
	Total	7
Total	78	

Of the complaints received by the SPSO, there were 69 themes relating to clinical treatment / diagnosis. 6 cases related to communication and staff attitude and 4 cases related to policy and administration.

SPSO have not provided statistics in relation to the outcome for each theme.

1.4 Actions

- Review and monitor implementation of 'loop learning'.
- Learning bulletins to continue quarterly.
- Annual review to be discussed across governance forums at directorate level.
- Simulated learning to support staff attitude and behaviour following targeted first impressions training.
- Discussions ongoing with Forth Health re sustainable solutions to parking concerns.
- Consider sustainability of 'Loop' as a learning mechanism.
- To introduce performance indicator for 'First Impressions' uptake at department level on Pentana.

1.5 Closed Actions

- Introduction of waiting times and common themes FAQs on complaints website.
- Additional First Impressions Trainer trained with additional sessions running across the organisation, targeting key hot spots.
- Weekly Clinical Governance and Patient Relations Meetings established to trigger escalation and support thematic analysis.
- Directorate level learning summaries provided for year-end review and action planning.

Key Performance Indicator Two: Complaint Process Experience

Trigger Indicator : Amber

2.1 Situation

The uptake of post complaints experience questionnaires has historically been low (<5 per year).

The form has been transferred to an electronic form and will be shared following each final response to facilitate learning in the future. Paper copies remain available for those who prefer paper feedback.

2.2 Actions

- Monitor and review feedback learning from electronic experience forms
- Aim to achieve 10 experience questionnaire responses per month.

2.3 Closed Actions

- Paper based form converted to electronic format to enhance accessibility.

Key Performance Indicator Three: Self Awareness and Training

Trigger Indicator: Green

3.1 Situation

As noted in previous reports, a quality assurance audit has been introduced to offer assurances regarding the level of scrutiny undertaken, empathy and information handling in our complaint's responses.

Five complaint files are reviewed each month to facilitate learning and supportive reflection. As detailed below, the first formal audit has presented several learning opportunities as well as offering assurance around positive indicators.

The initial audit considered cases handled throughout the last financial year with evidence that learning points have been acted upon as the year progressed although there remains additional scope for improvement. Several learning points remain however, and organisational level learning is required to improve the quality of investigations and responses longer term.

Moving forward, the audit will be delivered as a peer audit offering beneficial supportive reflection between team members.

In response to this, several senior staff involved in the investigative process have been supported to undertake SPSO complaints investigation training which will take place throughout the summer of 2024.

Additionally, the Interim Complaints Lead has supported a national piece of work to assess the current complaints handling education modules, which are designed and delivered nationally, with recommendations submitted regarding possible improvements.

Date of Audit	Positive Indicators	Learning Points
June 2024	<ul style="list-style-type: none">• Acknowledged within three working days• Accurately logged• Personalised response• 1/5 responses within 20 days• All points investigated• Evidence of complaint responses including headers per points of concern to improve structure.	<ul style="list-style-type: none">• No action plans on file• Incidences where medical jargon is not clearly explained• Incidences of limited reflection / apology• No evidence summary index for any files• Limited reference to policies or procedures• Incidences where there is no clear structure / points of concern not identified as headers in response• 4/5 responses not within 20 working days

3.2 Actions

- To introduce an evidence index to each complaints file
- To further evaluate the new complaints proforma following roll out across the Acute sector.
- To finalise implementation plans for first impressions visibility on local Pentana dashboards.

- To implement single point of contact in PRO for directorates (delayed due to absences)

3.3 Closed Actions

- Implementation of points of concern as headers in complaint responses
- Implementation of quality assurance monthly audits

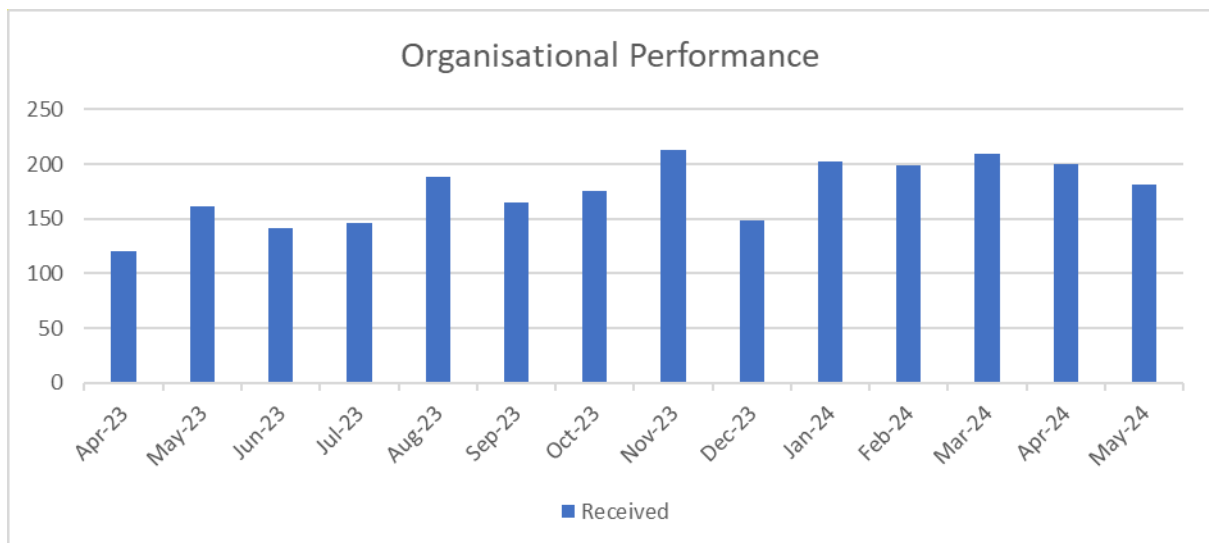
Key Performance Indicator Four: Total number of Complaints Received

Trigger Indicator : Red

4.1 Situation

The Board received 2,068 complaints in 23/24 (including complaints which are withdrawn/transferred elsewhere, and consent not received). The total number of complaints received has continued to increase in the final months of 23/24.

A total of 200 complaints were received in April 2024, an indicator that the increased prevalence of complaints has been further sustained. Work is ongoing to facilitate complaint avoidance and to resolve concerns locally wherever possible.



23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Avg Monthly No. Complaints Received	134	159	169	186
Avg Monthly No. Responded to in 20 days.	80	92	103	102
Average Monthly No. Closed (regardless of target)	89	133	164	173
Avg Monthly % Responded to in 20 days	60%	58%	62%	54%

While the volume of complaints increased in the latter quarter of 23/24, the overall performance remained relatively static. There has been a demonstrable improvement in the volume of complaints closed each month in Q3 and Q4 (27%). Given the increase in cases received, this improvement has unfortunately not translated to an improved performance rate.

Year-end data reports have been submitted to directorates for local learning, Appendix 2 details the Acute Sector report for reference and assurance. Each directorate is asked to consider their performance in comparison with the wider board level position and consider focused areas for improvement.

4.2 Actions

- To further support staff to resolve concerns locally with support from CNMs, Service Managers and wider service structures.
- To continue to close the learning loop from complaints to avoid recurrent themes using Loop Learning and sharing learning across governance forums.
- Introduction of annual directorate level report to spotlight high level themes and develop associated action plans (reports issued, action plans ongoing).
- Additional Band 5 to be appointed on a fixed term basis, this process is going through recruitment.

4.3 Closed Actions

- Introduction of frequently asked questions / raised concerns on the public facing website including waiting times information and contingency bed guidance.

Key Performance Indicator Five: Complaints Closed at Each Stage Trigger Indicator : Amber

5.1 Situation

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 54% of cases closed as S1 and 46% closed as S2. However, data is largely upheld by performance within the prison sector.

2023/2024

Complaints Type	Number of complaints closed at each stage	Number of complaints closed at each stage as a % of all complaints
Stage 1	1075	54.3%
Stage 2	710	35.9%
Stage 2 after escalation	27	1.4%

April 2024

Complaints Type	Number of complaints closed at each stage	Number of complaints closed at each stage as a % of all complaints
Stage 1	130	68.4%
Stage 2	2	1%
Stage 2 after escalation	1	0.5%

As previously noted, 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 as stage 1s, offering earlier resolution for patients and families and an associated reduction in the time spent investigating and responding.

Improvement has been evident across each directorate with ongoing focus on resolving concerns under early resolution processes wherever possible.

To mitigate the discrepancy in demand and capacity faced by the patient relations department, we aim to manage 50% of all cases under the stage 1 process at a local directorate level with a target of 70% at an organisational level by September 2024.

Directorate	Nov 23'		Year End		Apr 24'		Trend (S1) Vs Nov 23'
	S1	S2	S1	S2	S1	S2	
Acute	23%	77%	77%	15%	77%	2%	▲
Clacks And Stirling HSCP Directorate	10%	90%	50%	0%	-	0%	NA
Falkirk HSCP Directorate	26%	74%	69%	0%	50%	-	▲
FV Specialist MH And LD Services Directorate	24%	76%	43%	5%	100%	0%	▲
Prison Healthcare Services Directorate	93%	7%	80%	15%	98%	29%	▲
Women, Children And Sexual Health Services	24%	76%	77%	13%	67%	0%	▲

5.2 Actions

- Continued review and monitoring.
- Drop-in sessions offered weekly via the patient relations office to continue to drive/support early resolution conversations.
- Dedicated SIM training to be developed to support local de-escalation of concerns and early resolution.
- Target of 70% overall organisational Stage 1 Resolution.
- Local targets of 50% have been achieved. Local targets to be increased to 60% stage 1 resolution.

5.3 Closed Actions

- Introduction of dedicated stage 1 Patient Relations Officer (Nov 23).
- Awareness raised across all governance forums of position and driving force for increased S1 resolution.

Key Performance Indicator Six: Complaints Upheld and Not Upheld

Trigger Indicator : Amber

6.1 Situation

As noted previously, there is variance in the proportion of complaints upheld / not upheld in comparison with wider Scottish Health boards. All trends are therefore indicated as neutral in terms of RAG status.

A new decision-making process has been designed as part of the recalibration work to ensure equity in decision making.

Stage 1 Complaints	23/24 Year End	March 23 (% of total complaints received)	April 24 (% of total complaints received)	Trend
Number of complaints upheld at stage one	46 (4.3%)	6 (4.8%)	4 (3.1%)	▼
Number of complaints not upheld at stage one	996 (92.6%)	110 (88.7%)	116 (89.2%)	▲
Number of complaints partially upheld at stage one	31 (2.8%)	6 (4.8%)	8 (6.2%)	▼
Total stage one complaints outcomes	1073 (99.8%)	122 (98.4%)	128 (98.5%)	▲

Stage 2 Complaints	23/24 Year End	March 23 (% of total complaints received)	April 24 (% of total complaints received)	Trend
Number of complaints upheld at stage two	49 (8.74%)	0 (0%)	0 (0%)	◀▶
Number of complaints not upheld at stage two	485 (53.7%)	4 (5.3%)	2 (3.1%)	▲
Number of complaints partially upheld at stage two	87 (9.6%)	1 (1.3%)	0 (0%)	▼
Total stage two complaints outcomes	621 (68.7%)	5 (6.7%)	2 (3.1%)	▼

6.2 Actions

- Monitor and review outcomes.
- Continue quality control audit.
- New letter template introduced to enhance transparency regarding decision making.
- Peer review to be introduced to the SPSO process / Second Episodes

6.3 Closed Actions

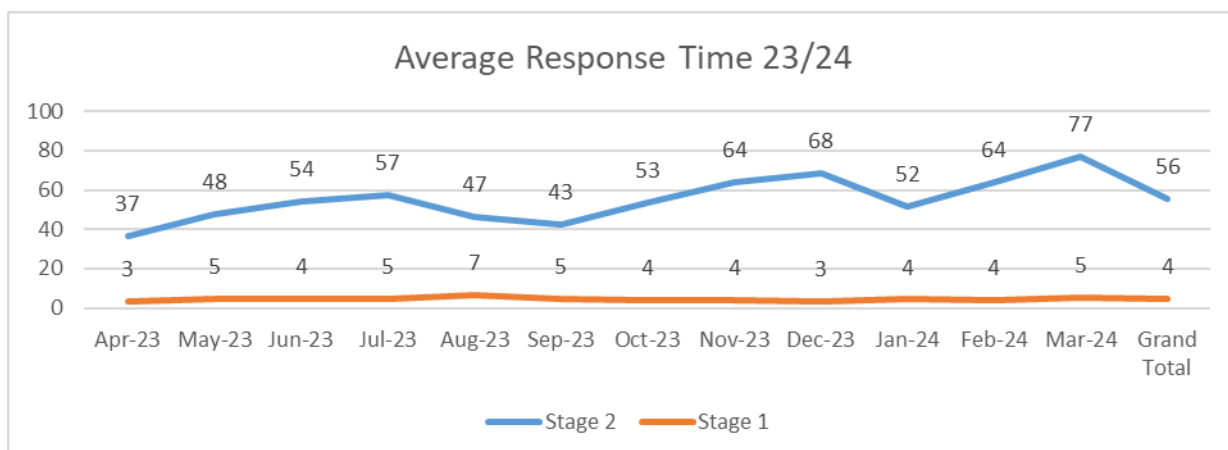
- New provisional outcome decision implemented across the organisation.
- Final approval to be given by senior triumvirate regarding decision.
- Clarification provided regarding organisational learning and ability to uphold.
- Local level agreement to offer second episode complaints following peer review of initial response if felt appropriate.

Key Performance Indicator Seven: Average Times Trigger Indicator : Red

7.1 Situation

2023 / 2024 – Year End

The average time to respond to cases continued to increase as anticipated throughout the latter months of 23/24. This is in part due to the closure of long waiting cases combined with the volume of cases and reduced patient relations workforce.



While we saw improvements in January 24, the position further deteriorated as a result of long waiting cases being closed and further absences triggering in the latter months of 23/24. The average time to respond at the year-end was 56 days for stage 2 and 4 days for stage 1 concerns. While Stage 1 performance is reassuring, the Stage 2 performance continues to require significant improvement.

2024/2025 - April

The average response time for a Stage 2 complaint in April 2024 was 72 days. This remains out with an acceptable level of tolerance. As noted above, continued pressure and increasing workloads present a further risk of deterioration, however with planned mitigation this should reduce, assuming complaint volumes return to expected levels.

Cases Closed	29
0 – 20 Days	3
20 – 50 Days	3
50 – 100 Days	20
100 Days +	3

A category 4 trigger notification system has been developed to notify senior teams when a critical case is received, this is currently a manual process however e-health opportunities are in scope to provide an automatic trigger mechanism via safeguard. This aims to support early escalation and investigation of critical or complex cases.

7.2 Actions

- Pursue infrastructure opportunities to establish trigger mechanism for critical cases.
- Sustain and adapt weekly meetings to maximise efficiency of time.
- Enhance uptake of drop-in complaints information sessions.
- Continue to review and monitor demand/capacity and workforce position.
- Formal escalation tree regarding outstanding information agreed.

7.3 Closed Actions

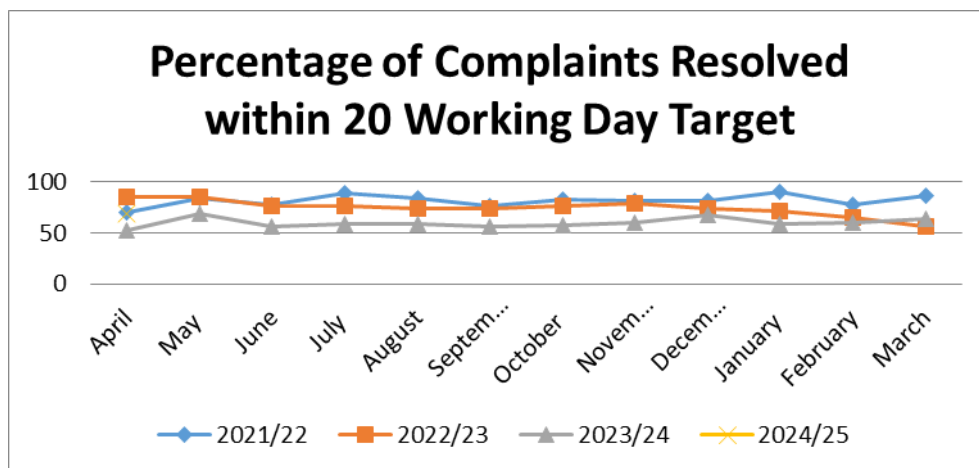
- Bottlenecks within the complaints handling process removed, i.e. the final review process has been reduced by several days / on occasions weeks by removing the final PRO grammar and spelling check.
- PRO support for family meetings withdrawn on a temporary basis to support capacity, services are progressing meetings locally. This agreement will remain under review.

- Dedicated weekly long waits meeting has been introduced with senior leadership teams to facilitate sooner resolution of complex concerns.
- Clinical staff placements have been introduced to the patient relations team as of April 2024, offering the ability to gather complex clinical information quickly and avoid any delays in investigation for critical and complex cases. We hope to see improvements as a result within the next two months.
- A category 4 trigger notification system has been developed to notify senior teams when a critical case is received, this is currently a manual process however e-health opportunities are in scope to provide an automatic trigger mechanism via safeguard. This aims to support early escalation and investigation of critical or complex cases.
- Additional staffing deployed to the department on a non-recurrent basis.

Key Performance Indicator Eight: Closed in Full within the Timescales
Trigger Indicator : Red

8.1 Situation

In the period 1 April 2023 – 31 March 2024, 1,979 complaints have been investigated, of which 60.1% have been responded to within 20 working days. A comparison of performance against 2021/22 and 2022/23 is detailed in the graph below. During April 2024, 194 complaints have been received of which 68.6% have been responded to within 20 working days.



The tables below provide a breakdown of performance month on month for the year 23/24 and April 24/25.

- Overall performance remained within the range of 55-59% throughout 23/24
- There is an early indication of improvement with performance ranging between 65 – 69% in 24/25 YTD.
- Stage 2 performance increased significantly in December 23 although has subsequently reduced.

Stage 2 Performance has fluctuated due to workforce challenges within the PRO team throughout 23/24 which continues into 24/25. All possible steps have been taken to mitigate workforce capacity challenges with supplementary staff however, this has proven challenging to date with one long term absence remaining within the department.

2023/2024

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	117	82	103	112	124	1075
No Responded to in 5 days	48	63	55	59	71	64	72	77	56	64	87	109	825
% responded to in 5 days	96.00	71.59	80.88	79.73	85.54	73.56	82.76	65.81	68.29	62.14	77.68	87.90	76.74
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	60	64	73	66	96	72	77	83	61	93	84	75	904
No Responded to in 20 days	7	17	12	9	24	5	7	6	14	12	8	3	124
% responded to in 20 days	11.67	26.56	16.44	13.64	25.00	6.94	9.09	7.23	22.95	12.90	9.52	4.00	13.72
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	110	152	141	140	179	159	164	200	143	196	196	199	1979
No Responded to in 20 days	57	105	80	82	106	90	94	120	96	115	118	127	1190
% responded to in 20 days	51.82	69.08	56.74	58.57	59.22	56.60	57.32	60.00	67.13	58.67	60.20	63.82	60.13

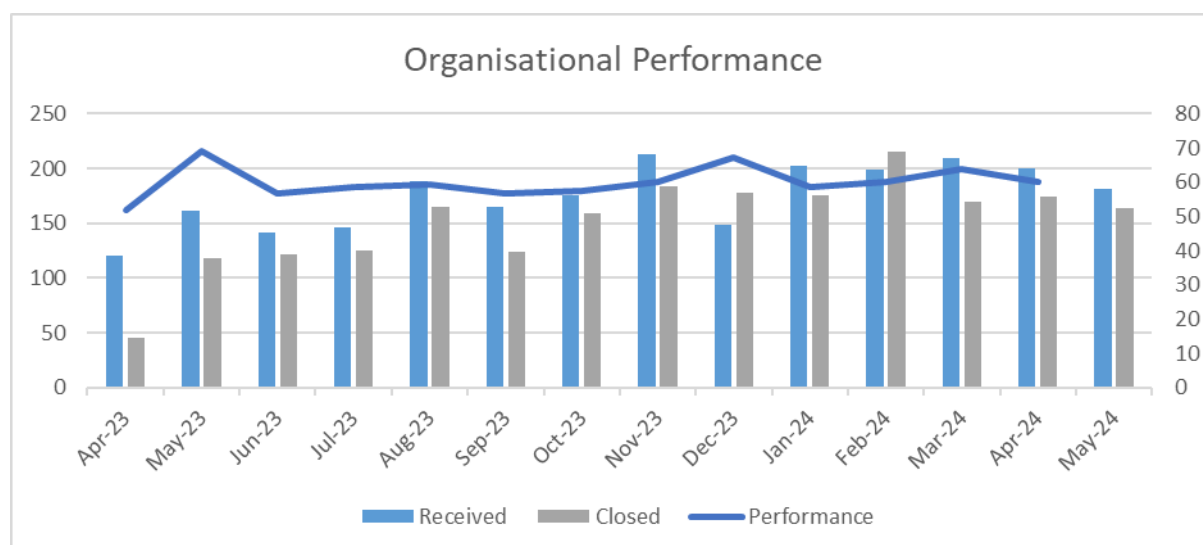
April 2024

Stage 1	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Yearly Total
No of Complaints Received	130												130
No Responded to in 5 days	116												116
% responded to in 5 days	89.23												89.23
Stage 2	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Yearly Total
No of Complaints Received	64												64
No Responded to in 20 days	3												3
% responded to in 20 days	4.69												4.69
Overall No of Complaints Received	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Yearly Total
No of Complaints Received	194												194
No Responded to in 20 days	133												133
% responded to in 20 days	68.56												68.56

Performance in early 24/25 indicates a slight improvement in comparison with 23/24 monthly averages with April achieving a performance rate of 68.6% and an early indication of May performance remaining above 65% although the data set has not formally closed at the time of writing.

Despite a high incidence of absence, there has been an increased level of productivity within the patient relations department. The table below details the number of cases received, cases closed and the absence rate within the team within the current financial year. There has been a 27% increase in complaint closures in Q4.

In February 2024, the department closed 215 complaints cases, the highest volume within the last 12 months. The department was fully staff inclusive of additional placements in place to support with drafting.



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) was 37.8% as at March 2024.

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	38	46	45	329
No Responded to in 5 days	19	15	17	14	7	14	16	20	17	24	34	33	230
% responded to in 5 days	90.48	51.72	68.00	70.00	53.85	66.67	84.21	68.97	73.91	63.16	73.91	73.33	69.91
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	63	68	64	85	71	68	80	52	82	77	63	832
No Responded to in 20 days	5	15	12	9	18	5	5	6	11	10	7	2	105
% responded to in 20 days	8.47	23.81	17.65	14.06	21.18	7.04	7.35	7.50	21.15	12.20	9.09	3.17	12.62
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	80	92	93	84	98	92	86	109	75	120	123	108	1160
No Responded to in 20 days	28	46	37	29	32	26	24	34	35	50	51	47	439
% responded to in 20 days	28.00	50.00	39.78	34.52	32.65	28.26	27.91	31.19	46.67	41.67	41.46	43.52	37.84

April 2024

Stage 1	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Yearly Total
No of Complaints Received	46												46
No Responded to in 5 days	34												34
% responded to in 5 days	73.91												73.91
Stage 2	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Yearly Total
No of Complaints Received	57												57
No Responded to in 20 days	1												1
% responded to in 20 days	1.75												1.75
Overall No of Complaints Received	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Yearly Total
No of Complaints Received	103												103
No Responded to in 20 days	47												47
% responded to in 20 days	45.63												45.63

In a similar respect to combined performance, the performance in early 2024/25 indicates improvement at 45.6% in April. Early indicator data for May would suggest a sustained performance of over 45%.

The stage 2 performance however raises further cause for concern and requires further action and mitigation.

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	88	59	65	66	79	746
No Responded to in 5 days	29	48	38	45	64	50	56	57	39	40	55	76	597
% responded to in 5 days	100.00	81.36	88.37	83.33	91.43	75.76	82.35	64.77	66.10	61.54	83.33	96.20	80.03
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	3	9	11	7	12	73
No Responded to in 20 days	0	0	0	0	5	0	2	0	2	0	1	1	11
% responded to in 20 days	0.00	0.00	0.00	0.00	45.45	0.00	20.00	0.00	22.22	0.00	14.29	8.33	15.07
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	91	68	76	73	91	819
No Responded to in 20 days	29	59	43	53	74	64	70	86	61	65	67	80	751
% responded to in 20 days	96.67	98.33	89.58	94.64	91.36	95.52	89.74	94.51	89.71	85.53	91.78	87.91	91.70

April 2024

Stage 1	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Yearly Total
No of Complaints Received	84												84
No Responded to in 5 days	82												82
% responded to in 5 days	97.62												97.62
Stage 2	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Yearly Total
No of Complaints Received	7												7
No Responded to in 20 days	2												2
% responded to in 20 days	28.57												28.57
Overall No of Complaints Received	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Yearly Total
No of Complaints Received	91												91
No Responded to in 20 days	86												86
% responded to in 20 days	94.50												94.51

8.2 Actions

- Monitor and review improvements.
- Continue to progress and drive actions detailed collectively above.
- Continue to review workforce capacity & service demand.
- Aim to respond to 70% of all complaints as Stage 1.
- Aim to reduce the volume of complaints received by 30% through complaint avoidance measures.

8.3 Closed Actions

- Senior staff across the organisation involved in complaints investigations registered for SPSO training.
- Clinical staff members introduced to the team to support complex investigations (temporary unfunded post)
- FAQs added to the complaints handling website to support with proactive sign posting and answers.
- Proformas introduced for common complaints themes including waiting times, service delivery changes and car parking concerns.
- Improved processes regarding sharing of final responses to ensure visibility and learning implemented at service level.
- Introduction of learning loop to support complaint avoidance by implementing learning at organisation level.
- Category 4 complaint notification mechanism introduced to support early intervention of complex or critical complaints.
- Weekly meetings introduced to progress long waits and complex cases.

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

Trigger Indicator : Amber

9.1 Situation

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 of 31 March 2024:

Complaint Stage	Total No of Complaints at each stage		No of Authorised Extensions		% of Authorised Extensions	
	2022/23	2023/24	2022/23	2023/24	2022/23	2023/24
Stage 1	1005	1075	153	256	13.8%	26.8%

Stage 2	780	904	448	635	57.4%	77.1%
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9.2 Actions

- Patient relations to ensure personalised discussion on a case-by-case basis to explain reasons for delay and provide anticipated timescale.
- Enhanced data collection in relation to extensions granted.

9.3 Closed Actions

- 20-day interim letters reintroduced electronically
- Service information provided regarding service delays on public facing complaints website.

Child Friendly Complaints Handling

Trigger Indicator : Amber

10.1 Situation

Following the ratification of the United Nations Convention on The Rights of The Child (UNCRC) in law in Scotland in early 2023, the SPSO introduced a new Child Friendly Complaints Handling Policy. This is due for implementation on the 16th of July 2024 across all public sector bodies in Scotland. Appendix 3 details the organisational readiness for implementation.

In response to the guidance, we will formally change the way we seek consent in relation to complaints that relate to a child or young person. In line with information governance handling policies a local level decision to seek consent for children *around* the age of 12 will be introduced. This may change depending upon the competency of each individual child but will act as a general indicator.

Row Labels	2021	2022	2023	2024	Grand Total
0 - 12	74	139	111	26	350
12+	50	71	87	15	223
Grand Total	124	210	198	41	573

Having reviewed the volume of child related complaints over the last three years, we anticipate receiving a small numbers of complaints per year under the new processes. Trends would indicate that we receive under 200 cases per year relating to children and under 90 per year relating to children aged 12 and over. Of these, the predominance of concerns relates to Women's and Children's services (59%) with the second highest prevalence relating to Acute services (34%).

Training and awareness will be targeted in the first instance in the key areas identified as having a higher prevalence of child related complaints, focus areas include Women's and Children's services, the Emergency Department, Prison Health, CAMHS.

To support the delivery of these changes, enhanced training will be provided for patient relations officers with the support of colleagues across Women's and Children's regarding child friendly communication. Tools such as talking mats and wider supportive toolkits will be considered as and where appropriate for each individual.

Enhanced disclosures will also be sought for complaints handlers to ensure the safety and wellbeing of children and young people.

Appendix 3 details our readiness for implementation, given the short time frame provided by the SPSO there is a recognised risk of slippage or delays in implementation however the Short Life Working Group previously commissioned to review the process will meet weekly to mitigate any risk of delays.

The SPSO recognises the timeframe for implementation and has offered assurances that boards will be afforded the required timeframes to fully implement a robust and sustainable approach ahead of monitoring.

10.2 Actions

- Weekly SLWG meeting to progress readiness plan.
- Readiness plan to be delivered per appendix 3.
- Communications plan to be designed and delivered.
- Infrastructure readiness to be considered per plan.
- Patient Relations Officers to undergo enhanced PVG checks.
- Training and awareness sessions to run throughout the month of June / July.

10.3 Closed Actions

- Patient Engagement sessions completed June 2024
- Short life working group with key stakeholders developed with accountability to HEART (Hearing, Engaging, Acting, Responding Together).



Learning Tracker

Identification of organisation level learning for sharing / scaling.

Add meeting date here.

Background context

Learning Tracker

	Date Added	Theme	Detail	Comment	Due Date	Core Owner	Priority	Completed Status	Applicable Areas
1	Today	Waiting Times	Improved communication regarding waiting times and access to current wait times via public website.	Information now live on website	Sun, Jun 30, 2024	Local Services / EG	Medium	Complete	Organisation Wide
2	Today	Staff attitude and behaviour	Dedicated first impressions training / refresher courses for key areas. Further focused SIM training to follow. Pilot Ward identified	Second First impressions facilitator trained, and additional sessions being run across all areas for new and existing staff. Work ongoing to develop a SIM programme	Sun, Jun 30, 2024	EG/PD/JM	High	In Implementation	Organisation Wide
3	Today	Treatment Didn't Have Expected Outcome	Local review of available patient leaflets - consider clarification or identification of any risks required	Report sent to AMDs regarding local area performance	Sun, Jun 30, 2024	Local Services	Medium	In Implementation	Organisation Wide
4	Today	Lack of documentation regarding informed consent	To review and consider any necessary supportive changes to pre-op consent forms - consider adoption of e-form for enhanced discussion and documentation	Discussion ongoing between CD and E-Health. Options available but costing to be completed	Sun, Jun 30, 2024	General Surgery Clinical Director	Medium	In Implementation	Acute
5	Today	Clinical Outcomes not as expected	Annual report to be provided to clinical directors for thematic analysis / review of any required learning	Summary report of upheld 23/24 complaints sent to AMDs across all areas for sample review of cases to identify any themes or learning	Wed, Jul 31, 2024	Clinical Directors	High	In Implementation	Acute

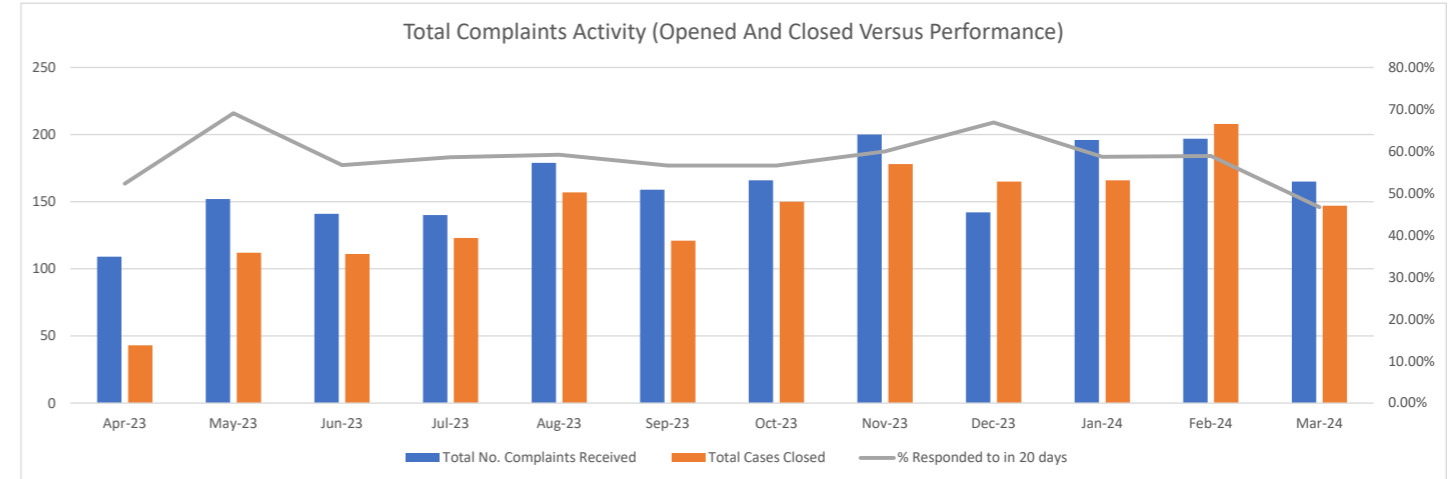
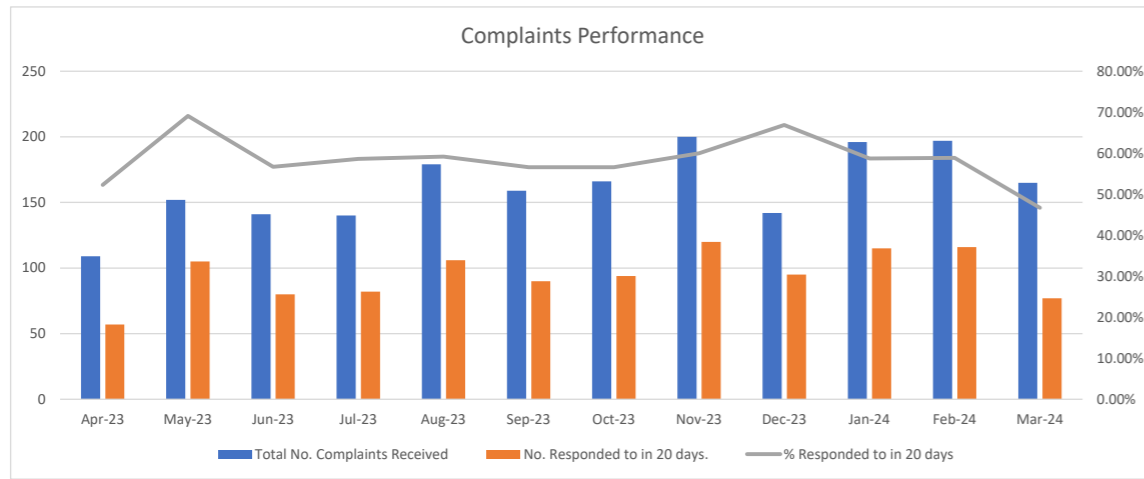
6	Today	Documentation	Dedicated skills academy for HCAs developed and implemented to improve awareness and understanding of documentation / skin care and safer mobility	Skills academy in place with a high volume of registrations, continued roll out ongoing	Sun, Jun 30, 2024	David Watson	Medium	Complete	Organisation Wide
7	Today	Pressure Damage	Dedicated skills academy for HCAs developed and implemented to improve awareness and understanding of documentation / skin care and safer mobility	Skills academy in place with a high volume of registrations, continued roll out ongoing	Sun, Jun 30, 2024	David Watson	High	Complete	Organisation Wide
8	Today	Falls	Dedicated skills academy for HCAs developed and implemented to improve awareness and understanding of documentation / skin care and safer mobility	Skills academy in place with a high volume of registrations, continued roll out ongoing	Sun, Jun 30, 2024	David Watson	High	Complete	Organisation Wide
9	Today	Recognition of patient harms	Daily discussion at safety huddle to recognise importance of documenting patient harms. Education and awareness underway locally re documentation and escalation of pressure damage and falls outcomes.	Daily safety discussion introduced to huddles. Consider scalability for locality areas	Sun, Jun 30, 2024	Chief Nurses	High	Complete	Organisation Wide
10	Today	Use of 4AT bundle in CAU	Raise awareness of Delirium care including use of the 4AT bundle	Local learning sessions run for continued awareness.	Sun, Jun 30, 2024	Pam Scott	High	In Implementation	Acute

11	<p>Today Use of contingency beds for delirious patients</p>	Daily discussion at safety huddle re appropriateness of boarders. Avoidance of allocating beds out of line of sight of nursing station in CAU for delirious patients.	Daily discussions in place. Local bed planning in place with risk assessment completed	Sun, Jun 30, 2024	David Watson	High	Complete	Acute
12	<p>Today Medications left in bed spaces / Information left on bed boards</p>	Confirmation that bed spaces are cleared and tidied following patient transfer included in ward check list.	For local discussion and awareness across nursing forums	Sun, Jun 30, 2024	Clinical Nurse Managers	Medium	Complete	Organisation Wide
13	<p>Today Car Parking / Accessibility of site</p>	Campus bus being scoped for possible funding options. Paper to go to SPRIG. To discuss signage and external rest points / benches with Forth Health	Discussion and costing ongoing	Sat, Aug 31, 2024	Eilidh Gallagher / Forth Health	Low	Scoping	Acute
14	<p>Today Continuity of Care / Communication (Agency Staffing)</p>	Organisational priority to reduce bank/agency usage across all sectors	96% Reduction in agency staff achieved (improving continuity of care, spatial awareness, communication and awareness / understanding)	Sun, Jun 30, 2024	Chief Nurses	High	Complete	Organisation Wide
15	<p>Today Communication with patients through clinical letters</p>	Clinical Staff to communicate directly with patients in line with GMC guidelines where appropriate to do so using plain English.	Discussed in General Surgery forums - for scale across all areas	Sun, Jun 30, 2024	Clinical Directors / AMDs	Medium	Complete	Organisation Wide

16	<p>Today</p> <p>Communication following High Risk Anaesthetic Clinic (HRAC)</p>	<p>Anaesthetic staff to communicate directly with responsible surgeon following HRAC detailing decision in line with BRAN methodology. Where surgery is not a suitable option due to anaesthetic risk, surgeon to meet with patient urgently to discuss alternative options.</p>	<p>Discussed in General Surgery Clinical Governance Forums. For formal action plan and local level tracking.</p> <p>Sun, Jun 30, 2024</p>	<p>Clinical Directors (Gen Surgery)</p> <p>Medium</p>	<p>In Implementation</p> <p>Acute</p>
17					

Relevant Links

Add relevant links here.



Complaints Performance

Directorate	Month	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
NHS FV	Total No. Complaints Received	109	152	141	140	179	159	166	200	142	196	197	165	1946
	No. Responded to in 20 days	57	105	80	82	106	90	94	120	95	115	116	77	1137
	% Responded to in 20 days	52.30%	69.10%	56.70%	58.60%	59.20%	56.60%	56.60%	60%	66.90%	58.70%	58.90%	46.70%	58.40%

Trends

Directorate	Quarter	Quarter 1	Quarter 2	Quarter 3	Quarter 4
NHS FV	Avg Monthly No. Complaints Received	134	159	169	186
	Avg Monthly No. Responded to in 20 days	80	92	103	102
	Average Monthly No. Closed (regardless of target)	89	133	164	173
	Avg Monthly % Responded to in 20 days	60%	58%	62%	54%

Comment	Trend
Quarter 4 demonstrated a 38% increase in the average monthly volume of complaints in comparison with Quarter 1.	▼
Quarter 4 demonstrated a 27% increase in the average number of monthly complaints closed within target	▲
Due to the increase in complaints volume, despite an increase in the volume closed within target monthly the performance in Quarter 4 saw a 6% reduction in comparison with Quarter 1	▼
Quarter 4 demonstrated a 30% increase in the volume of complaints closed, in totality, in comparison with Quarter 2. Quarter 2 has been used as a reference point to account for cases closed in April 23 that were received in financial year 22/23	▲

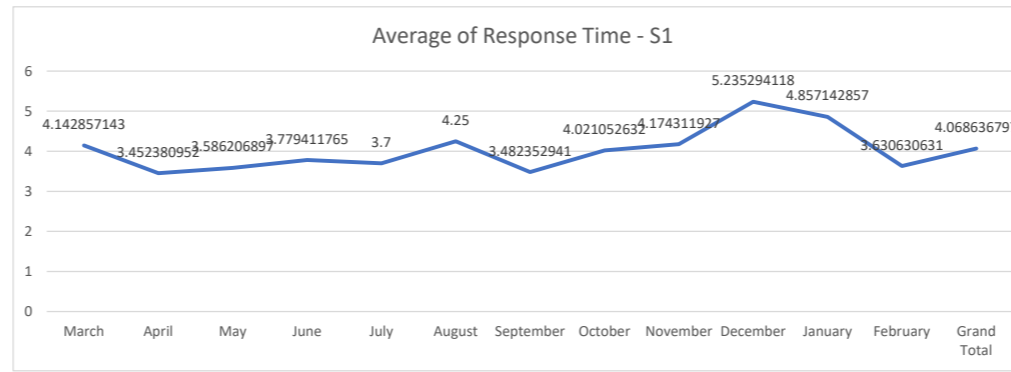
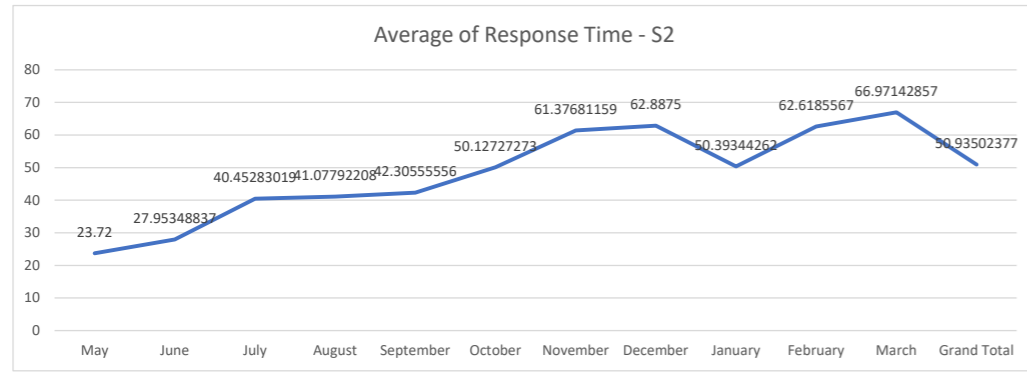
Complaint Themes - Top 10

Directorate	Disagreement With Treatment/Ca	Insensitive To Patient Needs	Lack Of Communication/Explanat	Medication Not Prescribed As E	Problems With Medication/Presc	Staff Attitude	Treatment Didn't Have Expected	Unaccep Time To Wait For Appoi	Unacceptable WT For Appt	WT/Date Of Appointment/Other	Grand Total
Acute Services Directorate	26	26	44	14	3	81	94	52	81	11	432
Clacks And Stirling HSCP Directorate	3	5	1			5	4	2	1		21
Falkirk HSCP Directorate	5		3	1	1	6	1	1	4	1	23
FV Specialist MH And LD Services Directorate	5	6		1	1	7	5	4	2		31
Prison Healthcare Services Directorate	2	6	119	111	289	15	3	2	16	95	658
Women, Children And Sexual Health Services	11	12	15			18	16	11	25	3	111
Grand Total	53	55	182	127	294	132	124	72	129	110	1278

Theme	Q1	Q4	Variance	Trend
Lack Of Communication/Explanat	0	97	97	▲
Treatment Didn't Have Expected	16	46	30	▲
Medication Not Prescribed As E	18	45	27	▲
Unaccep Time To Wait For Appoi	8	33	25	▲
Disagreement With Treatment/Ca	0	21	21	▲
PT/Carers Not Fully Involved I	1	8	7	▲
Staff Attitude	24	31	7	▲
Delay In Medication	2	8	6	▲
Wait To See Doctor/Nurse Once	0	6	6	▲
Lack Of Clear Explanation	0	5	5	▲
Appt Date Cannot Be Given To T	8	4	-4	▼
Lack Of Support	8	4	-4	▼
Poor Aftercare	8	4	-4	▼
Accuracy Of Records	7	2	-5	▼
Wrong Diagnosis	14	9	-5	▼
Staff/Attitude And Behaviour/O	8	1	-7	▼
Treatment Options Not Fully Ex	8	1	-7	▼
Patient/Family Not Kept Update	12	4	-8	▼
Problems With Medication/Presc	63	51	-12	▼
Insensitive To Patient Needs	22	9	-13	▼

* Local level action plans to be developed

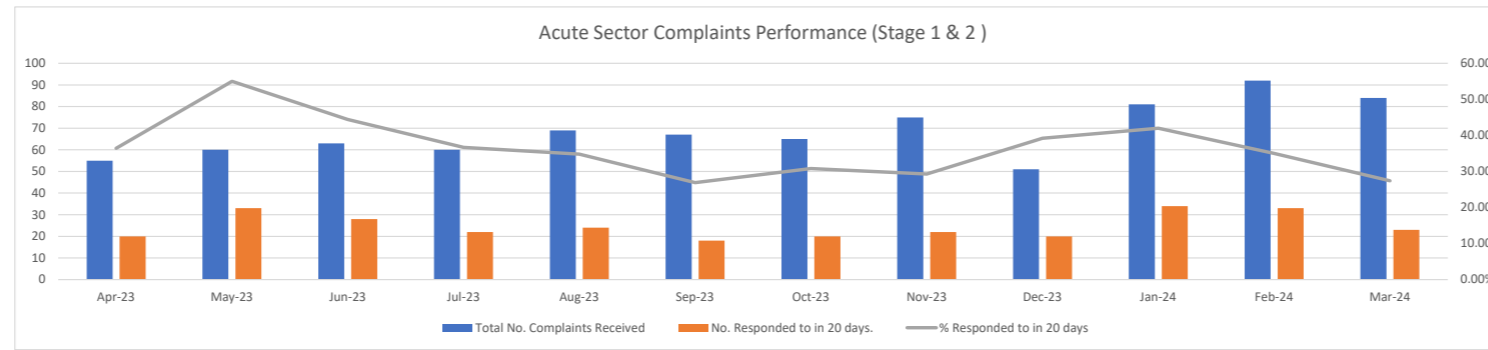
Average Time to Respond



Theme	Action Plan	Due Date	Owner
Waiting Times (Complaint Avoidance)	Improved communication regarding waiting times and access to current wait times via public website.	Jun-24	All Services
Staff attitude and behaviour (Complaint Avoidance)	Dedicated first impressions training / refresher courses for key areas. Further focused SIM training to follow. Pilot Ward identified	Jun-24	EG/PD/JM
Wrong Diagnosis (Complaint Avoidance)	Annual report to be provided to clinical directors for thematic analysis / review of any required learning	Report July 24	Clinical Directors
Lack of communication and explanation (Complaint Avoidance)	Discussion to take place across all sectors via governance focums and local dempartmental meetings regarding patient correspondence. Patients to receive an outcome letter in plain English following hospital interactions where appropriate	Jun-24	All Services
Average time to respond	Consider alternative staffing models within Patient Relations. Temporary staff placements currently in post to support with triage and investigation.	Jun-24	PRO
Average time to respond	Dedicated PRO to be allocated to services to support early escalation, assessment of learning/education needs and prioritisation of cases	Apr-24	PRO
Accountability	PRO to share final reports with triumvirate (Director, AMD, Chief Nurse + HoS and HoN) for all cases to ensure transparency and sharing	Apr-24	PRO
Learning	Learning bulletin to be shared across all networks and governance forums as indicated.	Apr-24	EG / LB
Learning	Learning summary designed to be completed for all category 3/4 complaints to ensure accountability and action	Apr-24	PRO / All services
Data and Visibility	Dashboard to be deployed at local level to all services utilising Safeguard and Pentana technology	May-24	EG/ E-Health

Reasons to Celebrate

Quarter 4 demonstrated an 27% increase in the average number of monthly complaints closed within target
 Quarter 4 demonstrated a 30% increase in the volume of complaints closed, in totality, in comparison with Quarter 2. Quarter 2 has been used as a reference point to account for cases closed in April 23 that were received in financial year 22/23 and therefore not reported within the current data set.
 Themes relating to communication, multidisciplinary working and person centred care have demonstrated improvement in the final quarter of 23/24. It is recognised that there is variance in data reporting that may present some risk for interpretation but the reduction in themes looks to be a positive



Complaints Performance

Directorate	Month	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
Acute Services Directorate	Total No. Complaints Received	55	60	63	60	69	67	65	75	51	81	92	84	822
	No. Responded to in 20 days	20	33	28	22	24	18	20	22	20	34	33	23	297
	% Responded to in 20 days	36.40%	55.00%	44.40%	36.70%	34.80%	26.90%	30.80%	29.30%	39.20%	42.00%	35.00%	27.40%	36.10%

Trends

Directorate	Quarter	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Acute Services Directorate	Avg Monthly No. Complaints Received	59	65	63	85
	Avg Monthly No. Responded to in 20 days	27	21	20	30
	Avg Monthly % Responded to in 20 days	45%	33%	33%	35%

Comment	Trend
Quarter 4 demonstrated a 44% increase in the average monthly volume of complaints in comparison with Quarter 1.	▼
Quarter 4 demonstrated an 11% increase in the average number of monthly complaints closed within target	▲
Due to the increase in complaints volume, despite an increase in the volume closed within target monthly the performance in Quarter 4 saw a 10% reduction in comparison with Quarter 1	▼

Themes

Top 10 Complaint Themes	
Category Theme	Count of Category
Treatment Didn't Have Expected Outcome	94
Unacceptable WT For Appt	81
Staff Attitude	81
Unaccep Time To Wait For Appointment	52
Lack Of Communication/Explanation	44
Wrong Diagnosis	28
Disagreement With Treatment/Care	26
Insensitive To Patient Needs	26
Length Of Time To Be Seen In Dept	25
Lack Of Discharge Arrangements	20
Grand Total	477

Top 10 Themes by Department												
Count of Category	Department	Emergency Department	General Surgery	Out Patients	Orthopaedic Team	Out Of Hours	Radiology	ENT Dept	Clinical Assessment Unit	Orthopaedic Outpatients	AAU 1	Grand Total
Delay In Carrying Our Scan/test		1				2	5		2		1	11
Disagreement With Treatment/Care		6		1	3	1					1	12
Insensitive To Patient Needs		5		1	1	3					1	11
Lack Of Communication/Explanation		2	5	4	3	2	1	2			2	21
Length Of Time To Be Seen In Dept		17		1					4	1		23
Staff Attitude		19	4	5		8	2	3	4	1	3	49
Treatment Didn't Have Expected		14	9	2	6	5		2	5		4	47
Unaccep Time To Wait For Appointment		4	4	7	10		8	3		3		39
Unacceptable WT For Appt		1	9	10	6	1	9	8		11		55
Wrong Diagnosis		4		1		5	2		1	1	2	16
Grand Total		73	31	32	29	27	27	18	16	17	14	284

Quarter 4 Variance Analysis (Themes)

Note that cases may have more than one theme allocated and as such the number of themes does not equal the number of complaints

Top 10 Theme Increases							
Category Theme	Qtr1 Total	Qtr2 Total	Qtr3 Total	Qtr4 Total	Total	Variance Q4 Versus Q1	
Treatment Didn't Have Expected Outcome	10	21	29	34	94	24	▲
Unaccep Time To Wait For Appointment	5	12	10	25	52	20	▲
Lack Of Communication/Explanation		8	16	20	44	20	▲
Staff Attitude	11	20	28	22	81	11	▲
Disagreement With Treatment/Care		6	11	9	26	9	▲
PT/Carers Not Fully Involved		1	5	7	13	7	▲
Waiting For Referral	1	4	1	7	13	6	▲
Medication Not Prescribed As Expected	2	4	1	7	14	5	▲
Lack Of Clear Explanation		1	3	5	9	5	▲
Wait To See Doctor/Nurse Once		2	1	5	8	5	▲
Insensitive To Patient Needs	13	6	3	4	26	-9	▼
Patient/Family Not Kept Update	8	7	2	2	19	-6	▼
Length Of Time To Be Seen In Dept	9	4	7	5	25	-4	▼
Accuracy Of Records	6	2	2	2	12	-4	▼
Lack Of Support	4	2	1		7	-4	▼
Poor Aftercare	5		1	2	8	-3	▼
Co-Ordination Of Clinical Trea	3	2			5	-3	▼
Insensitive Communication	6	7	2	4	19	-2	▼
Waiting Too Long Test Results	4	2	4	2	12	-2	▼
Lack Of Continuity	2	0	0	0	0	-2	▼

24/25 Focus (Theme reduction)

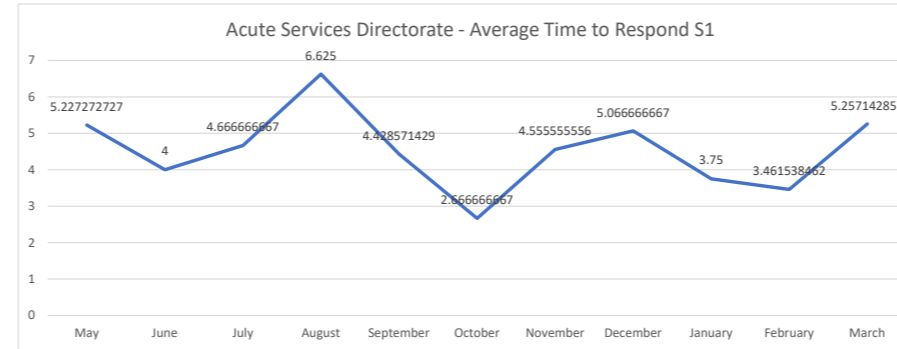
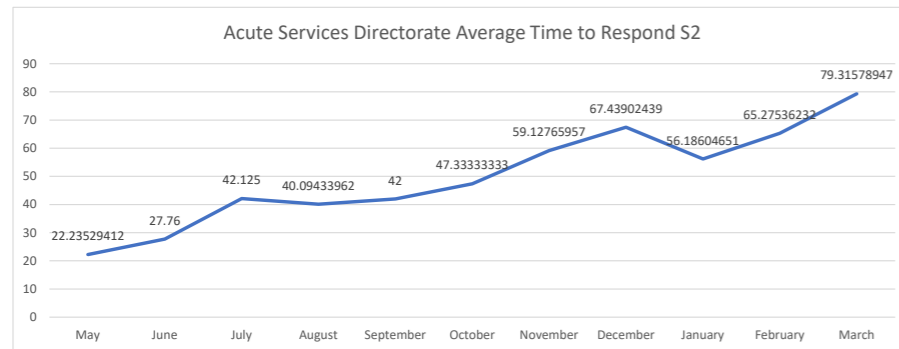
Theme	Action Plan	Due Date	Owner
Waiting Times	Improved communication regarding waiting times and access to current wait times via public website.	Jun-24	GF / Acute Triumvirate
Staff attitude and behaviour	Dedicated first impressions training / refresher courses for key areas. Further focused SIM training to follow. Pilot Ward A22	Jun-24	EG/PD/JM
Treatment Didn't Have Expected Outcome	Local review of available patient leaflets - consider clarification or identification of any risks required	Jun-24	Local Services
Treatment Didn't Have Expected Outcome	To review and consider any necessary supportive changes to pre-op consent forms - consider adoption of e-form for enhanced discussion and documentation	Jun-24	General Surgery Clinical Director
Wrong Diagnosis	Annual report to be provided to clinical directors for thematic analysis / review of any required learning	Report July 24	Clinical Directors

Staff Key	
GF	Garry Fraser
EG	Eilidh Gallagher
PD	Pauline Donnelly
JM	Julie Marsden

Reasons to Celebrate

There have been clear improvements in communication and sensitivity to patient needs within the final quarter of 23/24. While there are overlaps in some themes due to reporting which makes data assessment complex, the base line data is suggestive of improvement across many of our softer skill areas.

Average Response Times



Comment

Average time to respond has continued to increase due to long waiting cases in the final quarter of 23/24. Note that the volume of cases closed in target has increased per the above.
 Stage 1 Response time has remained within target throughout the year
 Anticipated further decline in April 24 while longest standing complex cases are closed from the 23/24 backlog

Trend

▼
 ▲
 ▼

Theme	Action Plan	Due Date	Owner
Average time to respond	Dedicated 2WTE B6 (With 1WTE supplementary for cross cover during leave) plus 1 WTE B5 PRO to be allocated to Acute in 24/25. Weekly meetings to take place with services to progress all cases.	Apr-24	PRO
	Allocation of 2WTE B7 (Placement) clinical staff members from Acute to support with early triage, management and resolution of category 4 complaints and completion of learning summaries. Duration of placement TBC.	Apr-24	PRO
	PRO workforce review to take place, opportunities to enhance staffing resource in scope	Jul-24	EG

Professions (Top 10)

Acute Services Directorate Total	867
Con/Doctor	418
Nurses/Nurse	195
Con/Consultant (Surgical)	119
Con/Consultant (Medical)	14
NHS Board Hosp Admin Staff/Med	14
GP/General Practitioner	12
Radiographers/Sonographers	12
AHP/Physiotherapists	11
NHS Board Hosp Admin Staff/Adm	9
Nurses/Nurse Specialist	7

Case Management (S1 Vs S2)

Average Cases Closed (Type)	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Stage One	66	78	96	109
Stage Two	23	55	68	64
% Of total closed cases closed as S1	79%	59%	59%	64%

Outcome

Directorate	Count of Outcome	% Of Total	
Acute Services Directorate	643	100.00%	
Fully Upheld	49	7.62%	
Partly Upheld	58	9.02%	
Not Upheld	483	75.12%	
Complaint Withdrawn	11	1.71%	
Consent Not Received	35	5.44%	
Irresolvable - Other	1	0.16%	
Transferred To Another Unit	6	0.93%	
Grand Total	643	100.00%	

Departmental Performance

Department	In Target	Breached	Open	Total	Performance
AAU 2		1		1	0%
AAU 3		1		1	0%
AHP Community Clinical Dietetics			1	1	0%
AHP Rehab Care Group		2		2	0%
Area Wide		1		1	0%
Hepatology		1		1	0%
IBD Nurse Specialists		1		1	0%
Pain Management Suite		1		1	0%
Patient Flow		2	1	3	0%
Phlebotomy		1		1	0%
Pre Op Assessment Unit		1		1	0%
Surgical Assessment Unit (SAU)		3	3	6	0%
Ward B23, FVRH	1	6	7	14	7%
Ward B12, FVRH	1	4	4	9	11%
Oncology Unit	1	6	1	8	13%
Emergency Department	14	58	37	109	13%
Ward B21, FVRH	1	4	2	7	14%
AHP Acute Care Group	1	4		5	20%
Clinical Assessment Unit	6	16	7	29	21%
Orthopaedic Team	12	26	13	51	24%
AAU 1	9	21	8	38	24%
Ward 8 Contingency, FVRH	1	2	1	4	25%
Ward A11, FVRH	2	4	2	8	25%
Ward A21, FVRH	2	5	1	8	25%
Ward A32, FVRH	1	3		4	25%
Rheumatology	4	5	6	15	27%
Ward B11, FVRH	7	11	8	26	27%
General Surgery	15	26	9	50	30%
Oral Maxillofacial Surgery	3	3	4	10	30%
Urology Day Surgery	3	4	3	10	30%
Neurology	6	7	5	18	33%
Renal Unit	1	1	1	3	33%
Respiratory Service	3	3	3	9	33%
Urgent Care Centre	2	3	1	6	33%
Acute Services Directorate	299	393	184	876	34%
Out Patients	19	20	13	52	37%
Minor Injuries Unit	3	4	1	8	38%
Ward A12, FVRH	6	7	3	16	38%
Ward A31, FVRH	6	4	6	16	38%
Orthopaedic Outpatients	13	18	2	33	39%
Diabetes Unit	4	6		10	40%
Ward B32, FVRH	4	2	4	10	40%
Urology OPD	5	5	2	12	42%
Ward A22, FVRH	3	2	2	7	43%
Ward B31, FVRH	8	7	3	18	44%
Day Surgery Unit	5	5	1	11	45%
Endoscopy	7	5	3	15	47%
Critical Care Unit	2	1	1	4	50%
Ophthalmology Day Care	2	2		4	50%
Ophthalmology Team	3	2	1	6	50%
Out Of Hours	18	15	3	36	50%
Thistle Suite	1	1		2	50%
Ward B22, FVRH	1	1		2	50%
Cardiology OPD	8	7		15	53%
Radiology	22	15	3	40	55%
Ophthalmology OPD	10	7	1	18	56%
ENT Dept	16	9	3	28	57%
Health Records	11	6	2	19	58%
Audiology	2	1		3	67%
Day Medicine	2	1		3	67%
Orthodontics	2	1		3	67%
Vascular Team	4		2	6	67%
Chronic Pain Team	3	1		4	75%
Breast Team	3			3	100%
Cardiology Ward	1			1	100%
Clinical Chemistry	1			1	100%
Dermatology	2			2	100%
Endoscopy Contingency	2			2	100%
EPS Physio Orthopaedic	1			1	100%
Orthotics Team	2			2	100%
Theatre	1			1	100%

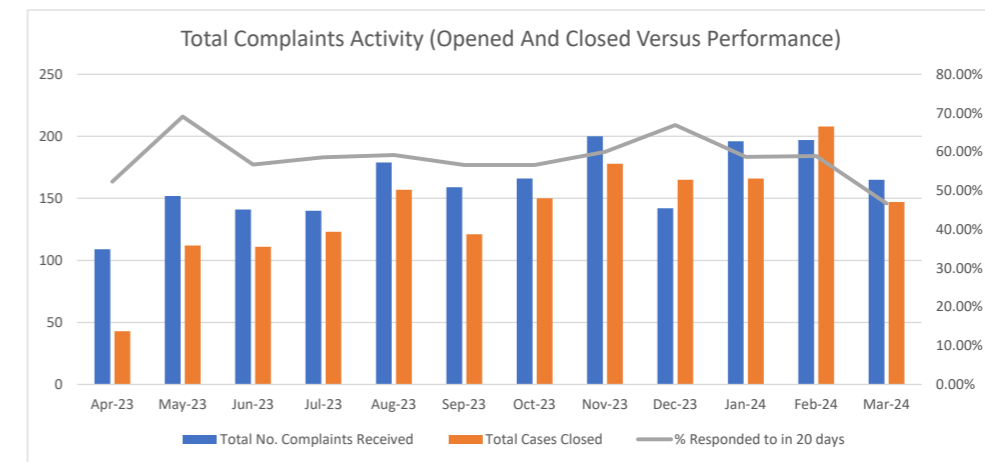
Summary - Reasons to Celebrate

There has been overall improvement in the number of complaints cases closed each month within the last quarter of 23/24. While this isn't reflected in the performance statistics due to the increase in volume, it demonstrates considerable efforts from all teams involved. A number of areas / wards have demonstrated performance rates above 34%, which is the directorate combined total. Despite high volumes of complaints in areas such as outpatients, out of hours, radiology, ENT, health records and audiology, each department has managed to resolve in excess of 34% of complaints within target throughout the year. Many other areas also demonstrated high performance rates. There has also been demonstrable improvement in the volume of cases closed as S1 in the last quarter, offering early resolution for patients and families and rapid learning opportunities.

Summary - Focus Areas

The average time to respond and overall performance remains low and require dedicated focus. With the introduction of temporary clinical staff from the Acute sector, we hope to support early triage and resolution of complex complaints with focused clinical resource to review case records and in turn support learning summaries. The trend in complaints incidence is concerning although there are common themes which represent the opportunity to proactively avoid complaints through improved communications and processes in the future. Consideration should be given to early resolution and to the sharing of information relating to waiting times, service changes and tailored public facing learning bulletins should be considered in 24/25. A number of areas with performance rates below 20% have been identified and focus should be given to learning needs to support information gathering within target dates. Furthermore, given pressures within the PRO service, dedicated PROs should be allocated to work alongside the Acute sector to ensure cases are responded to timeously. Through the allocation of a dedicated PRO team, learning needs and supportive intervention can also be provided by PRO for any areas identified as in need of support.

Directorate	Month	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
Acute	Total No. Complaints Received	55	60	63	60	69	67	65	75	51	81	92	84	822
	No. Responded to in 20 days.	20	33	28	22	24	18	20	22	20	34	33	23	297
	% Responded to in 20 days	36.40%	55.00%	44.40%	36.70%	34.80%	26.90%	30.80%	29.30%	39.20%	42.00%	35.00%	27.40%	36.10%
W&C	Total No. Complaints Received	14	19	15	11	16	11	9	26	12	14	22	14	183
	No. Responded to in 20 days.	4	7	5	6	2	4	2	10	8	8	14	5	75
	% Responded to in 20 days	28.60%	36.80%	33.30%	54.50%	12.50%	36.40%	22.20%	68.50%	66.70%	57.10%	63.60%	35.70%	41%
Clacks & Stirling	Total No. Complaints Received	1	3	1	4	2	1	4	4	1	10	5	3	39
	No. Responded to in 20 days.	0	0	0	0	0	1	0	1	0	2	2	1	7
	% Responded to in 20 days	0%	0%	0%	0%	0%	100%	0%	25%	0%	20%	40%	33.30%	17.90%
Falkirk	Total No. Complaints Received	5	4	3	3	6	7	3	3	5	7	1	5	52
	No. Responded to in 20 days.	2	3	0	0	4	1	1	1	5	4	1	0	22
	% Responded to in 20 days	40%	75%	37.50%	16.70%	0%	20%	0%	0%	25%	28.60%	20%	0%	26.40%
FV Specialist MH & LD	Total No. Complaints Received	4	6	8	6	2	5	4	0	4	7	5	2	53
	No. Responded to in 20 days.	2	3	3	1	0	1	0	0	1	2	1	0	14
	% Responded to in 20 days	50%	50%	37.50%	16.70%	0%	20%	0%	0%	25%	28.60%	20%	0%	26.40%
Prisons	Total No. Complaints Received	30	60	48	56	81	67	78	91	67	76	72	55	781
	No. Responded to in 20 days.	29	56	43	53	74	64	70	86	60	65	65	47	715
	% Responded to in 20 days	96.70%	98.30%	89.60%	94.60%	91.40%	95.50%	89.70%	94.50%	89.60%	85.50%	90.30%	85.50%	91.50%
Total	Total No. Complaints Received	109	152	141	140	179	159	166	200	142	196	197	165	1946
	No. Responded to in 20 days.	57	105	80	82	106	90	94	120	95	115	116	77	1137
	% Responded to in 20 days	52.30%	69.10%	56.70%	58.60%	59.20%	56.60%	56.60%	60%	66.90%	58.70%	58.90%	46.70%	58.40%



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
Total	109	152	141	140	179	159	166	200	142	196	197	165	1946
Total Cases Closed	57	105	80	82	106	90	94	120	95	115	116	77	1137
% Responded to in 20 days	52.30%	69.10%	56.70%	58.60%	59.20%	56.60%	56.60%	60%	66.90%	58.70%	58.90%	46.70%	58.40%

Item	Detail	Requirements	Due Date	Readiness Indicator	Risk Level	Mitigation
Consent	In line with SPSO guidance, consent will be sought where a child or young person is considered as having capacity / competency to engage in the process.	N/A	16 th July 2024	Green	Low	NA
Introduction of best interests assessment	SLWG developed to consider the needs of the child, to design and deliver a best interests assessment	Infrastructure: Changes to safeguard to house a best interests questionnaire	16 th July 2024	Amber	Medium – possible risk of slippage / delay	SLWG developed with weekly readiness meetings to take place between now and July.
Consideration of child friendly communication mechanisms	Patient engagement undertaken. Children and Young People tell us that their preferred communication mechanisms are electronic, via whats app / text / chat functions or voice notes	Information Governance and Communications to address the findings of engagement sessions and consider feasibility	Aug-24	Amber	Medium – possible risk of slippage	SLWG developed with weekly readiness meetings to take place between now and July.
Safeguarding – Enhanced Disclosures	All patient relations staff to undergo enhanced disclosures	Applications requested – small cost implication	16 th July 2024	Green	Low	N/A
Staff Training / Awareness	Focused training / awareness sessions to run across W&C and ED as priority areas with wider sector sessions run there after. Dedicated training session to be developed and delivered.	Communications Plan and staff availability	1st July 2024	Amber	Medium	SLWG developed with weekly readiness meetings to take place between now and July.
Communications Plan	Internal and external communications plan to be designed and delivered to raise awareness across our workforce and communities.	Communications support and plan.	16th July 2024	Amber	Low	N/A
Safe spaces	Safe spaces to facilitate meetings to be identified with booking processes confirmed.	Access to W&C Spaces and booking mechanisms	16th July 2024	Amber	Low	N/A
Competency Framework	In line with Gillick Competency Framework, the assumed age of competency has been agreed as 12. Individual case by case consideration is required to ensure that we make the right decision for each child. A decision tree should be included in the best interests assessment to support identification of any variance from the assumed age of 12 for individual cases.	Infrastructure: Changes to safeguard to house a best interests questionnaire	16th July 2024	Amber	Medium – possible risk of slippage / delay	SLWG developed with weekly readiness meetings to take place between now and July.
Outcomes	Additional outcomes to be added to safeguard to identify where a child does not wish to proceed	Infrastructure: Changes to safeguard	16th July 2024	Green	Low	N/A
CEQIA	Equality impact assessment to be completed	Support via Equality and Inclusion	16th July 2024	Green	Low	N/A

FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

**20. Finance Report
For Assurance**

Executive Sponsor: Amanda Croft, Chief Executive

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

Executive Summary

The 2024/25 financial position is exceptionally challenging and initial financial forecasts based on quarter one results identify a significant risk of in-year overspend, aligned to known risks and current funding arrangements.

Actions continue to be taken to improve financial sustainability, however further measures to reduce costs are now required at pace to reset a path towards financial balance in 2024/25 and recommendations on these are set out below.

Recent correspondence from Scottish Government restated expectations for NHS Boards to work within their available resources as a statutory requirement, and provided further detailed guidance on how financial considerations will be applied in relation to the NHS Scotland Support and Intervention Framework (attached at appendix 1).


Recommendations

The Forth Valley NHS Board is asked to:

- **note** that the 2024/25 financial plan set out an initial gap of £58m, supported by a detailed savings plan totalling £44m, with a residual deficit of £14m. The plan was approved by the NHS Board and by Scottish Government.
- **note** that the focused work in place to deliver planned cost improvements is behind trajectory at month 3, despite a positive reduction in supplementary staff costs and a well embedded governance and control process in place through the Financial Sustainability Oversight Group.
- **note** the level of financial pressure reported at Quarter 1 (overspend of £7.6m) is significantly higher than the position reported in previous years, and which, if continued would translate to a projected deficit over the year at £30m to £40m, subject to further risks.
- **note** that NHS Forth Valley has not required brokerage (a loan from Scottish Government which is repayable) to deliver financial balance in 2023/24 and is not escalated on the NHS Scotland Support and Intervention Framework for financial reasons. NHS FV is therefore not subject to a 'cap' on available brokerage if required in 2024/25.
- **note** that the Financial Sustainability Oversight Group has agreed to accelerate delivery of the approved Financial Sustainability Action Plan in order to reduce financial risk as far as possible in year and to minimise potential brokerage requirements.

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

2024/25 Forecast outturn

Based on the financial planning assumptions presented to the NHS Board in March 2024, together with the impact of recurring pressures and unachieved recurring savings carried forward from 2023/24, an initial funding gap of £58.4m (8.6% of our baseline budget) was originally identified for 2024/25.

A range of cost improvement plans and efficiency initiatives were developed to mitigate the £58.4m gap as far as possible, with total targeted savings for 2024/25 estimated at £43.8m, leaving a residual funding gap of £14.5m to be addressed (equivalent to 2.1% of baseline budget). However, following an in-depth review of the financial results for the 1st quarter of the year, it is clear that the potential scale of the residual deficit is likely to be significantly higher than the original estimate and could reach £30m to £40m based on current expenditure trends and risk.

This reflects a wide range of continuing financial pressures across the whole health and care system relating to:

- the ongoing use of unfunded contingency areas and Covid legacy arrangements;
- increases in the costs of medicines and devices (particularly in relation to the uptake of new diabetes technology);
- the impact of inflation on a range of contracts, particularly relating to energy, IT and premises which is exacerbated by the flat cash funding settlement.
- Delays in the pace of delivering efficiency savings.

Urgent action is required now to restore financial balance as far as possible in order to minimise brokerage requirements and to maintain our position on the [NHS Scotland: support and intervention framework](#). Note that we are currently at stage 1 on the framework in relation to our financial performance (see appendix 1 which provides more information on how the Scottish Government assesses each board against the framework in relation to financial performance).

As a result, the Financial Sustainability Oversight Group has agreed to accelerate the pace of savings delivery across all workstreams in Financial Sustainability Action Plan previously approved by the NHS Board and Scottish Government in March.

Note that we are due to meet with the Scottish Government on 9th August to discuss the quarter one financial results and the likely forecast outturn (including delivery of the 3% recurring savings target, actions to reduce the projected deficit and potential brokerage requirements).

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 and a key feature of our Financial Sustainability Action Plan

Infrastructure Implications including Digital

There are no immediate infrastructure or digital implications associated with this report. However, it is clear that digital opportunities are key element of the 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 already 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 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 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 reflects the financial impact of ongoing operational service and capacity pressures.

Relevance to Strategic Priorities

There is a statutory requirement for NHS Boards to operate within the Revenue Resource Limit (RRL), Capital Resource Limit (CRL) and Cash Requirement set by the Scottish Government.

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: NHS Support and Intervention Framework – Financial Considerations 2024-25
- Appendix 2: 2024/25 YTD savings delivery

1.0 OVERVIEW OF MONTH 3 FINANCIAL RESULTS

1.1 Revenue year to date (YTD) results for the 3 month period ending 30 June 2024

An overspend of £7.6m is reported for the first quarter of the financial year as summarised in Table 1 below, with a projected year end overspend in the region of £30m to £40m.

TABLE 1: NHS Forth Valley 2024/25 Financial performance	Annual Budget	Apr - Jun Budget	Apr - Jun Expenditure	Underspend/ (Overspend)	Forecast Outturn
	£m	£m	£m	£m	£m
Set Aside & Non-Delegated Functions*					
Acute Services	244.027	60.301	67.977	(7.676)	(30.983)
Women & Children's	57.654	14.247	15.142	(0.895)	(3.246)
Cross Boundary Flow/External SLAs	64.603	16.189	16.319	(0.130)	(1.224)
Non-delegated Community Services	37.179	9.320	9.821	(0.501)	(1.530)
Facilities	114.054	28.647	29.024	(0.377)	(1.296)
Digital	10.625	2.631	2.863	(0.232)	(0.179)
Corporate Functions	35.186	4.708	5.138	(0.430)	(1.345)
Ringfenced and Contingency Budgets	12.950	2.251	0.000	2.251	0.000
Income	(30.870)	(7.441)	(7.788)	0.347	0.976
Sub total	545.408	130.853	138.496	(7.643)	(38.828)
Delegated Functions					
Operational Services	134.463	33.979	32.691	1.288	
Universal Services	176.923	45.291	47.120	(1.829)	
IJB reserves	14.579	0.541	0.000	0.541	
Sub total	325.965	79.811	79.811	(0.000)	
TOTAL	871.373	210.664	218.307	(7.643)	

* 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 £545.408m above is £76.814m (an overspend of £3.492m is reported at month 3).

The £7.6m YTD overspend represents an adverse movement of £3.2m compared to the position reported in May which is largely due to ongoing pressures in the Acute Services Directorate, Women and Children's Directorate and External (further detail is provided in section 2).

Overall expenditure on supplementary staffing across the whole system amounted to £10.2m at end June (down £1.6m or 14% on the same period in the previous year which is largely due to the impact of workforce savings initiatives and enhanced controls relating to nurse agency use as per the Financial Sustainability Action Plan). Table 2 below provides a high-level comparison of non-core staffing costs during the first quarter:

TABLE 2: Non-core staffing costs	Apr to Jun 2023 £m	Apr to Jun 2024 £m	Better/ (Worse) £m
Admin Agency	£25,819	£42,172	(£16,353)
Admin Bank	£373,406	£375,922	(£2,516)
Medical Agency	£1,037,306	£1,023,449	£13,857
Medical Bank	£933,137	£594,118	£339,019
Medical Locum	£374,261	£296,944	£77,317
Nurse Agency	£3,608,241	£1,732,799	£1,875,442
Nurse Bank	£4,649,769	£5,159,466	(£509,697)
Other Agency	£47,471	£31,702	£15,770
Other Bank	£397,522	£345,086	£52,436
Overtime	£343,880	£576,276	(£232,396)
TOTAL	£11,790,813	£10,177,935	£1,612,878

1.2 Efficiency savings

Good progress is being made in relation to implementation of the Financial Sustainability Action Plan, however it is recognised that the pace of savings delivery is behind the planned trajectory for the first quarter of the financial year. Whilst this is not uncommon at this early stage, it is recommended that further targeted action is implemented to accelerate the pace of savings delivery.

YTD savings delivery is £3.2m behind plan at this stage in the year as summarised in table 3 below.

Annual plan £m	TABLE 3: 2024/25 Financial Sustainability Action Plan - YTD saving delivery	Apr - Jun plan £m	Apr - Jun actual £m	Variance £m
9.542	Workforce	3,010	1,646	(1,364)
0.328	Procurement	82	0	(82)
4.583	Prescribing (Hospital based)	1,129	725	(404)
1.733	Estates & infrastructure	439	38	(401)
0.010	Income Generation	3	0	(3)
0.142	Innovation, Productivity & Digital	36	0	(36)
5.490	Value Based Health & Care	1,223	0	(1,223)
22.013	Other (slippage, reprioritisation & other financial benefits)	7,871	8,205	335
43.841	TOTAL	13,792	10,615	(3,177)
21.664	Recurring	5,897	1,640	(4,256)
22.177	Non-recurring	7,895	8,974	1,079
43.841	TOTAL	13,792	10,615	(3,177)

Delays in the achievement of savings on the Workforce and Value Based Health and Care categories are largely due to the ongoing use of temporary staff to cover contingency areas. However note that good progress is being made in relation to cessation of unregistered nurse agency and off framework nurse agency usage with significant reductions achieved (during June zero use of unregistered agency and 75% reduction in registered agency). In addition, a number of hospital prescribing efficiency initiatives linked to various technical switches are already underway with encouraging results. In line with the previous year, delays in the receipt of energy efficiency data, together with the complexity of contractual arrangements for PFI sites, impacts on the achievement of energy efficiency savings reported under the Estates & Infrastructure category.

2.0 SET ASIDE & NON- DELEGATED FUNCTIONS - CLINICAL DIRECTORATES

Clinical Directorates reported a combined overspend of £6.6m as at 30 June 2024 as summarised in Table 3 below.

TABLE 4: Clinical Directorates*	Annual Budget £m	Apr - Jun Budget £m	Apr - Jun Expenditure £m	Underspend/ (Overspend) £m
Acute Services	244.027	60.301	67.977	(7.676)
Women & Children's	57.654	14.247	15.142	(0.895)
Cross Boundary Flow/External SLAs	64.603	16.189	16.319	(0.130)
Non-delegated Community Services	37.179	9.320	9.821	(0.501)
Ringfenced and Contingency Budgets	12.950	2.251	0.000	2.251
Income	(30.870)	(7.441)	(7.788)	0.347
Sub total	385.543	94.867	101.471	(6.604)

* 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 £76.814m. An overspend of £3.492m is reported at month 3.

Acute services – an overspend of £7.6m is reported as at end June 2024 (an adverse movement of £2.2m compared to the position reported at end May). This reflects ongoing service pressures within A&E and various inpatient specialties due to increased demand and length of stay together with ongoing use of contingency areas and additional workforce costs to cover vacancies and sickness absence. £5.7m of additional temporary staffing costs have been incurred to date within the Acute Services Directorate. Of this total, £3.8m (67%) relates to nurse bank and agency use – key service areas where bank and agency staff are being deployed include Acute Assessment, the Emergency Department, Intensive Care and wards A11, A22, B21 and B22.

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

Women & children's – an overspend of £0.9m is reported at end of June (an adverse movement of £0.2m compared to the position reported at end May). This reflects the impact of the uptake of new Paediatric diabetes technologies, pressures associated with paediatric complex care packages and funding reductions imposed by the Scottish Government. Discussions are ongoing with the Directorate to mitigate financial risk as far as possible (including follow up with Scottish Government to clarify CAMHS and immunisation funding allocations for 2024/25).

Cross boundary flow/external SLAs – an overspend of £0.1m is reported at the end of June (an adverse movement of £0.1m compared to the position reported in May). This includes several high-cost care packages which were recently notified and would previously have been charged to complex care (ie would previously have been charged to IJBs). Note that SLA uplifts with other NHS board areas have still to be agreed and confirmed for 2024/25 at this stage.

Non-delegated community services – an overspend of £0.5m is reported at the end of June, This reflects ongoing financial pressures in Prison healthcare settings due to 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 together with the requirement for special observations, necessitating the use of ongoing bank and agency cover.

Ringfenced and contingency budgets – £2.3m of funding has been released from central budgets as at the end of June to offset overtime/backfill costs associated with the reduction in the working week and the increase in employer superannuation contributions from 1st April 2024. These costs are expected to be fully funded by the Scottish Government.

Income – income received as at end June was £0.3m higher than planned levels. This is largely due to income from NES in respect of Junior Doctors in training and xxXX relating to external.

3.0 SET ASIDE & NON- DELAGATED FUNCTIONS - CORPORATE DIRECTORATES

A combined underspend of £0.8m is reported for Corporate Services and Facilities & Infrastructure as at 30 June 2024 as summarised in table 5 below.

TABLE 5: Corporate Functions and Facilities & Infrastructure	Annual Budget £m	Apr - Jun Budget £m	Apr - Jun Expenditure £m	Underspend/ (Overspend) £m
Facilities	114.054	28.647	29.024	(0.377)
Digital	10.625	2.631	2.863	(0.232)
Corporate Functions				
Director of Finance	6.603	1.643	1.623	0.020
Area Wide Services	(0.090)	(3.973)	(3.728)	(0.245)
Medical Director	11.500	2.787	2.838	(0.051)
Director of Public Health	3.504	0.842	0.830	0.012
Director of HR	5.659	1.415	1.567	(0.152)
Director of Nursing	4.046	0.996	0.988	0.008
Chief Executive	2.281	0.564	0.531	0.033
Portfolio Management Office	0.571	0.143	0.140	0.003
Immunisation / Other	1.112	0.291	0.349	(0.058)
Corporate Functions sub total	35.186	4.708	5.138	(0.430)
Sub total	149.240	33.355	34.162	(0.807)

Facilities – an overspend of £0.4m is reported at the end of June (an adverse movement of £0.09m) compared to the position reported at end May). This is primarily due to ongoing pressures in relation to non-emergency patient transport, clinical waste, postages and energy. A number of immediate actions have been identified to strengthen financial controls around postage and transport, however an element of the required improvement in transport costs is reliant on the outcome of discussions with Scottish Ambulance Service colleagues.

Digital - an overspend of £0.2m is reported at the end of June which is broadly in line with the position reported at end May which reflects inflationary uplifts on a range of IT contracts.

Corporate Functions – a combined underspend of £0.4m is reported at the end of June (this compares to an overspend of £0.09m) at end May which reflects a timing issue regarding legal fees and the costs of exit packages charged to the HR directorate.

4.0 DELEGATED FUNCTIONS – HEALTH & SOCIAL CARE PARTNERSHIPS

Delegated health functions reported under the Health and Social Care Partnerships (HSCPs) returned a combined overspend of £0.5m as at 30 June 2024 as summarised in table 6 below, however this is assumed to be offset by corresponding reserve movements.

TABLE 6: Health & Social Care Partnerships	Annual Budget £m	Apr - Jun Budget £m	Apr - Jun Expenditure £m	Underspend/ (Overspend) £m
<i>Clackmannanshire and Stirling HSCP</i>				
Operational Services	60.653	15.345	15.061	0.284
Universal Services	89.147	22.748	24.225	(1.477)
Ringfenced and Contingency Budgets	7.051	1.193	0.000	1.193
Subtotal	156.851	39.286	39.286	0.000
<i>Falkirk HSCP</i>				
Operational Services	73.809	18.634	17.630	1.004
Universal Services	87.777	22.543	22.895	(0.352)
Ringfenced and Contingency Budgets	7.528	(0.652)	0.000	(0.652)
Subtotal	169.114	40.525	40.525	(0.000)
TOTAL	325.965	79.811	79.811	(0.000)

The HSCP budgets summarised in table 6 exclude budgets in respect of large hospital services, also referred to as set aside, which amount to £76.814m. Responsibility for the operational and financial management of Set Aside functions currently resides with NHS Forth Valley (with the exception of set aside Mental Health services which are now operationally managed by Clackmannanshire and Stirling HSCP as a whole).

In terms of the year-to-date position for delegated functions, the key financial challenge experienced by both HSCTs continues to relate to primary care prescribing which is reported under universal services in table 6. Both volume growth in the number of items prescribed and the average cost per item remain higher than original planning assumptions (up 8% compared to the same period last year). This reflects ongoing demand and short supply issues. Delays in achieving prescribing efficiency savings also contribute to the adverse position reported to date.

As reported in table 6, 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, continued 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 continues to be reported.

5.0 CAPITAL

The total annual net capital budget for 2024/25 is currently estimated at £9.45m. This reflects the core Capital Resource Limit (CRL) of £6.4m as advised by the Scottish Government, plus £3.0m of anticipated allocations (including £0.2m of Property Sales retained by the Board, and various other adjustments which are expected to be applied to the CRL during the course of the year)

TABLE 7: 2024/25 NHS Forth Valley Capital position	Annual Budget £m	April - June Budget £m	April - June Expenditure £m	Underspend/ (Overspend) £m
Elective Care	0.750	0.225	0.225	0.000
Information Management & Technology	3.769	0.316	0.316	0.000
Medical Equipment	2.986	1.813	1.813	0.000
Facilities & Infrastructure	1.874	0.050	0.050	0.000
Energy Efficiency Capital Grants	0.245	0.000	0.000	0.000
NHS Board corporate projects	0.000	0.000	0.000	0.000
Right of Use Assets IFRS16	0.826	0.000	0.000	0.000
Indirect Capital Charged to Revenue	(1.000)	0.000	0.000	0.000
Total	9.450	2.404	2.404	0.000

As reported in table 7 above, a balanced position is reported for the first quarter of the year with total expenditure of £2.4m incurred to date as summarised below:

Elective Care – Works on the National Treatment Centre project remain subject to ongoing delays as a result of NHS Assure requiring compliance issues to be rectified before official sign off to open the new facility to patients. Approximately £0.2m has been spent to date during 2024/25 on further professional advisor fees (bringing the total spend to date on the project to c£10m since its inception).

Information Management & Technology – to date the sum of £0.3m has been spent on Information Management & Technology projects. This total consists of £0.035m on GP IT System Refresh and £0.232m on Infrastructure Refresh procurements as well as £0.049 on the inpatient electronic patient record project.

Medical Equipment – As at 30th June 2024 expenditure committed on Medical Equipment items equates to £1.813m with main spend to date relating to Image Intensifiers of £0.471m, Defibrillators £0.507m and the New Pharmacy Robot of £0.709m. Work is underway to review and risk assess the plans to spend the remaining budget (including scoping the affordability of a potential third CT scanner).

Facilities & Infrastructure – very little capital expenditure has been incurred to with the bulk of the current expenditure relating to staff costs recharged to Capital. 5 Tenders have been received in relation to improvement works at Dunblane Health Centre and work is underway to evaluate them and move to contract award stage.

NHS Board and Property Sales – as at 30th June 2024, no Property Sales have yet been transacted and no expenditure has been incurred on Board managed projects.

Appendix 2 – 2024/25 YTD savings delivery

Savings delivery - April to June 2024	Plan £000s	Actual £000s	TOTAL £000s	RAG status
<u>Workforce - nursing</u>				
Nursing sickness absence- acute	550	0	(550)	RED
Nursing sickness absence - WCSHS	200	0	(200)	RED
Cessation of off-framework nurse agency	0	0	0	GREEN
Cessation of unregistered nurse agency	833	844	11	GREEN
Cessation of all nurse agency usage	900	522	(378)	RED
Reduce requirement for enhanced observations	0	0	0	GREEN
Enhanced controls	0	81	81	GREEN
	2,483	1,447	(1,036)	
<u>Workforce - medical</u>				
Medical locum review of rates	0	0	0	RED
Medical sickness absence	0	0	0	RED
Reduce locum usage in unplanned care areas	0	91	91	AMBER
Jnr Dr rota compliance in planned care areas	0	0	0	RED
International recruitment (psychiatry)	151	75	(75)	GREEN
	151	166	16	
<u>Workforce - other</u>				
Retinue fees & charges	33	33	0	GREEN
Targeted vacancy freeze	250	0	(250)	AMBER
Sickness absence other staff groups	0	0	0	RED
Agile working	0	0	0	RED
Review of T&Cs eg pay protection - Acute	50	0	(50)	RED
Review of T&Cs eg pay protection - WCSHS	26	0	(26)	RED
Review of T&Cs eg pay protection - Corporate	3	0	(3)	RED
Review of T&Cs eg pay protection - Estates & Facilities	15	0	(15)	RED
Review of workforce controls	0	0	0	GREEN
	377	33	(344)	
<u>Procurement</u>				
Enhanced Spend Analytics Tool	0	0	0	RED
Review of Children's ordering process for supplies	0	0	0	RED
Complex Care Education Provision Review	18	0	(18)	RED
Review of Complex Care Third Party Provision	52	0	(52)	RED
Non-pay: review of non-discretionary spend	0	0	0	GREEN
Review of ward consumables	0	0	0	GREEN
Procurement of cardiology devices	12	0	(12)	GREEN
	82	0	(82)	
<u>Prescribing (switches)</u>				
Lenalidomide switch - full year effect	50	50	0	GREEN
Tecfidera / Dimethyl Fumerate	183	0	(183)	AMBER
Xarelto / Rivaroxaban	16	0	(16)	RED
RoActemra / Tocilizumab	31	0	(31)	AMBER

Xolair / Omalizumab	47	0	(47)	RED
Aubagio / Teriflunomide	25	0	(25)	GREEN
Further technical switches	0	0	0	AMBER
	351	50	(301)	
<u>Prescribing Acute + Women & Children's</u>				
Review of inflation for hospital Rx	675	675	0	GREEN
Oncology (near patient preparation)	13	0	(13)	GREEN
PAS & PCRS rebates	0	0	0	RED
Off patent savings	50	0	(50)	RED
Medicines of low clinical value	0	0	0	RED
Complex rebates/review of contracts	38	0	(38)	RED
Environmental sustainability/medical gases/green theatres	0	0	0	AMBER
Review of homecare arrangements	3	0	(3)	RED
Review of Covid antivirals	0	0	0	RED
Reduction in cold chain medicine waste	0	0	0	GREEN
Transition to Regional Formularies	0	0	0	RED
Acceleration of digital prescribing	0	0	0	RED
Affordability of new medicines	0	0	0	RED
	778	675	(103)	
<u>Estates & Infrastructure</u>				
PPP/PFI insurance	0	0	0	GREEN
PPP/PFI review of energy contract arrangements	325	0	(325)	AMBER
PPP/DBFM review of contractual arrangements	13	0	(13)	RED
PPP/PFI refinancing	0	0	0	RED
PFI Benchmarking	0	0	0	RED
Energy efficiency - full year effect	64	0	(64)	AMBER
Portering FVRH Blood products	30	30	0	GREEN
Asset management/review of agile working	0	0	0	RED
Non-Emergency Patient Transport	0	0	0	RED
Sale of surplus property	8	8	0	GREEN
	439	38	(401)	
<u>Income Generation</u>				
Review of FOC travel vaccines	0	0	0	RED
Provision of training to other bodies/agencies/3rd parties	3	0	(3)	RED
Introduction of charging policy for DNAs	0	0	0	RED
Develop a mutual aid strategy	0	0	0	AMBER
	3	0	(3)	
<u>Innovation, Productivity & Digital</u>				
Remote outpatient appointments	0	0	0	RED
Theatre optimisation	0	0	0	RED
Review of procedures of low clinical value	0	0	0	RED
Review of Integration Schemes	0	0	0	RED
Introduce Patient Level Information Costing System	0	0	0	RED
Voice recognition business case	0	0	0	RED
Electronic Patient Record	0	0	0	RED

Net call patient hub	36	0	(36)	AMBER
M365	0	0	0	RED
	36	0	(36)	
Value Based Health & Care				
Whole system hip fracture prevention	0	0	0	RED
Review of Flow Navigation Centre	0	0	0	RED
Hospital at Home Capacity and closure of contingency beds	1,223	0	(1,223)	RED
Develop Target Operating Model for the front door	0	0	0	RED
Discharge Without Delay	0	0	0	RED
Whole systems working to reduce Length of Stay	0	0	0	RED
National Value Based Health & Care Action Plan	0	0	0	RED
	1,223	0	(1,223)	
Other				
Review of Covid legacy costs	594	0	(594)	RED
Annual leave carry forward	175	0	(175)	AMBER
Anticipated slippage on investment	125	0	(125)	GREEN
Unplanned financial benefits (eRoster VAT)	0	0	0	GREEN
Unplanned financial benefits (VPAG)	3,323	8,205	4,882	GREEN
Technical accounting opportunities	0	0	0	GREEN
Review & re-prioritisation of local service developments	1,300	0	(1,300)	RED
3% recurring budget deduction	2,354	0	(2,354)	RED
	7,871	8,205	335	
Total	13,792	10,615	(3,177)	

2024/25: progress against 3% recurring target	Plan £m	Actual £m	Balance £m
Set Aside & non-delegated services			
Workforce	1.339	0.877	0.462
Procurement	0.328	0.000	0.328
Prescribing (Hospital based)	4.497	0.725	3.771
Esates & infrastructure	1.733	0.038	1.695
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 (slippage, reprioritisation & other financial benefits)	13.015	0.000	13.015
Total Set Aside & non-delegated services	21.664	1.640	20.024
Delegated services (IJBs)			
Clacks/Stirling IJB			
Primary Care Prescribing	1.709	0.000	1.709
Community Healthcare Services	0.508	0.000	0.508
	2.217	0.000	2.217
Falkirk IJB			
Primary Care Prescribing	1.664	0.000	1.664
Community Healthcare Services	3.713	0.000	3.713
	5.377	0.000	5.377
Total Delegated services (IJBs)	7.594	0.000	7.594
Grand Total	29.258	1.640	27.618
Scottish Government 3% total recurring target	20.148		

NHS Support and Intervention Framework – Financial Considerations 2024-25

Overview

1. The NHS Support and Intervention Framework has been published and sets out a range of criteria and information on NHS Boards positions on this framework. One of these criteria is financial performance, which is assessed at the SG National Planning and Performance Oversight Group (NPPOG).
2. This document provides more information on how the level for finance is assessed and the process this will follow. It is intended to supplement the published framework and does not replace any of the information in that document. The levels of the framework are set out below.

Stage 1 Steady state	Boards are delivering in line with agreed plans. Normal reporting arrangements in place and no additional or tailored support is required.
INFORMAL SUPPORT AND INTERVENTION	
Stage 2 Enhanced monitoring	There is some variation from agreed plan(s) and a possible delivery risk if no remedial action is taken. At this stage, a Board-led support package or recovery programme should be agreed and implemented. This is the pre-formal escalation stage and risks and/or issues should be raised, either by the Board or by the relevant SG policy lead/s; if necessary, taken to NPPOG for consideration.
FORMAL ESCALATION	
Stage 3 Enhanced monitoring and support	There is significant variation from agreed plan(s). The level of risk is likely to have increased, with performance stagnating or deteriorating below agreed levels, and the Stage 2 Recovery Plan having proved ineffective or insufficient. At this stage, an SG commissioned tailored support package is required and there will be enhanced monitoring of implementation and progress. NPPOG will be informed of progress on a regular basis.
Stage 4 Senior external support and monitoring	There are significant risks to delivery and the Recovery Plan or Tailored Support is not producing the required improvements. At this stage, senior level external support is required, and will report to an Assurance Board chaired by SG. The onus remains on the NHS Board to deliver the required improvements. The Assurance Board will report direct to the Chief Operating Officer for NHS Scotland and DG Health and Social Care. NPPOG will be informed of progress on a regular basis.
Stage 5 Statutory Intervention	At Stage 5, the level of risk and organisational dysfunction is so significant that the NHS Board requires direct intervention using statutory powers of direction.

Assessment of Boards against the framework for finance

3. A number of areas are considered when assessing escalation level for finance. In previous years this was more straight forward with a key trigger for escalation for finance being a brokerage requirement. With an increasing number of Boards needing brokerage, this is no longer appropriate as a single measure and a two-stage assessment process now takes place as set out below.

Stage One: Assessment of the financial position

4. The first step is to assess the in-year and cumulative level of brokerage required by each Board as a proportion of Resource Revenue Limit RRL, as

set out in the table below. These values are guidelines only and an escalation decision would not be made solely on these values (see stage 2).

5. In 2024-25, the month 12 RRL from 2023-24 was used for assessment. Please note this process will be reviewed for 2025-26 due to the impact of brokerage caps in 2024-25.

Board Financial Position	Indicative level
10% of core RRL in year brokerage in two consecutive years AND cumulative brokerage of over 25% core RRL	5
6% of core RRL in year brokerage in two consecutive years AND cumulative brokerage of over 15% core RRL	4
4% of core RRL in year brokerage AND cumulative brokerage of over 8% core RRL	3
2% of core RRL in year brokerage OR cumulative brokerage of over 4% core RRL	2
No brokerage or below criteria above	1

Stage Two: Qualitative Assessment

6. Prior to recommending escalating / de-escalating a Board, a wider assessment will be undertaken quarterly of the Board's governance, financial management and internal controls. This assessment will be undertaken either by a member of the Scottish Government Finance Delivery Unit or independent party, most likely an external consulting firm. This assessment will take account of, but not be limited to, the following factors:
 - assessed strength of financial management by current finance Board team,
 - recommendations and progress against internal audit recommendations around financial governance, controls and management
 - review of most recent external audit report for view on financial governance and sustainability
 - historical financial performance and confidence in system to deliver
 - forecast financial position and extent of development of a realistic plan to reduce the financial deficit or reach brokerage caps
 - achievement of prior year savings plan and balance of recurrent and non-recurrent savings delivered
 - impact of IJB performance and risk share as a contribution to the requirement for brokerage
 - understanding and mitigating drivers of brokerage requirement, e.g. to maintain patient safety or performance levels
 - time at current escalation level
 - the success of support already provided to the Board under the terms of the framework
 - progress towards 3% recurring savings plan against baseline budget, and
 - type and extent of support required to drive improvements, and the Board's engagement in using this support to develop its own internal recovery plan.

7. The outcome of this qualitative assessment paired with stage one would determine the recommendation for any escalation for finance. This recommendation would be made to NPPOG. A decision to move a Board to level 5 would not be taken on basis of financial factors alone, except in extreme circumstances.

Financial monitoring

8. For all Boards at level 2 and above, enhanced financial monitoring will be established as follows:

Escalation Level	Financial Monitoring
4	<ul style="list-style-type: none"> • Monthly (virtual) meeting to review finance position and year end forecast with the Board Chief Executive and Director of Finance. This will also consider progress on actions in recovery plan. This meeting would occur in the months where there is no quarterly in person review meeting. • Regular (min – monthly) meetings with Executive Leads appointed to progress and implement Board recovery plan. • Quarterly (in person) meeting to review finance position and year end forecast with the Board Chief Executive and Director of Finance and formal letter following discussion from the Director for Health and Social Care Finance, Digital and Governance to Board Chief Executive setting out Scottish Government assessment of the finance forecast, further actions to be progressed by the Board, feedback on prior quarter actions and summary of any risks noted. • Intense financial turnaround package will be provided. This will vary from Board to Board and will rely on the other factors that have led to a level 4 escalation. This will focus on immediate ways to reduce the financial pressure but also look at wider service redesign requirements.
3	<ul style="list-style-type: none"> • Monthly (virtual) meeting to review finance position and year end forecast with the Director of Finance and note of actions forwarded to Board Chief Executive and Director of Finance • Quarterly (in person) meeting to review finance position and year end forecast with the Director of Finance and formal letter following discussion from the Director for Health and Social Care Finance, Digital and Governance to Board Chief Executive setting out Scottish Government assessment of the finance forecast, further actions to be progressed by the Board, feedback on prior quarter actions and summary of any risks noted. • Support package will be provided. This will vary depending on each Boards' circumstances and could range from a diagnostic report to understand the driver behind financial deficits to savings delivery teams being deployed in to improve the financial position.
2	<ul style="list-style-type: none"> • Quarterly (virtual or in person) meeting to review finance position and year end forecast with the Director of Finance. Outcome of the review will be a letter from the Director for Health and Social Care Finance, Digital and Governance to Board Chief Executive where there are matters of significance to report. • Informal monthly calls with Board Support Lead. • Light-touch support package may be provided by SG. This may include, for example, resource to progress financial improvement priorities where capacity is an issue locally.

Financial governance and controls

9. For all Boards at levels 3 and 4, we would expect Accountable Officers to have undertaken a formal review of their financial governance and internal controls arrangements and for this to have been reviewed by the Board's Audit Committee. The review should be undertaken annually whilst escalated on the framework and use, but not be limited to, the following:
 - a. relevant best practice self-assessment tools (e.g. Healthcare Financial Management Association self-assessment tools)
 - b. internal and external audit reports
 - c. evaluation of the levels of delegated authority within the Board scheme of delegation. It is advised internal audit may include review of financial management and controls in their audit plan if this has not been recently carried out.
10. The outcome of this review and identified improvement actions should be approved by the Audit Committee (and implementation monitored) and Scottish Government Director for Health and Social Care Finance.

Brokerage caps

11. Where a Board is not able to operate within its agreed brokerage cap, the Board will require to prepare and agree with the Director for Health and Social Care Finance a credible finance recovery plan and will require to seek advance approval for any new service developments (unless such developments reduce the cost of existing models of delivery, or are national priorities such as CAR-T, TAVI etc).
12. The recovery plan will require to set out:
 - A three-year finance plan and a trajectory to reduce the financial gap to the agreed brokerage cap (as minimum) within this time period. The plan should prioritise recurring savings as a path towards balance.
 - The actions that will deliver the required reduction in expenditure and confirmation that these actions are supported by implementation plans and have executive responsibility assigned.
 - The arrangements implemented within the Board to scrutinise performance against the recovery plan and take mitigating actions as required.
13. The recovery plan will require to be agreed by the Board and submitted to Scottish Government for review and approval. This will be discussed with Board support leads in the first instance.

Brokerage repayment

14. Outstanding brokerage must be repaid when the NHS Board returns to financial balance. Guidance has been issued that all NHS Boards must report cumulative outstanding brokerage in their Board finance reporting.

Board financial support lead

15. Each Board at level 2 and above of the framework will have a named lead with the Finance Delivery Unit in Scottish Government. The Board should still reach out to other support from within the NHS Scotland network including within SG. A named lead will ensure corporate knowledge is retained and there is consistency in relationships and knowledge.

De - escalation for finance

16. NHS Boards must be clear what they should be aiming towards to reach de-escalation and move back down the framework. Both the financial metrics set out above and the more qualitative factors should be considered, and regular communication with the Boards nominated financial support lead to set criteria for local de-escalation.
17. De-escalation decisions will consider whether financial improvement is commensurate with the scale of each Boards' deficit, and whether the improvement has been delivered by the Board themselves. For example, an improvement in outturn as a result of increased UK Government consequentials is unlikely to lead to de-escalation.

Length of time of escalation for finance

18. Currently there are NHS Boards who have been at the same stage of the framework for a number of years. The framework is intended to provide support and intervention based on the issue assessed, and then allow the Board to move back down once this is resolved or there is clear improvement.
19. Going forward the maximum time a Board would be expected to remain at the same stage of the framework for financial reasons should be 18 months, and after that point either de-escalation or further escalation will be considered. There may be unique exceptions to this if there is a realistic and clear plan or trigger point within the next six to twelve months in which there is confidence de-escalation can be achieved. Evidence of review and rationale for any changes will be recorded through NPPOG.

Linking finance escalation with other policy areas

20. It may be there is a direct and opposite affect between financial performance and service delivery performance. For example, disinvesting in services would improve the financial position but could lead to longer waiting times or a dip in performance and lead to heightened escalation for those purposes. A balanced scorecard is being developed over coming months within SG to

particularly highlight where a Board may be 'green' for finance but 'red' for a service area (or vice versa) which may have a dependency. This will then allow an informed discussion to take place with the Board about the balance between financial position and performance.

Communication about the framework

21. Regular communication will continue with all NHS Boards. This will happen formally to the Board Chief Executive through quarterly letters after the financial review quarterly meetings. These letters will set out a formal re-assessment of the Board's financial position, key further actions agreed and feedback on actions previously agreed. All Boards are expected to be clear on their position on the framework for finance in their Board papers. This document will be reviewed on an ongoing basis.
22. For any questions about the NHS Scotland Support and Intervention Framework for finance, please contact Fiona.bennett@gov.scot.

FORTH VALLEY NHS BOARD
TUESDAY 30 JULY 2024

**21. NHS Forth Valley Annual Report 2023/2024
For Noting**

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Author: Mrs Elsbeth Campbell, Head of Communications

Executive Summary

NHS Boards are no longer required to produce a formal Annual Report as much of the financial and performance information previously included is now published in a range of national reports and websites. However, NHS Forth Valley has continued to produce a short summary report to highlight key service developments and achievements along with examples of service activity and performance during the year. This is available online, promoted via social media with hard copies available, on request.


Recommendation

The Forth Valley NHS Board is asked to:

- **note** the Annual Report Summary for 2023/24

Assurance

Proposed assurance level:

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

Key Issues to be Considered

The Annual Report Summary, which covers the period 1st April 2023 – 31st March 2024, provides a short, easy-to-read summary of key developments in a more accessible and visual format. As well as summarising key service developments and achievements, the report also highlights a range of digital developments and research projects taken forward over the last 12 months.

More detailed information on finance and performance is available on the NHS Forth Valley website and the publications section of the Public Health Scotland website.

Implications

Financial Implications

There are no costs as the Annual Report Summary is produced and published online. Small numbers of printed copies can also be printed internally for distribution at relevant meetings and events.

Workforce Implications

There are no workforce implications

Infrastructure Implications including Digital

There are no infrastructure implications – the Annual Report summary will be published on the NHS Forth Valley website and promoted via social media.

Sustainability Implications

The move to a digital summary has reduced the cost and potential waste associated with printed copies.

Sustainability Declaration

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

- Yes
 N/A

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

Quality / Patient Care Implications

The Annual Report summary is used to support a range of public and community meetings and events, including the Board's annual review meeting with the Scottish Government.

Information Governance Implications

There are no Information Governance implications – all of the information in the Annual Report Summary is publicly available.

Risk Assessment / Management

There are no risk management issues as the Annual Report Summary contains information which has already been published or promoted during the period.

Relevance to Strategic Priorities

The Annual Report Summary highlights how the organisation has performed in relation to a number of strategic priorities and performance targets during 2023/2024.

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:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

The Annual Report has been developed by the Communications Department in collaboration with a number of individuals and departments across the organisation including colleagues within Performance Management and Information Services.

ANNUAL REPORT

2023 - 2024

A SUMMARY OF KEY
DEVELOPMENTS, ACTIVITY
& PERFORMANCE

INTRODUCTION & OVERVIEW

I took up post as Chief Executive on an interim basis in September 2023 and, while there is no doubt that this has been a very challenging period, a lot of progress has been made over the last 12 months. This includes ongoing work to improve the experience of patients and staff as well as actions to strengthen the governance and leadership arrangements across the organisation. A wide range of service developments and improvements have also been taken forward and a number of these are highlighted in this summary report, along with details of service activity, performance, awards and achievements.

It is important to acknowledge, however, that health and care services across the country continue to face significant pressures and exceptionally high levels of demand. This is placing a huge strain on local services and has unfortunately resulted in some patients experiencing delays in being admitted to or discharged from local hospitals. Efforts continue to support more people in their own homes and ensure that anyone who does need to be admitted to hospital is able to return home as soon as they are well enough, without experiencing delays.

Despite these ongoing pressures, we continue to be one of the top performing NHS Boards in Scotland for the delivery of outpatient care and planned operations which account for the vast majority of local patient activity.

Although NHS Forth Valley managed to deliver a balanced budget for 2023/24, this was only possible due to some additional one-off national funding. Although this was welcomed, similar funding will not be available in future, and we face unprecedented financial pressures in the years ahead with a funding gap of £58m for 2024/25. Delivering savings of this magnitude will be incredibly challenging and will require us to work differently and more collaboratively to maximise value for money, reduce waste and avoid duplication.

However, I have been hugely impressed with the level of expertise and enthusiasm I have witnessed across the organisation over the last year, and I know local staff and partners are committed to making the changes and improvements required to address the many challenges in the months and years ahead.

It has been a pleasure and a privilege to cover the role of Chief Executive over the last year and, as I prepare to pass the baton to the new Chief Executive, I want to take this opportunity to thank everyone for their support and wish you all the very best for the future.

AMANDA CROFT

INTERIM CHIEF EXECUTIVE
NHS FORTH VALLEY



BOARD MEMBERS

NHS Forth Valley is managed by a Board of Executive and non-Executive Directors who are accountable to the Scottish Government through the Cabinet Secretary for Health and Social Care. The overall purpose of the Board is to provide strategic leadership, direction and governance, focussing on key plans and priorities which:

- Improve and protect the health of local people
- Improve local health services and the experience of those who use them
- Improve health outcomes, working with a wide range of partner organisations

The Board holds meetings every two months at our Board Headquarters in Stirling. Members of the public are welcome to attend and observe the meetings, in person or online. Details of the Board members for 2023/24 are listed below.

Non-Executive Members

Ms Janie McCusker	Chair (until 29 February 2024)
Mr Martin Fairbairn	Non-Executive Director
Mr Gordon Johnston	Non-Executive Director
Mr Stephen McAllister	Non-Executive Director
Dr Michele McClung	Non-Executive Director
Mr Allan Rennie	Non-Executive Director (acting Chair 1 March to 31 March 2024)
Mr John Stuart	Non-Executive Director

Local Authority Members

Cllr Fiona Collie	Non-Executive Director
Cllr Danny Gibson	Non-Executive Director (until 27 June 2023)
Cllr Wendy Hamilton	Non-Executive Director
Cllr Gerry McGarvey	Non-Executive Director (from 29 June 2023)

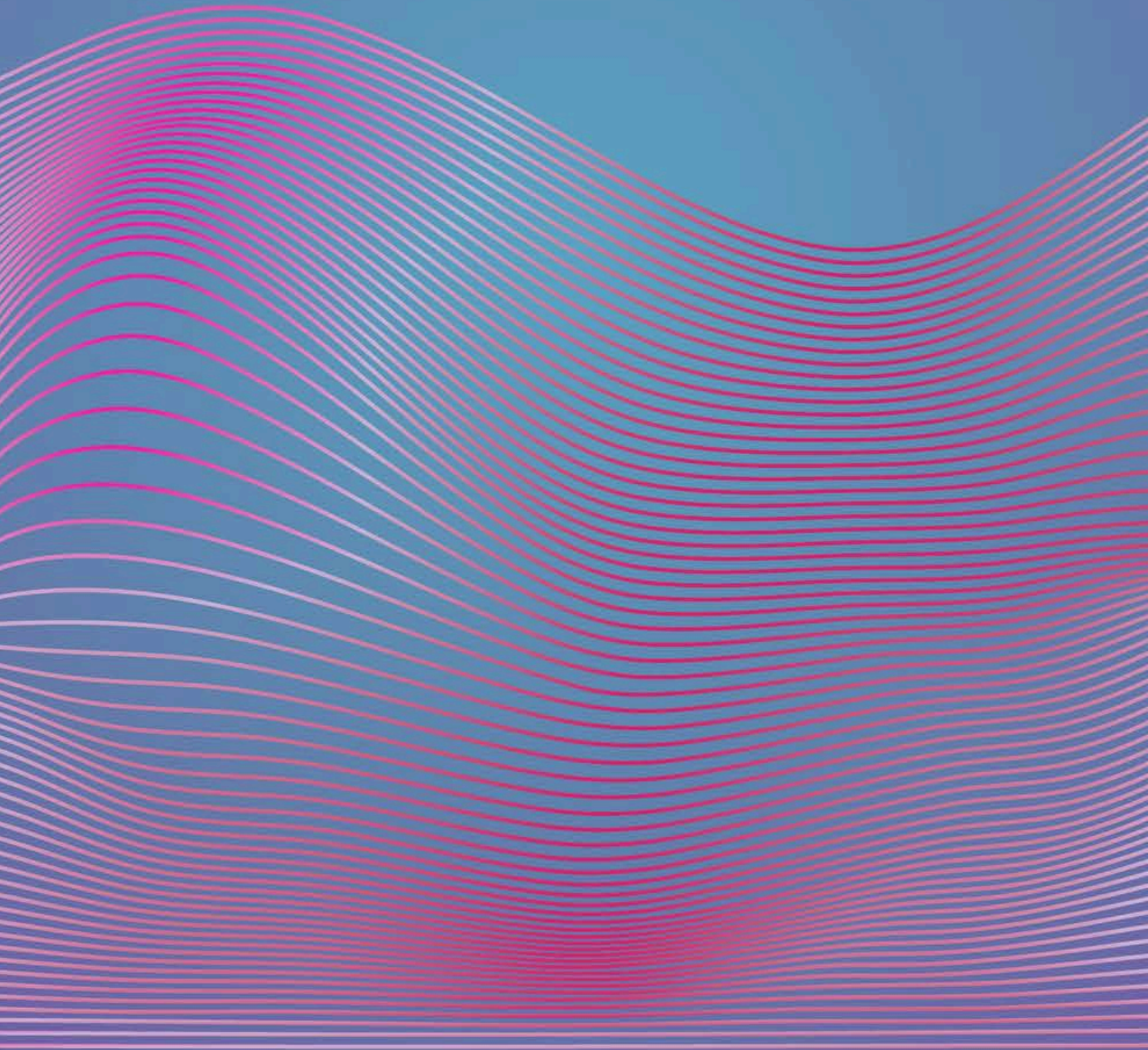
Advisory Committee Chairs / Employee Director

Mrs Kirstin Cassells	Non-Executive Director - Chair Area Clinical Forum
Mr Robert Clark	Non-Executive Director – Employee Director

Executive Members

Mrs Cathie Cowan	Chief Executive (until 10 September 2023)
Ms Amanda Croft	Interim Chief Executive (from 11 September 2023)
Dr Graham Foster	Director of Public Health (until 1 October 2023)
Dr Jennifer Champion	Acting Director of Public Health (from 2 October 2024)
Mrs Frances Dodd	Executive Nurse Director
Mr Andrew Murray	Medical Director
Mr Scott Urquhart	Director of Finance

AT A GLANCE



6,323

Staff

(whole time equivalent)



£631m

Annual Budget



305,110

Population Served



2,756

Babies Born



63,465

Emergency Department Attendances

21,897

Minor Injuries Unit Attendances



650,322

Outpatient Appointments
(new & return)



18,268

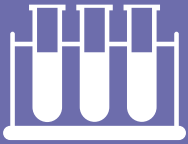
Operations carried out



100 +

Research Projects Underway





10,000

Covid-19 &
Respiratory Virus
Tests Carried Out



311,449

Samples Processed
by our Microbiology
Laboratory



188,552

Radiology
Scans Carried
Out



247,319

Covid-19 and Flu
Vaccinations Delivered



842,996

Pharmacy Prescriptions
Processed for Patients in
FVRH

74,848

Contacts with
our Health
Visiting Teams



13,319

Contacts with our
School Nursing
Teams

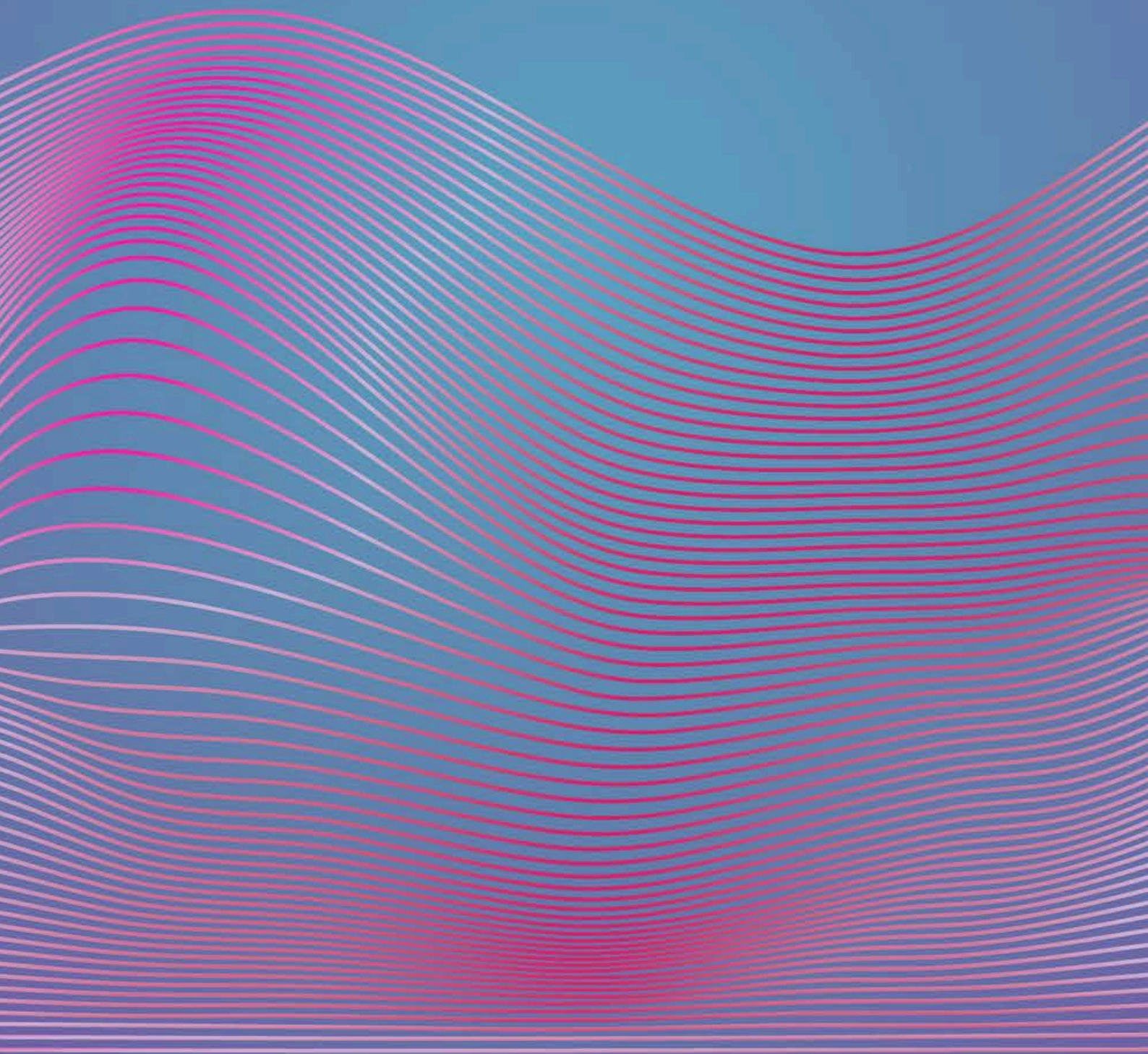


26,038

Contacts with
our AHP
Community &
Inpatient Teams



SERVICE DEVELOPMENTS





IMPROVING CARE FOR PEOPLE WITH DIABETES

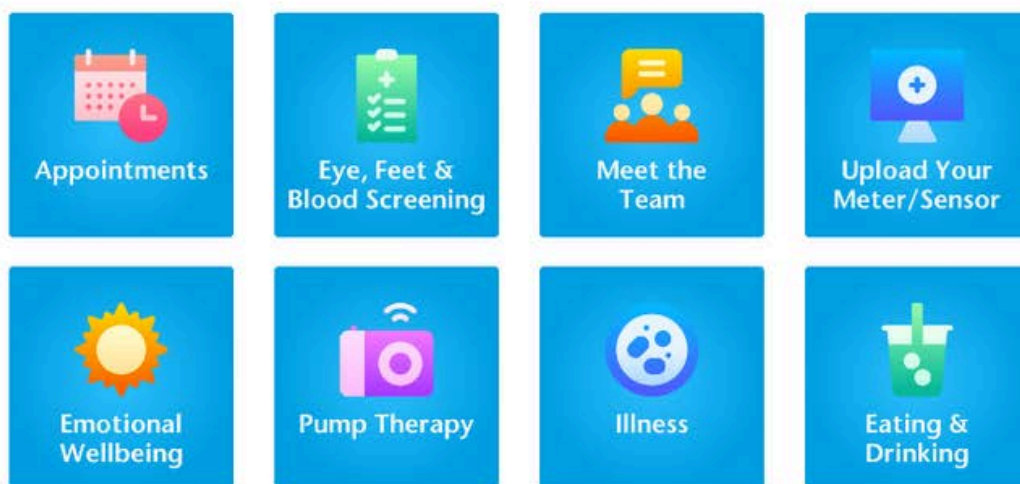
A new Care Hub was opened at Falkirk Community Hospital to support local people with Type 2 diabetes who require insulin or GLP1 injections. Around 4000 people in Forth Valley require these injections and around 2000 people have Type 1 diabetes.

The new Hub provides group education and support in a bright, airy space, away from an acute hospital setting. These include groups for young adults with diabetes, people starting to take insulin and those already on insulin who may require support with using new equipment and technology, such as insulin pumps. Those attending can discuss any issues with a member of the Diabetes Team, receive support and advice and meet others with diabetes to share their experiences. As well as group sessions, people can access face-to-face, video or telephone appointments for advice and support.

The new Care Hub is the latest in a series of developments to support those with diabetes. Specialist services for people with Type 1 diabetes are also provided and a new diabetes section has been created on the NHS Forth Valley website which includes a wide range of information, advice and resources.

People with Diabetes who take insulin are routinely reviewed within the Specialist Diabetes Team based in Forth Valley Royal Hospital. To find out more about the different healthcare professional see our [Meet the Team](#) page.

For the majority of people with type 2 diabetes, your main care provider will be your GP and practice nurse.



SUPPORTING PEOPLE WITH LONG COVID

A new service was launched in January 2024 to help people in Forth Valley affected by the long-term impact of Covid-19.

The long Covid service provides a range of advice and specialist support to help local people manage their symptoms and improve their overall health and wellbeing. It offers a range of one-to-one clinics and group sessions where people can access support from a wide range of healthcare professionals including a physiotherapist, a psychologist, dieticians, speech and language therapists.

The team can also refer people to other specialist services, if required, for further assessment or support, depending on their individual needs. People can be referred to the service by their GP, practice nurse or other healthcare professionals involved in their care. Advice and support on long Covid can also be found on NHS Forth Valley website.



WELCOMING HEALTHCARE STAFF FROM OVERSEAS

The first two physiotherapists from overseas arrived at Forth Valley Royal Hospital in June 2023, bringing with them a wealth of knowledge and experience.

They have been recruited as part of a Scottish Government initiative to increase international recruitment and support the delivery of health services across Scotland.

The physiotherapists, from India and Sri Lanka, have experience working in Abu Dhabi and Kuwait and each has been assigned an NHS Forth Valley physiotherapist who, along with other team members, are supporting them as they learn all about life in Scotland and working in NHS Forth Valley.

They also join a number of nursing colleagues recruited from overseas over the last two years.





NEW SPECIALIST HEART CLINICS FOR WOMEN PILOTED

A new specialist heart clinic is being piloted at Forth Valley Royal Hospital in a bid to improve treatment of a cardiac condition which mainly affects women.

The clinic aims to improve treatment for patients with a condition called Spontaneous Coronary Artery Dissection (SCAD). Patients with SCAD first present with a heart attack, only later finding out that the cause is a bit different compared with many heart attacks.

SCAD most commonly affects women in their 40s and 50s, though it can occur at any age and also affect men. Those affected are often healthy, fit individuals and may not have the common risk factors for heart disease, such as high blood pressure and cholesterol or diabetes. It is estimated that around 50 people a year in Scotland will experience a heart attack caused by SCAD.

The new clinic is being trialled over a two-year period with the support of a number of leading researchers and clinicians. These include Dr Dave Adlam, a cardiologist and leading UK expert on SCAD, who runs a specialist clinic in Leicester which has previously treated a number of patients from Scotland and Professor Lis Neubeck from Edinburgh Napier University's Centre for Cardiovascular Health, whose research helped illustrate the need for a new SCAD clinic in Scotland.

Dr Anne Scott, a Consultant Cardiologist at Forth Valley Royal Hospital, is running the new monthly SCAD clinics with her colleague Dr Claire Murphy and Dr Dave Adlam for the first year of the pilot. In the second year, Dr Scott and Dr Murphy will run the clinics with ongoing virtual support from Dr Adlam. Professor Neubeck is an expert in cardiac rehabilitation. Prof Neubeck will also be working with rehabilitation teams across Scotland to support improvements in rehabilitation services, informed by research carried out with patients who have suffered SCAD.

QUICKER TESTING FOR HEPATITIS C

A one-year pilot was launched in NHS Forth Valley in a bid to speed up the diagnosis and treatment of Hepatitis C.

The initiative, aimed at harder-to-reach groups, provides finger-prick testing with results and medication available, either on the same or next day, to avoid people having to wait longer for diagnosis and treatment. The pilot is unique in Scotland and is the first joint collaboration with pharmaceutical company Gilead Sciences, who have helped with funding. Harm reduction advice and a supply of clean equipment is also provided.

In the past, due to laboratories being extremely busy, dried blood spot results could take up to six to eight weeks to process which could delay opportunities to engage with local services. There are still around 600 people in the Forth Valley area who may have Hepatitis C and, as needle sharing is becoming more common in certain user groups during the Covid-19 pandemic, these numbers are expected to rise.

As part of wider efforts to encourage testing for those at higher risk of contracting Hepatitis C, peer support workers visit a number of premises, including the Salvation Army and local recovery cafes as well as engaging with local people who are homeless.



SPEEDING UP BREAST CANCER DIAGNOSIS

A new scheme, which aims to speed up the diagnosis of breast cancer was launched in October 2023, in partnership with Cancer Research UK.

The initiative, which is part of a new programme called Test, Evidence, Transition, hopes to enable patients to access treatment as quickly as possible – providing the best chance of tackling the disease successfully. The pilot scheme means patients who contact a GP in Forth Valley after finding a lump in their breast, are now referred directly to a breast assessment clinic at Forth Valley Royal Hospital without the need for an initial GP appointment and subsequent wait for a referral.





MINI X-RAY MACHINES SPEED UP SURGERY

Two advanced mini X-ray imaging machines are now being used in theatres at Forth Valley Royal Hospital to help reduce delays and free up radiographers to see more patients.

The machines, known as Mini C-arms, allow surgeons to take their own X-rays and hone in on specific areas of the body during an operation without the need for a radiographer to be present to set up and operate the X-ray equipment. The machines are specifically designed to X-ray smaller joints, such as wrists, ankles and hands during surgery.

Until recently, radiographers have had to leave their department to manoeuvre heavy X-ray equipment to theatres, assemble the different parts and stay throughout surgery to take any images required by the surgeon. This has led to delays and sometimes resulted in theatre lists having to be re-organised. It has also taken radiography staff away from the Radiology Department for periods of time which has reduced capacity and meant other patients sometimes having to wait longer for X-rays and other scans to be carried out.

The mini C-arms are very versatile and mobile pieces of equipment which make it easier for surgical staff to manoeuvre the equipment into any position they wish to help provide a clearer view of the area being operated on. It also reduces the radiation dose patients receive due to the smaller field of view, and smaller distance between the X-ray tube and detector.

In the past, theatres could require up to four radiographers at the same time to deliver the X-ray service required during surgery. This reduced the number of staff available in the radiology department to provide X-ray services for patients attending the Emergency Department and our assessment units as well as meeting the imaging requirements of patients in wards across the hospital.

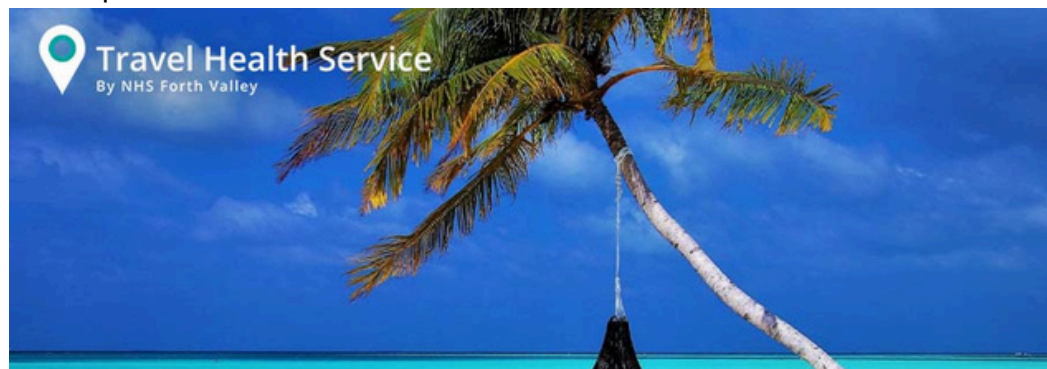
Surgical staff across the hospital have been trained to use the new X-ray equipment which is particularly useful for orthopaedic procedures to review images of the bone and check the positioning of any pins or plates inserted.

NEW TRAVEL HEALTH SERVICE INTRODUCED

A new Travel Health Service has been introduced as part of the Scottish Government's national Vaccine Transformation Programme. This replaces the travel health advice and vaccination service previously provided by local GP Practices. The Service provides a range of free vaccinations as well as certain vaccinations which are available on a private basis.

Based at Falkirk Community Hospital, the new travel health vaccination clinic is run by a team of immunisation nurses with specialist experience in travel health and medicine.

To support the service, a new travel health website has been developed which enables local people to check which vaccinations they require and book a vaccination appointment online. The Service has also been widely promoted via social media and local media to help raise awareness.



SUPPORTING CLINICAL RESEARCH

There was a significant increase in research projects taking place across Forth Valley and the Clinical Research Team is now supporting more than 100 different research trials across a range of areas. These include cancer treatment, cardiology, dementia, neurodegenerative diseases, diabetes, women's health, gastroenterology, mental health, paediatrics and surgery. NHS Forth Valley is the only NHS site in Scotland participating in a UK study to evaluate the use of a urine test which could help detect womb cancer in three hours, reducing the need for more invasive procedures like biopsies.

It was also the first NHS organisation in the UK to recruit participants to a new clinical trial which could help adults with early onset or mild dementia. Using specialist headsets which record EEG brain waves, participants were asked to carry out a variety of tasks and short 'games' to test memory, language, fluency, attention and overall concentration. They also wore a special headband at night to record EEG brain waves and monitor the quality of their sleep over the course of a year.





STATE-OF-THE-ART IMAGING MACHINES INSTALLED

Two new state-of-the-art imaging machines, including one which is the first of its kind in Scotland, were installed at Forth Valley Royal Hospital in February 2024 to help improve the diagnosis and treatment of a wide range of health conditions. The digital machines use the very latest technology to capture and manipulate crystal clear images far quicker than previous imaging equipment. This not only improves the experience for patients, but also increases the number of cases which can be carried out each day. Both machines also deliver lower doses of radiation which is better for patients, especially those who require multiple scans during their treatment.

The new Ultimax-i machine, which has been installed in the fluoroscopy room within the Radiology Department, enables high quality images and videos to be captured using contrast dye. This technology can be used to examine patients experiencing difficulties chewing and swallowing food, which can often happen after a stroke, and assess joints to identify if a patient would benefit from a hip or knee replacement. It can also be used to help position catheters and PICC lines (thin, flexible tubes which can be used to carry fluids in or out of the body, including antibiotics and chemotherapy drugs) and guide needles to inject local anaesthetic into joints. In addition, it can be used to insert stents to treat patients with a range of cancers, including bowel, stomach, gallbladder and liver cancer and supports a wide range of investigation carried out by the Endoscopy Department.

The Interventional Room within the Radiology Department has also been upgraded with the installation of a new Alphenix Sky+ system. This is the first of its kind to be installed in Scotland and has the unique ability to fully rotate from either side of the patient table, capturing images from every angle. The machine is used to carry out a range of complex procedures and scans including inserting small metal coils into veins or arteries to cut off the blood supply to cancerous tumours and place stents which can then be expanded to help clear blockages and maintain blood flow. These minimally invasive techniques can be used to treat a wide range of patients including those with heart, renal and prostate conditions which previously would have required major surgery. It can also be used to carry out investigations for women experiencing fertility issues and treat uterine fibroids, avoiding the need for more invasive procedures or surgery. Both rooms are used by the Cardiology Team to insert cardiac pacemakers and defibrillators on a day case basis which avoids the need for patients to go to theatre.



IMPROVING OUTCOMES AFTER A STROKE

A new service, which aims to further improve outcomes for certain stroke patients who have experienced a blood clot in their brain, has been introduced in NHS Forth Valley.

The thrombectomy service, which is being delivered in partnership with stroke specialists at Edinburgh Royal Infirmary (ERI), involves using a specially designed clot retrieving device, to help restore blood flow to the brain. The device can remove blood clots that may be too big to be broken down by clot-busting drugs and can also be used in patients who are unable to take these drugs.

Prior to the development of the new thrombectomy service, clot busting drugs were the only treatment available for patients who had experienced a stroke. However, thrombectomy is a major clinical development which has the potential to save lives and significantly improve outcomes.

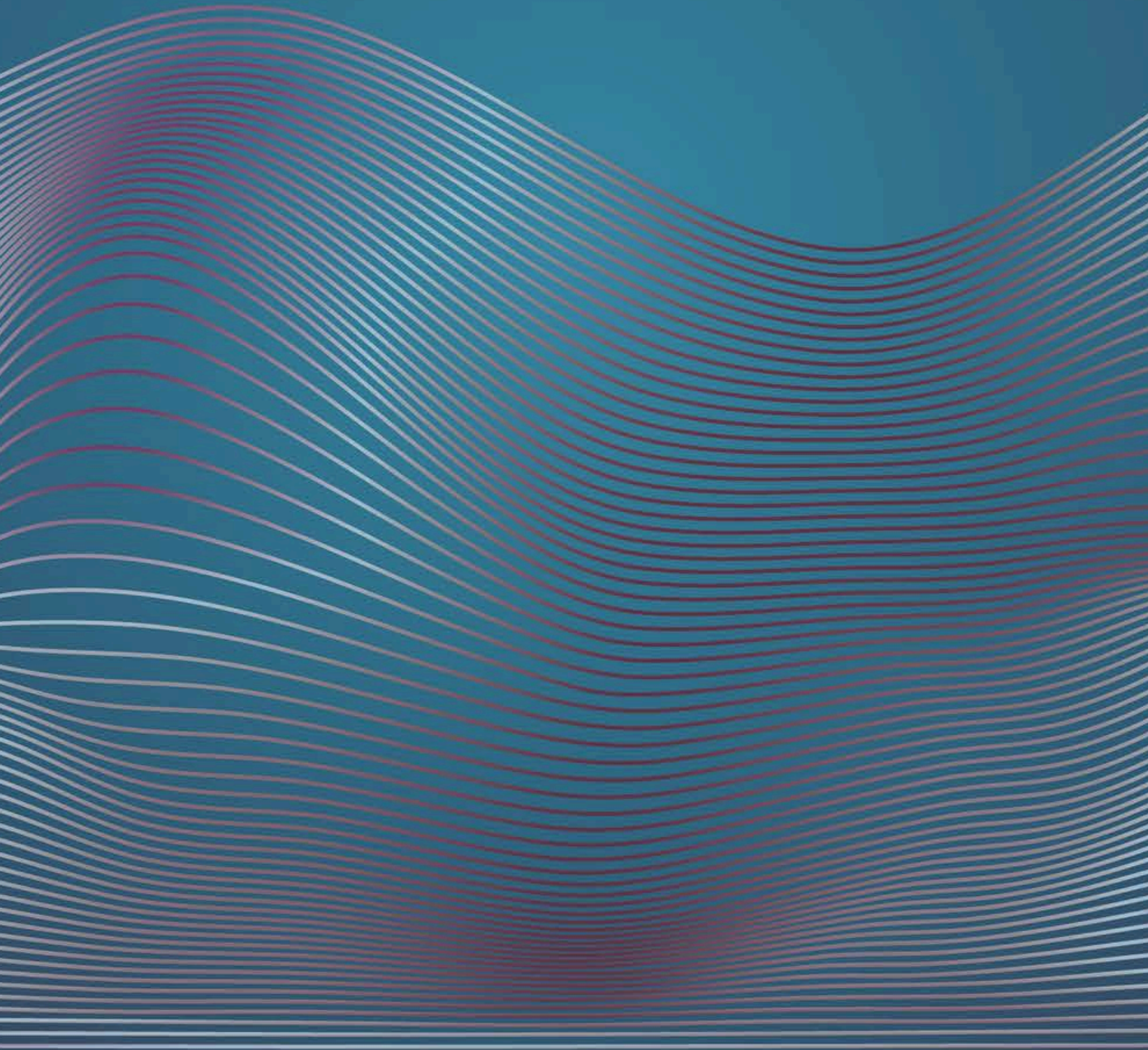
Because of the highly specialist nature of the procedure, the service operates as a hub and spoke model and Forth Valley Royal Hospital is the first spoke hospital outside of the Lothian area to offer the procedure.

Under the new arrangements, patients who have experienced a stroke will now undergo a CT scan to see if there is evidence of a significant blood clot in their head or neck which is blocking blood flow to parts of their brain (also known as an ischaemic stroke). If this is identified, and they are suitable for the procedure, they are then transferred to Edinburgh to undergo a thrombectomy in the hospital's specialist cath lab.

After treatment, patients are either transferred back to Forth Valley Royal Hospital for ongoing care or rehabilitation, if required, or directly discharged home from Edinburgh Royal Infirmary.

It is estimated that around 30 – 40 patients from the Forth Valley area may be suitable for this procedure, which is most effective when performed within six hours after stroke symptoms begin. This number is also expected to rise over the coming years.

GOING GREEN



TACKLING CLIMATE CHANGE

The Scottish Government's Climate Emergency and Sustainability Strategy for NHS Scotland (2022-2026) sets out the actions needed for NHS Scotland to be a net-zero health service by 2040 with a focus on sustainable buildings and land, travel, goods and services, care and communities.

Although this is a challenging target, good progress is being made locally with a 36% reduction in carbon emissions compared with the 2014/15 baseline.

A wide range of work is underway across the organisation to help create more sustainable health services, reduce energy use and prevent waste. Achieving these goals will require changes to the way healthcare services and facilities are designed and delivered. However, there is a real commitment to build on the great work that has already been done, scale up activity and harness the energy and enthusiasm of local staff, patients and visitors to help deliver the changes required.

It's also important to recognise that many of the actions needed to respond to the climate emergency also have positive impacts on health. For example, cutting emissions and restoring biodiversity improves air quality and can reduce the incidence of asthma, heart attacks and stroke. NHS Forth Valley has developed a Sustainability Strategy and is providing annual updates on progress against key national targets.

Other successes include:

- Securing £2m of funding from the Green Public Sector Estate De-Carbonisation Scheme to improve the energy efficiency of 13 GP Practice premises across Forth Valley. This is being used to install more thermally efficient glazing, solar roof panels, insulation, LED lighting and electric boilers as well as digitally controlled heating and cooling systems. These improvements will not only reduce emissions, but will also deliver financial savings and generate income from the solar panels.

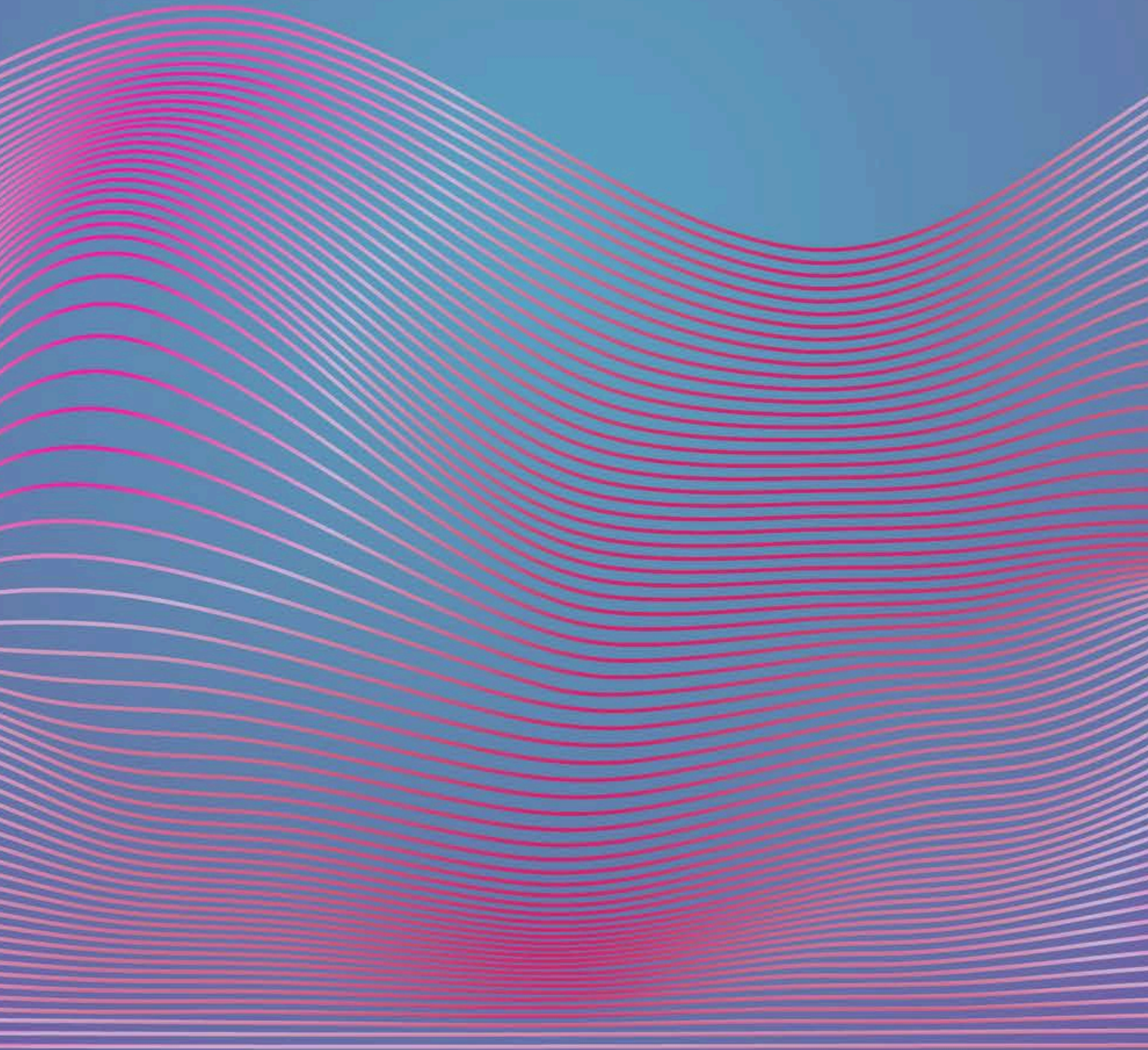




- Progress continues to switch to electric vehicles and remove all petrol and diesel fuelled cars from our fleet by 2025. The majority of the NHS Forth Valley fleet is now 100% electric and the remaining fleet vehicles will be replaced with electric alternatives when they reach their replacement dates.
- Electric charging points have been installed in local hospital and health centre car parks for staff, patients and visitors and support is available to help staff switch to more sustainable ways of travelling including access to electric bikes and bike maintenance schemes.
- The Green Theatres Project, led by theatre staff at Forth Valley Royal Hospital, has resulted in changes to how surgery is carried out and reduced environmental impacts. Work has also been undertaken by the team to reduce use of anaesthetic gases and inhaler propellants that contribute to the carbon footprint.
- More green space is being introduced around local hospitals and healthcare centres to help increase biodiversity, cut emissions and improve health and wellbeing. This includes a number of initiatives at Stirling Health and Care Village and Forth Valley Royal Hospital to create more green spaces and areas for staff, patients and visitors to spend time in the fresh air.
- Packaging waste is being reduced along with efforts to increase the use of reusable equipment, reduce food waste from patient meals and reduce single-use products.



CELEBRATING SUCCESS





The six winners of the 2023 NHS Forth Valley's Staff Awards were unveiled at an awards ceremony which took place at Stirling Court Hotel on the evening of Wednesday 15th November 2023.

The Awards highlight the hard work, care and commitment of local staff across the organisation and provide an opportunity for colleagues, patients and members of the public to say thanks and show their appreciation.

Eighteen finalists were selected from more than 800 nominations put forward by local staff, patients and their families along with a Chair's Award which is presented to an individual who has demonstrated NHS Forth Valley's values in their day-to-day work over the last year.

In addition, as 2023 marked the 75th anniversary of NHS Scotland, two additional special awards were made to individuals or teams who demonstrated outstanding care and commitment in the delivery of NHS care. These were presented to Susan McRobbie, a district nurse in Callander, for her kindness and compassion in caring for a patient who had lived his life outdoors in a makeshift home and wanted to spend his last days there when he became terminally ill.

The other NHS 75th Anniversary Award went to Ward A31 at Forth Valley Royal Hospital, which also received multiple nominations from local patients and their families. Staff were praised, not only for their outstanding care, but also for the support they provided to local families to help keep their spirits up at a difficult time.

TOP TEAMS

Ward 4 at Forth Valley Royal Hospital was named the winner of the Top Team Award at the 2023 Scottish Health Awards.

The Team was praised for their work with dementia patients who require high levels of care as this requires exceptional levels of complexity and skills to manage both physical and mental health conditions.

Staff strive to improve patients' quality of life and are working to achieve even bigger goals by transforming the ward to further improve the experience of local patients.



NHS Forth Valley's Audiology Team also won the British Academy of Audiology (BAA) Audiology Team of the Year Award. This prestigious prize is awarded to a team that has worked together to improve the quality of audiology services in their area, showing innovative and original ideas.

In NHS Forth Valley, a wide range of work has been taken forward across audiology services to reduce waiting times, improve communication and support local patients and their families. This has included the development of advanced practice roles to help reduce waiting times, the introduction of dedicated professional development sessions and additional training for staff to enable them to take on new roles and responsibilities.

Several members of the team are also undertaking additional advanced professional qualifications and leadership programmes to further enhance their skills and experience.



ROYAL RECOGNITION

A nurse from Larbert was among a group of 24 community nurses and midwives to receive the prestigious title of Queen's Nurse.

Chloe Richardson, a Community Learning Disability Charge Nurse, was selected to take part in a nine-month development programme run by the Queen's Nursing Institute Scotland (QNIS).

After completing the programme successfully, Chloe was awarded the Queen's Nurse title along with 23 other community nurses and midwives at a ceremony in Edinburgh on 24th November 2024.



Queen's Nursing in Scotland dates back to the late 19th century, when nurses completed specific training which allowed them to work as district nurses. They provided healthcare services and support to people in their own homes and became well respected figures within their community.

RISK MANAGEMENT ACHIEVEMENT

Vicky Webb, a Risk Management Advisor, won the Newcomer of the Year Award at the Continuity Assurance and Risk (CIR) Management Awards.

These awards celebrate excellence in the field of risk management and aim to recognise the best people, products, programmes and achievements across the sector.



DIGITAL SUCCESS

Nicola Riddell, NHS Forth Valley's eRoster Manager was shortlisted in the Digital Leader of the Year category in the HSJ Digital Awards for 2023 for her work to develop and implement a new digital eRostering system.

This is designed to move away from the previous manual allocation of shifts and make it easier for managers to ensure the right members of staff are working in the right place at the right time, bringing benefits to patient care and increasing patient safety.



SCIENTIFIC STAR

A trainee Biomedical Scientist at Forth Valley Royal Hospital was awarded the Rising Star Award in the Scottish Government's Chief Scientific Officer National Awards for 2024.

The Rising Star Award aims to recognise individuals who are in their early career and who have shown initiative, skill and commitment.

Laura Green works in the Pathology Department at Forth Valley Royal Hospital, where she was initially employed as a Medical Laboratory Assistant before progressing to an Associate Practitioner and then to a Trainee Biomedical Scientist.

During this time, she completed two degrees, one in Material Science and then another in Biomedical Science in which she achieved first-class honours. Laura also undertook top up modules to enable her to become a HCPC registered Biomedical Scientist, all whilst working full time in the Pathology Department.



TALENTED TECHNICIANS

Three trainee technicians in our Area Services Decontamination Unit (ASDU) received their Technical Certificates after completing a programme run by the Institution of Decontamination Sciences - the professional body for decontamination services.

The programme is designed to introduce trainee technicians to best practice in decontamination services, in line with national policy and guidance.

Achieving this certificate is part of a rigorous training programme, combined with competency training and continuous professional development opportunities.

The three trainees are now working towards finishing their inhouse training and becoming fully trained technicians.



AMAZING NURSES

Nursing staff from across NHS Forth Valley were recognised for their incredible care, leadership, support and innovation at the inaugural RCN Scotland Nurse of the Year Awards 2023 – scooping two overall winners and five runners up awards.

Laura McCann, Community Learning Disability Nurse and Senior Charge Nurse, who works with the Falkirk Learning Disability Team, won the Learning Disability Nursing Award.

Janet Wilson, a Nursing Assistant, who works at Loch View in Larbert, won the Nursing Support Worker of the Year Award and Alison O'Neill, a Support Worker and Nursing Assistant with the Infant, Child and Adolescent Mental Health team at Stirling Health and Care Village received the runner up award in this category.

Unit 5 at Falkirk Community Hospital was also the runner up in the Nursing Team of the Year Award for their efforts to support and increase the range of activities for patients with dementia and prolonged delirium.



UNIVERSITY HONOURS

Three senior healthcare staff were recognised by the University of Stirling for their contribution to the development of new training programmes, research and innovation.

NHS Forth Valley's Director of Allied Health Professions, Pauline Beirne was appointed as an Honorary Professor for her work to develop new training programmes for Allied Health Professionals at the University.

Juliette Murray, a Breast Surgeon and Deputy Medical Director for Acute Services, was also appointed as an Honorary Professor for her contribution to the University's Faculty of Health and Sport. Juliette is currently working on a range of projects with the University including a new initiative, funded by Cancer Research UK, which aims to speed up the diagnosis and treatment of breast cancer. She is also closely involved in the development of a number of Advanced Practice training courses for healthcare staff at the University, including a new course for Surgical Care Practitioners.

Susan Bishop, Head of Efficiency, Improvement and Innovation, was appointed as an Associate Professor for her work to develop the new Forth Valley University College NHS Partnership. This unique partnership between NHS Forth Valley, the University of Stirling and Forth Valley College aims to deliver new learning and development opportunities for students and staff, drive forward world-class research and innovation and improve patient care and treatment.



OUTSTANDING CARE FOR WOMEN & CHILDREN

A number of staff from across our Women and Children's Unit received awards in recognition of their outstanding care, commitment and expertise. These included Healthcare Support Worker of the Year, Staff Nurse of the Year and the Gillian McMillan Inspirational Midwife of the Year Award.

The number of nominations for these awards increased again in 2023 which is testament to the hard work and expertise of local staff.



POSITIVE FEEDBACK FROM TRAINEE DOCTORS

NHS Forth Valley has emerged as one of the best places to be in Scotland for trainee doctors, with the following six departments in the top 2% – anaesthetics, clinical radiology, general surgery, obstetrics and gynaecology, ophthalmology and paediatrics.

The details were revealed in the Scotland Deanery Director of Medical Education Report following a national trainee survey. The survey is anonymously submitted by trainee doctors to rate training posts and is produced every year to highlight the trainee doctors' perception of the quality of their training. Feedback was sought on a range of areas including the supportive environment, teamwork, educational governance, handovers and overall satisfaction.

A large number of clinical staff across NHS Forth Valley contributed to this success, demonstrating that quality training can be delivered within busy services. There were also high markings for trainees in several local GP practices including Polmont Park Medical Group and Forth View Practice in Bo'ness.

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Scotland Deanery

We are the Scotland Deanery, working in partnership with Health Boards and GP Surgeries to train doctors and dentists to be the senior clinicians we need to treat Scotland's people in the future. Our job is to ensure that these doctors and dentists in training are given the right opportunities and experience to equip them to be highly effective and capable practitioners delivering the best care possible.

[Find out more](#)



More than 250 staff with a total of 6730 years of service between them have received Long Service Awards from NHS Forth Valley. They include NHS Forth Valley pharmacy technician Helen McCabe, who notched up an incredible half a century of NHS service.

Helen witnessed many changes and innovations during her 50 year career - from filling pharmacy boxes and pre-packing tablets and liquids to the creation of a new pharmacy department, electronic prescribing and robotic dispensing at Forth Valley Royal Hospital.

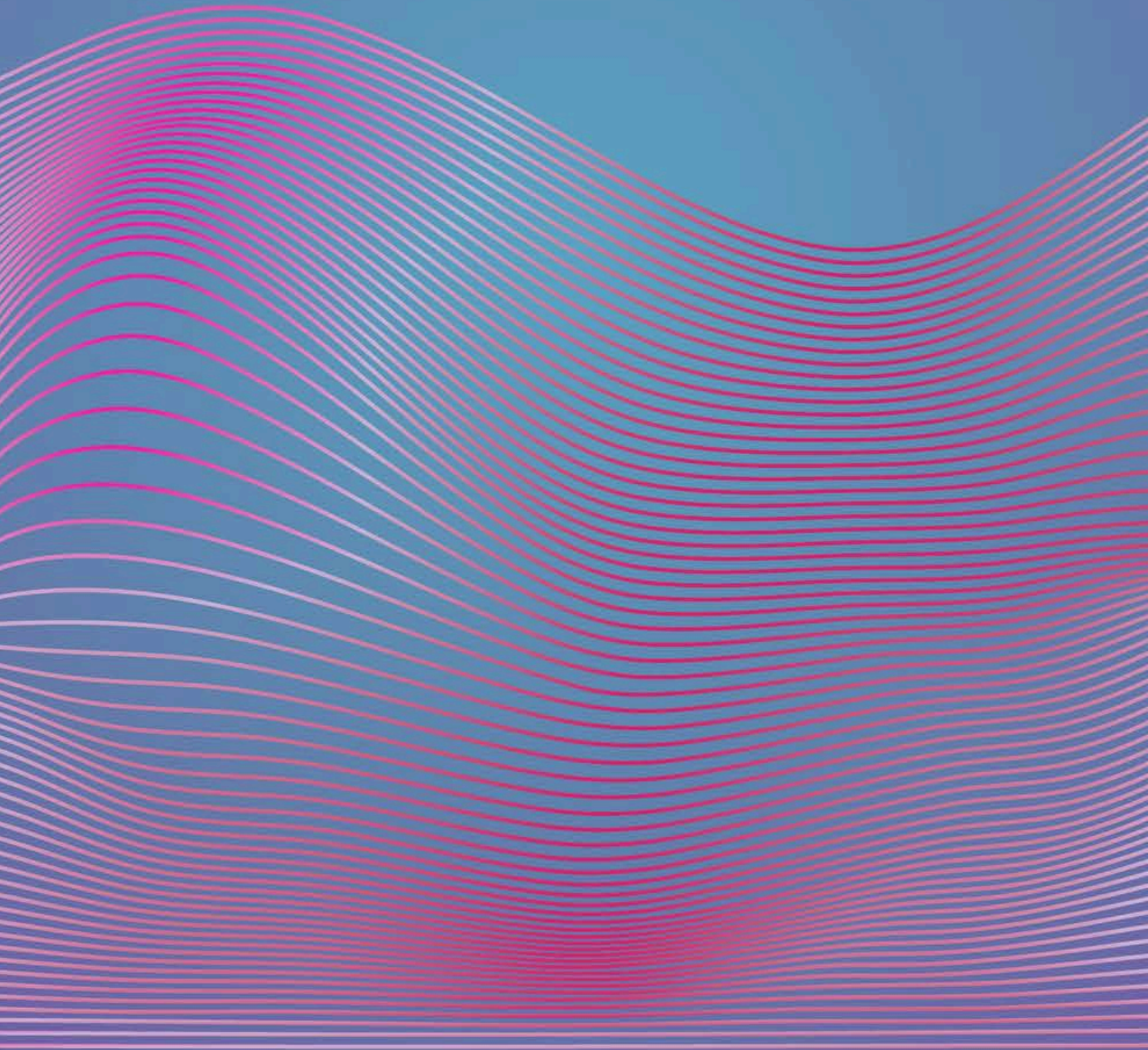
Helen joined the Pharmacy Department at the former Stirling Royal Infirmary in 1972 and gained a number of qualifications and promotions during her long service. She described working in the NHS as a vocation and was delighted to be able to reach the half century milestone.

Two special award ceremonies were held at Forth Valley Royal Hospital in May 2023 to present staff with a specially designed pin badge and award certificate.

The NHS Forth Valley long service awards were last presented in January 2020 and were paused during the Covid-19 pandemic. This meant that this year staff who had achieved 20, 30, 40 or 50 years' service during the previous three years were eligible to receive an award.

Of those receiving awards, 118 celebrated 20 years' service, 104 had served 30 years, 30 had achieved 40 years' service and one member of staff received an award for 50 years service. The majority of recipients had a nursing or midwifery background however staff from all areas were recognised for their long service, including medical, administration, support services and allied health professionals.

PERFORMANCE



61%

of patients waited less than 12 weeks from referral to a first outpatient appointment

(Scotland 40%)

March 2024

72%

of patients waited less than six weeks for one or more of the eight key diagnostic tests

(Scotland 48%)

March 2024

73%

of patients started treatment within 18 weeks of being referred for psychological therapy

(Target 90%)

March 2024

78%

of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment

(Target 95% - Scotland 70%)

Quarter ending March 2024

97%

of patients waited less than 31 days from decision to treat to first cancer treatment

(Target 95% - Scotland 94%)

Quarter ending March 2024

95%

of Child & Adolescent Mental Health Services (CAMHS) patients started treatment within 18 weeks of referral

(Target 90%)

82%

of people referred for drug or alcohol problems waited no longer than three weeks for specialist treatment

(Target 90%)

66%

of people invited to take part in the Scottish Bowel Screening Programme returned a test kit

(Target 60%)



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