NHS Forth Valley

A meeting of the **Forth Valley NHS Board** will be held on **Tuesday 24 September 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**		**9.30**
2.	**Declaration(s) of Interest(s)**		
3.	**Minute of Forth Valley NHS Board meeting held on 30 July 2024**	For Ratification	
4.	**Matters Arising from the Minute / Action Log**	For Approval	**9.35**
5.	**Chair's Report** (Verbal update by Mrs Neena Mahal, Interim Chair)	For Noting	**9.40**
6.	**Chief Executive's Report** (Verbal update by Ms Amanda Croft, Interim Chief Executive)	For Noting	
7.	**Patient/Staff Story – Organ and Tissue Donation Week** (Paper presented by Professor Frances Dodd, Executive Nursing Director)	For Assurance	**9.55**
8. COMMITTEE MINUTES AND **AN OPPORTUNITY FOR COMMITTEE CHAIRS TO HIGHLIGHT** **MATERIAL ISSUES TO THE BOARD**			
Governance Committee Minutes			**10.10**
8.1	**Clinical Governance Committee – 9 July 2024** (Paper presented by Dr Michele McClung, Committee Chair)	For Noting	
8.2	**Escalation Performance & Resources Committee – 14 August 2024** (Paper presented by Mr Martin Fairbairn, Committee Chair)	For Noting	
8.3	**Performance & Resources Committee – 27 August 2024** (Paper presented by Mr Martin Fairbairn, Committee Chair)	For Noting	
8.4	**Staff Governance Committee – 29 July 2024** (Paper presented by Mr Allan Rennie, Committee Chair)	For Noting	
Advisory Committee Minutes			
8.5	**Area Clinical Forum – 18 July 2024** (Paper presented by Mrs Kirstin Cassells, ACF Chair)	For Noting	
8.6	**Area Partnership Forum Minute: 23 July 2024** (Paper presented by Mr Robert Clark, APF Co-Chair)	For Noting	

	INTEGRATION JOINT BOARD MINUTES		
9.	**Clackmannanshire & Stirling Integration Joint Board - 19/06/2024** (Paper presented by Mr Allan Rennie, Clackmannanshire & Stirling Integration Joint Board Vice-Chair)	For Noting	
	STRATEGY AND PERFORMANCE UPDATES		
10.	**Update on Level 4 Escalation** (Paper presented by Ms Amanda Croft, Interim Chief Executive and Ms Neena Mahal, Chair)	For Assurance	**10.25**
11.	**Governance Report** (Paper presented by Mr Jack Frawley, Board Secretary)	For Approval	**10.35**
12.	**Realistic Medicine and Value Based Health and Care Update** (Paper presented by Mr Andrew Murray, Medical Director)	For Noting	**10.45**
13.	**Anchor Work and Community Planning Partnership Update** (Paper presented by Dr Jennifer Champion, Acting Director of Public Health)	For Assurance	**11.05**
	BREAK		**11.20**
14.	**Update on Safety:** **(a) Update on Safety Collaborative** **(b) Health and Care Staffing Act** (Papers presented by Professor Frances Dodd, Executive Nursing Director)	For Assurance	**11.30**
15.	**Finance Report** **(a) Finance Report** **(b) 15-point Grid Self Assessment** (Papers presented by Mr Scott Urquhart, Director of Finance)	For Assurance	**11.50**
16.	**Performance Report** **(a) Urgent and Unscheduled Care Update and Delayed Discharge** (Paper presented by Mr Garry Fraser, Director of Acute Services; Mr David Williams, Interim Chief Officer, Clackmannanshire & Stirling HSCP; Ms Gail Woodcock, Chief Officer Falkirk HSCP) **(b) Performance Report** (Paper presented by Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance)	For Assurance	**12.10**
17.	**Healthcare Associated Infection (HAI) Reporting Template August 2024** (Paper presented by Mr Jonathan Horwood, Area Infection Control Manager)	For Assurance	**12.35**
18.	**Whistleblowing Standards and Activity Report** (Paper presented by Professor Frances Dodd, Executive Nursing Director)	For Assurance	**12.45**
19.	**Climate Emergency & Sustainability Strategy and Action Plan 2023-2026** (Paper presented by Mrs Morag Farquhar, Director of Facilities)	For Assurance	**12.55**

20. ANY OTHER COMPETENT BUSINESS			**13.10**
21. RISKS AND REFLECTIONS			**13.15**
22.	**Date and Time of Next Meeting** Tuesday 26 November, 9.30am	For Noting	

FORTH VALLEY NHS BOARD
Tuesday 24 September 2024

3. Minute of the Forth Valley NHS Board Meeting held on Tuesday 30 July 2024
For Ratification

___

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

Present:	Ms Neena Mahal (Interim Chair)
	Mrs Kirstin Cassells (Non-Executive Director)
	Mr Robert Clark (Non-Executive Director)
	Cllr Fiona Collie (Non-Executive Director)
	Ms Amanda Croft (Interim Chief Executive)
	Professor Frances Dodd (Executive Nurse Director) until Item 14
	Mr Martin Fairbairn (Non-Executive Director)
	Mr Gordon Johnston (Non-Executive Director)
	Mr Stephen McAllister (Non-Executive Director)
	Dr Michele McClung (Non-Executive Director)
	Cllr Gerry McGarvey (Non-Executive Director)
	Mr Andrew Murray (Medical Director)
	Mr Allan Rennie (Non-Executive Director)
	Mr John Stuart (Non-Executive Director)
In Attendance:	Mrs Elsbeth Campbell (Head of Communications)
	Dr Jennifer Champion (Acting Director of Public Health)
	Ms Morag Farquhar (Director of Facilities)
	Mr Chris Flanigan (Contracts Manager) Item 26
	Mr Garry Fraser (Director of Acute Services)
	Ms Janette Fraser (Head of Planning) Item 13
	Mr Jack Frawley (Board Secretary)
	Mr Jonathan Horwood (Area Infection Control Manager) Item 18
	Mr Scott Jaffray (Director of Digital)
	Ms Kerry Mackenzie (Head of Corporate Governance)
	Ms Jackie McEwan (Corporate Business Manager)
	Mr Kevin Reith (Interim Director of Human Resources)
	Ms Jo Toland (Programme Director, Culture Change & Compassionate Leadership) Item 15
	Ms Jillian Thomson (Deputy Director of Finance)
	Mr David Williams (Interim Chief Officer, Clackmannanshire & Stirling HSCP)
	Ms Gail Woodcock (Chief Officer, Falkirk HSCP)

___

1. **Welcome, Apologies for Absence and Confirmation of Quorum**

   The Chair welcomed all present to the meeting and introduced Jack Frawley to the Board as the newly appointed Board Secretary. The Chair led the Board in paying tribute to Mr John Ratcliffe for his service to the Board as Interim Board Secretary and expressed her thanks to John for his work.

Apologies were intimated on behalf of Councillor Wendy Hamilton and Mr Scott Urquhart. The Board meeting was quorate.

2.   Declarations of Interest

There were no declarations of interest.

3.   Minute of Forth Valley NHS Board Meeting held on Tuesday 28 May 2024

Decision
The minute of the meeting held on 28 May 2024, subject to previous electronic circulation and Board member approval, was confirmed as a correct record.

4.   Matters Arising from the Minute / Action Log

The action log was reviewed, and consideration given to in progress actions as follows:-

015 – Population Health & Care Strategy Revised Timeline – Mr Murray advised the Board that the steering group continued to make progress and that work had been undertaken with partners to build up an understanding of what the strategy would look like.

020 – Chief Executive's Report (Review of Integration Schemes) – this item would be included in the Chief Executive's verbal update later in the meeting.

021 – Strategic Risk Register – this item would remain on the action log.

024 – Patient Story (Learning to be considered by Clinical Governance Committee) – the Chair sought clarity on whether this action was in progress or complete. Professor Dodd confirmed the action could be marked complete as she anticipated that a report would be considered at the next meeting of the Clinical Governance Committee.

031 – Person Centred Care Report – Professor Dodd confirmed that the additional information which had been requested would be included in the September report to the Board.

033 – Whistleblowing Standards and Activity Report – Professor Dodd advised that the Service was currently waiting to hear back from INWO.

035 – Finance Report including Financial Sustainability – the Chair noted that this action was now complete as the requested briefing session had been arranged and would take place on 27 August 2024.

An update was sought on the position with contingency beds. Ms Croft advised that information would be provided through the consideration of the items on Urgent and Unscheduled Care Action Plan (agenda item 16) and Finance Report Including Financial Sustainability (agenda item 20).

Decision
The Forth Valley NHS Board noted the Action Log.

5. Chair's Report – Verbal Update by Ms Neena Mahal

5.1 The Chair advised that there had been a briefing meeting with local MSPs and MPs which had covered topics including escalation and unscheduled care. The next meeting would take place in October and include Mr McGuffie once he had taken up post as Chief Executive from 1 October 2024.

5.2 The Chair advised that the Assurance Board had met on 27 June and 10 July 2024 with a further meeting to take place in September. This would be covered in more detail under Item 11 on the agenda.

5.3 The Chair had visited the Cowie GP Practice and discussed Primary Care Sustainability. She noted that this had been an informative visit and that the topic was to be scheduled for future consideration by the Board as an area of higher risk on the Strategic Risk Register. A visit had also been undertaken to Pharmacy to hear about the efficiencies which would be generated through the installation of the new robot. She also had the opportunity to meet with colleagues working across the Community and Acute site and hear about their achievements and challenges.

At a meeting with the Principal of Forth Valley College the opportunities for further partnership working had been looked at. The Chair thanked all those who had contributed to the visit by the Director-General Health & Social Care, Caroline Lamb and noted that there had been great value in the visit to the Bellfield Centre and the opportunity for MS Lamb to meet with a wide range of staff.

5.4 The Chair intimated that the launch of NHS Forth Valley's Safer Together Collaborative would take place on 22 August 2024 to which Board members were invited. This was a 15-month whole system, local safety improvement collaborative, which aimed to bring focussed learning, support and pace to the safety improvement work.

Decision
The Forth Valley NHS Board noted the update from the Interim Chair.

6. Chief Executive's Report – Verbal Update by Ms Amanda Croft

6.1 The Chief Executive provided an update on recent meetings with Scottish Government, including with John Burns, Chief Operating Officer to discuss local and national delivery plans.

6.2 Progress had been made on the review of the Integration Schemes and there had been a meeting of the Chief Executives of the Local Authorities on 29 July. A facilitator had been appointed to oversee the work on a Forth Valley basis and she was tasked with producing a new timeline for conclusion of the review. Ms Thomson was NHS Forth Valley's representative on the working group. The Chief Executives would meet again in a few weeks' time when a draft of the scheme was available.

6.3 The most recent Executive Team Update had been made available to all staff and had generated positive feedback. There were also upcoming online Question & Answer sessions scheduled for staff with the Executive Team. A finance session had been held and sessions on whole system and the culture change programme would follow in August and September.

The Employee Director, Mr Clark, noted that the feedback he had received from staff was that they really appreciated the videos included in the Executive Team Update.

Further information was sought on the engagement process for the Integration Schemes. Ms Croft noted that stakeholder engagement was in the plan and that dates for this work would be available soon. Engagement would include the Board, Councillors and other parties. There would be an opportunity to give comment and ask questions. A question was then asked about the timeline for the Integration Schemes. Ms Croft noted that the aim had been to obtain Parliamentary approval in November and key dates had been planned back from that. The timescale had slipped so the facilitator required to revise the dates and ensure the right milestones were achieved including engagement.

Decision
The Forth Valley NHS Board:-

(1)   noted the update from the Interim Chief Executive, and
(2)   requested an update report to the September Board meeting which set   **(2) A. Croft**
out the Integration Scheme Review timeline and process.

7.   **Person Centred Care Week Summary**

The Forth Valley NHS Board heard an update on Person Centred Week, presented by Professor Dodd, Executive Nurse Director and received a video presentation from Ms Eilidh Gallagher, Head of Person Centred Care and Ms Jo Tolland, Programme Director. Professor Dodd advised that the Executive Leadership Team had approved the Step in my Shoes programme and consideration was being given to how to mainstream the programme across the organisation. Person Centred Care Week had run from 3 to 7 June 2024 with a programme of activities to support patients and staff to articulate what mattered to them. The report detailed 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 these elements, aligned with the wider cultural development across Forth Valley.

Members sought further information in relation to the Child Friendly Complaints approach. Professor Dodd advised that the Child Friendly Complaints approach had been adopted as of July 2024. The Service had talked with young people and their parents/guardians. The views of children and young people would continue to be sought and an emerging theme was that advocacy was important. Further work would be undertaken as this was a new area to the Service. Professor Dodd gave an undertaking to provide further information in future reports.

The Board asked for more detail on the outputs generated from the CollaboRATE questionnaire and What Matters To You. A thematic analysis was being undertaken and would feed into a report to the Clinical Governance committee. The findings would then be articulated into an improvement plan.

A question was asked relating to how the progress of volunteers was monitored and what recognition was in place for their contribution. The Chair advised that a Volunteer Strategy would be submitted to the Board and that assurance would be provided through the Staff Governance Committee. Professor Dodd noted that the Volunteer Strategy would be subject to consultation with Third Sector Organisations and would include how to best provide support. The timeline for the strategy coming to the Board was expected to be by the end of the year with it being presented to Staff Governance Committee in advance of Board consideration.

The Chair noted that a Board seminar on Realistic Medicine had been postponed and requested a report back to the Board on this topic including a tie in with Value Based Healthcare

Decision
The Forth Valley NHS Board:-

(1)   **noted the activity and took assurance that regular detailed updates would be provided to the Clinical Governance Committee with highlights provided to the Board;**

(2)   **requested that information on Child Friendly complaints should be circulated to Board Members;**   **(2) F. Dodd**

(3)   **requested that a report on Realistic Medicine, including the connections with Value Based Healthcare, was presented to a future meeting, and**   **(3) A. Murray**

(4)   **noted that a Volunteer Strategy would be submitted to a future meeting after consideration by the Staff Governance Committee.**

Proposed Assurance Level
The report proposed an assurance level of 'reasonable'. The Forth Valley NHS Board approved the rating of reasonable assurance.

8.   **Strategic Risk Register Update**

The Forth Valley NHS Board considered the Strategic Risk Register Update, presented by Ms Mackenzie, which presented an update to the Strategic Risk Register for the period of April to June 2024. During the reporting period there had been a reduction in three risks: SRR014 – Healthcare Strategy; SRR016 – Out of Hours, and SRR018 – Primary Care Sustainability. The remainder of the strategic risks had remained static. Details on the risks were set out in an appendix to the report.

With reference to Primary Care Sustainability, following a question, it was noted that Ms Judith Proctor had left her role. Ms Woodcock advised that recruitment for an interim successor was at an advanced stage with interviews for the post taking place on 31 July 2024. She noted that this was a key role to drive forward the sustainability of primary care and transformation work. The Chair requested that an update on Primary Care Sustainability be brought back to the Board. She noted that the Governance Committee with responsibility for the oversight of this risk was the Staff Governance Committee.

The Board requested that the full risk description was included in the Summary section of the first appendix to the report to ensure that the specific of the risk was clear without having to cross reference further appendices.

Further information was asked for on the control for the Out of Hours Services risk 'Introduction of rotational GP roles into the OOH service'. Ms Woodcock advised that this work was in progress and that detail on the control could be provided within the Primary Care and Sustainability Update to the Board.

The Forth Valley NHS Board:-

(1)   **noted the assurance provided regarding the effective management and escalation of strategic risks;**

(2)	approved the 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 016 Out of Hours and SRR 018 Primary Care Sustainability as set out in appendix 1 to the report;	
(3)	requested an update on Primary Care and Sustainability for the Board meeting of 26 November 2024;	**(3) & (4) D Williams & G Woodcock.**
(4)	requested that further information on the Introduction of Rotational GP Roles into the OOH services was included in the Primary Care and Sustainability Update to the NHS Board in November, and	
(5)	requested that the full risk description was provided in future in the Risk in Focus section of the Strategic Risk Register Update reports.	**(5) V. Webb**

Proposed Assurance Level

The report proposed an assurance level of 'reasonable'. The Forth Valley NHS Board approved the rating of reasonable assurance.

9. **Committee Minutes**

9.1 **Audit & Risk Committee: 14 June 2024**

The Forth Valley NHS Board received the Audit and Risk Committee Minute of the meeting held on 14 June 2024. The Committee had considered the Annual Accounts for 2023/24 and had endorsed the report which set out a break-even position with no brokerage required. The minute was commended to the Board for noting.

The Forth Valley NHS Board noted the key issues highlighted from the Audit & Risk Committee meeting of 14 June 2024.

9.2 **Clinical Governance Committee: 14 May 2024**

The Forth Valley NHS Board received the Clinical Governance Committee Minute of the meeting held on 14 May 2024. The Committee Chair, Dr McClung advised that the Committee had subsequently met on 9 July and the Committee Vice Chair, Mr Johnston, provided a verbal update on the issues discussed including an update on the Quality Strategy, the Public Protection Report and issues in relation to completion of SAERs. The minute from 14 May was commended to the Board for noting.

Further information was sought on the Deanery visit to Medicine and on Patient Safety Visits. The Interim Board Chair noted that the logistics around Patient Safety Visits were under review and would be subject to consideration by Non-Executive Directors at a separate meeting. Mr Murray advised that the Deanery had visited Medicine. A letter had been received before the Public Audit Committee relating to progress, which continued. Several actions had been closed. The one remaining open action was in relation to unscheduled care and medical oversight. A follow-up visit was scheduled for November 2024.

The Forth Valley NHS Board noted the key issues highlighted from the Clinical Governance Committee meeting of 14 May 2024 and the verbal update on the 9 July meeting.

9.3   Escalation Performance & Resources Committee: 2 April 2024 and 18 June 2024.

The Forth Valley NHS Board received the Escalation Performance & Resources Committee Minutes of meetings held on 2 April and 18 June 2024. The minutes were commended to the Board for noting.

The Forth Valley NHS Board noted the key issues highlighted from the Escalation Performance & Resources Committee meetings of 2 April and 18 June 2024.

9.4   Performance & Resources Committee: 30 April 2024 and 25 June 2024.

The Forth Valley NHS Board received the Performance & Resources Committee Minutes of meetings held on 30 April and 25 June 2024. The Committee Chair, Mr Fairbairn, advised that the Committee had considered an update on urgent and unscheduled care and had agreed that only limited assurance could be provided because it had not been presented with analyses that linked the improvement actions to projected numerical improvements in whole-system improvement. The Committee had been reasonably assured regarding finance. The minutes were commended to the Board for noting.

Regarding the National Treatment Centre, Mr Fairbairn explained that the Committee had agreed a reasonable level of assurance because all the correct controls were operating and regarded as additional assurance that a separate entity, NHS Assure, were deeply involved. It was also the case that the nature of the various contractual arrangements meant that this all needed to be worked through very carefully to ensure that the Board's interests were protected. While all were keen to ensure the facility was opened as soon as possible, it was important to ensure that the final product was right for us and was safe.

The Forth Valley NHS Board noted the key issues highlighted from the Performance & Resources Committee meetings of 30 April and 25 June 2024.

9.5   Staff Governance Committee: 14 June 2024

The Forth Valley NHS Board received the Staff Governance Committee Minute of the meeting held on 14 June 2024. The Committee Chair, Mr Rennie, advised that Primary Care Sustainability risk had limited assurance and for future updates additional detail was requested around the actions and mitigation against the risk. An additional Committee meeting would be held in early August to discuss progress around the ICE Recommendations and Mr Rennie intimated that the Committee would increase its frequency of meetings to 6 a year. The Committee had considered an update on Leadership and Culture. The minute was commended to the Board for noting.

The Board asked for more information on sickness absence and the Ability Passport. The Chair advised that more information could be provided during consideration of the Performance Report.

The Forth Valley NHS Board noted the key issues highlighted from the Staff Governance Committee meeting of 14 June 2024.

Advisory Committee Minutes

9.6 Area Clinical Forum (ACF): 23 May 2024

The Forth Valley NHS Board received the Area Clinical Forum Minute of the meeting held on 23 May 2024. The Forum Chair, Mrs Kirstin Cassells advised that wider representation on the ACF was being progressed. The minute was commended to the Board for noting.

The Forth Valley NHS Board noted the key issues highlighted from the Area Clinical Forum meeting of 23 May 2024.

9.7 Area Partnership Forum: 21 May 2024 and 18 June 2024

The Forth Valley NHS Board received the Area Partnership Forum Minutes of meetings held on 21 May and 18 June 2024. The Committee Chair, Mr Clark, Employee Director, advised that the Forum had met monthly to consider non-financial aspects of pay award implementation. Further guidance was sought from Scottish Government on Protected Learning Time. The minutes were commended to the Board for noting.

The Forth Valley NHS Board noted the key issues highlighted from the Area Partnership Forum meetings of 21 May and 18 June 2024.

10. Integration Joint Board Minutes

10.1 Clackmannanshire & Stirling Integration Joint Board: 27 March 2024

The Forth Valley NHS Board received the Clackmannanshire & Stirling Integration Joint Board Minute of the meeting held on 27 March 2024.

The Forth Valley NHS Board noted the Minute of meeting of the Clackmannanshire & Stirling Integration Joint Board held on 27 March 2024.

10.2 Falkirk Integration Joint Board: 22 March 2024

The Forth Valley NHS Board received the Falkirk Integration Joint Board Minute of the meeting held on 22 March 2024.

The Forth Valley NHS Board noted the Minute of meeting of the Falkirk Integration Joint Board held on 22 March 2024.

Strategy and Performance Updates

11. Update on Level 4 Escalation and Updated Assurance and Improvement Plan

The Forth Valley NHS Board considered the 'Update on Level 4 Escalation', presented by Ms Croft, Interim Chief Executive and Ms Mahal, Interim Board Chair.

Ms Croft advised Board Members that a comprehensive review of the full Assurance and Improvement Plan had been 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.

The Escalation Performance & Resources Committee had reviewed the Plan at its meeting on 18 June 2024 and had indicated it was content with the proposed status descriptors, the status of actions and the actions transitioned to the updated Assurance and Improvement Plan.

The updated Assurance and Improvement Plan was considered at the Assurance Board meeting on 27 June 2024. Following discussion around the status of actions and the evidence of progress a number of additional actions were designated '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.

Specific areas of focus going forward 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.

Ms Mahal intimated that the Assurance Board had also had a separate meeting on 10 July to consider the work taking place on Culture Change.
The Assurance Board had indicated that the Board should clearly articulate what was different in relation to the outstanding areas within the updated plan for its next report and Ms Mahal advised that the next report to the Assurance Board would describe the impact of the work that has been undertaken.

There was a question on what forms of measurement were being used to track actions taken in relation to Culture and how it would be possible to evidence that the dial had been moved in this regard.

In response, it was noted that several measures were being considered including observations from two recent meetings of the Remuneration Committee which had taken place to conduct appraisals. There was clear evidence within the appraisals of meaningful one to ones being held, which had not happened previously. There was also a sea change in the content of appraisals and the work that was taking place within the organisation. The emerging themes and observations were an honest and real snapshot of the temperature in ELT. Members recognised that changing the Culture was an ongoing matter which would not be easily resolved. It was noted that improvements had been helped by having stability and visible leadership on the acute site and within the partnerships.

Ms Croft advised that observations from the Remuneration Committee outputs would be captured anonymously to help describe the cultural change which was underway and that ELT had discussed the most recent i- matter cycle with outcomes being fairly positive. This was data which could be used to evidence the improvements made.
The Chair stated that there were ongoing discussions nationally regarding culture and how to measure this. Sickness absence and qualitative information could also be used.

The Forth Valley NHS Board:

(1)	**noted the status and progress of the Assurance and Improvement Plan;**
(2)	**confirmed it was content with the revised status descriptors and the focus going forward;**
(3)	**agreed the transition of actions 'in progress' to the new Assurance and Improvement Plan and the planned next steps, and**

(4) **approved the revised Assurance and Improvement Plan comprising the actions in progress.**

Proposed Assurance Level
The report proposed an assurance level of 'reasonable'. The Forth Valley NHS Board approved the rating of reasonable assurance.

12. Draft NHS Forth Valley Corporate Objectives 2024-2025

The Forth Valley NHS Board considered a report, presented by Mr Reith, which sought approval of the draft NHS Forth Valley Corporate Objectives 2024-2025. The Corporate Objectives reaffirmed NHS Forth Valley's ambition and purpose as an organisation, setting out the response to key priorities in 2024/2025. They were aligned with the 3-year Delivery Plan which delivered against Planning Priorities detailed in Scottish Government Guidance and provided the link between national and local context. The Board set its Corporate Objectives annually to provide direction for staff whilst promoting action towards goal-related activities and behaviours that aligned with its values.

The Chair asked about timing of the reporting to the Board in the following year. Mr Reith noted that going forward the objectives would be presented to the Board by May 2025 and then cascade through to objective setting for Executives and the whole leadership team.

The Forth Valley NHS Board:-

(1) **approved the NHS Forth Valley Corporate Objectives for 2024/25, and**
(2) **noted the timeline for presentation of the corporate objectives for 2025/26.**

13. NHS Forth Valley Delivery Plan 2024-2025

The Forth Valley NHS Board considered a report, presented by Ms Fraser, which sought approval of the Delivery Plan 2024/25. The Delivery Plan 2024/25 outlined the key actions which 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.

Previously, 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 also prepared. This year, a Three-Year Delivery Plan was required with detailed focus on year one (2024/25). Progress with delivery would be reported to the Performance & Resources Committee.

The Board asked if the Scottish Government had finalised the format and frequency of reporting and the dashboard. Ms Fraser advised that the large dashboard had been refined and that Board performance reports were being shared with Scottish Government. There would be regular meetings with Scottish Government. Ms Mackenzie noted that guidance was under frequent review and that there were eight key measures for performance reporting. Forth Valley had asked for baseline metrics to look at trajectories.

Members asked for more information on digital maturity. Ms Fraser advised that this was being worked on and was a huge exercise. The work was being developed with Scottish Government and the outcomes of this would be reported to the Board when an approach was agreed.

A question was asked on how new initiatives were captured, such as work initiated by an IJB. There was a comment that there was a lack of detail on transport and that broad issues like these contributed to health inequalities. Ms Croft advised that as the plan matured, other information would be obtained, and this would thread in through the Plan and the Population Healthcare Strategy. The Chair highlighted the role for the Performance and Resources Committee and the need to make the Plan Forth Valley's own. Although the Plan was Forth Valley's contract with Scottish Government it was important to think about what else the organisation was doing and how this was captured. Dr Champion noted that through performance measures and indicators it was important to hold ourselves to account. There needed to be a whole system approach and there were already lots of activities and plans in place for this area.

The Forth Valley NHS Board:
(1)   approved the Delivery Plan 2024/25;
(2)   noted that Scottish Government had approved the plan, recognising that this must remain dynamic and responsive, and
(3)   noted that reporting on progress against delivering the Annual Delivery Plan would be to the Performance and Resources Committee on behalf of the NHS Board and that further guidance was expected from Scottish Government regarding the frequency and format of national reporting.

Proposed Assurance Level
The report proposed an assurance level of 'reasonable'. The Forth Valley NHS Board approved the rating of reasonable assurance.

14.   **CT Scanner Business Case**

The Forth Valley NHS Board considered a report, presented by Mr Fraser, which sought approval of a business case for an additional CT Scanner at NHS Forth Valley Royal Hospital.

The Business Case sought capital funding investment of £785,388 to procure a 3rd CT scanner for the Health Board; and invited approval for the use of £986,163 from recurring Scottish Government Planned Care funding to meet the associated revenue costs. Due to several factors, the two CT scanners currently available in NHS Forth Valley were not able to provide the activity to match demand. The disparity between capacity and demand had resulted in a growing waiting list for CT imaging. NHS Forth Valley had been unable to meet the Scottish Government standards: 6-week Diagnostic Standard with current performance at 30% and projected to decline further.

Mitigations had been put in place and included enhanced vetting of all CT referrals by Consultant Radiologists; extended working hours on the outpatient scanner, and use of a mobile CT Unit supplied from the Scottish Government.

The option appraisal carried out within the Business Case provided 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 – the preferred option.

The Board asked if there would be any issues recruiting the three additional radiographers indicated as being required in the report. Mr Fraser advised that recruitment was not expected to be an issue and that there were already

radiographers who had expressed an interest in joining Forth Valley if the additional scanner was put in place.

In discussion, Board members intimated that the Business Case was comprehensive and clearly outlined the benefits to patients and the opportunity costs of proceeding with the recommendation. Members noted that consideration had to be given to balancing funding the scanner and the implications and potential risks for other proposals which could be delayed or reviewed if funding was approved for the scanner. However, Board members agreed that the impact on the delivery of care for patients could be optimised through this proposal for a 3rd scanner. In response to a question, it was explained how the reduced investment in other areas would be mitigated.

The Board considered a suggestion to agree a small additional contingency to cover reasonable costs associated with the installation of the scanner as these costs were still being defined. The Board agreed to delegate authority to the Chief Executive to progress installation of the scanner up to a maximum financial limit of £150,000.

The Forth Valley NHS Board:
(1) noted the evidence for the requirement for increased CT imaging capacity and the impact not proceeding would have on patient care and treatment;
(2) considered the Business Case and recommendation from the option appraisal presented;
(3) agreed 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 was expected to cost £785,388;
(4) approved the use of £986,163 from the £2.7m new planned care funding allocation to support the recurring revenue cost implications of the new CT scanner;
(5) noted that the cost of installation requirements was still to be confirmed;
(6) agreed to delegate authority to the Chief Executive to progress installation of the CT scanner up to a maximum financial limit of £150,000, and
(7) noted that a reprofiled capital programme would be presented to the Performance & Resources Committee in August 2024.

Proposed Assurance Level
The report proposed an assurance level of 'reasonable'. The Forth Valley NHS Board approved the rating of reasonable assurance.

The Forth Valley NHS Board adjourned at 11.30am and reconvened at 11.40am with all members present as per the attendance list.

15. **Culture Change and Compassionate Leadership Programme Update**

The Forth Valley NHS Board considered a report for assurance, presented by Mr Reith and Ms Jo Tolland, on the Culture Change & Compassionate Leadership Programme. The Culture Change & Compassionate Leadership Programme had been launched in early 2023 and since that time the Data Gathering (Staff Feedback & Organisational Data) and Data Synthesis (Identification of Key Themes) phases had been completed.

Between December 2023 and March 2024, the Programme findings were shared across the organisation and the collaborative Solution Design Phase had been concluded, the outputs of which had been incorporated into the Draft 'Culture & Leadership Improvement Action Plan'.

Over 1200 colleagues had engaged with the Data Gathering / Feedback process at the start of the programme and almost 800 colleagues had attended a presentation and discussion of the Programme findings. The Design Phase of the Programme completed on 27 June and 294 colleagues participated in the Solution Design, Validation and Prioritisation workshops. In addition, more than 150 colleagues attending the Nursing, Midwifery and Allied Health Professional (NMAHP) event and took part in 3 facilitated Solution Validation & Prioritisation workshops on 15 May. The criteria for validation & prioritisation was: "Those
solutions which have the greatest potential for positive and sustainable impact on our Culture".

Members discussed the use of key performance indicators and noted that 100% of PDPs were to be in place. They asked whether this was a realistic target. . Following the staff engagement exercises it was highlighted that there needed to be an implementation plan to deliver on commitments and to explain why certain asks could not be delivered if this was the case. There would be a special meeting of the Staff Governance Committee later in the year to focus on this.

The Board noted that it needed to stay informed on the progress of the Programme but that detailed assurance would come through the Staff Governance Committee and the Area Partnership Forum. There was a question on whether the staff who had been involved were broadly representative of the organisation's wider cohorts. Ms Toland stated that all staff groups had been represented in line with their profile except for nursing who had been slightly underrepresented. However, she highlighted the specific engagement with NMAHP which helped to balance this out.

Further detail was then sought on Protected Learning Time and any financial implications arising from this. Mr Reith undertook to prepare and circulate a briefing to the Board.

The Interim Chair commended the work which was taking place and intimated that although some of the feedback from staff was difficult to hear and challenging, the Board was taking the need for change seriously and did not see this as a tick box exercise but a commitment to making things better for our staff. She also requested that the Board was sighted on quick wins and priority actions going forward.

The Forth Valley NHS Board:
(1)   noted the activity and progress of the Culture Change & Compassionate Leadership Programme;
(2)   noted the Culture & Leadership Improvement Action Plan was being co-created with staff to align with current and ongoing culture & leadership related projects and initiatives;
(3)   requested a briefing on Protected Learning Time and any financial   **(3) K. Reith**
implications arising from it, and
(4)   noted that while detailed assurance activity would take place at Staff Governance Committee and the Area Partnership Forum, the Board required to stay sighted on the Programme and would take decisions where appropriate.

Proposed Assurance Level
The report proposed an assurance level of 'reasonable'. The Forth Valley NHS Board approved the rating of reasonable assurance.

16. Urgent and Unscheduled Care Action Plan

The Forth Valley NHS Board considered a report for assurance, presented by Mr Fraser, which provided an update on the urgent and unscheduled care action plan. Within the plan there was an aim to sustain 57% for the 4 hour emergency department access standard by the end of August 2024.

Early intervention and prevention was being explored through a public health lens to better understand patient needs and prevent unnecessary unscheduled presentations to ED. This was a population health approach which would inform immediate plans as well as support longer term strategic decision making to improve healthy life expectancy and reduce health inequalities.

Scottish Ambulance Service turnaround time continued to sit around or below the Scottish average where it was rare for there to be a queue of ambulances waiting to offload for any more than an hour. This was seen as a patient safety priority. There was also no practice of corridor waits within the hospital which was also a patient safety priority. NHS Forth Valley had made the decision a number of years ago to manage ambulance flow in this way, an approach not replicated in all Boards across NHS Scotland.

It was the focus of the whole system to support people to live well at home, to reduce incoming demand, process the patient cohort as safely and efficiently as possible, reduce delays on site and continue to work with staff to do this. In early May and late June it had been possible to sustain a performance above 50% for several weeks at a time. The review by the Centre for Sustainable Delivery (CfSD) supported the overall plan and stated that NHS Forth Valley had ambitious time scales that were dependant on the work to reduce delays on the FVRH site.

Ms Woodcock noted that she would be asking the Falkirk IJB to take decisions on enabling actions to support this area. The Chair requested that the Board receive an update on actions taken by the Falkirk IJB to support delayed discharges.

Further information was sought on the number of patients in hospital with a greater than fourteen day stay having a significant negative correlation with ED performance. Mr Fraser advised that for length of stay when patients were admitted into acute there was an expected timescale based on recover in normal conditions for them moving out of the service's care. It was important that processes allowed patients to move efficiently through the system.

It was highlighted that achieving the reduction of sixty contingency beds by the end of September, which were unfunded, would be challenging and that robust winter planning would be needed. However, removing these beds would improve both patient and staff experience. Mr Fraser noted that the first whole system winter planning meeting had already taken place approximately one month ago.

In discussion, Board members noted that Scottish Ambulance Service (SAS) turnaround times continued to sit at or below the Scottish average but commended the Service on ensuring it was focused on keeping patients safe. The Board was assured that corridor waits were not used at Forth Valley Royal Hospital. Due to the large volume of activity Board members asked that future reports highlight what actions were assessed as being the most effective and to give these a timeline.

A question was asked about the limited capacity of senior clinical decision-makers within the ED overnight. (CfSD) work on night and backshifts would take time to

reprogramme rosters. There had also been a regrading of doctors which had resulted in some individuals being unable to work as many 'unsocial' hours. How to address this was being worked through.

Members then asked about progress in relation to delayed discharge decision makers. Ms Woodcock advised it was important to assess people for the appropriate care. There was further work to do on early intervention and prevention. Pathways would also continue to be worked on so that people did not attend ED unless that was the most appropriate place for their needs. The Standard Operating Procedure would have a good impact to achieve the right bed base and allow better working together. The key factor was the right assessment by the right people at the right time. She also advised that meetings were in place locally and nationally to keep a focus on the issue of delayed discharges across the partnerships

The Forth Valley NHS Board:-
(1) was assured that whole system working was being applied to improve patient experience and performance in urgent and unscheduled care;
(2) acknowledged the work streams underway to improve the 4 hour ED access standard;
(3) noted the factors affecting the 4 hour ED performance;
(4) requested an update on any decisions taken by the Falkirk IJB at its next meeting to support delayed discharges and for more detail on actions being taken to address delayed discharges to be contained within future reports to the Board;   **(4) G. Woodcock**
(5) requested an update on the outcome of the meeting with John Burns, Chief Operating Officer NHS Scotland, and   **(5) A. Croft**
(6) requested that future reports highlight which actions were assessed as being the most impactful and to provide timescales against these.   **(6) G. Fraser**

Proposed Assurance Level
The report proposed an assurance level of 'limited'. The Forth Valley NHS Board approved the rating of limited assurance.

17. **Performance Report**

The Forth Valley NHS Board considered the performance report for assurance, presented by Ms Mackenzie. The Performance Report was presented to provide the NHS Board with key performance information to support effective monitoring of system-wide performance.

The Performance Report considered key metrics in relation to system-wide performance and provided a month-on-month progress overview. Included within the metrics were the eight key standards that were 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.

The scorecard provided 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 remained appropriate and meaningful. The Performance Report was routinely presented to the scheduled meetings of the Performance & Resources Committee ahead of the NHS Board. The key performance issues highlighted in the report were:-

• Unscheduled Care
• Scheduled Care

- Did Not Attend
- Psychological Therapies
- Child & Adolescent Mental Health Services (CAMHS)
- Workforce
- Delayed Discharges

In response to a question on actions being taken to address sickness absence, Mr Reith noted that the current sickness absence figures were higher than the target. There had been a large increase in short term covid and respiratory related absence. The reduced working week had also led to a slight inflation in the figures which would be worked through. However, he noted that Forth Valley was tracking above other health boards and that there was an attendance action plan in place.

As part of the Neurodiversity Support Plan an Ability Passport was being trialled. This was being refined and the Service was looking to finalise the template which would be used. The Employee Director noted that both the attendance action plan and the ability passport had been developed with staff side involvement.

The Forth Valley NHS Board:-
(1)   noted the current key performance issues;
(2)   noted detail within the Performance Report;
(3)   noted the reasonable level of Assurance provided, and
(4)   requested that information on the Ability Passport was included in   (4) K. Reith future reports on diversity.

Proposed Assurance Level
The report proposed an assurance level of 'reasonable'. The Forth Valley NHS Board approved the rating of reasonable assurance.

18.   **Healthcare Associated Infection Report**

The Forth Valley NHS Board considered the Healthcare Associated Infection Report Template (HAIRT) for assurance, presented by Mr Horwood. The HAIRT was a 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.

The report provided detail on the key findings in the reporting period, which were:-

- Total SABS remained within control limits. There was one hospital acquired SAB in June.
- Total DABs remained within control limits. There were no hospital acquired DABs in June.
- Total CDIs remained within control limits. There was one hospital acquired CDI in June.
- Total ECBs remained within control limits. There were three hospital acquired ECBs in June.
- There had 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.

A question was asked if there was any covid impact being seen in terms of HAI. Ms Croft noted that any such impact was not being seen and Ms Woodcock noted that Council absence had been at similar levels.

The Chair raised the Ward Visit Programme and noted that the non-compliance seemed high but sought context on the total numbers involved and performance over time. Mr Horwood undertook to give these figures greater context and analysis in future reporting.

The Forth Valley NHS Board noted the:
(1)   HAIRT report;
(2)   performance in respect for SABs, DABs, CDIs & ECBs, and
(3)   detailed activity in support of the prevention and control of Health Associated Infection.

Proposed Assurance Level
The report proposed an assurance level of 'reasonable'. The Forth Valley NHS Board approved the rating of reasonable assurance.

19.   Person Centred Care Report

The Forth Valley NHS Board noted this report for assurance which provided an update on person centred care activity.

The Chair invited Board members to send any questions on this report directly to Professor Dodd given her absence at this point of the meeting.

The Forth Valley NHS Board noted the recommendations set out in the report.

Proposed Assurance Level
The report proposed an assurance level of 'reasonable'. The Forth Valley NHS Board approved the rating of reasonable assurance.

20.   Finance Report

The Forth Valley NHS Board considered a report for assurance, presented by the Deputy Director of Finance, Ms Thomson, which provided an update on the Board's financial position. The 2024/25 financial position was exceptionally challenging and initial financial forecasts based on quarter one results identified a significant risk of in-year overspend, aligned to known risks and current funding arrangements. The Deputy Director of Finance gave an overview of the report.

Actions continued to be taken to improve financial sustainability, however further measures to reduce costs were now required at pace to reset a path towards financial balance in 2024/25 and recommendations on these were set out in the report.

The NHS Scotland Support and Intervention Framework was provided as an appendix to the report. NHS Forth Valley was currently at stage 1 on the framework in relation to financial performance. Updated status information on the 2024/25 year to date savings delivery was also provided in an appendix to the report.

The Chair noted that a Board Seminar would take place on 27 August 2024 to consider finance in more detail and review actions being taken to improve financial sustainability and performance.

The Board asked about the position regarding avoiding or minimising brokerage requirements. Ms Thomson noted that in anticipation of a deficit position of £14.5m it would be important to take all available action to minimise the brokerage requirement.

The Forth Valley NHS Board noted:-
(1) **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 had been approved by the NHS Board and Scottish Government;**
(2) **that the focused work in place to deliver planned cost improvements was 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;**
(3) **the level of financial pressure reported at Quarter 1 (overspend of £7.6m) was 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.**
(4) **that NHS Forth Valley had not required brokerage (a loan from Scottish Government which was repayable) to deliver financial balance in 2023/24 and was not escalated on the NHS Scotland Support and Intervention Framework for financial reasons. NHS FV was therefore not subject to a 'cap' on available brokerage if required in 2024/25;**
(5) **the Financial Sustainability Oversight Group had 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, and**
(6) **that a Board Seminar would be held on 27 August 2024 on finance matters.**

Proposed Assurance Level
The report proposed an assurance level of 'reasonable'. The Forth Valley NHS Board approved the rating of reasonable assurance.

21. **NHS Forth Valley Annual Report 2023/24**

The Forth Valley NHS Board considered a report, presented by Mrs Campbell, for noting which highlighted key service developments and achievements along with examples of service activity and performance during the year. The Annual Report was available online, with hard copies available on request. NHS Boards were no longer required to produce a formal Annual Report as much of the financial and performance information previously included was now published in a range of national reports and websites. The Annual Report was provided as an appendix to the report.

The Chair asked how the Annual Report was publicised and if there was an engagement plan. It was noted that the production of the Annual Report was not a statutory requirement and that going forward it was important to ensure discretionary reporting added value.

The Forth Valley NHS Board noted the Annual Report Summary for 2023/24:-

(1) **agreed to review the production of such a report going forward, and**
(2) **noted that communication and engagement was to be considered further by the Board as part of the Self- Assessment action Plan for Good Governance.**

Proposed Assurance Level

The report proposed an assurance level of 'reasonable'. The Forth Valley NHS Board approved the rating of reasonable assurance.

22. **Any Other Competent Business**

There were no items of business raised.

23. **Risks and Reflections**

The Forth Valley NHS Board did not resolve to recommend any further items for consideration by ELT for inclusion on the Risk Register. Board Members reflected that the allocated time for Board meetings 9.30 – 13.30 was appropriate and should be continued for future meetings.

24. **Date and Time of Next Meeting:** Tuesday 24 September 2024 at 9.30am.

25. **Exclusion of the Public**

The Board resolved to exclude the public and press from the following item of business on the grounds that the business related to the commercial interests of another person or company.

The Chair closed the public session at 1.15pm.

26. **Forth Valley Royal Hospital Benchmarking**

The Forth Valley NHS Board considered a report for approval, presented by Ms Farquhar, which provided an update in relation to Benchmarking of Soft Facilities Management (FM) Services within the PPP Contract at Forth Valley Royal Hospital (FVRH) and sought approval of the outcome, i.e., to continue with the current service provider for the next 7 years.

The Forth Valley NHS Health Board agreed that Serco remain the supplier of soft services, for the next 7 years.

4. Action Log
Forth Valley NHS Board – 24 September 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	The Population Health & Care Strategy timeline to be reviewed.	Andrew Murray	New timescale to be agreed at a later date with incoming Chief Executive.	Work ongoing to embed new approach and timeline for the development of the Population Health and Care Strategy. 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.	In progress

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
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	26 November 2024	A Focused Review for the Healthcare Strategy Strategic Risk has been completed and the outputs presented to the Performance & Resources Committee. There is work developing around this risk and it will be encompassed in a new risk being developed referencing Health Inequalities - which is to be presented at Board in November.	In progress
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. This will be addressed through the person-centred care report to Clinical Care Governance Committee and is therefore complete.	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	In March 2024 the INWO published their findings from NHS Boards Annual Report Findings from NHS Boards' annual whistleblowing. The report provides a summary of key findings but does not	Complete

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
						contain a breakdown by Board of the data for that year. The NHS Whistleblowing Practitioners Forum have had early discussions regarding benchmarking against the KPIs which may be further explored in the future.	
037	30.07.24	Chief Executive's Report	An update report to the September Board meeting setting out the Integration Scheme Review timeline and process.	Amanda Croft	24 September 2024	The Integration Scheme Review update will be provided in the Chief Executive's Report.	Complete
038	30.07.24	Person Centred Care Week Summary	A report on Realistic Medicine, including the connections with Value Based Healthcare, to be presented to a future meeting	Andrew Murray	24 September 2024	A report is included with the agenda for the September Board meeting.	Complete
039	30.07.24	Strategic Risk Register Update	An update on Primary Care Sustainability to be provided to the Staff Governance Committee and the Board meeting of 26 November 2024.	David Williams/Gail Woodcock	26 November 2024	A report is being prepared for the November Board meeting and will be considered by the Staff Governance Committee in advance.	In progress

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
040	30.07.24	Strategic Risk Register Update	That further information on the Introduction of Rotational GP Roles into the OOH services is included in the Primary Care and Sustainability Update to the NHS Board in November.	Gail Woodcock	26 November 2024	Over the past few months all our vacant salaried GP roles have been successfully recruited to meaning the service is now fully staffed (pending a start date for one of the GPs).Recruitment was tailored to promote part time hours in OOH rather than recruit WTE and as such all the new salaried GP are working a range from 17.5 to 24 hours a week allowing them to focus the rest of their week on other interests and specialities. As such the team has concluded that the overarching objective to recruit a full salaried GP team is concluded so would propose this particular action is no longer relevant. The manager will be working with colleagues in the risk management team to conclude and close this action.	In progress

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
041	30.07.24	Strategic Risk Register Update	That the full risk description is provided in future in the Risk in Focus section of the Strategic Risk Register Update reports.	Vicky Webb	26 November 2024 and ongoing	The requested information will be included in the next presentation of the Strategic Risk Register Update and subsequent reporting.	In progress
042	30.07.24	Urgent and Unscheduled Care Action Plan	An update on any decisions taken by the Falkirk IJB at its next meeting to support delayed discharges.	Gail Woodcock	26 November 2024	The Falkirk IJB next meets on 27 September 2024. An update on relevant decisions will be presented to the Board on 26 November 2024.	In progress
043	30.07.24	Urgent and Unscheduled Care Action Plan	An update on the outcome of the meeting with John Burns, Chief Operating Officer NHS Scotland.	Amanda Croft	24 September 2024	The update will be provided in the Chief Executive's Report.	Complete
044	30.07.24	Urgent and Unscheduled Care Action Plan	That future reports highlight which actions are assessed as being the most impactful and to provide timescales against these.	Gary Fraser	26 November 2024	A paper is being prepared for the Performance & Resources committee meeting in October which will provide information on the most impactful actions and timescales.	Complete
045	30.07.24	NHS Forth Valley Annual Report 2023/24	That communication and engagement be considered further by the Board as part of the Self-Assessment action Plan for Good Governance.	Elsbeth Campbell	tbc	Timeline to be agreed with incoming Chief Executive.	In progress

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

FORTH VALLEY NHS BOARD
Tuesday 24 September 2024

7. Organ and Tissue Donation Week
For Assurance

Executive Sponsor: Mr Allan Rennie, Chair – NHS Forth Valley Organ and Tissue Donation Committee

Authors: Dr Helen Tyler, Consultant Intensivist & Anaesthetist; Dr Abigail Short, Consultant Intensivist and Anaesthetist

---

1.   Executive Summary

1.1   This video piece highlights the personal story of Jane, a lay member of the organ and tissue donation committee in Forth Valley. Jane shares her experience of supporting organ donation following the sudden death of her husband George from a catastrophic brain haemorrhage. When George was taken unwell and admitted to Intensive Care there was sadly nothing that could be done to save his life. However, staff discussed organ donation with Jane and her family, and they knew that he would have wanted this. Knowing his wishes made supporting donation an easy step at such a hard time. George was able to donate his organs and multiple people received lifesaving transplants because of his gift. Together with all the wonderful memories they have of his life with them, his family are so very proud of his final, very special gift of hope to others.

1.2   Jane continues to honour his memory through her work with the Forth Valley Organ and Tissue Donation Committee and contributions to the awareness raising activities of Organ Donation Scotland and NHS Blood & Transplant. This year Organ Donation week runs 23rd - 29th September and there are many events that members of the FVRH team will be involved with to highlight this important topic. Furthermore, the FVRH OTDC have been working hard with Artlink and artist Hans Clausen to create the Everyone Everyday Evermore memorial artwork. Supported by the organ donation recognition funds, the memorial comprises a cloud of 366 signatures – a collective of transplant recipients, organ donors and their families, potential donors and NHS staff members who facilitate the donor and transplant process. A name for each day of the year, including leap years and a fitting tribute to the great gift and legacy of all organ donors. Jane worked tirelessly with the committee to bring this memorial into being and draws our attention to the commitment required from staff and volunteers to promote organ donation and drive public engagement.

1.3   We also hear from Dr Abigail Short, the Clinical Lead for Organ Donation in Forth Valley. She tells us how donation has been embedded in FVRH and the team strive to ensure there is no missed potential for organ donation. In the last year we achieved 100% referral and collaboration with organ donation services, resulting in 8 patients receiving lifesaving, or life changing, transplants.

1

1.4 Finally, Dr Helen Tyler, Regional Clinical Lead for Organ Donation in Scotland, reminds us how important it is to make and share your donation decision to ensure it is honoured. The Organ Donor Register allows you to record your decision and can be completed online at any time.

2. Recommendations
2.1 The Forth Valley NHS Board is asked to:

- **celebrate** the work of local teams in delivering best practice in organ and tissue donation, for the benefit of our patients and their loved ones.
- **recognise** the continued need for promotional work and support of projects to raise awareness of organ and tissue donation within our Forth Valley population, and the voluntary time given to this by committed individuals.
- **be assured** that through the Memorandum of Understanding with NHS Blood and Transplant, the application of national standards, and the provision of a high functioning Organ and Tissue Donation Committee, our hospital delivers quality care in organ and tissue donation.

3. Assurance
3.1 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.

4. Key Issues to be Considered
4.1 Despite the legislation change to an 'Opt Out' system of organ donation in Scotland in 2021, there remains a huge gap between the number of organ donors each year and the number of patients waiting for a life-saving transplant. Less than 1% of deaths in Scotland will be in circumstances that make consideration of organ donation possible. So clinical systems that are robust and well delivered are essential to maximise success and ensure no missed opportunities for deceased donation (Scottish Government Donation and Transplantation Plan for Scotland 2021-2026).

4.2 Organ and tissue donation remains a choice, and society is encouraged to document a decision on the Organ Donor Register and discuss their wishes with their loved ones. The promotion of this messaging and continuous awareness raising to inform our community is not funded or staffed. It is delivered by passionate individuals, often driven by their person experiences, as highlighted in this video by Jane. The delivery of information in a timely, equitable manner to support patient led decision making is the focus of the Organ and Tissue Donation Committee's work on promotion. The continued support of the communications team, particularly during organ donation week activities, has been essential in achieving impactful messaging and we would like to draw attention to the vital role of this team in both health promotion and staff interactions.

5. Implications

5.1 Financial Implications
There are no financial implications arising from this paper.

5.2 Workforce Implications
There are no workforce implications arising from this paper.

5.3 **Infrastructure Implications including Digital**
There are no digital implications arising from this paper.

5.4 **Sustainability Implications**
This video can be used in multiple different areas for promotion of organ and tissue donation awareness. Highlighting the work done by the organ and tissue donation committee and NHSBT helps to retain momentum and support for this area of healthcare for the future.
The memorial structure discussed is a long-term fixture and is being carefully coordinated to ensure that it remains in place for many years.

5.5 **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.

5.6 **Quality / Patient Care Implications**
As described, there is a significant transplant waiting list. Approximately 500 people a year will be waiting for a lifesaving transplant and during this time experience markedly limited quality of life. Facilitating organ and tissue donation with no missed opportunities will maximise the lives saved, reduce some of the longer-term reliance on healthcare interventions e.g. renal dialysis and improve quality of life through transplantation.

Awareness raising to allow informed decision making will facilitate person centred end of life care.

5.7 **Information Governance Implications**
All information is either personal stories or published annual report data and therefore there is no newly disclosed information included within the video.

5.8 **Risk Assessment / Management**
All of the work to promote and support organ and tissue donation is supported by NHSBT and Scottish Government groups.

5.9 **Relevance to Strategic Priorities**
Person centred care and informed decision making
Timely and equitable access to information and care
Provision of good end-of-life care.

5.10 **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

5.11 **Communication, involvement, engagement and consultation**
Organ and Tissue Donation Committee, Forth Valley.

4

CLINICAL GOVERNANCE COMMITTEE

Approved Minute of the Clinical Governance Committee meeting held on Tuesday 9 July 2024 at 9.00am in Boardroom, Carseview House and via MS Teams.

Present:	Mrs Kirstin Cassels
	Mr Robert Clark
	Mrs Amanda Croft
	Mr Gordon Johnston (Chair)
	Mrs Neena Mahal
	Mrs Helen McGuire
	Mr John Stuart

In Attendance:	Mrs Lynda Bennie	Mr Jonathan Horwood
	Mrs Susan Bishop	Mr Andrew Murray
	Miss Jennifer Brisbane (Minute)	Mr David Watson (Item 8.1)
	Ms Laura Byrne	Miss Vicky Webb
	Dr Jennifer Champion	
	Prof Frances Dodd	

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Ms Margo Biggs, Dr Michele McClung, Cllr Wendy Hamilton and Mrs Eilidh Gallagher.

2. Declaration (s) of Interest (s)

There were no declarations of interest offered at this time.

3. Draft Minute of Clinical Governance Committee meeting held on 14 May 2024

The draft minute of Clinical Governance Committee meeting held on Tuesday 14 May 2024 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

The Clinical Governance Committee noted the below updates from the action log:
- Action 10: Committee members were advised that such information was included within item 11.1. Action closed.
- Action 12: A paper regarding Value Based Healthcare was scheduled to go to the NHS Forth Valley Board. Following discussion, assurance was provided that progress would be monitored through the Quality Improvement Programme Board and NHS Forth Valley Board. Action closed.
- Actions 16, 17 and 18 were noted as 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.

Committee members were made aware of the absence of the Controlled Drugs Annual Report on the Committee Planner.

Action: Add Controlled Drugs Annual Report to Committee Planner.

6. For Approval

No items taken for approval.

7. In Our Services, Is Care Safe Today?

7.1 Escalation Update

The Clinical Governance Committee received the 'Escalation Update'.

The Clinical Governance Committee:
- ***Noted the background to escalation.***
- ***Noted the Out of Hours update appended.***
- ***Agreed the level of assurance that the Clinical Governance Committee can provide to the NHS Forth Valley Board.***

The purpose of the paper was to provide the committee with a background on NHS Forth Valley's escalation and an update on Out of Hours improvements.

Key points considered:
- On 23 November 2022, NHS Forth Valley was escalated to Stage 4 of the NHS Scotland Performance Escalation 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 (OOH), unscheduled care, and mental health, specifically, Child and Adolescent Mental Health Services and Psychological Therapies.
- On the 19 December 2022, the NHS Forth Valley Board approved the Escalation Improvement Plan and actions to strengthen leadership, governance, and culture. The Board subsequently delegated oversight of the delivery of relevant actions to its Assurance Committees. The Clinical Governance Committee had overseen progress in regards OOH, and in the Safe Delivery of Care workstreams which followed HIS inspections and returned to business as usual.
- Committee members noted appendix 1, Out of Hours Update, which provided an update and associated assurance on work being undertaken as part of the OOH improvement plan, supported by Sir Lewis Ritchie and wider strategic planning work as part of the Reimagining Care Closer to Home programme.
- Despite a lack of reference to data over time (to be included in future reports) evidencing progress, assurance was provided that significant improvements had been made within OOHs, noting the below updates:
    - Significant progress in filling shifts of OOH GPs.
    - In order to be more aligned with NHS Scotland and close the evidenced salary structure barrier to attracting and retaining experienced GPs. A new GP salary structure was developed and approved by the Falkirk Health & Social Care Partnership (HSCP) for approval and presented to Executive Leadership Team (ELT) for endorsement.
    - Work was ongoing to extend OOH pharmaceutical services to focus on improving access to pharmacists and independent prescribers. Committee members were made aware of the challenge faced when making legal arrangements with practices regarding providing OOH support.
- The closure of sites due to skillmix was discussed and committee members were advised that plans were outlined within the Standard Operating Procedures (SOP) for each site to ensure equitable accessibility for NHS Forth Valley patients.
- Following discussion, it was agreed that future reports would include detail of fundamental issues to maintain focus on risks.

Actions:
- Provide GP OOHs update at the next meeting.
- Include detail of fundamental issues in future reports to maintain focus on risks.

7.2 Emerging Clinical Issues

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

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

Key points considered:
- No emerging clinical issues were identified at the meeting.
- A further update was provided on the clinical issues presented at the 14 May 2024 meeting:
  - An update on the Endoscopy service was provided.
  - An update on the Significant Adverse Event Review was provided.
- Following discussion, concern was raised over the Clinical Governance Committee's oversight of key learning from emerging issues previously identified. Committee members were assured that key learning was discussed at the Clinical Governance Working Group and shared learning was identified within the Whole System Assurance Report.

Action: Executive Medical Director and NHS Forth Valley Board Chair to discuss the reporting of key learning within the Emerging Clinical Issues standing item.

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:
- Hospital Standardised Mortality Rate (HSMR) remained at 0.89, with a fifth consecutive quarter below 1.
- Cardiac Arrest rate was not available however it was suggested that admissions had appeared to reduce from the previous reporting period.
- The overall Stroke Bundle compliance increased to 63% in March from the previous report of 38%.
- Hospital Acquired Pressure Ulcer (HAPU) rate had decreased to 0.7 per 1000 occupied bed days for Grades 2-4 reportable HAPU from the previous reported month of 0.8. Committee members were made aware of the continued challenge associated with pressure ulcers however noted that improvements were being implemented. The Pressure Ulcer Improvement Group (PUIG) collaborated with the Practice Development Unit to provide more robust training programmes to meet the educational requirements of all grades of staff. As a result, 60 healthcare social workers (HCSWs) received training in all aspects of pressure damage assessment and management, with further sessions planned.
- Falls with harm increased from 0.45 to 0.48 per 1000 occupied bed days in February. In February there was 4.6% of falls with harm from the total number which had decreased from 5.4% in January.
- Improvements had been made to address the 12 Healthcare Improvement Scotland (HIS) actions, one of which was establishing a Food Fluid & Nutrition Group.

- Further information on the timeline and functionality of the Electronic Observation System (E-Obs) was provided the committee with a better understanding of the potential to identify deteriorating patients across Forth Valley Royal Hospital. Committee members were informed of the planned implementation within the third quarter, and ongoing work to establish a project board to undertake a site level review.
- NHS Forth Valley were to pilot the use of Respect and Treatment Escalation Plans (TEPs) in September 2024 with the aim to reduce the incidence of inappropriate resuscitation.

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.***

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, with the exception of Clackmannanshire & Stirling Health & Social Care Partnership (HSCP).
- An additional section was added to request information specific to shared learning.
- The Head of Clinical Governance and Head of Person-Centred Care were working with directorates to develop a newsletter to showcase shared learning which was anticipated to be published by August 2024.
- The Acute Services Directorate team devised a monthly Learning from Adverse Events session to share recommendations from previous SAERs. Committee members were advised that the session occurred on the last Friday of each month and was open to all staff groups and grades.
- Following discussion, concern was raised regarding the gap in assurance from the community services. Colleagues were advised that work was ongoing to address such gaps, and that the Executive Medical Director and Executive Nurse Director had discussed Clinical Governance structures with the HSCP Chief Officers. Committee members noted the significant work ongoing to strengthen Clinical Governance arrangements.
- It was recognised that there was a requirement to ensure a clear purpose of reporting and assurance provided from each directorate to the Clinical Governance Committee.

8.3   Scottish Patient Safety Programme (SPSP) Pressure Ulcer Update

The SPSP Pressure Ulcer Update was included within item 8.2.

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 month of May 2024 there were:
    - 2 hospital acquired SABs.
    - 4 hospital acquired DABs.
    - 1 hospital acquired CDI.
    - 5 hospital acquired ECBs.
    - No MRSA or *C.difficile* recorded deaths.
    - 1 surgical site infection associated with a caesarean section.
    - 1 Covid-19 outbreak.
- NHS Forth Valley were above the national mean for Multi-Drug Resistant Organism (MDRO) screening compliance with both Methicillin-resistant Staphylococcus Aureus (MRSA) and Carbapenemase Producing Enterobacteriaceae (CPE) screening uptake at 87%. Recognition was given to the requirement to continue to undertake and monitor MDRO screening to meet the necessary 90% national target and to reduce risk from MDRO.
- 40 inpatients were reported to have Covid-19, which saw an increase in cases compared to the beginning of 2024. Colleagues were advised that this increase was associated with a potential new variant.
- Work was ongoing to address areas of concern with hand hygiene compliance. Committee members were assured that compliance and non-compliance data was recorded in the Infection Prevention & Control team's Standard Infection Control Precautions (SICPs) audits, and the Infection Control Committee had oversight of the work being undertaken.
- It was agreed that data representing changes over time would support the committee to visualise improvements more clearly.

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 Clinical Governance Committee:
- ***Noted the report.***

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 Acting 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.
- Committee members were advised that Health Protection was not included in the Clinical Governance Discussion Topics (Appendix 1) due to it being considered as East Regional governance.

- Following discussion, it was agreed that the Clinical Governance Working Group would be given oversight of the Priority Work Plan with issues referred up to Committee if necessary.
- Clarity was provided on the assurance required for the Clinical Governance Committee. It was agreed that future updates should focus on the Public Health Directorate's progress against national strategies, detailed deep dives into higher level work, and areas of concern within the directorate.

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 May-June 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:
  - There had been no change to the scoring of the Strategic Risk Profile related to the Clinical Governance Committee.
  - NHS Forth Valley Board's appetite profile saw a reduction in the number of risks that remained outwith the Board's defined appetite and tolerance levels at 53.8%. A reduction in the number of risks that were within the Boards tolerance level was noted at 23.1%, and an increase in the number if risks within the Board's appetite was noted at 23.1%.
- There were 27 controls mitigating the strategic risks. Within the reported period:
  - 11 actions identified.
  - 2 completed controls.
  - No overdue actions.
- Following discussion, an update on the establishment of the Frailty at the Front Door Unit noted within SRR002 was provided. Committee members were advised that a final location for the unit was to be secured following revaluation of the initial number of 18 beds required on the unit. The Executive Medical Director and Executive Nurse Director provided assurance that the work associated with the frailty unit was incorporated into a whole system project focussing on 'Your Home First' and supporting care homes to reduce frailty patients attending Urgent & Unscheduled Care. Reassurance was provided that risks and further detail would be captured in the SRR002 Focussed Review, scheduled for the 10 September 2024 meeting.

9.3   Quality Strategy Implementation Report

The Clinical Governance Committee received the 'Quality Strategy Implementation Report'.

The Clinical Governance Committee:
- ***Noted the progress made in Year 3 of the Quality Strategy Implementation.***
- ***Noted key areas for discussion and scrutiny.***

The purpose of the paper was to provide an account and evidence of progress in Year 3 implementation of the NHS Forth Valley Quality Strategy 2021-2026.

Key points considered:
- Committee members were advised that if Year 3 of the NHS Forth Valley Quality Strategy was implemented successfully, it would underpin quality performance, patient safety and quality care.
- The intention to review overall priorities for implementation and refresh the objectives and management of the continuing five priority implementations was met.
- Assurance was provided that there was evidence that effective implementation of an organisational quality strategy, a quality management system and a consistent improvement approach would contribute to better performance.
- The below strategic actions were noted:
  - The Culture Change and Compassionate Leadership Programme and whole system working initiatives continued to provide opportunities to implement the Quality Strategy and contribute to learning.
  - NHS Forth Valley's new Performance Management Framework was implemented following the Scottish Government's escalation explicitly linking the Quality Strategy priorities and objectives with the primary responsibility of Directorates to make systematic, continuous improvements to performance. Inclusion of information about staff trained in quality improvement was being tested as part of Directorate performance reviews.
  - A quality improvement capability and capacity plan was developed and would be brought to the NHS Forth Valley Quality Programme Board.
  - Implementation of clinical and care governance infrastructures and processes at all levels of NHS Forth Valley and for integrated services continued.
  - The Innovation Plan, approved by the NHS Forth Valley Board, was being implemented and priorities for use of innovation resources had been identified at a Board seminar.
  - The team had begun developing an approach to implementing new Value Based Healthcare policy and the practice of it through the existing Realistic Medicine (RM) Action Plan approved by Scottish Government. The programme of work was led and monitored by the RM Steering Group with Executive and Non-Executive members.
  - The Forth Valley Quality Programme Board oversees and monitors delivery of a portfolio of programmes and projects receiving corporate quality support and contributing to strategy implementation.
- Committee members were informed of the challenges faced when obtaining data that is meaningful, timely, perceived to be accurate, and user friendly.
- The Quality & Improvement academy had a good uptake of staff members attending, with a total of 258 attendees to date.
- Learning & Improving Through Feedback was developed by the Clinical Governance and Person Centred Care Teams through learning from complaints, compliments, SAERs and Patient Safety Conversation Visits.
- The use of simulation to support quality and safety in 2023/24 was noted to have a significant impact using safety cards and the Sim Safety Club.
- Committee members noted assurance from the report.

9.4 Clinical Governance Strategic Implementation Plan

The Clinical Governance Committee received the 'Clinical Governance Strategic Implementation Plan'.

The Clinical Governance Committee:
- ***Noted the progress of the work being undertaken in Clinical Governance.***

In line with an effective quality programme that continually enhances patient safety, a Clinical Governance Strategic Implementation Plan was formulated to mirror the priorities set forth in NHS Forth Valley's Quality Strategy (2021-2026). The purpose of the paper was to provide an update on the progress made with the Clinical Governance Strategic Implementation Plan to date.

Key points considered:
- The below progress was noted from Year 3 of the implementation plan:
  - A Clinical Governance webpage had been developed.

- o The first 'Learning and Improving Through Feedback' newsletter was published on the Clinical Governance webpage and NHS Forth Valley intranet. The newsletter was developed with the Person Centred Team and Health & Safety Team to promote shared learning from complaints, adverse events, and significant adverse events highlighting what matters to patients.
    - o Patient Safety Conversation Visits continued to take place.
    - o In February and March 2024, two acute focussed Clinical Governance reset days took place, and were designed to ensure clinical governance was robustly implemented through the Triumvirates at all levels in the Acute Services Directorate.
    - o The NHS Forth Valley adverse event policy was reviewed, updated, and published, supplemented by the significant adverse event review (SAER) standard operation procedure (SOP).
    - o All Clinical Governance staff completed compassionate communication training and education to support the ethos of person centeredness to enhance patient and family engagement.
    - o Training was developed and implemented to provide education on reviews for learning and leading SAERs, in collaboration with National Education for Scotland (NES).
    - o Collaboration with the Simulation Centre by supporting simulation safety and the utilisation of safety culture cards.
    - o Developed an approval process for clinical guidelines.
    - o Pentana was utilised to support the reporting of clinical governance activities.
- Assurance was provided that robust SAER processes were in place despite challenges experienced with identifying lead reviewers. Further assurance was provided that the risk was captured within the organisational risk register and the Clinical Governance Working Group had oversight of the risk and SAER performance. Committee members noted that all Health Boards within Scotland were facing similar challenges addressing SAERs.
- The Chair of NHS Forth Valley Board asked for a paper to be provided outlining the impact of the non-compliant SAER timescales, actions in place, and the potential patient harm. Colleagues were advised that the Whole System Assurance Report included such detail, and was presented to the Clinical Governance Working Group.

Action: Head of Clinical Governance to provide a paper at 12 November 2024 meeting, outlining the impact of the non-compliant SAER timescales, actions in place, and the potential patient harm.

10 Is Our Care Person Centred

10.1   Person Centred Care Report

The Clinical Governance Committee received the 'Person Centred Care Report'.

 The Clinical Governance Committee:
- *Recognised the organisational risk attached to the current position.*
- *Noted the challenges in demand and capacity within the service and the steps taken to improve performance within the current budget.*
- *Noted the action and mitigation plan and support implementation as necessary.*
- *Recognised the upcoming changes in relation to child friendly complaints and cascade as necessary across local systems.*

The purpose of the report was to assess current feedback mechanisms across the organisation, performance in line with national key indicators, and provide the necessary assurance required regarding the preparedness across the organisation.

Key points considered:
- Stage 1 complaints continued to maintain good performance with 68.4% of complaints closed in April 2024. Progress was achieved following a dedicated focus at service level to resolve more

complaints as stage 1s, offering early resolution for patients and families therefore resulting in a reduction in the time spent investigating and responding.

- Stage 2 had poor compliance due to a significant backlog of complaints. All possible steps were undertaken to mitigate workforce capacity challenges with supplementary staff however challenges remained due to long term absence remaining within the department and increase in volumes.
- 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. In response to guidance, the Patient Relations Team were to formally change the way consent is obtained 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 from children around the age of 12 was to be introduced.
- Changes were made to the public facing website to pro-actively address the reported complaint themes in an attempt to reduce the volume of complaints received.
- The Head of Person Centred Care was working with Senior Charge Nurses to facilitate the development of managing difficult conversations, focussing on early resolution, to mitigate potential complaints.
- Reasonable assurance was proposed on the basis that processes were in place to monitor and manage complaints and feedback across the organisation ensuring learning. However, committee members were advised that limited assurance was provided for stage 2 performance and there was a potential need to look at short to medium term additional support.

11 Are We Learning and Improving?

11.1 Significant Adverse Event Report

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

The Clinical Governance Committee:
- ***Considered NHS Forth Valley's position on current Significant Adverse Event 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 capacity challenges of the review team, increased numbers of SAERs being commissioned, and changes to the perinatal review therefore resulting in a backlog.
- From 2017 to 31 May 2024:
  - SAERs remained non compliant with Healthcare Improvement Scotland guidance.
  - The main challenge experienced was within acute site work and the recognition for additional SAERs. An additional challenge regarding the capacity of staff due to delays in training and limited staff members volunteering to lead reviews was noted.
  - From 2022, 2 SAERs were in draft format with identified lead reviewers. Committee members were advised that the timescale of reviews commenced from when the adverse event occurred and not when the Clinical Governance team received the information.
  - From 2023, the below updates on SAERs were noted:
    - 5 complete
    - 5 in progress
    - 11 reviews had started with review team meetings.
    - 7 required a team and lead reviewer.

- o From 2024, all timelines were noted as complete. 2 of the SAERs were joint reviews with other health boards.
- o Committee members were made aware of the current controls in place and future controls to address the risk associated with non-compliant SAER timescales. Reassurance was provided that despite non-compliance, the position of the SAER had improved since 2023.
- o Committee members requested that additional information of the learning and changes made as an outcome of learning summaries was to be added to future reports.
- o Assurance was provided that progress and a cultural journey was reflected in graph 1, where the number of commissioned SAERs had increased following the raised profile of the SAERs and in-depth processes undertaken to ensure that the quality of SAER reports were not compromised.
- o A plan would be developed and implemented to address SAER backlog by the next report to the committee.

Action: Provide additional information on the learning achieved, and changes made as an outcome of learning summaries in future reports.

11.2   Duty of Candour Annual Report

The Clinical Governance Committee received the 'Duty of Candour Annual Report'.

The Clinical Governance Committee:
- *Noted the Duty of Candour Annual Report.*

The purpose of the report was to describe how NHS Forth Valley had operated the Duty of Candour from 1 April 2023 to 31 March 2024.

Key points considered:
- During the reporting period of 1 April 2023 to 31 March 2024:
  - o There were 11 cases where Duty of Candour was implemented.
  - o Duty of Candour was applied to 5 completed SAERs.
  - o A further 24 reviews were commissioned and in progress where duty of candour would not be determined until the reviews are completed.
- Due to the nature and timing of the review process there were 6 SAERs commissioned in the previous reporting period where organisational duty of candour was applied.
- Committee members were advised that duty of candour cases were identified through the NHS Forth Valley SAER process, therefore all duty of candour requirements would be undertaken with appropriate engagement with families and patients.
- Following discussion, it was agreed that a deep dive paper on organisational duty of candour processes was required for review.

Action: Head of Clinical Governance to provide a deep dive paper on organisational duty of candour processes at 11 March 2025 meeting.

12   Are Our Systems Reliable?

12.1   Public Protection Report

The Clinical Governance Committee received the 'Public Protection Report'.

The Clinical Governance Committee:
- *Noted the submitted performance reports for Child and Adult Support & Protection.*
- *Noted the requirement for a scoping exercise regarding enhancing the out of hours Child Protection provision across NHS Forth Valley.*

- *Noted the requirement for a scoping exercise regarding enhancing the Public Protection provision across NHS Forth Valley, particularly regarding the development of adult support and protection.*

The purpose of the item was to provide the first unified Public Protection Report, following the decisions to adopt a wider Public Protection model to focus on Child Protection and Adult Support & Protection as opposed to prior reports regarding Child Protection only.

Key points considered:
- Committee members were informed that the Child Protection services had access to more information and data than the Adult Protection service due to the maturity of the child protection processes and the early stages of Adult Protection data both locally and nationally.
- The Adult Support & Protection services were less developed so, in accordance with an agreement with the executive leadership team in March 2023, a business case was to be submitted to the Strategic Prioritisation and Review Implementation Group (SPRIG) by July 2024 for the meeting scheduled in September 2024 for additional Public Protection resourcing.
- A review of IR1 data regarding adult protection concerns was undertaken within the previous financial year where it was noted that there was work required to improve progress.
- Assurance was provided that within 6-9 months of the new reporting model, arrangements and teams had strengthened, and specialist corporate team support was being provided.
- Following discussion, it was noted that an adult protection lead had commenced their post in September, however significant arrangements were required to develop a robust adult support protection team.

12.2 Annual Internal Audit Report

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

The Clinical Governance Committee:
- *Noted the outcomes of the 2023/24 internal audit.*
- *Noted the action points of specific concern to the Clinical Governance 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.*
- *Considered the proposed level of assurance.*

The purpose of the report was to provide detail on NHS Forth Valley Board's internal control framework for the financial year 2023/24.

Key points considered:
- 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.
- Committee members were asked to consider the below keys sections of the Annual Internal Audit Report relevant to the Clinical Governance Committee Terms of Reference:
  - Corporate Governance
    - Action point 1
    - Action point 2- Quality Strategy reporting.
    - Action point 3- Clinical Policy Guidelines.
    - Action point 4- Assurance Levels reported to Clinical Governance Committee.
- Committee members were advised of assurances to the committee within the report, noting the strategic implementation plan, integrated clinical governance care, HSMR, and patient safety. Assurance was provided that all suggested actions were being addressed.
- Following discussion, it was agreed that actions and progress for the Clinical Governance Committee would be monitored through committee meetings.

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 110424
13.1.2 NHS Forth Valley Infection Control Committee Minute 010524
13.1.3 Draft Organ Donation Committee Minute 050624

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

13.2.1 February 2024
13.2.2 March 2024

12. Any Other Competent Business

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

13. Date of Next Meeting

Tuesday 10 September 2024 at 09:00am, in the Boardroom, Carseview House.

Forth Valley NHS Board
Tuesday 24 September 2024
8.2 Escalation Performance & Resources Committee

Approved Note of a meeting of members of the Escalation Performance & Resources Committee held on **Tuesday 14 August** at **2.00 pm.**

Chair
Mr Martin Fairbairn

Present:	Mr Martin Fairbairn (Chair)	Cllr Fiona Collie	Dr Michele McClung
Attendance:	Ms Amanda Croft	Ms Jackie McEwan	Mr Kevin Reith
	Mr Garry Fraser	Ms Neena Mahal	Mrs Sarah Smith (minute)
	Ms Kerry Mackenzie	Mr Andrew Murray	Mr Scott Urquhart

1. **Welcome**

Mr Martin Fairbairn welcomed everyone to the meeting. The quorum of the meeting was discussed, with agreement this would be confirmed for any future meetings. It was agreed the meeting would continue, noting the focus was for feedback on the Escalation Assurance and Improvement Plan and that no decisions were required. (It was subsequently confirmed that the meeting had not been quorate.)

2. **Apologies for Absence**

Apologies were noted on behalf of: Kirstin Cassells, Robert Clark, Allan Rennie, Frances Dodd and David Williams.

3. **Declarations of Interest**

There were no declarations of interests.

4. **Minute of the meeting held on Tuesday 18 June 2024**

The minute of the meeting held on Tuesday 18 June 2024 had previously been approved as an accurate record by email.

5. **Matters Arising / Action Log**

The action log was reviewed, noting all were complete.

6. **Escalation Assurance and Improvement Plan**

The Escalation Performance & Resources Committee received an update on the 'Assurance and Improvement Plan Update' led by Ms Amanda Croft, Interim Chief Executive.

Ms Croft highlighted the plan (Appendix 2), noting the recommendation that the culture and leadership actions form part of the organisation's business as usual and be monitored through normal processes.

An update was provided around the Unscheduled Care Performance action on page 2. A meeting had taken place with John Burns, Chief Operating Officer, Scottish Government, on Monday 13 August 2024 to review the Unscheduled Care Plan in detail. He would provide feedback to Christine McLaughlin around his confidence in the plan, focussing on the areas

of quality, safety and reducing harm. These were noted to be the new national areas of focus, rather than 4 hour performance.

Initial feedback had been provided by John Burns, who noted the plan was clear with a marked difference in direction and commitment to the actions. The whole system approach was recognised, however specific note was made of the reduction in contingency beds. It was noted that 55 had been closed over the last 4 weeks. John Burns had requested modelling around the trajectory to provide clarity around impact of actions. It was agreed this would be submitted by 16/08/24, recognising performance improvement would take time to emerge.

Ms Mahal also recognised the change in approach, noting clarity around expectations and confirming learning would be taken into the debrief in September. It was proposed that some of the work being progressed, such as the Safety Collaborative, be reflected within the Plan.

Ms Croft then referenced Appendix 1, the NHSFV story, which had been compiled followed a request made by the Assurance Board. As requested, specific focus had been given to the difference being seen as a result of the work undertaken.

The Committee members present then undertook an overall review of Appendix 1 and 2 with general comments provided by attendees. (Any issues of grammar etc. would be highlighted outwith the meeting.)

Individual feedback was then provided around the document (Appendix 1) highlighting areas of success, or potential amendment/addition.

Actions (Appendix 1):
- Any comments/feedback from today's meeting would be incorporated within a 2nd iteration of the paper and circulated to the full Board and ELT. This would seek feedback/commentary to enable the NHS Board to commend the document to the Assurance Board in September and enable final sign off.
- To aid navigation by the reader, greater use should be made of additional headings and sub-headings.
- In terms of culture, additional narrative was suggested to reflect the initial challenges/'diagnosis' within the Board. Original escalation letter would be quoted.
- The commentary would be amended to provide a better balance across Leadership and Governance, because the existing text was very ELT – focussed).
- Some additional material to be added to reflect increased open-ness of Board discussions.
- Greater clarity to be added around feedback on sessions held with Board following the Corporate Governance Review.
- Additional wording to describe the current position around better relationships and how integration fed into the Unscheduled Care.
- Addition of title 'Quality, safety and reducing harm' outlining HIS and urgent and unscheduled care work.
- Examples of whole system working to be added to Urgent and Unscheduled Care item (such as the recent example of the Joint Standard Operating Procedure created with Chief Officers around the closure of contingency beds, which clearly demonstrated joint leadership and responsibility).
- The conclusion for the Plan would add reference to the Board learning session being held in September 2024. This would provide lessons learned for both the organisation, individuals and the general escalation process for Scottish Government. The conclusion would also be amended to reflect discussions.
- Review of quotes/bubbles throughout the document to confirm utilisation and placement.

- Maybe consider adding in a 'looking forward' section.

Actions (Appendix 2):

- Triumvirate' definition and benefits to be detailed.
- Clarity to be added to reflect recent progression, with following areas highlighted:
  - Page 1, 1.9 Culture
  - Page 2, 2.3 Corporate Objectives
  - Page 2, 5.1 sustainable performance

In conclusion, the Committee members present felt the plan read positively and provided clarity around the organisation's journey through escalation. It was also clear the various iterations of the Plan had been adapted and reprioritised as required.

The Escalation Performance & Resources Committee members present thereafter:
- **noted** the content of the Escalation Assurance and Improvement Plan paper with particular focus on 'what is different.'
- **noted** the proposed transition of the remaining culture and leadership actions to business-as-usual activities with a focus on continuous learning.
- **commended** the Escalation Assurance and Improvement Plan paper and the updated Assurance and Improvement Plan to the NHS Board.

In terms of the recommendations, it was noted that it would have been inappropriate for the Committee to commend the Plan and paper to the Assurance Board (rather than the NHS Board), as suggested within the cover paper.

7. Any Other Competent Business

There were no issues highlighted around the Assurance Board minutes.

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

8. Next steps for the Committee

Following a full discussion, the Committee members present felt there was no need for the Escalation Performance and Resources Committee to meet again. A formal proposal would be made to the Board in September 2024 for the Committee to be stood down. This could be incorporated within the Governance paper to be presented. The Committee members, in considered the stepping down of the Committee, reviewed whether sufficient progress had been made to enable the transfer of the assurance role of the Committee to Business as Usual activity through the Performance & Resources Committee, other Governance Committees and ultimately the Board for governance oversight. The members were content with this approach.

The Board Chair, Neena Mahal expressed her thanks to Mr Fairbairn and the Committee, with a request this be passed to members not present. The commitment of the organisation was recognised. Mr Fairbairn supported this, recognising the stress and strain on the Executive throughout this period.

There being no other competent business, the Chair closed the meeting at 1504 hours.

Forth Valley NHS Board
Tuesday 24 September 2024
8.3 Performance & Resources Committee

NHS Forth Valley

Approved Minute of the Performance & Resources Committee meeting held on Tuesday 27 August 2024 at 10:55am, Boardroom Carseview House/MS Teams

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

In Attendance:	Miss Jennifer Brisbane (Minute)	Mr Scott Jaffray
	Dr Jennifer Champion	Miss Jackie McEwan
	Prof Frances Dodd	Mr Ross McGuffie
	Mrs Morag Farquhar	Mrs Neena Mahal
	Mr Garry Fraser	Mr Andrew Murray
	Mr Jack Frawley	Mr Kevin Reith
	Ms Claire Giddings (Item 8.1)	Mr Allan Rennie
	Ms Laura Henderson	Mr Scott Urquhart
	Ms Sarah Hughes-Jones (Item 7.1)	Miss Vicky Webb

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Ms Amanda Croft. The Chair confirmed the meeting was quorate.

2. Declarations of Interest

There were no declarations of interest.

3. Minute of Performance & Resources Committee meeting held on

The minute of the meeting held on 25 June 2024 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

Committee members were provided with an update on the Synnovis System cyber security incident, where it was noted that potential data relating to patients may have been involved within the incident as a result of Synnovis completing tests for NHS Forth Valley. Assurance was provided that there had been no confirmation of this and it was noted that clinical systems were not impacted by the incident however it remained possible that data may have been held within the drives. Synnovis were engaged with relevant regulators and were continuing analysis of the extent of the incident and the data potentially involved. Ms Hughes-Jones informed colleagues that it was expected that Synnovis would contact controllers with outcomes of the assessments, and provided reassurance that no such notification had been received however NHS Forth Valley was in an appropriate place to respond. It was agreed that a further update would be provided at the next Performance & Resources Committee.

Action: Provide an update on the Synnovis System cyber security incident.

The Performance & Resources Committee reviewed the action log, where the below actions were noted as complete:
- Action 45: Provide an Urgent and Unscheduled Care Update.
- Action 53: Review and reframe Corporate Objectives.
- Action 57: Present revised Urgent and Unscheduled Care Improvement Plan to NHS Forth Valley Board.

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 subject to the below amendments:
  - Extend timescale for the Draft Healthcare Strategy, once agreed by Mr Andrew Murray, Dr Jennifer Champion and Mrs Janette Fraser.
  - Add an additional National Treatment Centre update for 29 October 2024 meeting.

Following discussion, committee members were advised that the National Winter Plan would be published in September and the first draft of the NHS Forth Valley Winter Plan would be completed within the upcoming weeks. Further consideration would be given to the sequencing of presentation of the Winter Plan to Committee and NHS Forth Valley Board.

Actions:
- Agree timescale to present Draft Healthcare Strategy at a future Performance & Resource Committee meeting.
- Add a National Treatment Centre update to 29 October 2024 Performance & Resources meeting.
- Plan sequencing of Winter Plan presentation to the Committee and the Board.

6. For Approval

6.1 Strategic Risk Register Update

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

The Performance & Resources Committee:
- **Agreed the proposed level of 'reasonable' assurance provided regarding the effective management and escalation of risks aligned to the Performance & Resources Committee.**
- **Endorsed the Performance & Resources Committee Strategic Risks for the period July to August 2024 for onward reporting to the Audit & Risk Committee and NHS Forth Valley Board.**

The purpose of the report was to provide assurance in support of the Performance & Resources Committee's role in maintaining an overview of the Strategic Risks aligned to the committee and agree appropriate escalation to NHS Forth Valley Board.

Key points considered:
- Following review of the risks aligned to the Performance & Resources Committee for August 2024, the below updates were provided:
  - 6 of the 7 risks remained static.

- o SRR017 (Environmental Sustainability & Climate Change) increased in risk score from 15 to 20. Reassurance was provided that further detail would be outlined within Item 9.1.
  - o The appetite profile of the strategic risks had changed with:
    - ▪ A decrease from 23.1% to 15% of risks within NHS Forth Valley's Board appetite.
    - ▪ An increase from 23.1% to 31% of risks within NHS Forth Valley Board tolerance.
    - ▪ The percentage of risks out with appetite and tolerance remained static.
- Since the last reporting period, there were 29 actions identified across the strategic risks to further mitigate the risk profile:
  - o 1 action was reported as overdue in relation to SRR015.
  - o 8 actions were due next quarter.
- Assurance was provided that SRR014's (Healthcare Strategy) reduction in risk score was within the Boards appetite and would be closed at the end of the calendar year once encompassed into a wider Health Inequalities risk which would go to the Clinical Governance Committee.
- Clarity was provided regarding Business Continuity Plans (BCPs) in relation to SRR015 (Cyber Resilience) and Emergency Planning's noted risk of a lack of tested BCPs within Item 10.1. Mr Scott Jaffray noted that the risk for cyber resilience was regarding service continuity and ensuring that there was an organisational change towards testing BCPs. However it was advised that there had been a pause in such work due to a lack of staff. Assurance was provided that bank staff had been recruited and the risk had been captured within the organisational risk register.

7. Better Governance

7.1 Information Governance Assurance Update Report

The Performance & Resources Committee received the 'Information Governance Assurance Update Report'.

The Performance & Resources Committee:
- **Noted the assurance activity referenced within the report.**
- **Agreed the proposed level of 'reasonable' assurance.**
- **Agreed to specifically advise the Board that sustained performance improvement in FoI handling could be a challenge.**

The purpose of the report was to provide an assessment of NHS Forth Valley's information governance agreements for the period January to June 2024.

Key points considered:
- Governance and Accountability processes were assessed to provide substantial assurance that information governance controls were in place, actively monitored, and proactively reviewed and improved. The view was endorsed by Network and Information Systems (NIS) Audit which commended NHS Forth Valley for the clear commitment at senior level to appropriate cyber security controls.
- Assurance was provided that services proactively engaged with the Information Governance Unit (IGU) regularly to ensure that processes were designed to manage privacy, protect information and deal with security promptly.
- From the reporting period of January to June 2024, there were:
  - o No recorded data protection breaches that met the threshold for report to the UK Information Commissioner's Office (ICO).

- o 1 incident that required report to the Scottish Government as Competent Authority under the Network and Information Systems Regulations. Committee members were advised that the incident was related to incorrect information being displayed on a system due to an update to a web browsers auto-translation feature. Reassure was provided that patient care was not impacted.
- Committee members were reminded of the remediation project being undertaken to improve NHS Forth Valley's compliance with the statutory obligation to respond to information requests within 20 working days. An upward trajectory in compliance statistics was highlighted and Mrs Sarah Hughes-Jones noted confidence in the delivery of sustained improvement and prevention of the Scottish Information Commissioner raising NHS Forth Valley to Level 2.
- Caution was noted on the level of resource available and a lack of resilience was highlighted in times of absence. Work was ongoing to develop a business case to address areas of fragility within the IGU.
- An overall reasonable level of assurance was noted due to action in place to address and monitors gaps identified.
- Committee members noted that Freedom of Information (FOI) handling was an area of concern and had to be addressed. It was advised that spikes in FOI requests may have been correlated with increased scrutiny following the Covid-19 pandemic. Reassurance was provided that the demand had begun to plateau with 104 open requests.
- Following discussion, it was agreed that work was required to review the content and delivery of Information Governance's mandatory training to achieve compliance across the organisation.
- Committee members noted thanks to the IGU for their efforts with the increase of FOI performance.

Actions:
- Include performance data regarding subject access requests in future reports.

7.2   Internal Audit Actions Follow Up

The Performance & Resources Committee received the 'Internal Audit Actions Follow Up' paper.

The Performance & Resources Committee:
- **Noted the status of the current audit follow up actions aligned to the Performance & Resources Committee.**
- **Considered the overdue actions and the progress update provided.**
- **Agreed the proposed level of 'reasonable' assurance**
- **Agreed that no specific issues needed to be highlighted to the Audit & Risk Committee.**

The purpose of the paper was to provide the Performance & Resources Committee with oversight of the audit actions aligned with the remit of the committee.

Key points considered:
- Committee members were advised that the purpose of the new report presented to the committee was to provide further scrutiny and governance of internal audit actions.
- The Internal Audit Report 2023/24 identified 10 actions associated with the Performance & Resources Committee, of which:
  - o 5 remained within the due date.

- o 5 were overdue and assigned a revised date following a consultation with Internal Audit:
    - Environmental Strategy Rec 1a
    - Environmental Strategy Rec 1b
    - Cyber Resilience Ref 1
    - Cyber Resilience Ref 3
    - Cyber Resilience Ref 4
- Committee members were informed that the Audit & Risk Committee had oversight of the progress of such actions. Caution was noted on the potential risk of duplication when providing the report to respective assurance committees.
- Colleagues noted that the comprehensive report supported the tracking of recommendations and increased visibility of progress to committee members.
- Following discussion, it was agreed that 'Internal Audit Actions Follow Up' would be scheduled as a standing item at the Performance & Resources Committee. The Chair asked that the format of the report was reviewed to reduce repetition.

Action: Schedule 'Internal Audit Actions Follow Up' as a standing item, to be kept under review to ensure it continued to be necessary.

8. Better Care

8.1   Performance Report

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

The Performance & Resources Committee:
- **Noted the current key performance issues.**
- **Noted the detail within the Performance Report.**
- **Agreed the proposed level of 'reasonable' assurance.**

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

Key points considered:
- At the end of July 2024:
    - o The overall compliance with the 4-hour Emergency Access Standard (EAS) was 57.6%, with 99% compliance within the Minor Injuries Unit (MIU) and 49.8% within the Emergency Department (ED).
    - o A total of 2,476 patients waited longer than the 4-hour target across both the ED and MIU, with 936 waits longer than 8 hours, 376 waits longer than 12 hours, and 52 waits longer than 23 hours.
    - o Delayed discharges (excluding Code 9 and guardship) were noted at 91 delays, in comparison to 74 in July 2023. There was a total of 51 code 9 and guardianship delays, and no infection codes. The total number of delayed discharges was noted as 142.
    - o There was 3,400 bed days occupied by delayed discharges which saw an increase from 2,436 in July 2023.
    - o The number of patients on the waiting list for a first outpatient appointment had decreased to 13,740 in comparison to 19,902 in July 2023. Those waiting beyond 12 weeks had decreased to 4,311 from 8,346 in July 2023. Activity against the 2024/25 annual delivery plan highlighted that 116% of predicted activity for quarter 1 had been completed.
    - o 5,520 patients were waiting beyond the 6-week standard for imaging, with 389 patients waiting beyond 6 weeks for Endoscopy.

- In June 2024, the cancer target compliance was noted as:
  - 62-day target: 81% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment, compared to 71.3% in June 2023.
  - 31-day target: 100%
  - 7 of the 10 cancer pathways had achieved 100% compliance, with Lung 77.8%, Melanoma 75% and urology 58.3%.
  - The highest number of breaches were recorded within the Urology pathway.
- The new outpatient Did Not Attend Appointment (DNA) rate across acute services July 2024 was 5.6% which was an improvement from 6.6% in July 2023. The return outpatient DNA rate across acute services in July 2024 was 6.6%.
- In July 2024, 69.5% of Psychological Therapies patients had started treatment within 18 weeks of referral.
- In July 2024, 98.8% of Child & Adolescent Mental Health Services (CAMHS) patients started treatment within 18 weeks of referral.
- Sickness absence remained above the 4% target at 7.26% in June 2024, noting an increase from 6.45% in June 2023. Reassurance was provided that staff absence was monitored and reviewed at all Staff Governance Committee meetings where broader measures were being considered.
- Following discussion, assurance was provided that early discussions had taken place with Chief Officers of the Health & Social Care Partnerships (HSCP) to consider including Primary Care performance data with the report.
- Committee members were advised of a letter sent from the Scottish Government regarding continued enhanced support for Psychological Therapies.
- Committee members noted that an Unscheduled Care update was scheduled for the 29 October committee meeting and whole system actions and impacts would be outline in greater detail.

Actions:
- Possibly as part of a wider review of the Performance report, add: (a) metrics relating to Primary Care; and (b) trajectory information for the most important metrics.
- Consider Urgent and Unscheduled Care at the Committee's next meeting.

9. Better Value

9.1 Environmental Sustainability & Climate Change Strategic Risk Review

The Performance & Resources Committee received the 'SRR017 Environmental Sustainability & Climate Change Strategic Risk Review'.

The Performance & Resources Committee:
- **Endorsed the evaluation of the assurance provided for SRR017 Environmental Sustainability & Climate Change, whilst noting that the risk now needed to be reconsidered and rescoped to reflect the anticipated lack of specific funding provided by the Scottish Government.**
- **Agreed the proposed level of 'limited' assurance.**

The purpose of paper was to provide an assurance assessment on SRR017 (Environmental Sustainability & Climate Change) focused review.

Key points considered:
- Following a focused review, it was noted that the risk score had increased from 15 to 20 as a result of the reduction in availability of funding to progress Environmental Sustainability workstreams.
- 6 controls were in place to mitigate the strategic risk, of which:

- o 5 were identified with a criticality of 'Absolutely Critical'.
  - 3 of which were given a RAG status of red, requiring immediate action to improve effectiveness.
- SRR017 was outwith the Board's appetite for Transformation & Innovation however remained within tolerance.
- A requirement to increase the level of visibility of Environmental Sustainability & Climate Change within the organisation was noted, where an Environmental Sustainability Champion would be assigned to a Board member.
- The further control of a whole system infrastructure plan to include environmental sustainability was noted as 'Absolutely Critical'.
- Committee members were advised that a limited level of assurance was provided due to the lack of dedicated funding to progress SRR017 actions. In relation to which concern was raised regarding the wording used within the risk overview, specifically regarding the knowledge that funding from the Scottish Government would not be provided. Assurance was provided that dedicated internal resource was still available.
- Following discussion, colleagues emphasised the importance of increasing senior management engagement to maximise resource. Reassurance was provided that work was ongoing to reestablish the Climate Emergency Sustainability Board. Committee members were advised that NHS Forth Valley had been recognised within a national report for good practice when identifying environmental sustainability & climate change gaps.

Action: Undertake work to reconsider and rescope risk SR0017 in order reflect the anticipated lack of specific funding provided by the Scottish Government.

9.2 Finance

The Committee acknowledged the extensive overview of finance and discussion at the NHS Forth Valley Board Finance Seminar which had taken place immediately prior to Performance & Resources Committee where Items 9.2.1 and 9.2.2 were discussed within that context.

9.2.1 Finance Report

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

The Performance & Resources Committee:
- **Noted the ongoing level of financial pressure and further deterioration in the overspend reported at month 4 which if continued, would translate to a projected deficit of £30m to £40m by the end of the financial year (subject to further risks, including IJB outturns).**
- **Noted the actions that were being taken to reduce the projected deficit as far as possible in-year, including the phased closure of unfunded contingency beds cessation of all on-essential discretionary spend and the review of accommodation/ premises requirements.**
- **Noted the specific actions that the Scottish Government has asked NHS Forth Valley to take forward before the next quarter 2 review with them.**
- **Agreed the proposed level of 'reasonable' assurance (in relation to the systems of control).**

Committee members were advised that Items 9.2.1 and 9.2.2 would be discussed collectively.

9.2.2 Financial Sustainability Oversight

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

The Performance and Resources Committee:
- **Noted the content of the report and highlight reports included in appendix 1.**
- **Noted the self-assessment against the 15 point grid.**
- **Agreed the proposed level of 'reasonable' assurance (in relation to the systems of control).**

The purpose of the report was to provide an update on the work of the Financial Sustainability Oversight Group for July and August 2024 and present the highlight reports reviewed by the group.

Key points considered:
- Committee members were made aware of NHS Forth Valley's exceptionally difficult financial position, noting an £11.2m reported overspend for the first 4 months of the financial year with a projected year end overspend in the region of £30m to £40m.
- Following a quarter 1 finance review with the Scottish Government, a number of actions were agreed, and the below areas to progress were noted:
  - Continue to work towards the 3% recurring baseline savings target and undertake a review on the classification of recurring and non-recurring savings.
  - Continue to engage with other Boards on their vacancy control panels to drive savings.
- Assurance was provided that the actions and plans outlined by the Scottish Government were being undertaken, with correspondence scheduled to be issued to budget holders by close of play 27 August 2024.
- Committee members noted Item 9.2.1 Appendix 2, which provided further information on escalation and the qualitative and quantitative assessments determining a Boards financial position.
- Item 9.2.2 Appendix 1 provided an oversight of the finance Highlight Reports reviewing key spend areas in detail.
- Additional work was required to self-assess NHS Forth Valley's financial position.
- Committee members were advised that £10.9m of savings had been achieved, which was £6.1m behind the planned savings delivery trajectory.
- Colleagues recognised the need to consider devising a response to the projected overspend and the consequential impacts on the delivery of savings.
- Concern was raised over the lack of timescales provided within the Milestone RAG status section of the Workforce-Other Highlight Report. Colleagues were assured that a lack of detail regarding delivery was due to the delay in the visibility of direct financial benefit however an anticipated impact was expected.
- Colleagues were asked to apply caution when referencing to Integration Joint Boards (IJBs) within delivery reports due to the nature of the ask of NHS Forth Valley and NHS Forth Valley's responsibilities for the Health & Social Care Partnerships.
- The Chair gave thanks to the Finance directorate for their ongoing work with the financial pressures experienced.

Actions:
- Circulate papers 9.21 and 9.2.2 to NHS Forth Valley Board members.

- Provide an updated version of the 15-point grid assessment to the NHS Forth Valley Board.
- Provide a plan outlining the extent to which the projected £30m to £40m overspend could be bridged, while ensuring appropriate healthcare would be delivered.

10. For Noting

10.1 The Performance & Resources Committee noted the Emergency Planning and Resilience Annual Report.

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

10.3 The Performance & Resources Committee noted the audit of Strategic Planning.

Committee members were advised of the decision to note finalised Internal Audit Reports at respective assurance committees to provide an additional level of awareness.

The Committee discussed whether the report added any information to that about which committee and Board members were already aware. While the Committee accepted that internal audit work should normally be focussed on the systems which control risks highlighted in the Risk Register, it suggested we should also consider whether internal audit would be able to add any material additional perspective. It was noted that the report had been accepted by the Chief Executive and therefore such discussions could only be fed back to the Audit and Risk Committee and used as learning for the planning of future reports.

11. Any other Competent Business

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

12. Date of Next Meeting

Tuesday 29 October 2024 at 9:00am, in the Boardroom, Carseview House.

Forth Valley NHS Board
Tuesday 24 September 2024
8.4 Staff Governance Committee

STAFF GOVERNANCE COMMITTEE
For Noting

Minute of the Staff Governance Committee meeting held on Monday 29 July 2024 via MS Teams

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

In Attendance:	Miss Chloe Archer (Observer)
	Ms Elaine Bell
	Mrs Morag Farquhar
	Mr Garry Fraser
	Mrs Neena Mahal
	Mr Kevin Reith
	Mrs Linda Robertson
	Mrs Sarah Smith (Observer)
	Miss Beth Stewart (Minute)
	Mrs Jo Tolland

1. Apologies for Absence/Confirmation of Quorum

The Chair welcomed everyone to the meeting. Apologies were noted on behalf of Ms Amanda Croft, Prof Frances Dodd, Mr Scott Urquhart, Mr Stephen McAllister, Mr Michael Brown, Miss Vicky Webb, Ms Linda McGovern, Ms Kerry Mackenzie, Ms Jackie McEwan 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 14 June 2024

The note of the meeting held on 14 June 2024 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

In terms of matters arising, the Chair advised the ICE report (Internal Control Evaluation) would be discussed under Agenda Item 7.1.

It was advised, the Workforce Strategic Risk would be added to the Agenda for the Staff Governance Committee meeting held in September 2024.

The Action Log was reviewed, and details would be updated to reflect the discussion. The following points were noted in discussion:

Item 1 – *Assurance & Improvement Update: Leadership and Culture* – Mr Kevin Reith provided the group with a verbal update including audit work being undertaken to review evidence to support closure of actions. Item 1 would be brought back for discussion at a future meeting.

Item 2 – *Staff Governance Report* – The focus on the additional detail related to Performance Reporting. A discussion had taken place with the Auditors and a timeframe was to be agreed to complete this work.

Item 3 – *Band 5 Review* – It was noted that Band 5 review applications have started to be received with 8 applications to date with more anticipated in coming months. An update would be made to the Committee in September 2024.

Item 6 – *Speak Up/Whistleblowing Report* – Mr Kevin Reith noted that the outstanding actions and elements to be built into the report would be presented back to the next meeting.

Item 7 – *Primary Care Sustainability Risk* – Mr Kevin Reith confirmed ongoing conversations are taking place around the understanding of risk, mitigating actions and appropriate Governance Committee requirements to support assurance. Return would be made to a future Staff Governance Committee meeting for discussion.

Item 10 – *Item now complete.* Discussion had taken place to confirm 5 meetings are in the diary for the Staff Governance Committee meetings held in 2025.

It was agreed that all Matters Arising from the Minute were identified in the Action Log.

5. **Staff Governance Committee Workplan**

The Staff Governance Committee received the Staff Governance Workplan.

Mr Kevin Reith identified changes within the Staff Governance Committee Action Plan (Workplan) and clarified the request from Internal Audit was to ensure clear recording around any changes. The transitional period was recognised, which continues until the meeting structure had been finalised.

Regarding the ICE Audit Recommendations, it was confirmed the first meeting of 2025 would be utilised to approve schedules and timelines for workplan 2025/26. The workplan format was in alignment with other Governance Committees and there was no current intension to amend.

Mr Robert Clark sought clarity around the 'TBC' noted under Employment, Staff Governance Standard Action Plans by Directorate / HSCP. Mr Kevin Reith confirmed a discussion would take place offline.

A proposed structure was made to allow an additional Staff Governance Committee meeting in early 2025 to enable conclusions to audit recommendations and purposes. This would then provide 6 meetings for 2025/2026. Mr Kevin Reith confirmed there is a proposed structure for a 6-meeting schedule, but however has not been approved and will need to be brought back for further discussion. The Committee Chair confirmed support, and a proposed schedule can be identified as another item on the agenda and brought to December 2024 meeting for initial consideration.

Action:
- Discussion around 2025 / 2026 Committee Workplan **– Mr Kevin Reith**
- Proposed structure for 6 meeting schedule - to be listed as a standing agenda item for all Staff Governance Committee Meetings – **Mr Kevin Reith**

6.   ESCALATION

6.1   Culture Change and Compassionate Leadership Programme

The Staff Governance Committee received the Culture Change and Compassionate Leadership Programme Report.

An introduction was provided by Mr Kevin Reith, noting the update provided to Committee in June 2024. This had focused on the competition of design work and the move into the implementation phase. It was acknowledged that the process had deliberately been given additional time and was a reflection on the principle of co-production with staff.

Ms Jo Tolland shared a presentation on Culture Change and Compassionate Leadership Programme. This presentation outlined the up-to-date progress and staff participation. A copy of the Highlight Report was also shared with the committee. It was noted that feedback had been received from Michael West in the earlier phase of diagnostic work confirming how impressive the scale of engagement and the options provided to NHS Forth Valley staff for participation had been.

The next steps have been identified, including the implementation of an action plan with clear outcomes and targets. This update had been shared with the Executive Leadership Team earlier today and a further update was given around governance and resourcing arrangements with the role of the Programme Board noted. The presentation would be shared with the NHS Board on 30 July 2024.

During discussion the Committee highlighted the challenges relating to the current financial climate. It was agreed that the action plan will be provide a focus and will assist in identifying appropriate resourcing solutions. Further update to the Staff Governance Committee will focus on how the work will support delivery against the commitment statements. It was noted that work will align with the Staff Governance Committee standard.

A number of themes were discussed in terms of what will be part of next steps:

- Implementation Plan which provides clarity around timelines
- Commitment to resource in our current Financial Climate
- Assurance Framework and clarification of assurance processes to overarch the work
- Understanding of prioritisation of work against the Staff Governance standard
- Clear trajectories to meet targets in relation to Protected Learning Time, Statutory/Mandatory Training and Personal Development Planning & Review completion. Employee Wellbeing measures to support improved staff attendance

Mr Kevin Reith confirmed that the Staff Governance Committee will continue to oversee the work progressed as part of the programme noting this will continue over the next 2 years with a review in 2025/26 to assess mainstreaming of work.

The Staff Governance Committee **noted:**
- The activity and progress of the Culture Change & Compassionate Leadership Programme
- The work being progressed to develop the Culture & Leadership Improvement Action Plan

Action:
- Copy of Culture Change and Compassionate Leadership Programme presentation to be taken to Board Meeting on 30 July 2024
- Highlight Reporting will continue to update the Staff Governance Committee Meeting

6.2   Culture and Leadership Strategic Risk Focused Review

The Staff Governance Committee considered the Culture and Leadership Strategic Risk Focused Review presented by Mr Kevin Reith.

The Committee was provided with an overview of risk SRR19 Culture and Leadership Strategic Risk with a reasonable level of assurance proposed. This was, in part, due to the work ongoing around the previous agenda item.

It was identified that there were 11 current controls. Several were amber/red and either required review, or the impact was not yet being seen consistently across the Board.

The proposed score for the risk was an increase to 15 (previously 12). The potential impact score had increased to 5 which reflected the repercussions of not successfully completing this work. Likelihood was a 3 which was in recognition of the further work required.

The Committee agreed that the focussed risk review required to be a stand-alone document and therefore requested that further detail was included on the controls. A lack of assurance was noted around the work being undertaken and there was a need for linkage between the risk and analysis against the baseline measurements.

It was identified that demonstrating the effectiveness and benefits of culture change were challenging. It was highlighted that several key metrics were in place as proxy measures e.g., sickness absence, the number of grievances, staff retention. It was highlighted that leaders had a role in listening to staff voices and the importance of good induction processes within the organisation was noted. A group would be convened to review the requirements around evaluation.

Following discussion, committee members noted that while some of the controls were not clear and did not give full assurance the analysis was good and encouraged further work to build on the assessment.

Action:
- Mr Kevin Reith would take the comments provided and discuss with Miss Vicky Webb, Corporate Risk Manager, around a refreshment and reinvigoration of the control aspect for this risk
- A return presentation would be made to a future Committee meeting

7.   GOVERNANCE

7.1   Remuneration Committee Annual Report

The Staff Governance Committee received the Remuneration Committee Annual Report.

Mr Kevin Reith provided a brief overview of the Remuneration Committee Annual Report, noting reasonable assurance was being provided. He noted the misalignment of meeting sequence which led to a delay with the presentation to the committee. It was however confirmed this will be rectified in the next cycle of meetings, when the corporate meeting schedule was set at the beginning of next year.

As part of ongoing governance work the review of Remuneration Committee Terms of Reference (and any subsequent adjustment to Staff Governance Committee Terms of Reference) will be completed.

Action:
- The Staff Governance Committee considered and approved the Remuneration Annual Report
- Proposed change for Remuneration Terms of Reference requirements will now be completed in early 2025

7.2   Annual Internal Audit Report

The Staff Governance Committee received the Annual Internal Audit Report.

Mr Kevin Reith advised a meeting had taken place with Internal Auditors for NHS Forth Valley and actions to deliver against 2023 / 2024 report recommendations are already in process. It was identified that areas for improvement would be followed up as part of the Internal Control Evaluation (ICE).

A recommendation within the paper was for the Remuneration Annual Report to be approved by September 2024. This had been completed ahead of schedule through the approval of Agenda Item 7.1 at this meeting.

The Committee was provided with a clear summary of all Staff Governance actions and an outline of management responses. Mr Kevin Reith confirmed all reports shared with auditors will also be shared with the Staff Governance Committee as part of updates which will be approved at the Audit and Risk Committee. This would allow a clear audit trail.

The Staff Governance Committee noted the outcomes of the 2023/2024 internal audit and the action points specially relating to the Committee.

Action:
- Consider a plan to be developed to collate all outstanding actions and make available to the Staff Governance Committee

8.   FOR NOTING

8.1   NHS Scotland Workforce Policies Implementation

The Staff Governance Committee noted the NHS Scotland Workforce Policies Implementation.

Mr Kevin Reith shared a letter in which was received from Anna Gilbert, Head of Workforce Practice, Scottish Government with the Staff Governance Committee.

This letter related to NHS Scotland Workforce Policies Implementation and was being circulated around all boards, to encourage the appropriate implementation of policies and improved staff awareness.

Mr Kevin Reith assured the Committee that this discussion had taken place at the Area Partnership Forum on 20 July 2024. All staff were made aware of the policies and a range of communication was implemented to ensure support was given around the policies.

9. ANY OTHER COMPETENT BUSINESS

9.1 Circulars

Mr Kevin Reith outlined to Staff Governance Committee members the work Chloe Archer; PA to Director of HR will be undertaking. It was noted that Chloe will be tracking the inbox for all circulars for appropriate dissemination. This will help identify what relevant information should be taken to each meeting.

9.2 Meeting Update

Committee members were informed that there may be a need for another Staff Governance Committee meeting after 13 September 2024.

An Additional Staff Governance Committee development session which was due to be held on 5 August 2024 has been cancelled as items for discussion have been incorporated into this meeting.

Action:
- Mr Kevin Reith confirmed he will issue a cancellation for meeting on 5 August 2024

10. DATE OF NEXT MEETING

Friday 13 September 2024 at 9.00am in the Boardroom, Carseview (hybrid)

Minute of the **Area Clinical Forum** meeting held on **Thursday 18 July 2024 a**t **6.15pm** via MS Teams

Present: Kirstin Cassells (Chair)   Elizabeth Kilgour   Lucie Risk
Oliver Harding   Rhona King   Wendy Nimmo

In Attendance: Sarah Smith, Corporate Services Assistant/PA *(Minute Taker)*

---

1. Apologies for Absence/Confirmation of Quorum

The Chair welcomed everyone to the meeting. Wendy Nimmo was welcomed to the meeting in her role as Chair of Area Nursing and Midwifery Advisory Committee and introductions were undertaken.

Apologies for absence were noted on behalf of: Andrew Murray and Amanda Croft.

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 23 May 2024

The Area Clinical Forum approved the minute from 23 May 2024 subject to the following amendments:
*   Item 4.2 amendment to Neena's name.

4. Matters Arising from the minute/action log

The action log was presented and would be updated as follows:
*   PAC Terms of Reference – to be carried forward to 12/09/24
*   Speak Up/Whistleblowing & Culture work – invite to Kevin Reith for next meeting, to provide as part of a wider HR update.

Dr Harding sought an outcome on the proposed discussion around use of 'Social Media to aid community engagement' as noted within the last minute. It was agreed a communication update would be sought for the November 2024 meeting. **Action: Admin**

4.1 Safe Staffing

This was noted as a standing Agenda item to enable updates on developments.

Dr Lucie Risk provided an update for Psychology, advising that action plans were ongoing and working groups which were being monitored by Clinical Governance and internally by Senior Psychology Management Group. It was noted that Psychology in Scotland did not have a HIS advisor so there was challenge around calculating staffing numbers.

In terms of Pharmacy, Ms Cassells advised SOP was in place and there were Escalation Plans for each area. Recording safe staffing in real time was in place with an MS Teams forms identified to report any issues with staffing numbers. Additional work was required and ongoing.

For Nursing, Health Improvement Scotland have been involved with a highlight report requested and planning underway with groups being established.

5. FOR DISCUSSION

5.1 Agenda for Change – reduction in the working week

A verbal discussion took place, with ACF members highlighted challenges which included calculations for part-time staffing due to accuracy issues around the tool published by Scottish Government. Any errors in calculations, could result in staff requesting significant time back as the organisation approached the challenges of Winter. A short life working group was in place, but the organisation had received no further updates.

Job planning and Mandatory Training was discussed, noting differences between departments, with some having no protected time or study days. This was creating additional challenge around the Agenda for Change requirements. In terms of Nursing and Midwifery, a piece of work had been commissioned around protected learning and how this was being captured and recorded locally.

The Forum raised concerns around the implications from the significant time and capacity that would be lost to the organisation. Assurance would be sought from the Director of Human Resources as part of his update to the Area Clinical Forum.

It was agreed this would be a standing item for the Area Clinical Forum, due to challenges highlighted during discussion.

5.2 NHS Board Agenda

The Board would be held on Tuesday 30 July 2024. Amendment to the Agenda was noted, with Chairs of Reporting Committees presenting their minutes for noting and providing verbal updates on key issues only.

The NHSFV Corporate Plan was on the Board Agenda and Ms Cassells confirmed she would review the paper to ascertain if this should have come to the ACF for discussion. If so, this would be followed up with Mr Kevin Reith. **Action: Ms Kirstin Cassells**

Finance was a key issue noting a significant overspend at this point in the year. The ACF agreed a financial update would be useful. Mr Scott Urquhart, Director of Finance would be invited to attend a future meeting and provide an update on the key issues. This could then be taken into individual groups. **Action: Admin**

The Healthcare Strategy (Population Health & Care Strategy) was discussed, noting this was not on the Board Agenda. Ms Cassells confirmed discussion with Jennifer Champion with a request for the ACF to be involved in discussions. Dr Haring confirmed the Area Medical Committee had reviewed the principles paper at that last meeting, with feedback provided. This would be shared with the ACF members. **Action: Dr Oliver Harding**

6. FOR NOTING

The Area Clinical Forum
- **Noted the minutes of the reporting groups as presented.**

6.1   Area Pharmaceutical Committee 07/02/24; 03/04/24; 05/06/24

The APC minute from 05/06/24 was in draft until the August meeting. Topics discussed included the Community Pharmacy Model hours which had been changed by NHSFV to ensure consistency, with Saturday opening hours being 9am – 5 pm. Any requests to change were currently presented to the APC, however a request had been made to the Contracts Team for review around options for wider consultation and comment.

The Pharmaceutical Care Services Plan had been updated and would be brought to the next meeting.

6.2   Psychology Advisory Committee – Verbal update

Dr Risk noted the last meeting was held on 27 June 2024 with minutes still in draft. The main topic discussed at this meeting was the Board's position on fixed term contracts and the significant impact on Psychology. Detail was provided around the pre-qualified assistant Psychology posts, noting these were all fixed-term contracts due to funding availability. Challenge was noted around retention and routes for progression from undergrad to Doctoral training.

The ACF recognised fixed term roles was an issue that impacted on a number of services.

6.3   Area Dental Committee – Verbal update

There was no representative present.

6.4   Area Medical Committee – 26/03/24

Dr Oliver Harding confirmed an informal meeting was held due to not being quorate. In terms of the AMC membership, appointment had been made to one of the Mental Health posts. There was also an over-subscription of the Acute members. A Clinical Leads meeting would be held on 09/08/24 where establishment of an Acute Sub-Group would be discussed.

Topics for discussion at the AMC had been the Healthcare Strategy and Whistleblowing. The Culture Change and Compassionate Leadership was also highlighted, with a request for members to participate.

6.5   Area Nursing and Midwifery Advisory Committee – 06/06/24

The ANMAC had only recently reformed, with the 06/06/24 being the second meeting. A refresh of the process had been undertaken, with benchmarking work against other Boards to ensure a strengthening of the ANMAC voice. Potential inclusion of AHPs was discussed with this being brought to the next meeting in September. This work was at an early stage and would be brought back to ACF at a future meeting.

Feedback had also been provided to the Executive Nurse Director around the diagram strategy on a page for Nursing and Midwifery. Culture change was also discussed noting some areas with minimal awareness.

An increase in research capacity within Nursing and Midwifery and engagement with universities was a key topic, noting Stirling University was an ANMAC member and clinical academic homes were being developed.

Challenge was noted around a perceived divide between Acute and Community with work to be undertaken to understand the reasons. The Committee however had acknowledged the benefit of there being an environment where issues like this could be shared.

Strengthening of membership would be a focus going forward.

6.6   Area Optical Committee – Verbal update

The last meeting had taken place on 20/05/24 and a verbal update had been provided previously. Topics for discussion had included Independent Prescribers and additional NESGAT qualification for Community Glaucoma Care. This was a National scheme and the process was outlined. Clinical guidelines were still being established. Significant work would be required to fully establish the programme.

6.7   Healthcare Science Local Forum – Verbal update

Liz Kilgour advised the June meeting was not quorate and the next would be held in August.

Local focus was on Safe Staffing with onboarding onto the HIS tool with work ongoing around SOP and Escalation charts for each speciality.

A Stakeholder Event was held for the new Chief Executive for NHS Forth Valley. Ms Kilgour had attended for Kirstin Cassells and provided feedback around the event. This was a new process which had been trialled in Tayside.

6.8   Allied Health Professionals – Verbal update

There was no one present to provide an update.

7. FOR APPROVAL

8. BETTER GOVERNANCE

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

9.   Date of next meeting

The next meeting would be held on Thursday 14 November 2024 at 6.15 pm via MS Teams.

RATIFIED Minute of the Area Partnership Forum meeting held on Tuesday 23 July 2024 at 2 pm, within the Boardroom, Carseview and via MS Teams.

Present: Robert Clark, Employee Director (Chair)
Amanda Croft, Interim Chief Executive (Co-Chair)
Elaine Bell, Associate Director of HR
Emma Small, RCN
Frances Dodd, Executive Nurse Director
Gillian Tait, RCN
Greig Kelbie, Regional Officer, Unison
Janet Sneddon, RCM
Jennifer Borthwick, Director of Psychological Services, Mental Health & Learning Disabilities
Julie McIlwaine, HR Service Manager
Julie Mitchell, Recruitment Manager
Karen Goudie, Director of Nursing
Kevin Reith, Interim Director of HR
Linda McGovern, Associate Director of HR
Linda Robertson, HR Service Manager
Lynsey Walker, Dietician
Morag Farquhar, Director of Facilities
Nick Hill, GMB
Tom French, Chair of FV LNC

In Attendance: Charlie McCarthy, Chair of Unison Branch, NHSFV (for Karren Morrison)
Chloe Archer, PA to Interim Director of Finance (observer)
Jo Tolland, Programme Director, Compassionate Leadership Programme
Kristoffer Robertson, Service Manager, EDT (for Garry Fraser)
Sarah Smith, Corporate Services Assistant/PA (minute)

---

1.   **Apologies for Absence/Confirmation of Quorum**

Apologies for absence were noted on behalf of: Elaine Macdonald; Emma Currer; Gail Woodcock Garry Fraser; Gillian Morton; Judith Proctor; Karren Morrison; Orianne Johnston; Aileen Graham Yvonne Myler; Pamela Bowman

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 18 June 2024**

The note of the meeting held on 18 June 2024 was approved as an accurate record subject to the following amendments:
• Page 2 – '6 weekly cycle' to be amended to '6 meetings per year.'

4.   **Action Log**

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

5.   **Culture Change and Compassionate Leadership Programme**

The Area Partnership Forum received a presentation led by Ms Jo Tolland, Programme Director, for the Culture Change and Compassionate Leadership Programme.

An introduction to the programme was provided, noting current progression into the planning and implementation phase. Previous work was noted, with findings on the Staff Intranet.

Significant staff involvement was recognised which had been praised by the programme founder, Michael West, specifically around the accessible approach provided by NHS Forth Valley. The data received had been expansive and challenging, with the Senior Leadership Team encouraging and supporting staff in being open and honest in their feedback.

Ms Tolland outlined the 7 themes identified through data gathering and synthesis, with clarity provided around the roadmap for the design phase of the programme. This provided insight into the significant progress made and the staff feeling encouraged to contribute.

Detail was provided on the multiple solution design sessions held which focused on the 7 themes. These were then followed by Validation and Prioritisation sessions which resulted in an initial 10 programme workstreams. An action planning approach would be taken for the workstreams, with overarching input areas noted in supporting the definition and scope of each workstream. These included Commitment statements, with Jo outlining examples within the presentation, with caveat these were currently under development.

In terms of the project summary for the design phase, note was made of the Walk in my Shoes Project which had been approved by ELT yesterday (22/07/24) for continuation.

Ms Karen Goudie outlined the Safety Collaborative launch recognising a need to ensure interconnection with existing projects and ensure staff involvement.

As part of the next steps, an action plan was currently being created, with this being an iterative and ongoing process. The positive involvement from staff was recognised throughout the entire process.

The APF acknowledged the positive work being undertaken, with NHS Forth Valley recognised as being bold, ambitious and leading by example. The APF did however observe a need to identify if Leadership was encouraged within the organisation to provide a compassionate leadership approach. It was agreed the focus for work should be on NHS Forth Valley aspiring to be a gold standard organisation for fair work and family friendly policies. There was therefore a need to continue to build on current work and utilise existing frameworks where possible.

The Presentation would be shared with the Forum members and highlight reporting would continue. This would enable assurance to be provided to the NHS Board around the APF involvement.

6. Agenda for Change non-pay implementation

Protected Learning – Ms Linda McGovern provided a verbal update. Several national groups had been established, with a joint group looking at implementation. This was being done on a Once for Scotland basis. Discussion however was currently ongoing around local recording on an interim basis. An additional area of national focus was around statutory/mandatory training and potential utilisation of a staff passport, with an aim to provide a cohesive approach across all Boards. Karen Gormal, Organisational Development, had compiled a list of programmes within NHSFV, both broadly and role specific. A circular from Scottish Government provided clarity around the Statutory and Mandatory training as well as PDPRs. Linda confirmed she would forward this to Robert Clark.

Mr Reith noted an aim for enhanced Performance Reporting, which would be brought into various forums, including APF. This would provide clarity around trajectories and current position.

Band 5 Nursing Review – Mr Charlie McCarthy provided a verbal update noting communications had been issued in relation to commencement at the end of the Summer period. An additional staff

member would be sought to lead on this work, with expected start being September 2024. 2 days of training would also be undertaken to create additional analysts, which would allow a focus on business as usual and ensure minimal impact. A national portal was in place with a small number of applications received to date. The national team were looking at issuing guidance to aid staff in completion of the detailed review form. Assurance was provided that these forms should be completed in collaboration with manager who should be clear around responsibilities. This should ensure staff received any additional support required. Clarification was sought around financial implications for the Board. Ms Croft confirmed the expectation was that Scottish Government would fund all non-pay elements of the Agenda for Change however clarification around specifics was still awaited.

Reduced working week – Ms Elaine Bell provided a verbal update around the monitoring data which was provided monthly. For July, Corporate Services had 100% response rate with 96% (+2%) implementation. For Acute Health and Social Care Partnership, there was an 88% response rate with 63% implementation (+9%). For Clackmannanshire and Stirling, the position was 77% which was a 13% improvement. Falkirk reported 87.5% which was a 3% increase. For NHSFV in total, this was an implementation rate of 76.5% which was a 7.6% improvement from June. Ms Bell also advised that final implementation dates had been received, which were 31/08/24 for non-rostered staff with the organisation being on track to achieve. Rostered staff (shift workers) deadline was 30/11/24. Recognising capacity challenges, HR colleagues are working with Payroll colleagues to cross check returns with SSTS. This was to ensure staff were not under or over paid. This was working well to date however caution was expressed around ensuring part-time workers were aware of their inclusion within this reduction. A solution around part time workers was still awaited from STAC with update anticipated. Assurance was sought around Serco staff, with confirmation they formed part of the Oversight Group that continued to meet fortnightly. All information was being shared, however staff advised this has not been received from some managers. This would be followed up at the next Oversight meeting. In terms of the future further reduction in the working week, Ms Bell advised of advice received that nothing would be agreed until this initial 30-minute reduction was fully implemented.

It was agreed that for good governance a paper for each workstream would be brought to the September APF. **Action: Elaine Bell**

7. Employee Director Group Update

The Area Partnership Forum received a verbal update on the Employee Director Group meeting held 22 July 2024 from Mr Robert Clark. A summary was provided of the discussions taken during the open morning session.

A key topic discussed was the lack of communication from STAC (Scottish Terms and Conditional Committee), SWAG (Scottish Workforce and Staff Governance) and the Scottish Partnership Forum, particularly to the Employee Directors.

Paula Spiers, Deputy Chief Officer, Scottish Government, spoke on National Service Reform. The challenges being experienced were outlined with work being taken forward through the National Clinical Framework. Aim was to avoid creating an additional strategy. Slides would be circulated when available. **Action: Robert Clark**

Laic Khalique, Chair of Ethnic Minority Forum, presented and provided a background to the Forum. This reported that 74% of the ethnic workforce in Scotland have received racial abuse or discrimination at work in the last 12 months. This emphasised the importance of the Culture and Leadership work being taken forward in NHS Forth Valley. The annual report from the Forum was due to be published shortly and would be circulated to APF members. **Action: Robert Clark**

Rosemary Agnew, Independent National Whistleblowing Officer and Elaine Cameron, Head of Investigations and Deputy INWO. Initial focus should be on concluding within local processes where possible. It was noted that 14% of cases referred to INWO were returned for this purpose. Speak Up Week was in October and it was agreed APF should promote.

8. Update on Organisational Development Priorities including Learning Education and iMatter

The Area Partnership Forum received a paper 'Update on Organisational Development Priorities including Learning Education and iMatter, presented by Mr Kevin Reith, Interim Director of HR.

Mr Reith advised that as part of the APF workplan, performance reports would be regularly brought to the Forum to highlight key areas. Broader narrative around programmes of work would be provided to the Forum on a rotational basis.

Item 3.1 on page 4 of the report outlined Turas Appraisal & Local reporting. This provided the three measurements for Personal Development Reviews. Specific focus was ongoing to improve the percentage of staff with a signed off PDP. For July 2024 this was 37.8% against the 80% target. It was requested that Forum members ensure follow up with staff.

Ms McGovern advised the Organisational Development Strategy was being reviewed, noting an interim document would be in place until appointment was made to the Head of Organisational Development.

Inductions for new staff were discussed noting relevant information was on the Intranet. This was being reviewed with discussion ongoing with Wendy Nimmo, Innovation Lead, around potential digital involvement. Potential inclusion of 'check in's' with new staff at 3/6/12 months was also being considered. Increase content of exit questionnaires was being discussed, which would improve the level of information received and enable learning for the organisation.

Professor Dodd outlined the Summer programme that was in place for new graduates. This ensured staff were supported and informed in advance of taking up post and ensuring smooth transition. Good feedback had been received.

9. FOR APPROVAL

9.1 Job Evaluation Review Procedure

The Area Partnership Forum considered a paper 'Job Evaluation Review Procedure' presented by Mr Nick Hill and Ms Julie Mitchell.

Mr Hill advised the forum that there were around 80 jobs that have been on indicative banding for a considerable time. The Agenda for Change handbook advised a period of 6 to 12 months was appropriate for review of a job description. This has not been undertaken for any of these 80 posts and the process to job match these posts was significant.

The proposal being brought to the APF was that these 80 posts be returned to the Manager for review. Following this, they would be taken through the job evaluation procedure. This would avoid duplication and additional work.

Ms Mitchell highlighted contributing factors around changes in posts and post holders and potential lack of awareness. The proposed process would ensure the recruitment process was not delayed.

Clarification was sought around applicable date following any changes that moved the post to another banding. It was confirmed any change would be to the start date, with new banding applying from when job went to advert. Assurance was provided that for any reduction in banding, staff salary would be protected and only amended when job was advertised.

The Area Partnership Forum then approved the proposed process.

AOCB

Mr Kevin Reith advised of a letter from Anna Gilbert, Head of Workforce Practice, Scottish Government. This highlighted an implementation concern being brought to the Workforce Policy Programme Board around employee awareness and knowledge of policies. Therefore, Boards were requested to ensure staff had full awareness and policies be consistently applied. No specific issue was being raised around NHS Forth Valley. Ms Bell outlined the significant communication undertaken within the organisation around Once for Scotland Policies. The next phase of Policies was due to be released in October 2024 and it was agreed a meeting would be prior, to review communication and identify any additional opportunities. The potential for QR code provision on notice boards was highlighted.

Mr Clark confirmed an item would be added to the next meeting around frequency of APF meetings.

10. Date of next meeting: 27 August 2024 at 2 pm within the Boardroom, Carseview.

Approved Minute of the **Clackmannanshire & Stirling Integration Joint Board meeting** held on **Wednesday 19 June 2024, in the Boardroom, Carseview House, Stirling**

PRESENT

Voting Members

Councillor Gerry McGarvey (Chair), Stirling Council
Allan Rennie (Vice Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Martha Benny, Clackmannanshire Council
Councillor Wendy Hamilton, Clackmannanshire Council
Councillor Janine Rennie, Clackmannanshire Council
Councillor Martin Earl, Stirling Council
Councillor Rosemary Fraser, Stirling Council
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
Robert Clark, Employee Director, NHS Forth Valley
Andrew Murray, Medical Director, NHS Forth Valley

Advisory Members
Lesley Fulford, Standards Officer
Nikki Bridle, Chief Executive, Clackmannanshire Council

In Attendance
Wendy Forrest, Head of Strategic Planning and Health Improvement
Paul Cameron, Head of Community Health and Care
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council

Sandra Comrie, Business Support Officer (minutes)
Paul Smith, Senior Planning Manager, NHS Forth Valley

1.   **APOLOGIES FOR ABSENCE**

        The Chair welcomed everyone to the meeting.

Mr McGarvey 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:

Amanda Croft, Interim Chief Executive, NHS Forth Valley
Helen Duncan, Third Sector Representative, Stirling
Paul Morris, Carers Representative, Clackmannanshire
Louise Murray, Carers Representative, Stirling
Lorraine Robertson, Chief Nurse HSCP
Narek Bido, Third Sector Representative, Clackmannanshire
Julie Morrison, Union Representative, Stirling

2.   NOTIFICATION OF SUBSTITUTES

3.   DECLARATIONS OF INTEREST

There were no declarations of interest noted.

4.   DRAFT MINUTE OF MEETING HELD ON 27 MARCH 2024

The draft minute of the meeting held on 27 March 2024, was approved.

5.   ACTION LOG

Agreed

6.   CASE STUDY

Mr Williams introduced a short film featuring Andy and Gina Witty who discussed their experience with their daughter Sophie's transition into adult services, with Clackmannanshire Council social work services within the HSCP. The film highlighted the challenges they faced receiving support through the transition process and receiving the correct care and support package for Sophie.

Mr Williams explained he wanted to share the film with the Board to highlight the necessity and importance of the Self-directed Support (SDS) policy which was on the agenda.

The Board agreed it was a powerful video and were collectively moved, and concerned with the story, and the difficulties the family faced with the transition process and receiving the appropriate support for themselves and Sophie. They acknowledged the work ongoing to develop a SDS policy in

Stirling Council and the work carried out on the proposed policy for Clackmannanshire Council.

7. CHIEF OFFICER UPDATE

Mr Williams provided a verbal update to the IJB.

Mr Williams introduced Paul Cameron, the new Head of Community Health and Care and confirmed that he will remain in post as Interim Chief Officer until the end of November 2024

The programme of summer visits with Board members is in place.

The joint inspection of integration of health and social care is underway, Mr Williams acknowledged the amount of work undertaken and confirmed the position statement for the HSCP had been submitted following the reading of 100 case files, which were identified by the Inspection Team. The inspection will have a 5-week break and would recommence late August. The next stage of the inspection will involve several focus groups with selected stakeholders, including the voluntary sector, who will request to meet with people who have received services and the team of professionals supporting them.

Mr Williams discussed Distress Brief Interventions (DBI), which is an intervention approach to support people experiencing distress and low-level mental health issues. Scottish Government has expected all partnership areas and health boards to have DBI arrangements in place for people in this state of distress and have provided funding for the first year. This will be done jointly with Falkirk HSCP to provide a Forth Valley approach through the voluntary sector, this should be in place by the end of the summer.

Scottish Government, jointly with COSLA, have embarked on a process regarding the delayed discharge position, across the country. Chief Officers are expected to attend weekly meetings with the Cabinet Secretary to improve the position before Winter.

Work on the Integration Scheme is progressing on the revision of the existing scheme.

Mr Williams confirmed that Lesley Fulford is now the Standards Office for the IJB and Committees.

8. FINANCIAL REPORT

The IJB considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Mr Murray explained the report provided an overview of the financial position for the 2023/24 financial year, subject to statutory audit. The 23/24 outcome was just over £0.5m adverse than projected at month 10.

The residual overspends on the Integrated Budget required to be met from IJB reserves in 2023/24 and, in line with delegated authority had been agreed at the IJB in March 2024. The IJB Chair and Vice Chair approved the utilisation of reserves to meet these costs, this will limit financial flexibility in 2024/25.

In relation to financial year 2024/25, the financial report incorporated an early indication of financial performance at Month 1 which was illustrative of the level of financial pressure budgets were under, abeit several areas of the efficiency and savings programme are estimated to have an increasing impact over the course of the year.

Mr Murray confirmed that further budget recovery options would require to be considered, taking into account the requirements of the Integration Scheme. There may be a requirement for the IJB to consider further decisions with direction and/or amendments to the Directions issued in March 2024. Mr Murray explained he will bring forward further considerations in this regard to the additional IJB meeting scheduled for 7 August 2024. There will be ongoing engagement with the Chief Executives and Chief Finance Officers/Director of Finance of the constituent authorities during this period.

Councillor Earl suggested there could be a more detailed breakdown of the savings in the in the approved savings and efficiency plan.

Mr Stuart asked when the IJB will start to look at disinvestment options. Mr Murray confirmed that this was something that would require to be considered soon but the approach to 24/25 budget recovery should be 'Plan A plus' rather than material change in direction.

The Integration Joint Board:
1) **Noted the overspend on the Integrated Budget of £2.616m and overspend on the set aside budget of £3.981m for financial year 2023/2024, subject to statutory audit.**
2) **Noted the approved use of reserves to meet the overspend on the Integrated Budget by the IJB Chair and Vice Chair and the reserves balances held at 31 March 2024**
3) **Noted the integrated financial report including commentary on areas of material variance from budget.**
4) **Noted the budget update and the likely requirement to bring forward further budget recovery options for consideration to the August IJB.**
5) **Issued the directions appended to the report.**

9. DEVELOPING A MENTAL HEALTH AND WELLBEING STRATEGIC COMMISSIONING PLAN FOR FORTH VALLEY

The IJB considered the paper presented by Paul Smith, Senior Planning Manager.

Mr Smith outlined the proposed approach for Clackmannanshire & Stirling IJB, Falkirk IJB and NHS Forth Valley to work in partnership to develop a new Strategic Commissioning Plan for Mental Health & Wellbeing. A Strategic Planning Group for Mental Health & Wellbeing will be formed with broad stakeholder representation, meeting regularly to both drive and oversee the development of the Strategic Commissioning Plan. He confirmed the plan also included the mental health needs of older adults, including those with dementia, and of children and young people.

Mr Smith provided an overview of the key steps to be carried out, which included seeking the views of people and families with lived experience alongside carers, staff supporting or delivering services, identifying delivery gaps, and drafting a high-level strategic plan by the end of December 2024. Consultations with all key stakeholders will take place in January-February 2025 and the draft Plan will be taken to Clackmannanshire & Stirling and Falkirk IJB's by the end of March 2025.

The development of the Strategic Commissioning Plan will be led by Dr Jennifer Borthwick, Director of Psychological Services/Head of Clinical Services, Dr Nabila Muzaffar, Associate Medical Director (Mental Health), and Hazel Meechan, Mental Health Lead for Public Health. They will be supported by the Mental Health & Wellbeing Strategic Planning Group and strategic planning services, with Executive Sponsorship from the Chief Officer for Clackmannanshire & Stirling HSCP.

The Board discussed the strategic approach and how the Strategic Planning Group would engage with people and families.

The Integration Joint Board:
1) **Approved the development of a Forth Valley Strategic Commissioning Plan for Mental Health & Wellbeing.**
2) **Issued directions as set out in Appendix 1.**

10. SELF DIRECTED SUPPORT POLICY

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

The Self-directed Support (SDS) Policy has been developed to ensure that care and support is delivered in a way that is compliant with the SDS legislative requirements in terms of choice and control. The Policy was developed by the SDS Policy Officer in consultation with key stakeholders and

lays out the journey for supported people and will support staff to change practice where required.

Ms Forrest confirmed there had been engagements across the HSCP, people with lived experience, supported people and third sector providers to develop the policy, and learning and development sessions were being held with staff groups across all services across the HSCP to support practice as laid out in the new policy.

Following discussion, the Board agreed it would be beneficial to see performance data, to ensure that the HSCP is on track, and it would be helpful if an easy read version of the policy is made available.

The Integration Joint Board:
1) **Noted the content of the paper.**
2) **Agreed the Self-directed Support Policy.**
3) **Requested an easy read version be developed**
4) **Requested that performance data related to implementation of the policy be developed and be patrt of the routine Performance Reports considered by the Board**
5) **Issued directions as set out at the end of this paper to Clackmannanshire and Stirling Councils.**

11. **PROGRESSING HEALTH AND SOCIAL CARE INTERATION THROUGH THE IJB IN CLACKMANNANSHIRE AND STIRLING**

The IJB considered the paper presented by David Williams, Interim Chief Officer.

Mr Williams explained that the report related to his experience and knowledge of health and social care over Scotland and set out issues which the Clackmannanshire and Stirling IJB should consider going forward. The IJB had not been progressing how it should have over the past few years, and there had been a lack of Directions at IJB meetings in the period. He recognised that there were a lot of opportunities ahead and confirmed the appointment of the new Chief Executive of NHS Forth Valley.

There were several issues for the IJB to consider, the Board agreed that there had been a distinct lack of decision making and the paper was a clear reflection of where the IJB was at present and where it should be in the future. Mr Williams recognised that the biggest challenge is how to move from the current culture and take on the new cultural change. He explained that due to the uniqueness of the IJB working with two councils, the changes would have most impact on the operational side and it would require to strategically plan for the population of Clackmannanshire and Stirling together.

The Board agreed that it was a difficult and honest paper which highlighted the lack of progress made, as well as highlighting that leadership stability was a key factor to enable changes going forward. It also highlighted the

importance on service users, as there was still a long way to go with integration.

Mr Clevett highlighted the work which had been carried out by the three locality groups and proposed to bring this agenda to a future IJB.

The Board discussed the combining of Audit & Risk Committee and the Finance and Performance Committee to become one Committee going forward. Mr Murray confirmed that the draft terms of reference for the joint committee will be brought to the August IJB.

Mr Williams confirmed that a separate paper on the functioning of the HSCP had been issued to the three chief executives of the constituent authorities, the paper highlighted the way the current arrangements in place were impacting and how the operational side was working. The linkage between the IJB and the operational side was set out in the Directions. Mr Williams explained it was important that the three constituent authorities recognise that if the existing workforce continue to work separately which has to date been the case leading essentially to non-integration, and didn't see Directions from the IJB, nothing will change.

As a consequence of this discussion the draft revised standing orders have been deferred to the August meeting.

The Integration Joint Board:
 1) **Considered and accepted the content of this report.**

12.   DRAFT REVISED STANDING ORDER

The Board agreed for this paper to be deferred to the August IJB.

13.   IJB STRATEGIC RISK REGISTER

The IJB considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

The Strategic Risk Register remained in the same format as previously presented. Mr Murray confirmed that work was ongoing to update the risk management framework, and the Senior Leadership Team had set aside time to work on the new format.

There was one increased risk, number 17 "potential industrial action" which Mr Murray advised would be discussed in more detail at the Audit & Risk Committee on 26 June 2024. Councillor Earl encouraged anyone with any thoughts on the Risk Register to email these to him, or a Committee member, and these would be considered at the meeting.

The Integration Joint Board:
1) **Reviewed and approved the Strategic Risk Register**
2) **Noted that a draft updated Risk Management Strategy will be presented to the IJB Audit and Risk Committee on June 26**

14. **INTEGRATED PERFORMANCE FRAMEWORK**

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest explained that the draft Integrated Performance Framework (IPF) aligned with the priorities as laid out in the Strategic Commissioning Plan. The IJB is required to have an overview of all the delegated functions. She confirmed that any comparative data available would be included in the IPF, which would be compared to national figures to give a rounded view.

As the draft framework was a comprehensive report, Mr Fairbairn suggested it is kept under review. Councillor McGarvey acknowledged that the information should align with the financial position.

Mr Fairbairn asked for the performance framework to be able to also measure compliance with Directions over time as part of the reporting.

The Integration Joint Board:
1) **Reviewed, considered, and agreed the draft IPF being presented.**
2) **Asked officers to ensure that the revised format of the report continues to take into account the recommendations of the 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".**

15. **Alcohol and Drug Partnership (ADP) ANNUAL REPORT**

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest explained that there was a requirement each year for an Alcohol and Drug Partnership Annual Report to be developed with all partners for submission to Scottish Government. Ms Forrest explained that this report did not reflect the totality of the work carried out by the ADP but was a snapshot of activity.

Mr Williams explained that there was previously a requirement for monthly reporting for the Medically Assisted Treatment (MAT) Standards reporting. Gail Woodcock and he have written to Scottish Government to request that reporting be carried out on a quarterly basis following an improvement of performance and delivery of the MAT Standards.

The Integration Joint Board:
1) **Noted the contents of the ADP Annual Report 2023-24**
2) **Approved the submission of ADP Annual Report to Scottish Government**
3) **Agreed for quarterly updates on work of ADP to reduce substance use harm across communities.**

16.   FOR NOTING

Minutes

a. **Joint Staff Forum – 24.01.2024**
b. **Strategic Planning Group – 21.02.2024**

23.   ANY OTHER COMPETENT BUSINESS (AOCB)

There was no other competent business.

24.   DATE OF NEXT MEETING

07 August 2024

FORTH VALLEY NHS BOARD
Tuesday 24 September 2024

10. Update on Level 4 Escalation
For Assurance

Executive Sponsors: Ms Amanda Croft, Interim Chief Executive; Mrs Neena Mahal, Chair

Author: Ms Kerry Mackenzie, Acting Director of Strategic Planning and Performance

---

Executive Summary

The Escalation Assurance and Improvement Plan paper, at appendix 1, details the reasons for NHS Forth Valley's escalation to stage 4 of the NHS Scotland Support and Intervention Framework and to highlight the key or headline issues. It illustrates the work that has been undertaken across the whole system to elicit sustainable improvements and outlines the impact of this work by describing what is different under the areas of Culture, Leadership, Governance, Integration, Healthcare Improvement Scotland and Urgent and Unscheduled Care.

Recommendation

The Forth Valley NHS Board is asked to:
- **note** the content of the Escalation Assurance and Improvement Plan paper with particular focus on the impact of actions and what is different and **discuss** if there are any gaps or areas of work which require additional focus.
- **note** the Assurance Board received the Escalation Assurance and Improvement Plan paper on 5 September 2024.
- **note** the updated Assurance and Improvement Plan at appendix 2.
- **note** that the assurance and monitoring of actions will continue through business-as-usual monitoring by the Board's Governance structures.

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 has been 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

Current Position

A comprehensive review of the full Assurance and Improvement Plan was undertaken in June 2024, where 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'.

Those actions highlighted as 'in progress' were transitioned to a new Assurance and Improvement Plan.

The Escalation Performance & Resources Committee had reviewed the Plan at its meeting on 18 June 2024 and had indicated it was content with the proposed status descriptors, the status of actions and the actions transitioned to the updated Assurance and Improvement Plan.

The updated Assurance and Improvement Plan was considered at the Assurance Board meeting on 27 June 2024. Following discussion around the status of actions and the evidence of progress a number of additional actions were designated '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.

At its meeting on 30 July 2024, the Forth Valley NHS Board agreed the transition of actions 'in progress' to the new Assurance and Improvement Plan and thereafter approved the new Plan.

The Assurance Board had indicated that at their meeting on 5 September 2024, the Board should clearly articulate what was different in relation to outcomes and the impact of the work that has been undertaken.

A full review of the completed and ongoing actions was carried out with a paper drafted collaboratively detailing the key issues in relation to NHS Forth Valley's escalation to stage 4 of the NHS Scotland Support and Intervention Framework. The paper described the work that has been undertaken and in some areas was ongoing across the whole system to enable and elicit sustainable improvements. Importantly, it outlined the impact of this work by describing what is different.

The Escalation Performance and Resources Committee on 14 August 2024 considered the content of the Paper focussing on the impact of actions undertaken and what is different. It was noted that the various iterations of the Plan had been appropriately adapted and reprioritised as required. General comments and feedback were provided by attendees, and these were incorporated within a second iteration of the paper. This was circulated to the full Board and the Senior Leadership Team seeking further feedback enabling presentation of the paper to the Assurance Board in September.

The Assurance Board met with the NHS Forth Valley Board Chair and the Chief Executive on 5 September 2024 where positive feedback was received in relation to progress and the evidence presented within the paper.

Next Steps
NHS Forth Valley is committed to continue to work to address key issues with a focus on continuous learning and improvement. Governance and oversight of actions and associated progress will be ongoing 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.

2

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 Governance[1]'*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 Corporate Objectives approved by the NHS Board in July 2024, namely:

- Leadership: Develop individual and collective responsibility to enable a collaborative approach to system leadership.
- Culture: Model behaviours and a culture where staff and patients feel valued, safe and empowered
- Governance: Ensure clear accountability to enable effective whole system decision making.
- Transformational Change: Reimagine and redesign the way we work to improve the health of the population of Forth Valley.

---

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

- Financial: Deliver financially sustainable services and maximise effective use of resource.
- Performance: Progress incremental and sustainable improvements in our system wide performance.

Going forward the Assurance and Improvement Plan will continue to link with the Corporate Objectives.

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

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

Communication, involvement, engagement and consultation
The Escalation Assurance and Improvement Plan paper has been drafted in collaboration with all members of the Board and Executive Leadership Team.

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.

Appendices

- Appendix 1: Escalation Assurance and Improvement Plan Paper
- Appendix 2: Assurance and Improvement Plan

NHS FORTH VALLEY
ESCALATION ASSURANCE AND IMPROVEMENT PLAN UPDATE

PURPOSE

The purpose of this paper is to illustrate the progress that has been made across the whole system to elicit sustainable improvements in response to NHS Forth Valley being escalated to Stage 4 of the NHS Scotland Support and Intervention Framework. This paper outlines the impact of this work by describing what is different under the areas of Culture, Leadership, Governance, Integration, Healthcare Improvement Scotland and Urgent and Unscheduled Care.

BACKGROUND TO ESCALATION AND DEVELOPMENT OF THE IMPROVEMENT PLAN FROM DECEMBER 2022 TO CURRENT STATUS

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 approach to the development and delivery of NHS Forth Valley's plan response to escalation. This included approving the NHS Board's:

- Escalation Improvement Plan and actions to strengthen leadership, governance, and culture and, in doing so, deliver sustainable improvements in patient and staff experience as well as performance in a number of service areas.
- Programme Governance Structure to direct and oversee the delivery of effective operational services, workforce and budget management, sustainable improvements, and organisational strategy.

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. This included NHS Forth Valley reaching out to other NHS Boards who had been escalated to Stage 4 in the past to learn from their experiences and to ascertain best practice to help inform and support our own response. It was recognised that the Board's response, whilst learning from elsewhere, would also take direction and be informed by a number of diagnostic reviews notably in determining the effectiveness of our governance arrangements and cultural challenges.

5

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.

The Corporate Governance Review was commissioned to assist NHS Forth Valley in identifying any improvements to the approach taken to corporate governance that would be required to address the range of performance-related issues included in the NHS Forth Valley Escalation Improvement Plan. The Corporate Governance Review Terms of Reference were approved by the NHS Board in January 2023 with the review outputs anticipated in June 2023.

On 31 March 2023, the then Chief Executive wrote to Christine McLaughlin, Chair of the NHS Forth Valley Assurance Board by way of a progress update and to highlight the approval of our Escalation Improvement Plan version 2 by the NHS Board on 28 March 2023.

Escalation Improvement Plan version 2 was in place for the period March to August 2023. This included new and ongoing actions from the first iteration of the plan 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 that the Plan had identified 17 high level actions broken down into 64 sub actions. In reviewing progress with the plan, 61% of the sub actions were complete. The remaining actions that were underway continued into the third iteration of the Escalation Improvement Plan, known as the Assurance and Improvement Plan (approved by the NHS Board in November 2023), and have been monitored within that governance structure.

The Assurance and Improvement Plan built upon the work already undertaken in the first two versions of the Escalation Improvement Plan and aimed to provide 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 against the Blueprint for Good Governance was undertaken in September 2023 with the review of Corporate Governance Report received in October 2023 (the latter having been delayed due to temporary unavailability of personnel within the external review team). Work was concluded to map these two pieces of work to ensure that any outstanding actions were captured within the Assurance and Improvement Plan.

NHS Forth Valley approved the Assurance and Improvement Plan in November 2023 and work continued to progress with many improvements in both usual and new business processes. Work across all the priority areas was monitored under normal business arrangements, to support continuous improvement and progress changes across the whole system.

As work to deliver actions within the Assurance and Improvement Plan continued, we planned to concentrate on any outstanding actions that required 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.

In reviewing the plan, the update on actions was summarised to detail the up-to-date position. Actions assessed as in progress were transitioned to an updated plan enabling focus on the outstanding actions where work needs to continue.

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 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 highlighted a number of amendments and thereafter indicated that it was 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 discussion around the status of actions and the evidence of progress, several 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 content that sufficient improvement had been made with satisfactory monitoring processes in place.
Specific areas of focus within the updated Plan 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.

The updated Assurance and Improvement Plan was approved by the Forth Valley NHS Board on 30 July 2024. Work continues to address the actions in progress with governance and oversight of actions and associated progress continuing through the agreed governance routes.

Significant progress has been made since November 2022 and we have seen the positive impact and outcomes while continuing to prioritise and close out any remaining actions. 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 undertaken will never be concluded as it becomes embedded and monitored as business-as-usual activities with a focus on continuous learning and improvement.

The impact of the work undertaken under the headings of Culture, Leadership, Governance, Integration, Healthcare Improvement Scotland and Urgent and Unscheduled Care is described below.

CULTURE

Whistleblowing
Whistleblowing is one of several ways in which staff can raise concerns and the NHS Board regularly scrutinises Whistleblowing activity on a quarterly basis at its Board meetings. The whistleblowing infrastructure has been significantly strengthened with whistleblowing and Speak Up consolidated and strengthened with alignment to the Executive Nurse Director. The infrastructure includes administrative support for the processes, and an increase in confidential contacts which improves access for concerned staff for advice, support, and

7

guidance. The whistleblowing investigations have been enhanced with an increase in the number of lead investigators which will continue to strengthen overtime.

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

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

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

There is an ongoing focus on Whistleblowing training for Senior Managers with governance arrangements through the NHS Board and the Staff Governance Committee.

The intranet page relating to whistleblowing and Speak Up has been reviewed to inform the organisation of the details and profiles of the confidential contacts and the lead investigators with further work being undertaken to ensure accessibility. This is designed to support people with concerns, giving them the opportunity to approach a confidential contact as early as they need to ensure the right level of support is available to them at the time of their concerns. This is hoped to support early intervention, visibility of staff who are providing this support and confidence in the Board's commitment to the whistleblowing process.

Preparations are underway for Speak Up Week 2024 (30 September – 4 October) including plans to circulate a number of videos, resources and learning from the past in order to enhance the Speak Up culture.

Culture Change and Compassionate Leadership Programme
Work has been carried out to review different approaches to improving culture in a range of NHS organisations across the UK. This has resulted in the development of our Culture Change and Compassionate Leadership Programme which is being taken forward across NHS Forth Valley, to include our two local Health and Social Care Partnerships. The approach taken to culture change and compassionate leadership is based on listening to the views and experiences of a broad range of staff to get a better understanding of what the real issues are. As a result, action can be taken to directly address these issues and make tangible changes to improve the experience of staff and the wider culture.

The Culture Change and Compassionate Leadership Programme was launched in early 2023 and since that time has 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. Some of this feedback included difficult messages from staff about their experiences which have been acknowledged by the Board, the Executive Leadership Team

and Area Partnership Forum with a commitment to support and prioritise change. The collaborative Solution Design Phase has now been concluded, the outputs of which have now been incorporated into the Draft Culture and Leadership Improvement Action Plan. Delivery will be overseen by the Programme Board reporting to the Executive Leadership Team, and the Staff Governance Committee to the NHS Board.

The work on the development of actions arising from the discovery and diagnostic phases was extended until the end of June 2024 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.

The Design Phase of the Programme completed on 27 June with 294 colleagues participating 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 15 May 2024. The criteria for validation and prioritisation were, 'those solutions which have the greatest potential for positive and sustainable impact on our Culture.' It is acknowledged that actions will be prioritised to deliver the biggest impact.

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. In total, 2401 staff have been involved in participation and engagement.

This work was presented to the Forth Valley NHS Board on 30 July 2024 with ongoing governance through the Area Partnership Forum and Staff Governance Committee.

iMatter
Arrangements were reviewed and updated to ensure effective organisational engagement in preparation for the 2024 iMatter cycle with lessons and learning from the previous year incorporated into the planning for the current cycle. The 2024 iMatter cycle is complete with action planning nearing completion. This has given a first opportunity, since some of our culture diagnostic work last year to gauge staff feelings on their working experience. Although we recognise that we still have further progress to make, initial analysis of the findings indicates that we have maintained a positive overall staff engagement score of 76. Of the 28 measures on the survey, we remain in the 'Strive and Celebrate' category for 24 of the measures. Regular iMatter reporting is in place with governance and oversight through the Staff Governance Committee. We will further assess the iMatter evidence in the context of the national report later this year. The Executive Team will share their iMatter action plan for 2024 on the staff intranet.

Visibility
There is increased visibility of the ELT through staff videos posted on the intranet and these continue to be rolled out every 4 to 6 weeks, with ELT members introducing themselves and highlighting their role within the organisation and informing staff of any key pieces of work or organisational priorities. This provides an opportunity to share information organisation wide and enables teams to discuss and disseminate further. These updates are emailed to all staff and copies are posted on the homepage of the Staff Intranet along with links to previous updates. Staff are invited to provide feedback to the Chief Executive directly along with any ideas or suggestions for future updates. Feedback has been encouraging with the Area Partnership Forum highlighting the positive response from colleagues across the organisation.

9

A review of Patient Safety Leadership walkarounds is underway to enhance the number of visits and increase Board member and ELT participation. Board members also undertake service visits and have attended events, e.g., the launch of Safer Together, the Forth Valley Safety Collaborative to raise their profile and understanding of their role within the organisation.

The Executive Team and senior managers have participated in 'Step in my Shoes' enabling departments, teams, and staff to welcome senior managers to their areas to promote their role and share their observations and insights about working in Forth Valley. Feedback highlighted that the experience had been positive for all concerned, enabling learning and an increased understanding of teams across the organisation. ELT has expressed its support for the continuation of this and similar initiatives e.g., 'virtual coffees' where individuals would be matched with colleagues they had not met previously, supporting visibility of senior managers, ongoing learning, two-way communication and sharing of insights.

Communication
The Staff Brief is distributed on a weekly basis to help keep staff updated on relevant local and national health news, events, training opportunities and service changes. The Staff Brief is sent electronically to all users with an NHS Forth Valley email address and shared with colleagues in both HSCPs and Serco. The most recent copy is also posted on the home page of the Staff intranet and previous copies are also stored online for future reference. A Staff Newsletter is produced by the Communications Department with six issues published over the last year. A selection of articles from each issue are emailed to all staff to update them on key service developments and changes as well as highlighting the awards and achievements of staff across the organisation. Each issue also includes an 'In the Spotlight' feature on an individual member of staff as well as 'From the Archive' article on the history of local NHS services and facilities.

The first in a series of online Question and Answer sessions has taken place affording colleagues the opportunity to hear from the Chief Executive and the senior manager cohort directly, to answer any questions and to voice their thoughts, concerns, or any ideas. The first session focussed on finance with further sessions planned in August and September focussing on, reducing pressure on health and care services and the Culture Change and Compassionate Leadership Programme.

A summary of Board Meetings is posted on the StaffNet, and plans are underway to record Board meetings to support transparency and openness.

Equality, Diversity and Inclusion
We have established our Ethnic Diversity Network and are in the process of developing our other staff networks including (but not limited to) our LGBT+ Group, Menopause and Menstruation Group, and Disability including Neurodiversity. These groups will be staff-led and will help to empower and promote the employee voice whilst improving inclusion and celebrating diversity. The Chair of the Ethnic Diversity Network participated in the recent Chief Executive recruitment process.

The Board through its Blueprint for Good Governance Board Development Plan 2024-25 has agreed to undertake a development session on equality, diversity and inclusion to enhance their understanding of issues affecting staff/communities and to support good governance through an EDI perspective.

We continue to deliver awareness sessions across the organisation to inform staff about the wellbeing support available to them, whilst also gaining insight and feedback into what would make a positive difference going forward.

10

Staff Side

Staff side colleagues are working to support the organisation with issues in relation to planning and performance and are providing support to the work of a number of committees and business units ensuring proactive management and resolution of issues. The acute partnership forum has been refreshed with a new Terms of Reference in place. The Area Partnership Forum is currently meeting monthly and is working with the Executive Leadership Team to support the organisation to address the financial challenges in support of increased efficiencies empowering colleagues to help influence the required changes.

LEADERSHIP

There is good evidence that ELT is operating as a cohesive, inclusive team. This is documented by weekly checkouts which include regular reference to positive and respectful behaviours and agreement that ELT values are being demonstrated. Open and transparent communication, and constructively challenging conversations take place within and out with ELT as part of regular business, which has improved collaborative working and timely decision making.

> *'Respectful challenge and discussion. Productive meeting with positive outputs.'*
> *'Good understanding and respect of organisational roles and particularly expertise. Good diversity of contribution in today's agenda items.'*
> *'Good meeting. Good discussion. Everyone was heard and given space and time to make comment or ask questions.'*
> *'Good discussion on a wide range of issues. Good to see approval of Patient Hub, as digital transformation important.'*

There is wider positive engagement with others to support whole system working, prioritisation and decision-making as well as shared responsibility and accountability to address key challenges. Compassionate leadership styles are being demonstrated.

Financial Sustainability

As we take cognisance of the challenging financial position, work has begun to support improvements and to plan for the future. Finance conversations are being undertaken on a whole system basis, including our staff side colleagues. The emphasis is on longer term savings linked to service transformation and sustainability with a focus on prevention, early intervention, value-based health and care and reducing health inequalities. The Financial Sustainability Oversight Board has been established to oversee delivery of change management, with a focus on value improvement, cost improvement/reduction programmes and waste reduction, as set out in our Financial Sustainability Action Plan. The Financial Sustainability Oversight Board meets every 2 weeks to ensure ongoing focus and review of individual savings schemes and to identify initiatives to further support improved value and financial savings. The Director of Finance has shared this approach nationally.

A Board Seminar on Financial Sustainability took place on 27 August to provide an opportunity to understand the NHS Board's financial position and next steps.

Whole System Working and Reduction in Contingency Beds

Our plan to reduce unfunded contingency beds is one of our main objectives in the Financial Sustainability Plan. The plan has been agreed and is being implemented across the whole system with work led by the Chief Officer from the Clackmannanshire and Stirling Partnership. It is acknowledged that the approach will only be successful if we work as a whole system together to achieve the required outcome with decisions being made by the right people in the right place at the right time. Consistent feedback from staff is that this is the right thing to do for patient and staff experience with support for the direction of travel.

11

In supporting the reduction of unfunded contingency beds, a wide range of work is underway to help improve capacity and flow across Forth Valley Royal Hospital. However, despite these efforts, health and care services across the area continue to face significant ongoing pressures and exceptionally high levels of demand, in line with the rest of Scotland. Your Home First is a direction of travel established in both our Health and Social Care Partnership Strategic Plans to support people to receive the care they need in their own home. The principle that every patient already has an available bed in their home drives the model. Work is being taken forward on a whole-system basis to, where possible, avoid transfer to hospital, avoid admission and avoid a delay in discharge. Your Home First builds on work already underway to help improve the experience of both staff and patients.

Population Health and Care Strategy

As work progressed with the development of our healthcare strategy it was recognised that it required to be broader than the delivery of healthcare and should align with and support the financial focus on prevention, early intervention, value-based health and care and reducing health inequalities with a population health approach to development. Alignment with our IJB Strategic Plans is critical in ensuring that transformational change is considered on a whole system basis with our Chief Officers key players in this regard. In line with Scottish Government direction, the NHS Forth Valley ambition to develop a Population Health and Care Strategy was agreed by the Board. This affords us the opportunity to think differently with ambition and vision to improve the health and wellbeing of the whole population, tackle health inequalities, and deliver high value sustainable health and care. The new Chief Executive starting in the Autumn will support and influence this work going forward.

A Board seminar took place in May 2024 to discuss the principles of the Population Health and Care Strategy. The Population Health and Care Strategy Steering Group has refocussed with enhanced membership, including the Health and Social Care Partnerships and Staff Side colleagues, to ensure a collaborative and whole system approach is being taken. The national Population Health Strategy is under development with the Acting Director of Public Health leading on this work. The timeline and approach are being reviewed in light of the pending launch of the national Strategy later in the year and the Board's ask to have clear oversight of delivery mechanisms, key milestones, linkages to other work such as the Anchor Programme and the need for collaboration with key partners including wide engagement with the local communities and partner bodies.

Decision Making

Improved decision making has been seen within ELT. An example of which is the approval of the Patient Hub Business Case. The business case, circulated ahead of the ELT meeting, was supported by a short presentation led by the Director of Digital. All members of ELT participated in what was a constructive conversation with time given to all, ensuring everyone's voice was heard.

The Strategic Prioritisation Review and Implementation Group (SPRIG) was created and introduced at the end of 2023. The purpose of the SPRIG is to coordinate, review and prioritise, service change proposals and investment bids, supporting local decision making where this can be undertaken, and recommend approval or rejection to the ELT.

Improved decision making is also in place in the Board, supported by early sight of focussed papers and presentations from executive colleagues in seminar or Governance Committee mode. This allows constructive challenge, appropriate scrutiny and debate prior to decisions being made at the Board on key strategic issues.

Partnership Working

The NHS Forth Valley Chief Executive meets on a regular basis with the Chief Executives from Falkirk Council, Stirling Council and Clackmannanshire Council to discuss whole system

12

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.

Remuneration and Appraisals
Following a review of the process and timeline, the Remuneration Committee has agreed a refreshed approach to the appraisal process, objective setting and performance review cycle in line with national guidance. An improved appraisal process is in place with one-to-one conversations at each stage, as well as a development discussion, all within the appropriate timeline and linked to the Corporate Objectives agreed by the Board. Notable themes which have emerged are:

- Developing a team ethos/collaborative approach and collective goals are evident with time spent discussing team objectives.
- Improved relationships at ELT level.
- Strengthened governance processes in the executive lead role – Clinical Governance, Staff Governance.
- Improved Public Protection systems and measures in place across Forth Valley linking in with partner organisations.
- Strengthening of leadership at all levels – Acute, Finance, HR, NMAHP and Medicine specifically.

Professional and Managerial Structures

Preliminary discussions around the development of the senior team commenced at the end of 2023. The formal programme began in March 2024, initially with the direct reports to the Chief Executive. There are plans for this work to be cascaded to the senior leadership team throughout 2024/2025. An organisational development plan is being created focussing on management training and leadership development which will align with the work underway with senior leaders and will be cascaded on a whole system basis.

Nursing Midwifery and Allied Health Professional, Medical and managerial structures have been reviewed. Clearly defined structures and roles to evidence hierarchy of accountability are in place, with clear leadership and a better understanding of responsibilities aligned to NHS Forth Valley's purpose, vision, and values.

There is increased stability within the senior team with a number of posts recruited to - the Director of Acute Services, the Chief Officer of the Falkirk Health and Social Care Partnership, and the Board Secretary - with an experienced Interim Chief Executive appointed in September 2023 and an experienced Interim Chair appointed in April 2024. Chief Executive recruitment was completed in June with the substantive post holder commencing in the Autumn. Work is ongoing to resolve the number of interim posts, however there are currently no vacant posts. This will be kept under constant review and a risk assessment was conducted against all interim posts and has been considered regularly by the Remuneration Committee to ensure appropriate assurance and mitigation of risks.

Corporate Objectives
To ensure clear direction and vision, NHS Forth Valley's corporate objectives 2024/2025 were drafted and agreed by the Executive Leadership Team for consideration by the Board. Board members were afforded the opportunity to feed into the process and provide comment and feedback enabling final approval at the Forth Valley NHS Board meeting in July 2024. The Corporate Objectives align with the aims of the organisation and support the development of personal and team objectives for the year.

13

Medical Education

Following a visit from the Deanery in January 2023, an action plan was developed with ten SMART objectives to be completed in support of improving the quality of medical education. Feedback from the Deanery team noted excellent engagement in improvements in the quality of medical education in Medicine. Out of the ten SMART objectives agreed, seven have been closed. Of the three that remain open, two are related to wider site issues being addressed through acute working arrangements. The Deanery team acknowledged the positive progress.

GOVERNANCE

Section 22 Report and Public Audit Committee

Following the Section 22 report from the Auditor General for Scotland's highlighting concerns raised by a range of review bodies in 2022/23, in relation to the governance, leadership and culture of NHS Forth Valley and the progress the board was making in addressing these issues, the Auditor General has decided not to issue a further section 22 report for 2023/24. The Public Audit Committee at its meeting on 13 June 2024 considered correspondence from the Scottish Government regarding the issues highlighted within the report and agreed to close its scrutiny of the 2022/23 audit of NHS Forth Valley.

Board Assurance Framework

A Board Assurance framework is under development and requires benchmarking against other Boards to share practice before it is finalised. Component parts include the Risk Management Framework, Performance Management Framework, Strategic Planning Framework, Corporate Objectives, Standing Orders including Assurance Committee Terms of Reference, Scheme of Delegation, Assurance Paper Template and Assurance and Advisory Committee Structures.

Work continues to align planning and whole system working to avoid duplication. This links with the ongoing development of the Assurance Framework.

External Review and Blueprint Self-Assessment

The recommendations from the External Review of Governance received in October 2023 were mapped against outputs from the Board Self-Assessment conducted in September 2023. To reflect upon the results of the Survey and capture any additional actions, two Board Development sessions run by an external consultant have taken place (5 December 2023 and 1 February 2024). The mapping exercise has been a significant piece of work to carefully review all current actions, ensure any gaps are filled, and to avoid duplication of remaining or additional actions. This was reviewed by our External Auditors during their year-end work with NHS Forth Valley with no gaps identified.

The Board Self-Assessment Development workshops identified areas for enhancement which have been incorporated into the Board Development Plan for 2024/25.

Assurance and Benchmarking of Governance

There is better organisation of the Board assurance committees, with more effective working, increased development time and improved direction with this highlighted in the NHS Forth Valley Internal Control Evaluation 2023/24. A process is in place around Board agenda setting with the agenda focused on key strategic priorities, aligned to key risks. This is enabling the Board to hold to account on the right areas leading to improved assurance. Alongside this, lines of responsibility and accountability are clearer, where colleagues are held to account through the performance review process aligned to the Performance Framework. A culture of respectful, constructive healthy challenge has developed, allowing for wider viewpoints to be sought.

14

Committee Terms of Reference are reviewed annually as required in line with Code of Corporate Governance. Annual Planners are in place for each assurance committee and are live documents that are examined at each committee meeting to ensure focus on current and future challenges. These continue to inform committee meeting agendas, leading to timely and relevant papers. An agreed agenda setting process or meeting is in place for each assurance committee.

To ensure continuous improvement and to support the implementation of recommendations from the External Review of Governance, the Chair has commenced a benchmarking exercise reviewing Terms of Reference, Codes of Corporate Governance, committee structures and Board work plans in other Boards supported by the Board Secretary. This will further enhance governance arrangements and the working of Board and Assurance Committees to ensure Non-Executive Directors are scrutinising and holding to account on the right things and that there is cognisance of good practice.

Audit Follow Up and Consideration of Risk
An Audit Follow Up protocol is in place and reviewed annually by the Audit and Risk Committee. The extant protocol overtly references the requirements of the Blueprint for Good Governance in NHS Scotland and sets out the escalation process triggered when timely management responses are not provided. The audit follow-up position is regularly reported to the Audit and Risk Committee to provide assurance that timely action has been taken to address identified control weaknesses as expected. Audit recommendations are managed through Pentana with action owners receiving triggers informing them of any required actions to support completion of aligned audit recommendations.

There is continuing work to ensure alignment of Strategic Risks across NHS Forth Valley and the two Health & Social Care Partnerships enabling an understanding of risk across the whole system. Risk information is currently being shared informally however work is ongoing to enhance this process with the creation of a whole system risk group including NHS, both Health & Social Care Partnerships and the three Councils providing more robust assurance to all stakeholders.

Work continues to ensure the Board is actively using risk. The Board agenda has been reconfigured with the Strategic Risk Register high on the agenda providing the focus for the meeting.

Enhancement of Non-Executive Director Skills and Sharing of Practice
Work is underway to ensure an understanding of the skill sets on the Board to identify any gaps in relation to the Board's strategic priorities with the completion of a new skills matrix by Board members. This will inform the Board's succession planning. The Chair will also take issues in respect of enhancing diversity on the Board into consideration as part of the next Non-Executive Director recruitment round for NHS Forth Valley which will take place within the coming months. Consideration will be given to national best practice.

To support Non-Executive Directors' development and enable sharing of practice, arrangements have been made to enable NXDs to attend Governance committees out with NHS Forth Valley. This sharing of practice and benchmarking in relation to the construct and workings of Governance Committees in other Boards will support continuous improvement around the Board's Governance.

The schedule of Board Development Sessions has been refocussed to ensure alignment with Board priorities and the development of Board members' understanding of accountabilities and roles as Board members. Sessions being planned include Equality, Diversity and Inclusion and what this means for good governance and "Active Governance" to support Board Members to challenge effectively and focus on the right things for assurance.

15

Communication

Non-Executive only briefing meetings have commenced with the Chair, providing an opportunity to have early sight of issues and for NXDs to raise any issues or concerns regarding their role, responsibilities or the working of the Board.

The Chair has regular contact with Non-Executive Directors and the ELT with regular 1:1 meetings with the Chief Executive.

Ward Level Governance

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

INTEGRATION

Operational Management

The transfer of operational management of services, colleagues and budget responsibilities has been undertaken for delegated functions ensuring that teams responsible for services have clear roles and remit, and decision-making authority supporting improved leadership and accountability. This includes the transfer of specialist mental health and learning disabilities, Primary Care, prison healthcare and GP out-of-hours services. Health Promotion services have also been aligned to localities within both Partnerships to further support the focus on improving health and addressing inequalities. All posts have been appointed to and are in place.

Decision Making

A decision-making matrix was developed to support the right decisions being made in the right place, enabling compliance with the directions of the Integration Joint Boards, and to ensure that developments in one area do not negatively impact in another area. The improved whole system working is facilitating open and transparent conversations, supporting shared governance and shared decision making and ensuring clear accountabilities.

Integration Schemes

The Integration Schemes are currently under review alongside work to agree a shared vision. This work is being progressed Forth Valley wide with an independent expert facilitator leading the review of both IJBs in the Forth Valley area. This provides an opportunity to further strengthen integrated services and ensure accountabilities and responsibilities. Fortnightly meetings with all parties in place. The initial timeline for completion of this work was October 2024 however a revised timeline and engagement plan is currently being established.

Anchor and Community Planning Partnerships

The NHS Forth Valley Anchor Strategic Plan 2023 – 2026 was submitted to the Scottish Government at the end of October 2023. The Anchor Strategic Plan describes the origin and development of NHS Forth Valley's anchor programme of work, baseline activities and the actions to be progressed. Guidance advised that procurement, employment and land and assets be the focus for 2023-2026. The Anchor Strategic Plan sets out a logic model for these with the outcome of improving healthy life expectancy, particularly for communities of greatest need within Forth Valley. Scottish Government colleagues have provided feedback highlighting that NHS Forth Valley Anchor Strategic Plan is an exemplar plan which clearly sets out

16

priorities, outcomes, actions, and milestones for the three key Anchor strands as well as plans to measure progress.

The existing strong partnership with the Community Planning Partnerships to, for example, develop the Forth Valley Community Wealth Building Consortium are highlighted along with the partnership with Forth Valley University and College with a focus on workforce. Additionally, work has been undertaken to take this forward regionally and it has been agreed that there will be a Forth Valley wide Anchor Institute led by the Chief Executives of the 3 Local Authorities and the Chief Executive of NHS Forth Valley.

Collaborative Working
ELT has collaboratively developed the Assurance and improvement Plan with input from the Board. Chief Officers have been integral to this development and ongoing review and update. Our focus is on whole system working with our ethos being, 'it's the way we do things in Forth Valley.' Relationships with the Chief Executive Officers of the Local Authorities and Health and the Chief Officers have improved with open and honest discussions taking place.

HEALTHCARE IMPROVEMENT SCOTLAND (HIS)

HIS conducted an initial inspection of Forth Valley Royal Hospital (FVRH) in April 2022, this resulted in nine requirements, and was followed up with a further inspection visit in September 2022, which identified a further 11 requirements, three from the previous inspection having been completed. There was significant concern from HIS in relation to the safe delivery of care and to address these requirements, and the serious concerns highlighted in line with the safe delivery of care methodology, NHS Forth Valley submitted an improvement plan detailing the actions it intended to take in response to the concerns HIS identified.

HIS returned to carry out an unannounced follow-up inspection of FVRH in January 2024. The purpose of this follow-up inspection was to assess progress made against the actions contained within the NHS Forth Valley improvement action plan and the serious patient safety concerns raised through the formal escalation process. Key findings are detailed.

Leadership
- During this follow-up inspection HIS have been assured that significant progress has been made by NHS Forth Valley in all the areas highlighted during previous inspections.
- HIS noted despite increased hospital capacity, the areas inspected were calm and well led with hospital teams working together to provide compassionate care.
- HIS Inspectors observed a significant improvement in both the emergency department acute assessment and clinical assessment units. HIS noted these areas were calm, organised and well led and the patients and relatives HIS spoke with were complimentary about care provided.

Culture
- HIS observed an open and supportive culture with senior hospital managers displaying a good oversight of both clinical and wider system pressures. Staff described a visible senior hospital management team and felt able to raise concerns. Patients and relatives were complimentary about their care and the staff providing it.
- HIS noted the majority of staff spoken to described Forth Valley Royal Hospital as a good place to work with a supportive and visible senior management team and an improvement in culture since the previous follow-up inspection in September 2022.
- HIS observed that both the staffing and hospital wide safety huddles followed a structured format and were open and transparent and promoted a culture of psychological safety where staff felt able to raise any concerns.

17

<u>Governance</u>
- HIS observed learning from patient feedback audits in the clinical assessment and acute assessment waiting areas being used to implement change to improve patient experience.
- HIS suggested that eight of the 17 requirements from the previous safe delivery of care follow-up inspection in September 2022 had been met with the remaining nine being partially met. HIS acknowledged and were assured that plans were in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet these remaining requirements. However, where appropriate, new requirements have been given to enable a new focus for improvement.
- HIS noted further areas for improvement have been identified during this inspection, these include improved compliance with paediatric immediate life support training, the safe storage of cleaning products, ensuring patients who require assistance at mealtimes receive this in a timely manner, management of waste and ensuring the correct procedure is followed when patients are detained under the Mental Health (Care and Treatment) (Scotland) Act.
- HIS indicated that through completion of this follow-up inspection, they are assured progress has been made by NHS Forth Valley to satisfy the serious patient safety concerns previously raised under their formal escalation processes.

URGENT AND UNSCHEDULED CARE

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.

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.

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.

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, reduce the financial burden and improve performance against the relevant national targets, including the 4-hour emergency access standard (which is currently too low).

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.

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. The

triumvirate model brings together inter-professional leaders – nursing, management and clinical – to provide leadership and direction, and to be change agents within their sphere of delivery.

There is a move away from a focussing solely on the 4-hour emergency access standard with an additional focus on quality, safety and the reduction of harm.

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 was presented to the July 2024 Board meeting for assurance.

Culture
- 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 has been drafted with action planning underway.

CONCLUSION

Formal escalation to Stage 4 of the NHS Scotland Performance Escalation Framework (now Support and Intervention Framework) generated a set of recovery actions which were formulated and developed to address the specific concerns raised, with an overarching focus on supporting the delivery of safe and effective patient care and improving staff experience.

The planning and delivery of those actions have required a robust governance and oversight process, a dedicated programme-based approach to monitor and evidence ongoing progress, and a strong commitment across our Board and leadership team to drive those actions through to successful completion, and on to implementation as business as usual.

As well as identifying those outputs which can be directly measured through tangible metrics, we have creatively considered how best to evidence less tangible but critically important themes on improved relationships, behaviours and skills which have supported more effective collaborative working and built a more cohesive senior leadership team.

19

The significant progress demonstrated across the escalation themes of Governance, Leadership and Culture, together with the range of performance improvement actions now in place, has delivered the changes necessary to meet the key recovery actions agreed and sets a course for further sustainable whole system working to meet future challenges.

As we focus on sustaining the positive changes made, we will continue to learn and grow as a health and care system supporting the delivery of safe and effective care and developing a positive compassionate culture where staff feel valued, respected and listened to.

20

Feedback

"It was great! Really enjoyed talking to the team (who were incredibly enthusiastic about their work, especially since it was a Friday afternoon!), learned a lot about how the S&LT service operates, got an initial understanding of some of the challenges of the service - overall, a really positive experience."

"I remember giving feedback a while ago after attending ELT saying that it was a horrible environment to be coming in to, being a deputy, in terms of the conflict and it doesn't feel like that anymore is about helping each other deliver a programme of work."

"Since becoming a director and coming regularly to this meeting it's not as scary as I thought it would be and that is testament to teamwork and relationships round the table."

"External feedback has intimated that "it feels different."

"I believe it was an opportunity to showcase the work of my team and some of the complex challenges we have This opportunity I believe has opened new two way communication channels and flow of information."

"....we are now doing our business in the room and not outside it. It feels there is a good foundation.... This is as good as anywhere.. we shouldn't forget this.."

"Really palpable effect on moral in ward with removal of contingency beds! I am sure this will help with all the improvement work/plans."

"I've heard about intimidation and atmosphere. I don't recognise that at all since coming in. A good diversity of thought. I've felt so welcome."

"I have had several comments from different staff side members about how much better the staff working conditions are in the acute ward areas."

".....we are part of something.... all our energies are now on making things better for the people of Forth Valley.. and a bit fun along the way.. which is really important. It's a much better place to work.. a great place to work.. and I think we can make it even better with the work we have got planned.."

"I just wanted to send an email saying thanks for all the hard work to close the contingency beds."

"We are working well with our local authority colleagues. We are starting to talk about collaboration and transformation across Forth Valley and not just singular organisations."

"....faith and belief in this team and each other, and trust that we are working towards the one set of goals."

"I have attended some uncomfortable and difficult meetings in the past and can definitely say there is a different atmosphere now when I am attending. Different dynamics within the team and I have confidence decisions are being made and are clear .... I certainly feel more confident going forward."

"I felt very positive ending my working week in this way. It allowed me to feel heard and valued. At a time when there is understandably a focus on areas that are not going well, it reminded me of my passion for my service and what an amazing team we are. I gained a new point of contact at a senior level and raised awareness about who we are and what we offer."

"The physician group have expressed that the reduction in contingency beds is allowing for more efficiency and better patient experience."

I have noticed a real boost in staff morale and certainly if ward A12 is anything to go by, the place just feels safer. What a difference. It is much appreciated by all the clinical teams as I'm sure everyone is already feeding back. Will be interesting to see if there is an objective change in reduction of AEs, complaints etc as I'm sure there will be."

"Feels easier, people are welcome in the group. You are able to say what you truly think and contribute. Able to respectfully agree and disagree....always felt the uncomfortable atmosphere before.... A very intimidating and uncomfortable space that didn't feel like it had a purpose.... Its totally different now. Feels very inclusive.... Night and day."

"We have undertaken quite a journey over the last 21 months or so. It has been painful at times however we have had to go through this pain to achieve the positive changes we have made together. We have refocussed and we are a strong, cohesive, progressive team, working together to achieve our goals".

"I didn't look forward to it. ELT was not a good place to spend your time.. totally transformed. I certainly feel the potential, we are all able to see a positive future."

".... personally I would feel intimidated, criticised even.. I would never have said that in the meeting before.... I feel safe to say it now....I trust this group of people now."

"It was great to show our Senior Leader the range and quality of the service we offer, and to ask questions about whether the impact we measure is what senior leaders are looking for and whether the service fits with local policy and planning. It was also really helpful to ask questions about strategy of someone who is instrumental in planning."

"There's equal respect, all working together and very aware that we all have a part to play. Not defensive... Its probably one of the best teams I've worked with. Teamwork is starting to come together."

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	Update August 2024
1. Performance	Deliver sustainable Performance improvements in urgent and unscheduled care.	5.1 Work to improve the emergency 4-hour access standard through delivery of the Urgent and Unscheduled Care Programme.	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.	Review progress end of August 2024	The position was assessed on 12 August by John Burns, Chief Operating Officer of NHS Scotland regarding his confidence in the plan focussing on quality, safety and the reduction of harm. Further information requested by Scottish Government colleagues around modelling of the projected impact of actions. This was submitted on 16 August. The Scottish Government Team is content that the information and plan submitted

23

| | | | Better patient flow will reduce patient length of stay and reduce the financial burden.

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.

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.

• 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 | | is clear in terms of the actions being taken and the sustainable improvements that this is expected to deliver in support of achieving the 4-hour access standard. The whole system approach being taken came across clearly with Scottish Government colleagues noting the very different culture and leadership observed in the meeting along with a strong sense of a team working together. |

24

| | | | 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
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. | | |

25

FORTH VALLEY NHS BOARD
Tuesday 24 September 2024

11. Governance Report
For: Approval

Executive Sponsor: Ms Neena Mahal, Interim Chair

Author: Mr Jack Frawley, Board Secretary

---

1.   Executive Summary
1.1   This report is presented as part of the ongoing work, led by the Interim Board Chair, to implement the recommendations of the External Governance review and self-assessment exercise against the Blueprint for Good Governance and to review the capacity and capability of the Board. This report recommends revisions to increase the size of the Performance & Resources Committee; stand down the Escalation Performance & Resources Committee and appoint a Sustainability Champion for the Board.

2.   Recommendations
2.1   The Forth Valley NHS Board is asked to: -
  - **approve** the revised membership of the Performance & Resources Committee, which increases the size of the Committee to include all Board members, the revised chairing arrangements with the Committee chaired ex-officio by the Board Chair, and note the indicative renaming to Strategic Planning, Performance & Resources Committee, to take effect from the 17 December meeting;
  - **approve** the dissolution of the Escalation Performance & Resources Committee;
  - **note** that the Chair has submitted a business case seeking to recruit to the upcoming Non-Executive vacancy and increase the number of Non-Executive Directors on the Board;
  - **approve** the appointment of Councillor Wendy Hamilton as the Board's Sustainability Champion;
  - **note** the confirmed Board seminar dates and timings, and
  - **note** the changes to Patient Safety Walkrounds with further work ongoing by the Service area.

3.   Performance & Resources Committee Changes
3.1   It is recommended that the size of the Performance & Resources Committee is increased to an all-Board member membership. This recommendation arises in the context of the current scope of challenges facing NHS Forth Valley. The revised Strategic Planning, Performance & Resources Committee will provide a space for strategic thinking and discussion where there can be early sight of proposals and an opportunity for Board members, particularly all Non- Executive Directors to shape and influence strategic direction and have strengthened oversight of the challenges faced by the Board. This recommendation has been developed after having given consideration to practice in other Boards and in response to recommendations and findings from the External Governance review and the Board's self-assessment against the Blueprint for Good Governance, identifying the need for more structured time and input to oversight of strategic direction.

3.2 It is also recommended that the Committee will be chaired ex-officio by the Interim Board Chair/future incoming Board Chair.

Should the above recommendation be agreed, a consequential change to the Code of Corporate Governance at section 9.5 is required to allow the Committee to continue to meet in private session, consistent with all standing committees of the Board. The revised section will read:-

"*Committee meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally, Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However, if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding at the committee meeting may agree to share the meeting papers for restricted business papers with others.*".

3.3 A full review of the Code of Corporate Governance is underway and will be presented to the Board in due course for approval.

3.4 Finally, it is also proposed that the Committee be renamed the Strategic Planning, Performance & Resources Committee. This is an indicative title and will be confirmed after the meeting of the Committee of 17 December at which revised Terms of Reference will also be considered and brought to a future Board meeting. Minutes of the Strategic Planning, Performance & Resources Committee, consistent with the practice for all committees, will be presented to the Board and part of the publicly available papers.
In line with good governance practice, the working of the Committee will be kept under review to ensure that it is meeting the needs of the Board's oversight role.

3.5 The NHS Forth Valley Board is asked to approve the revisions to the name; membership and chairing arrangements of the Performance & Resources Committee. The committee will be renamed the Strategic Planning, Performance & Resources Committee comprising all Board members and be chaired ex-officio by the Board Chair with these changes taking effect from the 17 December meeting.

4. Escalation Performance & Resources Committee
4.1 The Board established an Escalation Performance & Resources Committee in response to escalation to Stage 4 of NHS Scotland's National Performance Framework for Governance, Leadership and Culture and to provide oversight of and assurance to the Board of NHS Forth Valley regarding the implementation and delivery of the Assurance Improvement Plan. The Committee held its first meeting on 27 January 2023. Since then, it has undertaken a significant volume of work and overseen the system of reporting to the Assurance Board.

4.2 In line with the recommendation of the Committee members present at its meeting of 14 August 2024 it is proposed that the Escalation Performance & Resources Committee be dissolved. The Committee members considered the stepping down of the Committee having reviewed whether sufficient progress had been made to enable the transfer of the assurance role of the Committee to Business as Usual activity through the Performance & Resources Committee, other Governance Committees and ultimately the Board for governance oversight. It should be noted that should there be any change in escalation status from level 4 to level 3, there would still be a requirement to ensure appropriate oversight and report on progress under level 3 escalation.

4.3 The NHS Forth Valley Board is asked to approve the dissolution of the Escalation Performance & Resources Committee.

5. Non-Executive Director Recruitment

5.1 The Interim Chair completed a skills matrix exercise with Board members, the results of which have informed the business case which has been put forward to support the recruitment of new Non-Executive Directors. Dr McClung's period of appointment will end on 31 March 2025 on completion of her 8 years term of office. The business case has requested replacement of Dr McClung and the recruitment of additional Non-Executive Directors to further strengthen the Board's resilience and skillsets, enabling the full range of governance requirements to be covered. It should be noted that discussions have taken place with Board members and the Senior Leadership Team on the succession planning and skills required to meet the Board's strategic priorities going forward.

5.2 The NHS Forth Valley Board is asked to note that the Interim Chair has submitted a business case seeking to recruit to the upcoming vacancy and increase the number of Non-Executive Directors on the Board.

6. Appointment of the Board's Sustainability Champion

6.1 As set out in the Policy for NHS Scotland on the Climate Emergency and Sustainable Development - DL (2021) 38 each NHS Scotland body must appoint a member of its board to act as champion for its climate emergency response and sustainability at a strategic level to assist in articulating and promoting its sustainability priorities.

6.2 Following the completion of the Non-Executive Directors skills matrix, individual discussions with the Chair and a call for volunteers, Councillor Wendy Hamilton has volunteered to take on the role of the Board's Sustainability Champion.

6.3 The NHS Forth Valley Board is asked to approve the appointment of Councillor Wendy Hamilton as the Board's Sustainability Champion.

7. Board Seminars and confirmation of dates and times

7.1 Following consideration by the Interim Chair and Non-Executive Directors, to allow time for appropriate discussion, Board Seminars will now take place from 9.30am to 12.30pm.

7.2 The dates for upcoming Seminars are:-
8 October 2024 – finance and indicatively winter planning and integration tbc;
5 November 2024 – indicatively integration tbc, and
3 December 2024 – active governance.
11 February 2025 – topic tbc.

7.3 The NHS Forth Valley Board is asked to note the confirmed Board seminar dates and timings.

8. Patient Safety Walkrounds

8.1 NHS Forth Valley Board members and senior leaders conduct Patient Safety Walkrounds co-ordinated by Clinical Governance. These visits are an important means of discussing the quality and safety of care with staff and patients. In order to maximise their value and the participation in them, the current practice of Board members conducting a follow-up visit to service areas after six months to confirm progress of actions will cease.

8.2 The Patient Safety Walkrounds will be extended to include all Board members and the wider Senior Leadership Team to enhance visibility with staff. Discussions have taken place with the Chair of the Clinical Governance Committee, Medical Director, Head of Clinical Governance, Interim Chief Executive and Non-Executive Directors to understand how the visits were working with a majority view that the 6 month follow up visit in some cases led to operational discussions about actions follow up and implementation.
The Clinical Governance Committee is supportive of this change which was discussed at its meeting on 10 September 2024.

8.3 The revised approach will enable wider reach into the organisation and ensure the Board is considering assurance about follow up actions without potential involvement in operational discussions.

8.4 Developing an alternative process for assurance on action implementation will be a key task for the new Head of Clinical Governance and will be monitored by the Clinical Governance Committee.

8.5 The NHS Forth Valley Board is asked to note the changes to Patient Safety Walkrounds with further work ongoing by the Service area.

9. Implications

Financial Implications
9.1 There are no direct financial implications associated with this paper.

Workforce Implications
9.2 There are no direct workforce implications associated with this paper.

Infrastructure Implications including Digital
9.3 There are no infrastructure implications identified.

Sustainability Implications
9.4 No sustainability implications identified.

Sustainability Declaration
9.5 The recommendation of this report to appoint Councillor Hamilton as the Board's Sustainability Champion delivers compliance with one of the requirements within the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38).

Quality / Patient Care Implications
9.6 The recommendations of this report are designed to support and enhance the oversight of quality and safety of care provided to patients.

Information Governance Implications
9.7 No Information Governance implications identified.

Risk Assessment / Management
9.8 No formal risk assessment has been undertaken. A process of review will be undertaken to assess the effectiveness of the changes proposed and ensure that the Strategic Planning, Performance & Resources Committee is fit for purpose. A risk is identified that if the recruitment of Non-Executive Directors does not proceed that there could be a significant impact on the Board's ability to effectively undertake its assurance, oversight and scrutiny roles.

Relevance to Strategic Priorities

9.9   The recommendations of this report help to implement the recommendations of the external governance review and self-assessment exercise against the Blueprint for Good Governance by enhancing the functioning of the Board.

Equality Declaration

9.10 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

9.11 As part of the preparation of this report there has been engagement with the Board's Interim Chair; Non-Executive Directors; Chief Executive, and Head of Corporate Governance.

Appendices – none.

FORTH VALLEY NHS BOARD
Tuesday 24 September 2024

12. Realistic Medicine and Value Based Health and Care Update
For: Noting

Executive Sponsor: Mr Andrew Murray, Medical Director

Authors: Ms. Samantha Goudie, Programme Lead for Realistic Medicine (RM), Dr Helen McPherson, Clinical Lead and Wendy Nimmo, Innovation Lead

Executive Summary
This report provides an overview of Realistic Medicine (RM) and Value Based Health and Care (VBH&C) within NHS Forth Valley (FV) and a detailed update on work to date. Additionally, it outlines the plan moving forward, highlighting how FV initiatives align with organisational objectives and broader national goals and key partnerships. This paper will describe the planning for embedding Value Based Health & Care, aligned with Realistic Medicine, within FV.

Recommendations
The Forth Valley NHS Board is asked to:

- **note** the RM and VBH&C activity and progress,
- **note** the planning to embed VBH&C, aligned to and building on existing RM practise in NHS Forth Valley.

Assurance
Proposed assurance level: Not applicable for this information paper.

Introduction to Realistic Medicine and Value Based Health & Care
Realistic Medicine (RM) has been a prominent feature in the Chief Medical Officer's (CMO) reports since 2016. Its six core pillars - Shared Decision Making, Personalised Approach to Care, Reducing Harm and Waste, Reducing Unwarranted Variation, Managing Risk Better and Becoming Improvers and Innovators - are central to delivering outcomes that matter both to patients, and at a population level. Practising Realistic Medicine enables the delivery of Value Based Health and Care (VBH&C).

This work is integral to ensuring that healthcare is delivered effectively with the resources available, promoting a culture of stewardship and delivering high value healthcare. We know that the demand for healthcare will increase by approximately 20% during the next decade, but the resources will not, and the future lies in VBH&C.

VBH&C complements RM by focusing on four pillars of value: Personal Value (achieving patient goals), Technical Value (best possible outcomes with available resources), Allocative Value (equitable resource distribution), and Social Value (healthcare's contribution to social participation).

This work aligns with our vision for Forth Valley, "As a population health organisation, NHS Forth Valley aims to improve the health and well being of the whole population, tackle health inequalities, and deliver high value sustainable health and care".

Our RM and VBH&C Action Plan is part of the NHS Forth Valley Delivery Plan aligned to the Scottish Government's Delivery Planning Guidance and funding offer.

Current actions and progress

Education
Why?: To build a culture of value based health and care through education, collaboration, and leadership. Running a far reaching education programme including:

- o   Departmental teaching, including sessions with Emergency Department, Substance Misuse Service, Senior Charge Nurse meetings, and Paediatrics
- o   Hospital Grand Rounds
- o   Foundation Trainees
- o   University of Stirling (undergraduate and postgraduate programmes)
- o   Health and Social Care Partnership
- o   Workshops with Person Centred Voices
- o   Community Events
- o   Let's Talk Sessions
- o   Primary Care

Network and Collaboration
Why?: To ensure that all decisions and actions within NHS Forth Valley are important, useful, and beneficial to both the patient and the wider population, while actively preventing or stopping those that are not aligned with these goals.
- o   Annual Staff Survey: To evaluate the awareness of Realistic Medicine (RM) principles across NHS Forth Valley.
- o   Value Based Health and Care Stewardship document: A resource to guide and promote a culture of stewardship.
- o   Regular Newsletters: To keep staff informed and engaged with RM and VBH&C initiatives.
- o   RM Champions (Volunteers): Staff leading a QI project, alongside promotion and application of RM principles within their areas.
- o   Annual Symposium: A key event for sharing knowledge, best practices, and fostering collaboration across the organisation.
- o   Culture Workshops: In collaboration with Person Centred Voices and the Culture Change & Compassionate Leadership Programme. These workshops focus on embedding compassionate and patient centred care.

Wider Collaboration within the RM Network:
- o   Community of Practice: Engaging in shared decision making efforts across the network.
- o   National Collaboration: Regular participation in RM National Leads meetings.
- o   Annual Scottish Government Conference: Contributing to the national dialogue on RM, including presentations at the Annual RM Scottish Government Conference.

Focussed Work
Why?: Support and/or lead work aligned to RM principles, funding offer and VBH&C action plan to improve resource utilisation and stewardship
- o   VBH&C Training and Engagement: Establishing a comprehensive training package for staff, with an ongoing survey and a series of workshops to provide staff the opportunity to shape the future of healthcare delivery within NHS Forth Valley.

- o Demand Optimisation: Supporting demand optimisation efforts, including the development of Vitamin D guidelines, addressing unnecessary extended virology swabs, and reducing variation in wound swab taken in Primary Care.
- o Reducing Variation: Regular review of NHS Forth Valley's Atlas of Variation data to identify unnecessary variation.
- o Shared Decision Making: Promoting shared decision making through initiatives such as the CollaboRATE survey and engagement with Primary and Secondary Care teams around the use of BRAN (Benefits, Risks, Alternatives, and Do Nothing) questions.
- o Resource Creation: Developing five patient experience videos for educational use and proposing a collaboration to create transition videos for patients moving from paediatric to adult care.

Strategic Alignment
The RM initiatives are directly aligned with the Scottish Government's 13-point VBH&C action plan including VBH&C What Success Looks Like and the NHS Forth Valley's strategic objective to become a population health organisation.

The VBH&C Action Plan outlines six commitments which support implementation of VBH&C in Practice. Our response to these is described below.

These efforts reflect the commitment to delivering care that is person centred, resource efficient, and focused on outcomes that matter at both the individual and population levels.

Commitment 1: Promote the Practice of Realistic Medicine
All educational efforts are focused on embedding the principles of RM into everyday practise. By recognising that RM applies to all aspects of health and care delivery, we are empowering healthcare professionals to make meaningful changes within their own areas of influence, driving improvements in person centred care.

Commitment 2: Outcomes that Matter
The use of CollaboRATE to gather real-time patient feedback aligns with VBH&C Action 4, which emphasises the enhancement of Patient Reported Experience Measures (PREMs). Additionally, promoting the BRAN (Benefits, Risks, Alternatives, and Do Nothing) framework ensures that care delivery is tailored to what truly matters to patients and their families, fostering shared decision making.

Commitment 3: Eliminate Unwarranted Variation
Demand optimisation is critical to safeguarding future service provision. For example, projects aimed at reducing unnecessary wound swabs (Appendix 1) and addressing variation in extended virology requests directly target unwarranted variation in clinical practice. These efforts support RM's principle of managing risk better, ensuring that clinical resources are used efficiently without compromising care quality. To achieve a broader financial impact, implementing successful projects at scale is essential.

Commitment 4: Culture of Stewardship
A culture of stewardship underpins all areas of our work and is a central message in our educational initiatives. This focus on stewardship ensures that staff are empowered to use resources wisely and contribute to value driven healthcare.

Commitment 5: Sustainable Care
Working closely with the Climate Emergency Response and Sustainability Team. Reducing waste is a key strategic priority to ensure that care delivery is not only effective but also environmentally sustainable.

<u>Commitment 6: Public Engagement</u>
In addition to public engagement events, the Forth Valley RM public webpage empowers patients and families to ask informed questions about their care, using the BRAN framework. A link to this page is included in appointment reminder texts and first outpatient appointment letters. The webpage consistently receives around 1,000 visits per month, reflecting its value in supporting patient engagement.

Future plan to embed Value Based Health & Care, aligned to Realistic Medicine
Continuing and building on the work outlined above, it is essential for us to embed the principles, priorities and practise of VBH&C throughout Forth Valley.

A phased approach will be taken. Phase 1 being to create conditions that will increase the knowledge and resources available to our healthcare professionals to support VBH&C. Phase 2 being a 20-point action plan across five priorities: stewardship of resources, reducing unwarranted variation, demand optimisation, reducing waste and procedure of low clinical value (Figure 1.)   The plan will evidence work that is already underway and future actions, together with the measures for success.

Fig 1 Plan to embed Value Based Health and Care
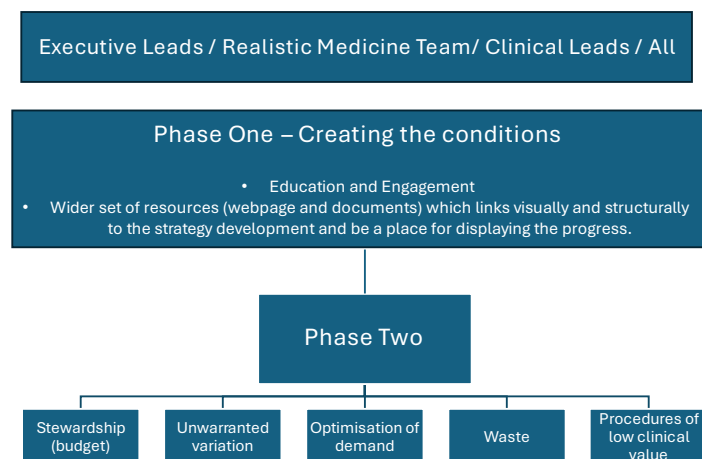
The planning includes developing a culture of stewardship across all staff groups. This will be a central focus of our education efforts moving forward. We aim to expand our reach by incorporating VBH&C principles into more training sessions, ensuring staff across all departments are empowered to make value based decisions in their daily practice

Part of our future plan involves scaling up successful quality improvement (QI) initiatives, such as demand optimisation, to ensure a broader, more impactful change across the organisation. We also plan to leverage our network of volunteer RM Champions to drive use of QI and support education efforts, further embedding RM principles throughout the workforce.

By supporting and expanding on these small scale projects, we will work towards reducing unwarranted variation, enhancing resource utilisation, and delivering care that consistently aligns with what matters most to patients. Our efforts will remain closely aligned with the Scottish Government's VBH&C Action Plan, ensuring that we continue to deliver care that is patient centred, sustainable, and equitable.

Financial Implications

Successful implementation of the Action Plan should contribute positively to stewardship of resources, achieving better value and reducing costs. Having a dedicated Realistic Medicine programme team is key to delivering and sustaining this work. The team consists of a Programme Lead working three days a week and two Clinical Leads (Primary and Secondary Care) contributing four hours per week each. These posts are funded annually through Scottish Government.

Workforce Implications

It is anticipated that significant positive workforce implications will follow from empowering and fostering a culture of stewardship where everyone feels responsible for the use of resources to ensure the long-term sustainability and resilience of our NHS. We need to enable clinicians to look at the population that they serve through a different lens as well as considering the quality of service provided to the individual person. It is only this approach that will allow sustainable use of NHS resources.

Initiatives such as a Person Centred Voices workshop and collaboration with the Culture Change & Compassionate Leadership Programme, foster a compassionate workplace that emphasises the importance of personalised care and recognises the evidence base behind this. Additionally, the upcoming Value Based Health and Care (VBH&C) workshops are intended to provide staff with a platform to voice their ideas and influence the direction of FV healthcare delivery; encouraging active participation, with the aim of shaping a more inclusive and supportive environment where staff feel empowered to drive meaningful change.

Infrastructure Implications including Digital

Promotion of existing technologies to enable care will continue. Use and development of digital technology and providing data that enables professionals to practise RM and deliver VBH&C needs to be considered on an ongoing basis, using existing governance routes and processes. Delivering VBH&C is a driver for change in *Health and Care in the digital age: a digital strategy for NHS Forth Valley* 2023-27.

Sustainability Implications

Embedding VBH&C will support the delivery of sustainable care in line with our NHS Forth Valley climate change and sustainability strategy, through reducing waste and harm. For example, reducing potential harms associated with lower value interventions such as tonsillectomy. Other examples include applying polypharmacy policy and guidance to reduce over prescribing, reducing waste through the implementation of the Green Theatres Programme, and reducing carbon emissions through using person centred technology enabled care and patient pathways that limit the need for patients to travel to appointments.

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 RM and VBH&C principles were developed to have positive impact on the quality of care. For example, promoting and increasing our healthcare professionals to use high quality evidence and knowledge as the basis for effective prevention, assessment, treatment and care. Providing good quality, easily accessible information to the public and patients and using this to enable shared decision making will help optimise the use of resources and achieve person centred health and wellbeing outcomes.

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

Risk Assessment / Management
The paper aims to support the delivery of the NHS Board's Strategic Objectives, notably achieving financial sustainability.

Relevance to Strategic Priorities
The initiatives discussed in this report align with NHS Forth Valley's corporate objectives and strategic priorities, including the integration of RM and VBH&C principles into everyday practise. These efforts are supported by the Scottish Government's RM and VBH&C Delivery Planning Guidance, RM funding stipulations, VBH&C action plan, local RM/VBH&C Action Plan and the CMO report. They will contribute to implementation of our Quality Strategy and should be an enabler for our developing population health 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: (please tick relevant box)

☐ *Paper is not relevant to Equality and Diversity*
☒ *Screening completed - no discrimination noted*
☒ *Full Equality Impact Assessment completed – report available on request*

Communication, involvement, engagement and consultation
Stakeholder engagement has been central to the development of these initiatives. Key contributors include the RM Steering Group, National Realistic Medicine Group, Quality Programme Board and a range of clinical departments and healthcare services. The proposals have been reviewed and supported by these groups

Appendices:
- *Appendix 1: Demand Optimisation (Wound Swab) Report*

Project Aim for Quality Improvement (QI) - Realistic Medicine Team

Pilot in Antonine Practice

Pilot aim

One of the goals for the Realistic Medicine (RM) Team is to identify areas of clinical practice that may have resource inefficiencies and implement significant improvements. In line with this objective, the Realistic Medicine Team decided to arrange a meeting with the labs team in Forth Valley. During this meeting, Dr Norve, along with the Microbiology team, engaged in discussing primary care Quality Improvement (QI) pilot project ideas in March 2023.

As a practicing GP, Dr Nørve noted frequent but inconclusive use of wound swabs in primary care. To address this concern, the RM team collaborated with the microbiology team to investigate the prevalence and effectiveness of such swabs. Our findings confirmed that these swabs are commonly used but often yield limited positive outcomes.

To address this, a QI pilot was initiated focusing on wound swab usage in Antonine Medical. Given the limited guidelines, the RM Team consulted the tissue viability team for expert input. Early data and expert opinions suggested a significant reduction in wound swabs without compromising clinical outcomes. Consequently, data was collected, knowledge was shared between teams, and a subsequent data collection phase was executed to assess any shifts in practice.

Stakeholders

Dr. Martin Nørve, Forth Valley Realistic Medicine Primary Care Lead and GP partner, Antonine Medical Practice.

Heather Macgowan, Tissue Viability Nurse Specialist team leader, Forth Valley.

Forth Valley Microbiology service, specifically Dr. Elan Tsarfati, Consultant Microbiologist, and Shona Traynor, Laboratory Deputy Department Manager, who assisted with data collection.

Methodology

Wound swabs taken at Antonine Medical Practice from 8/7/2022 to 29/12/2022 were recorded, considering the practice's 5000+ patient population. Collaborating with the tissue viability team, we established criteria for swab indications, leading to a standardized approach after an educational intervention.

Findings

The primary goal was to reduce wound swabs without compromising care.

The microbiology department also provided data on the number of swabs which were 'positive' i.e. showed a light, moderate or heavy growth of a single organism. They were deemed 'negative' if they showed no growth or a growth of mixed organisms.

If a swab is 'positive', information on sensitivity and resistance to various antibiotics is provided by the microbiology lab team. This may lead to a change in clinical care. A different antibiotic may be started as guided by the swab result, or an antibiotic may be changed from one type to another if antibiotic resistance is noted. However, a 'negative' swab is very unlikely to change clinical care given that the use of antibiotics is based upon the clinical findings i.e. antibiotics would not be withheld or stopped if the clinical picture suggested superficial infection. It is important to note that for e.g. in non-purulent cellulitis, the rate of isolation of a pathogen from a swab is <20% [1]

Figure 1. Wound swabs taken at Antonine Medical Practice
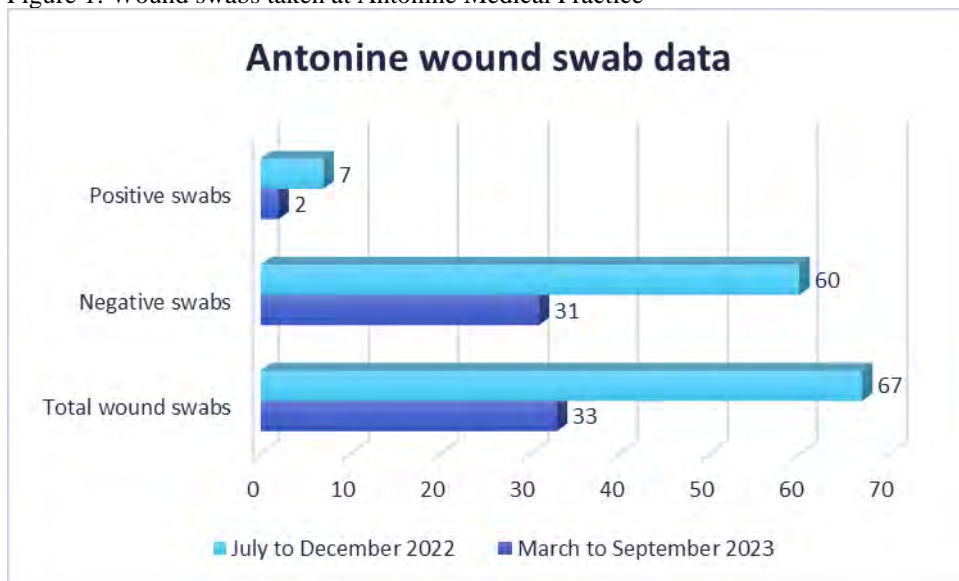
Rollout

The rollout of this project involves looking to create a strategy aimed at seamlessly integrating the revised wound swab approach across primary care practices. Beginning with documentation detailing the methodology, the Realistic Medicine team would prioritise communication with key stakeholders, fostering a shared understanding of the refined processes. Reaching out to offer training session for healthcare professionals to receive the necessary knowledge to confidently adopt the revised approach. We would initiate a phased implementation, with continuous monitoring and evaluation to provide valuable insights, allowing for timely adjustments. An agreed process to feedback issues would ensure that concerns are addressed promptly, and real-world experiences shape the ongoing refinement of the process. By fostering a culture of continuous improvement, and celebrating achievements, the rollout aims not only to reduce costs and environmental impact but also to set a precedent for positive change in clinical practices.

Pillars of Realistic Medicine

Reduce Harm and Waste: A substantial decrease in swab usage could lead to significant cost savings and environmental benefits.

Reduce Unwanted Variation: The standardized approach ensures consistency in swabbing practices across the team.

Become Improvers and Innovators: This project showcases the impact of interdisciplinary collaboration in identifying and implementing improvements in clinical practice.

In conclusion, this project exemplifies how a targeted intervention in clinical practice can yield meaningful changes benefiting our patients.

References

1. Dennis L Stevens, Alan L. Bisnol et al. Practice Guidelines for the Diagnosis and Management of Skin and Soft Tissue Infections: 2014 Update by the Infectious Diseases Society of America *Clinical Infectious Diseases*, Volume 59, Issue 2, 15 July 2014, Pages e10–e52, https://doi.org/10.1093/cid/ciu296

Pilot lead by Dr Martin Nørve, Primary Care Lead for Realistic Medicine

FORTH VALLEY NHS BOARD
Tuesday 24 September 2024

13. Anchor Work and Community Planning Partnership Update
For Assurance

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

Author: Ms Hazel Meechan, Public Health Specialist

Executive Summary
1.1   The paper provides an update on the community planning partnership activity and Anchor Institution progress being made by NHS Forth Valley.

Recommendations
2.1   The Forth Valley NHS Board is asked to:
- **review** the community planning partnership activity provided, and
- **review** the NHS Forth Valley Anchor Plan progress.

Assurance
3.1   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 planned expenditure continues to be impacted by the availability of staff resource to support further initiatives.

Key Issues to be Considered

NHS Forth Valley contribution to community planning partnerships
4.1   NHS Forth Valley is a long-standing partner of all three community planning partnerships and contributes to community planning partnerships supporting a wide range of themes.

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

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

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

4.3 Ongoing and planned community planning partnership activity is as follows –

Forth Valley wide activity

4.4 **NHS Forth Valley population healthcare strategy** - the NHS Forth Valley healthcare strategy is currently being refreshed. The new strategy will be a population healthcare strategy with focuses 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.

4.5 **Local Outcome Implementation Plan (LOIP) outcomes and indicators** – NHS Forth Valley is collaborating with Public Health Scotland and the three Forth Valley local authorities to develop a set of community wealth and health building outcomes and indicators which can be used across the area to measure progress with this agenda.

As well as this, a set of LOIP outcomes and indicators will be developed as a collaboration of NHS Forth Valley with Public Health Scotland and Falkirk Council. Stirling CPP and The Alliance are being actively kept informed of this work in the hope that these indicators and outcomes can be used by all CPPs.

4.6 **Forth Valley's Mental Health & Wellbeing Strategic Plan** – a strategic planning group is currently in the process of developing the strategic needs assessment for the mental health & wellbeing of the Forth Valley population to inform the new plan.

4.7 **Forth Valley's Children & Young People's Strategic Plan** - a strategic planning approach is being taken to define the needs of infants, children and young people and care experienced up to aged 26 in Forth Valley in partnership with local authority colleagues to form the basis of a new NHS Forth Valley children and young people's strategic plan.

4.8 **Forth Valley whole system obesity group** is being scoped. Obesity is a cross-cutting risk factor for many Burden of Disease key diseases. Weight management services have capacity to see a single figure percentage of the demand. A whole system preventative approach, based in CPPs is required.

5. **Community Planning Partnership Updates**

The following tables set out progress on community planning for the three community planning partnerships across Forth Valley. NHS Forth Valley or HSCP activity is noted in the relevant sections.

5.1 Clackmannanshire Alliance

Topic	Updates
Children's Services Plan	Completing the Clackmannanshire Children's Services Plan for 2024. Evidence provided from health visitor/Public Health data to inform outcomes Data has been provided for the annual review paper and the Children's Services Plan is in final draft and is expected to be signed off by the end of October 2024.
Child poverty	Developing joint children's services and child poverty plan for 2024 – 2030. Developed and submitted bid for Scottish Government Child Poverty Accelerator Fund 2 monies with Clackmannanshire Council child poverty lead and Tackling Poverty Partnership. Proposal for the development of a tackling poverty action plan to be discussed with Clackmannanshire CPP Tackling Poverty Partnership – previous focus only on child poverty
NHS Forth Valley employability offer	Approval of NHS Forth Valley employability plan by NHS Forth Valley Executive Leadership Team. Funded work experience programme – 3 clients from Clackmannanshire matched to the programme (possibly up to another 7 if Stirling Local Employability Partnership has no capacity and clients can work in Stirling)
Violence Against Women & Girls Partnership Meeting	The Clackmannanshire Violence Against Women & Girls Partnership (VAWG) brings together a range of statutory and voluntary agencies in Clacks with the aim of improving agency responses to Gender-Based Violence. The aims of the VAWG support the implementation and of the Scottish Governments Equally Safe: Scotland's strategy for preventing and eradicating violence against women.NHS Forth Valley Gender Based Violence & Sexual Assault service lead is a member of the multi-agency group which develops violence against women and girls plans.
Clackmannanshire Public Protection Learning & Practice Development	The Learning and Practice Development Subgroup acting on behalf of the Clackmannanshire Child Protection Committee and Adult Protection Committee is responsible for ascertaining local learning and practice development needs, ensuring that appropriate training is provided. The subgroup takes a strategic overview of multi-agency learning and practice development to promote effective and efficient practice to support and protect children and adults who may be at risk of harm. NHS Forth Valley public protection lead collaborates with partners on this sub-group.
Establishment and delivery of HSCP Locality Actions plans	Establishment and delivery of Locality Action plans developed in partnership with communities across locality areas - Clackmannanshire, Urban Stirling and Rural Stirling. Leadership and delivery of early intervention and prevention actions focused on population health within each Locality Planning Network led by the Health Improvement service. Leadership and delivery of access to physical health, smoking cessation and well-being support across our communities including more rural areas, this work is being delivered through the Locality Planning Networks led by the Health Improvement Service.
Alcohol & Drugs Partnership	Leadership and delivery of the Clackmannanshire and Stirling Alcohol and Drug Partnership and commissioning of services across all our communities including support in more rural areas ensuing access to care and support is available at local level. This work is delivered by the Health

Topic	Updates
	Improvement Service. NHS Forth Valley Public Health team collaborate in the partnership in planning of services and programmes.
Commissioning Consortium	Establishment of Commissioning Consortium approaching partnership with third sector interfaces in Clackmannanshire and Stirling, to develop and deliver services based on all partners being able to influence commissioned spend in communities before presentation to IJB.
Community Justice Partnership	NHS Forth Valley is contributing to planning of the Community Justice Outcomes Plan and reports.

5.2 Falkirk Community Planning Partnership

Topic	Updates
Falkirk CPP Leadership Group	Falkirk CPP is undergoing a self-evaluation in partnership with the Improvement Service. A self-evaluation workshop took place at the Forth Valley College Falkirk campus on 27 August.
Children's Services Planning	At Falkirk Family and Friends meetings, they are looking to establish ways to collect data on care experienced children and young people ie how many health checks completed, main health issues etc. Developing ways to capture the voice of children and young people that will inform work being progressed. Family Firm programme scoping how we can give work placements within main services ie health, council to care experienced young people Data and feedback has been collected over the summer for the care experienced health reviews. Family Firm work being completed by Noelle Mackay, Employabiity Manager, NHS Forth Valley. Voice of the child or young person in early development.
NHS Forth Valley employability offer	Approval of NHS Forth Valley employability plan by Executive Leadership Team. 10 Project SEARCH students recruited to start the programme in August at FVRH in partnership with SERCO and Forth Valley College (Home - DFN Project Search) DFN Project SEARCH is a one-year transition to work programme for young adults with a learning disability or autism spectrum conditions, or both. 25 posts being matched to Falkirk clients for the Funded Work Experience Programme NHS Forth Valley working as part of a Falkirk CPP Local Employability Partnership health short life working group to scope the health offer to be offered to No One Left Behind clients supported by the LEP in 2024/2025
Poverty/child poverty	Planned and produced the Fairer Falkirk Plan 2024 – 2029 with the Falkirk CPP child poverty action group. Approved by Falkirk CPP Board in June 2024. Child poverty action group to be integrated into Fairer Falkirk Action Group with annual Local Child Poverty Action Report being pulled from the Fairer Falkirk action plan. Developed and submitted bid for Scottish Government Child Poverty Accelerator Fund 2 monies with the Falkirk Child Poverty Action Group.
Community planning indicators	Initial meetings to plan the development of a suite of community planning indicators with Public Health Scotland
Community wealth & health building	Initial scoping of Community Wealth & Health Building collaborations between NHS Forth Valley and Falkirk Council Housing & Communities Services and

	planning future actions of the Falkirk CPP Community Wealth & Health Building Partnership
Communication and Engagement	The Communication and Engagement Subgroup has a remit to ensure the promotion of good communication with 3 key groups, including Adults at risk of harm and where applicable their carers/representatives, The Adult Support and Protection Workforce and The General Public. NHS Forth Valley public protection lead collaborates with partners on this sub-group.

Gender Based Violence Partnership Meeting	The Falkirk Gender Based Violence Partnership (FGBVP) brings together a range of statutory and voluntary agencies in Falkirk with the aim of improving agency responses to Gender-Based Violence. The FGBVP believes that working together will result in better service provision, improved legal protection and help prevent further abuse. These aims support the implementation and outcomes of the Scottish Governments Equally Safe: Scotland's strategy for preventing and eradicating violence against women. NHS Forth Valley Gender Based Violence & Sexual Assault service lead is a member of the multi-agency group which develops violence against women and girls plans.
Learning and Development	The Learning and Practice Development Subgroup is responsible for ascertaining local learning and practice development needs, ensuring that appropriate training is provided and taking a strategic overview of multi-agency learning and practice development to promote effective and efficient practice to support and protect adults who may be at risk of harm. NHS Forth Valley public protection lead collaborates with partners on this sub-group.
Community planning indicators	Initial meetings to plan the development of a suite of community planning indicators with Public Health Scotland
Community Justice	NHS Forth Valley is contributing to the planning and reporting of the Falkirk CPP Community Justice Outcomes Improvement Plan
Falkirk Alcohol & Drugs Partnership	A strategic alcohol and drugs needs assessment is being commissioned. NHS Forth Valley Public Health team collaborate in the partnership in planning of services and programmes.
Community Action Planning	The CPP locality planning focus is currently on Camelon with monthly meetings to progress the plan. More intense sessions will take place in October.

5.3 Stirling Community Planning Partnership

Topic	Updates
Children's Services Plan	Developing the Stirling Children's Services Plan 23-24. Grant been given to provide neurodiversity training to Health Visitors and Early Years workers. Whole Family Wellbeing work ongoing with Health Visitors. Training booked from Autism Scotland for Stirling Health Visitors and Early Years workers going ahead on the 9th and 10th September.
Strategic Planning Group for Children's Services	Participation in the regular Stirling Strategic Planning Group for Children meetings. Contributing to the finalisation of the Children's Services Annual report 23/24 and learning from the Children's Services reform research: The views and experiences of the children's services workforce. A summary of Stirling versus Scotland results. Supported the work on development of the annual plan for one of the priority areas – children with disabilities.

Child poverty	Stirling Council asked to collaborate on a Scottish Government Child Poverty Accelerator Fund bid – colleagues advised that there wasn't capacity within the council to work on this due to election commitments.
NHS Forth Valley employability offer	Approval of NHS Forth Valley employability plan by the Executive Leadership Team.
Gender Based Violence Partnership	Communication, education and training – identifying training needs and provision across Stirling and ensure this fits with equally safe quality standards. NHS Forth Valley Gender Based Violence & Sexual Assault service lead is a member of the multi-agency group which develops violence against women and girls plans.
Stirling Public Protection Learning & Practice Development	The Learning and Practice Development Subgroup acting on behalf of the Stirling Child Protection Committee and Adult Protection Committee is responsible for ascertaining local learning and practice development needs, ensuring that appropriate training is provided and taking a strategic overview of multi-agency learning and practice development to promote effective and efficient practice to support and protect children and adults who may be at risk of harm. NHS Forth Valley public protection lead collaborates with partners on this sub-group.
White Ribbon	The White Ribbon Campaign (WRC) is the first male-led campaign working to end violence against women (VAW). In 2012 Stirling Council was the first organisation to be awarded White Ribbon status. In re-launching the Stirling White Ribbon Campaign (SWRC) in 2022 the steering group sits under the Gender Based Violence Partnership in Stirling. The steering group includes partners from local authority services, NHS, Police Scotland, Women's Aid and Rape Crisis. NHS Forth Valley Gender Based Violence & Sexual Assault service lead is a member of the multi-agency group which develops violence against women and girls plans.
Citizen Advice Bureau	Commissioning of additional capacity in Citizens Advice Bureau in line with Carers Act to address issues of income maximisation for carers as well as access for carers to wider services in CAB.
Establishment and delivery of HSCP Locality Actions Plans	Establishment and delivery of Locality Action plans developed in partnership with communities across locality areas - Clackmannanshire, Urban Stirling and Rural Stirling. Leadership and delivery of early intervention and prevention approach focused on population health within each Locality Planning Networks led by Health Improvement service. Leadership and delivery of access to physical health, smoking cessation and well-being support across our communities including more rural areas, this work is being delivered through the Locality Planning Networks led by Health Improvement.
ADP	Leadership and delivery of the Clackmannanshire and Stirling Alcohol and Drug Partnership and commissioning of services across all our communities including support in more rural areas ensuing access to care and support is available at local level. This work is delivered by Health Improvement service.
Commissioning Consortium	Establishment of Commissioning Consortium approaching partnership with third sector interfaces in Clackmannanshire and Stirling, to develop and deliver services based on all partners being able to influence commissioned spend in communities before presentation to IJB.

Community Justice	NHS Forth Valley is contributing to the planning and reporting of the Community Justice Outcomes Improvement Plan.

6. Anchor Institution

6.1 **Progress with delivery of the Anchor programme** or work, since the last update in March 2024 includes:

- NHS Forth Valley Employability Plan approved by the Executive Leadership Team.
- Scottish Government Child Poverty NHS Demonstrator project with local authorities completed – offered opportunities for employment for single parents.
- NHS Forth Valley and SERCO placements for 24 funded work experience projects working with local authorities underway, with aim of 30 places across Forth Valley.
- Creating of an accelerated recruitment pathway targeted at healthcare students attending local schools and Forth Valley College. The accelerated recruitment pathway offers a guaranteed interview at the end of the programme the person takes part in.
- Supported NHS Forth Valley staff to undertake funded courses at Forth Valley College and through bursary programmes and other funding streams (e.g., Graduate Apprenticeships) to undertake degree level qualifications at Stirling University through NHS Forth Valley Youth Academy Huddle
- Phase 2 of Shaping Places for Wellbeing in Alloa underway – a national pathfinder project focusing on place-based improvements to health.
- Involvement in prioritisation for Stirling and Clackmannanshire City Deal, with focus on innovation and workforce.
- Delivered the first Anchor Institution service design workshop, in collaboration with the Culture Change and Compassionate Leadership Programme team on 5 August. The workshop, which was delivered to Women & Children's Services managers and staff aim was to Increase understanding of our Anchor Institution commitment to better meet the health needs of the population and build improvement plans for design and delivery of services and programmes that reach and benefit our communities and people with greatest need.

6.2 **NHS Forth Valley Regional Anchor partnership progress** – a short life working group has been established with the three local authorities, the University of Stirling, Forth Valley College, the Health & Social Care Partnerships and representatives from commerce and the Third sector to scope the terms of reference and priorities for a proposed regional Forth Valley Anchor Partnership. The recommendations of the short life working group will be presented to the NHS Forth Valley Anchor Board on 12 September.

7. <u>Implications</u>

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

7.2 **Workforce Implications**
There are no workforce implications as a result of this paper

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

7.4 **Sustainability Implications**
The NHS Forth Valley Anchor Plan 2023 – 2026 enhances the organisation's actions in relation to sustainable buildings and land, sustainable goods and services and sustainable communities with the main aim of the Anchor Institution work being to enhance the local economy and reduce health inequalities across Forth Valley.

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

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

7.6   **Quality / Patient Care Implications**
Not applicable

7.7   **Information Governance Implications**
Not applicable

7.8   **Risk Assessment / Management**
No risk assessment completed

7.9   **Relevance to Strategic Priorities**
- Healthcare strategy
- Community planning partnership duties

7.10 **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

7.11 **Communication, involvement, engagement and consultation**
- NHS Forth Valley Advancing Community Planning Group
- NHS Forth Valley Anchor Springboard
- NHS Forth Valley Public Health Directorate

Appendices
Nil

FORTH VALLEY NHS BOARD
Tuesday 24 September 2024

14(a). Update on Safety Collaborative
For Assurance

Executive Sponsor: Professor Frances Dodd, Executive Nurse Director

Authors: Professor Karen Goudie, Director of Nursing and Mr Chris Rodger, Consultant General and Colorectal Surgeon & Clinical Director for Quality

---

1.   Executive Summary
1.1   Patient safety improvement collaboratives have played a critical role in delivering system safety across NHS Scotland through programmes such as the Scottish Patient Safety Programme (SPSP). The SPSP is based on the Institute for Healthcare Improvement (IHI) Breakthrough Series (BTS) collaborative model. IHI supports improvement through collaborative learning - specifically, using a model for achieving breakthrough improvement that it innovated in 1995 and has been continuously improving ever since. IHI developed the BTS to help health and care organisations make breakthrough improvements in quality while reducing costs.

2.   Recommendations
2.1   The Forth Valley NHS Board is asked to:
*   **note** the high level aims of the Safer Together Collaborative
*   **note** the scoping and activities to date
*   **note** the infrastructure being developed to deliver the collaborative and the governance reporting mechanisms through the Clinical Governance Committee

3.   Assurance
3.1   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 has been taken to support the delivery of the high-level outcomes of the Safer Together collaborative supported by clearly defined actions to demonstrate progress over time.

4.   Aims of the Collaborative
4.1   The driving vision behind the series is this: sound science exists on the basis of which the costs and outcomes of current health and care practices can be improved, but much of this improvement science lies fallow and unused in daily work. In other words, there is a gap between what we know and what we do.

4.2   Reducing preventable harm requires a concerted, persistent, coordinated effort by all stakeholders, and a total systems approach to safety. Total systems safety requires coordination at many levels, which in turn necessitates robust team working among all

stakeholders. The aim of the Forth Valley Safer Together Collaborative (STC) is to improve patient safety across several areas through implementing evidence-based practice using improvement science methodology, standard setting through clinical policy review, coordination of improvement support and improvement of data and measurement processes.

4.3 The STC will focus on identifying and addressing key areas of patient safety concern, such as data quality and system reporting capability, pressure ulcers incidence, safer mobility and falls risk reduction, cardiac arrest and deteriorating patient, catheter care and ageing & frailty. Alongside Acute Services, operational units including Mental Health and Learning Disabilities, Woman's and Children and Primary Care will have bespoke workstreams and change packages to support their improvement aims.

4.4 The STC will align high level aims (below) with current evidence-based standards, national improvement programmes mapped to our local priorities.

- **Reduce grade 2-4 pressure ulcers by 30% by Nov 2025**
- **Reduce total falls and falls with Harm (moderate to severe) by 30% by Nov 2025**
- **Reduce enhanced observations by 50% by May 2025 (including a 50% reduction in cost by May 2025)**
- **Reduce Cardiac Arrest rate by 40% by Nov 2025 (NCAA) while improving cardiac arrest reporting via safeguard. (National Cardiac Arrest Audit)**
- **Reduce Catheter Usage by 30% by Nov 2025**.

4.5 We seek to add value to existing NHS Forth Valley, H&SCP and national based patient safety programmes by working across the whole health and care system, bringing teams together to learn from each other through four learning sessions and action learning periods, creating the conditions for innovation, sharing of best practice, improvement, lessons learned and highlighting success to spread and sustain best practice.

4.6 We are focused on delivering measurable and sustainable improvements in the specific patient safety area aims and associated process measures during our 15-month Safety Collaborative.

5. Why a Safety Collaborative
5.1 Total systems safety requires a shift from reactive, siloed interventions to an initiative-taking strategy in which risks are anticipated and system-wide safety processes are established and applied across the entire health and care pathways to address them. Lack of coordination between the many different groups working to improve safety creates inefficiencies and duplication, which further hinders progress and wastes resources.

5.2 Quality improvement collaboratives involve groups of professionals coming together, either from within an organisation or across multiple organisations, to learn from and motivate each other to improve the quality of health services. Collaboratives often use a structured approach, such as setting targets and undertaking rapid cycles of change.

5.3 Therefore, our coordinated approach through the STC demonstrates commitment to accelerating the improvement of safety, reducing harm, working together across disciplines to spread best practices to ensure that health care is safer and reliable. Our priority is to be accountable for effective care while protecting the safety of patients. The collaborative will promote a system of learning and action to apply the best practice to solving complex safety problems.

5.4 This will contribute to implementation of our Quality Strategy (QS) and the Clinical Governance Strategic Implementation Plan as part of that overall QS. Year 3 of our QS, as well as continuing our work to improve our safety culture, has creation of learning systems as one of the key priorities. The STC also presents opportunities that we intend to take across the five initial QS priorities: involving patients, service users and carers in quality, consistent approaches to quality, relationships, and culture, using data effectively, working as a system.

6. Pressure Ulcers

6.1 Pressure ulcers cause significant discomfort, pain, impact on mobility, infection, and life-threatening complications. Pressure ulcers are considered a preventable adverse event in healthcare. By reducing the occurrence, the experience for people improves, length of stay in hospital setting reduces, and significant savings are realised across the system. Forth Valley data is demonstrating a deterioration in pressure ulcer incidence with 9 data points above the median. There are reliability issues with reporting due to the previous measurement framework, therefore an increase in occurrence is expected as reporting improves, and data quality is improved through review of process via the Safeguard system. Improvement efforts will be based on Healthcare Improvement Scotland's pressure ulcer standards, improvement change package and measurement plan.

Pressure Ulcer Rate (per 1000 OBDs)
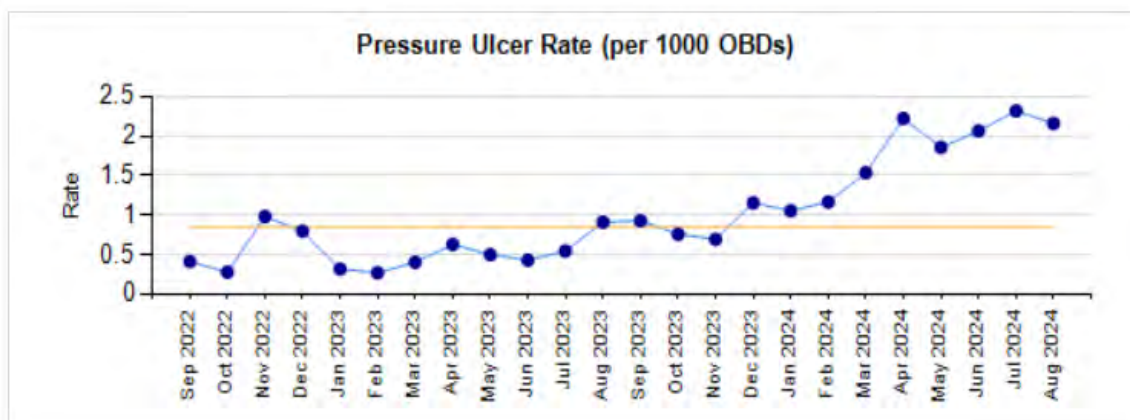
7. Falls

7.1 Falls in hospitals are a frequent occurrence, causing pain, injury, increased length of stay, and in a significant number of cases, death. They are estimated to cost the NHS more than £2.3 billion a year. About 30 per cent of people aged 65 or older have a fall each year, increasing to 50 per cent in people 80 or older. Our current Falls rate is 10 with a static rate from April 22. We currently have limited ability to understand categorisation of falls in term of harm at organisational level. The NMAHP Quality Management Board subgroups are currently reviewing and redesigning the front-end reporting mechanism of Safeguard to support data extraction to provide harm intelligence and support improvement planning. Measurement will reflect the national SPSP falls change package.

Falls

Falls

Falls Rate (Falls per 1000 OBDs)
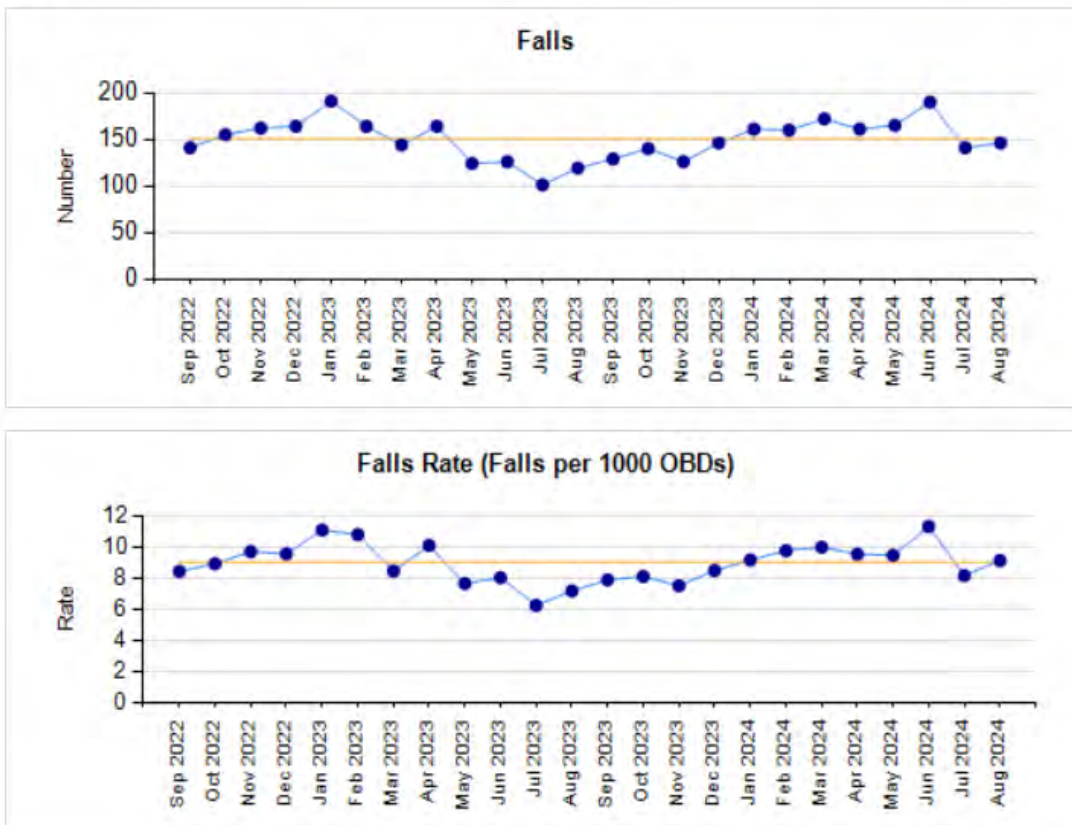
8. Enhanced Observation

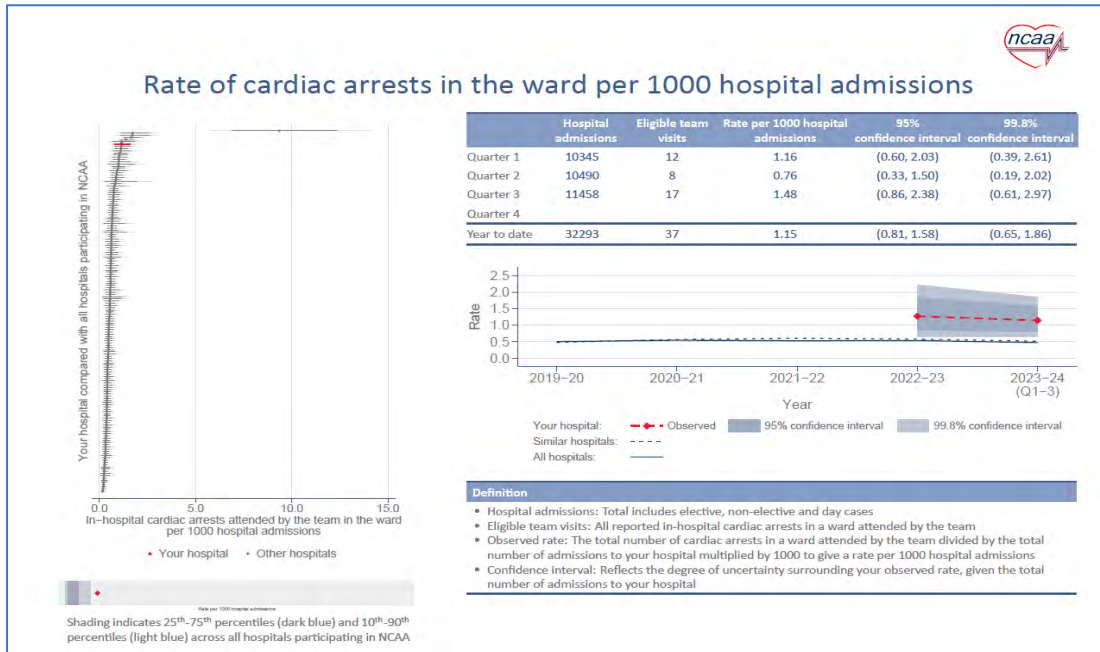8.1 Requests for enhanced observation saw a sharp rise through 23/24 of 122%. Requests for enhanced observations are captured on the staff bank system under Code 4 indicator. The below chart demonstrates the staff bank code 4 requests over the last 12months. Improvement activity has already commenced through Nursing Workforce review project.

Safeguard Measurement of Enhanced Observation

Monthly Safecare Records

9. Cardiac Arrest

9.1 NHS Forth Valley is part of the National Cardiac Arrest Audit (NCAA). Our position on the caterpillar plot comparing FVRH to all participating hospitals demonstrates that we are in the upper range for Cardiac arrest rate. Cardiac arrest data reporting is undergoing review to ensure cardiac arrests are captured through our risk system as a clinical event. Treatment and escalation planning as a process will have an impact on outcome data and will be a focus of the safety collaborative. (FVRH position per 1000 hospital admissions in red below). The improvement work schedule will look at all aspects of cardiac arrest, including treatment escalation processes, introduction of eObservations to identify deterioration at an earlier stage, as well as the use of DNACPR.

Rate of cardiac arrests in the ward per 1000 hospital admissions

	Hospital admissions	Eligible team visits	Rate per 1000 hospital admissions	95% confidence interval	99.8% confidence interval
Quarter 1	10345	12	1.16	(0.60, 2.03)	(0.39, 2.61)
Quarter 2	10490	8	0.76	(0.33, 1.50)	(0.19, 2.02)
Quarter 3	11458	17	1.48	(0.86, 2.38)	(0.61, 2.97)
Quarter 4					
Year to date	32293	37	1.15	(0.81, 1.58)	(0.65, 1.86)

10. CAUTI

10.1 Catheter Associated Urinary Tract Infection (CAUTI) leads to complications such as sepsis, prolonged hospital stays, increased healthcare cost and associated with increased morbidity. Improving CAUTI prevention measures reduces patient harm and enhances safety. The safety collaborative will focus on catheter usage and care across Forth Valley to understand usage and potential for process improvement where opportunities exist to deliver evidence-based catheter care and appropriate usage.
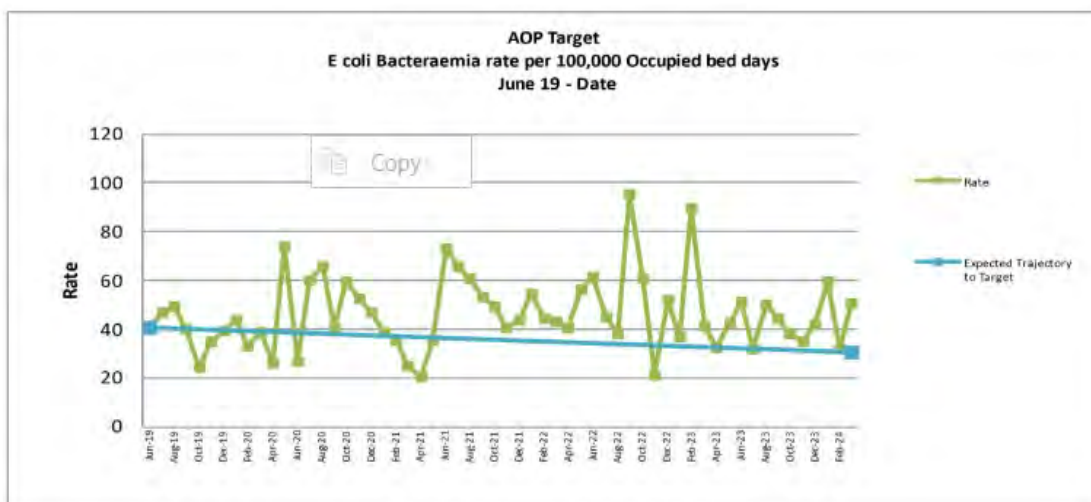
11. Scoping and Activities to Date

- Data quality review and redesign underway via the NMAHP Quality Management Board's data quality and systems subgroups
- Data guide, run chart and statistical process control tools via the Quality Programme Board's Using Data Effectively Implementation Group
- QI tools and resource package on webpage
- Policy review of relevant improvement topics, e.g. Pressure Ulcer Policy Review group set up, Observation policy in scoping, Cardiac arrest policy commissioned.
- Education and learning planning and resources via Practice Development Unit
- Review of Safeguard reporting functionality and data capture ability.
- Review of reporting mechanisms to Healthcare Improvement Scotland via Excellence in Care and SPSP Acute Adult Reporting.
- Thematic review of complaints, clinical incidents and risks
- Review of Infection Prevention Control local and nation trajectories
- Scoping of current reasons for constant observations including usage of supplementary staffing to provide capacity for observations in hospital settings

11.1 The launch of the STC took place on the 22nd of September, bringing together colleagues from across Forth Valley health and care system to explore the overall aims of the collaborative and the high-level aims for key areas of focus. 130 colleagues participated in the event, chaired by our Board Chair, and attended by several Board members.

11.2 The programme presenters included national and local experts on patient safety, improvement collaboratives, creating the conditions for change, the programme aims and support, and gave time for questions from the safety improvement leaders, subject matter experts and existing and new workstream and test team leads who took part.

12. Participation, Leadership & Support
12.1 The Executive Director of Nursing and the Medical Director are the executive sponsors of the STC. Roles and responsibilities of STC leads, faculty, workstream leads and test teams are described in Appendix 1. The STC will contribute to building improvement and clinical and care knowledge, skills, and practice and to workforce development.

12.2 Patient, service users and family representatives and academic and Third Sector colleagues will be invited to contribute to and participate in the STC.

12.3 Programme management, communication and knowledge management and improvement support will be provided by the Forth Valley Quality (FVQ) team. Improvement Advisors will drive the progress of the Collaborative through teaching and coaching teams on improvement methods and how to apply them in local settings and co-ordinate data and measurement plans and reporting.

12.4 Improvement Advisors will have the responsibility to:

- Support the Faculty in developing the Collaborative aims and measurement plans
- Work with Workstream Leads to support and direct test teams as needed in conducting tests of change relating to the workstream
- Lead test teams through QI coaching to embed ethos of QI learning throughout the Collaborative
- Support the test teams through teaching and coaching on improvement methods to enable them to conduct their tests of change, collect, analyse, and present data and reporting to Workstream Leads and Faculty.

- Co-ordinate and support the design and facilitation of the learning sessions and their outputs including participation in learning sessions through presentation and breakout sessions.

12.5 Information Services support will be needed for effective data collection, analysis, visualisation, and reporting and collaboratively improving data quality and accessibility within NHS Forth Valley.

12.6 Digital and eHealth will be supporting procurement and implementation of eObs an electronic patient observation system supporting identification and management of deteriorating patients, for which the business case has already been approved.

12.7 Forth Valley Quality's Innovation Lead will be a member of STC Faculty to lead and support identification of other innovation opportunities as part of implementation of NHS Forth Valley's Innovation Plan.

13. Demonstrating Impact

13.1 A measurement plan for the programme will be developed to outline outcome, process and balancing measures aligned to improvement aims. Many of the harms have defined measures through national programmes such as Essentials of Safe Care, SPSP Acute Adult, pressure ulcer change package to which we submit data. Workstream leads and test teams will additionally develop bespoke measures related to their specific improvement aims. See Appendix 2 for reporting structure.

13.2 Data and measurement support is crucial to the STC to be able to deliver a standard of reporting that drives improvement, through intelligence and data that measures and accurately reflects harms and the impact that implementation of tested change ideas produces.

13.3 An evaluation plan is being developed, including scoping of economic evaluation and collaboration with the University of Stirling via our University College NHS Partnership.

13.4 A knowledge management plan is also being developed via the FVQ team to contribute to learning throughout the STC and to wider learning within the organisation and with partners and other external bodies such as Healthcare Improvement Scotland.

14. Implications

Financial Implications

14.1 There are no direct financial implications arising from the recommendations of this paper other than the time commitment of the faculty and the test teams in the delivery of the collaborative as part of the Board's approach to patient safety and quality improvement.

Workforce Implications

14.2 There are no direct workforce implications arising from the recommendations of this paper, except the opportunity to support staff to participate in the faculty and the test teams to strengthen care provision and improve outcomes for patients.

Infrastructure Implications including Digital

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

Sustainability Implications

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

Sustainability Declaration

14.5 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

14.6 The work of the Safer Together Collaborative is intended to support improvements in service quality and patient experience. The work of the Safer Together Collaborative will strengthen the understanding of the data, drive improvement and be measured through the collaborative the impact on patient outcomes.

Information Governance Implications

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

Risk Assessment / Management

14.8 Key risks that may impact on delivery of the Safer Together Collaborative will be overseen through the Clinical Governance Working Group.

Relevance to Strategic Priorities

14.9 The Safer Together Collaborative impacts on:

- Leadership: Develop individual and collective responsibility to enable a collaborative approach to system leadership.
- Culture: Model behaviours and a culture where staff and patients feel valued, safe and empowered
- Transformational Change: Reimagine and redesign the way we work to improve the health of the population of Forth Valley.
- Performance: Progress incremental and sustainable improvements in our system wide performance.

Equality Declaration

14.10 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 the paper is not relevant to Equality and Diversity.

Communication, involvement, engagement and consultation

14.11 The paper has been developed by the co-chairs of the Safer Together Collaborative.

Appendices:

- Appendix 1: Safer Together Roles and Responsibilities
- Appendix 2: Reporting Structure

Appendix 1 Safer Together Roles and Responsibilities

The Chairs:

The Safer Together Collaborative will be co-chaired by Karen Goudie, Director of Nursing, and Chris Rodgers, Consultant General and Colorectal Surgeon & Clinical Director for Quality.

• Champion the Improvement Collaborative locally, regionally, and nationally

• Provide leadership to the Collaborative

• Attend and contribute to all planned Improvement Collaborative activities

• Share learning, progress, and impact reporting progress of the collaborative to the Clinical Governance Working group.

• Commit to the dates identified for webinars and learning sessions Chairs will be responsible for establishing the vision of the collaborative, providing faculty leadership, teaching, and coaching the participating teams

The Faculty:

The Faculty will have the key role of providing leadership and expertise in both Quality Improvement and/ or their subject matter areas to direct and support the work of the collaborative test teams.

The Faculty will have the responsibility to:

 • Provide QI and/or subject matter expertise and leadership to the collaborative and its workstreams.

• Identify key areas for improvement and develop improvement aims, workstream change packages, measurement plans to track progress of collaborative aims (outcome measures, process, and balancing), and implement evidence-based changes based on data intelligence for the collaborative throughout its 15-month life cycle

• Provide QI expertise, supportive leadership and influence test teams and the wider Collaborative in taking forward the improvement work

 • Attend fortnightly progress meetings throughout the Collaborative, attend learning sessions, present as keynote speaker, or lead breakout sessions on subject matter . Take part in site visits and present at national level if required

Workstream Leads:

Workstream Leads will lead and coordinate the development of their workstream change package for implementation across the test teams with the support of Improvement Advisors. Workstream leads will have the responsibility to:

 • Provide direction and support to workstream members

• Work with Improvement Advisors to support and direct test teams as needed in conducting tests of change relating to the workstream

• Work with Improvement Advisors in supporting test teams to report to the Faculty

• Identify, report, and help resolve common risks, issues, barriers faced by test teams in the workstream and report to Faculty Leads

 • Provide progress reporting with IAs to Faculty Leads through data and measurement plans and flash reporting

Test Teams:

Test teams have a key role in achieving the aims and outcomes of the Collaborative, they will learn from the Collaborative process, conduct small-scale tests of change, and help successful changes become standard practice.

Test teams will have the responsibility to:

• Conduct tests of change in their areas with the support of Improvement Advisors

• Report via Improvement Advisors to Workstream Leads and Faculty and via learning sessions to share progress and learning

• Attend, participate in, and present at learning sessions throughout the 15-month collaborative lifecycle

Improvement Advisors:

Improvement Advisors will drive the progress of the Collaborative through teaching and coaching teams on improvement methods and how to apply them in local settings and co-ordinate data and measurement plans and reporting.

Improvement Advisors will have the responsibility to:

•   Support the Faculty in developing the Collaborative aims and measurement plans

•   Work with Workstream Leads to support and direct test teams as needed in conducting tests of change relating to the workstream

•   Lead test teams through QI coaching to embed ethos of QI learning throughout the Collaborative

•   Support the test teams through teaching and coaching on improvement methods to enable them to conduct their tests of change, collect, analyse, and present data and reporting to Workstream Leads and Faculty.

•   Co-ordinate and support the design and facilitation of the learning sessions and their outputs including participation in learning sessions through presentation and breakout sessions.

Safer Together Roles & Responsibility Structure

Clinical Governance Working Group

Faculty

Leadership & Expertise → Reporting ↑

Workstream Leads ← Support — **Improvement Advisors**

Leadership & Expertise → Reporting ↑

Test Teams ← Support

This intended structure is based on the IHI Collaborative Model for Breakthrough Improvement

Appendix 2 Reporting structure

Safer Together Reporting Structure

Clinical Governance Working Group
Safer Together Chairs, programme team and faculty will report into CGWG and FV Programme Board.

Programme team & Faculty Meeting
Flash report presented by Improvement Advisor aligned to workstream of all improvement work undertaken over past **6 weeks.**

Workstream Improvement Advisor
Improvement Advisor will handover highlight report to Improvement Advisor responsible for each work stream who will prepare Flash report for faculty meeting.

Improvement Advisors & Workstream leads
Meet **fortnightly** with test teams to offer QI support. Responsible for completion of Highlight report every **6 weeks** to showcase progress/ highlight risks from test teams

Test Teams
Testing change ideas following QI methodology in line with workstream area chosen

NHS FORTH VALLEY BOARD
Tuesday 24 September 2024

14(b). Health and Care Staffing Act
For Assurance

Executive Sponsor: Prof Frances Dodd, Executive Nurse Director

Author: Ms. Katrina Robertson, Lead Nurse for Workforce Planning

Executive Summary

The introduction of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) provides the statutory basis for the provision of appropriate staffing in health and social care services, enabling safe and high quality care and improved outcomes for staff as well as service users. NHS Forth Valley has reasonable assurance that systems and processes are in place through the work of the Implementation Oversight and Operational governance structure. Updates are given on progress using the Self Assessment document. The information will be contained throughout this report. The self assessment process has highlighted good practice as well as where we have gaps. The Operational Group have been working through actions and have a work plan and action log to address the gaps and areas that require further work, to ensure there is oversight of risk, and a pathway to achieving compliance.

This paper provides an update to the NHS Forth Valley Board of the submissions to the June and September 2024 staff governance committee meetings, as well as national submissions to Scottish Government.
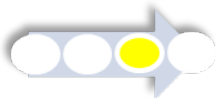
Recommendations
The NHS Forth Valley Board is asked to:
- **note** the progress of the implementation of the Safe Staffing Legislation and that a detailed Q2 report will be submitted to the Scottish Government for 31st October 2024, *and*
  note the emerging risks being considered to be understood fully.

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.

1.   Purpose of the Paper
1.1   This paper is presented to provide a high level update on progress being made to comply with the Health and Care (Staffing) (Scotland) Act 2019.

2. Position

2.1 NHS Boards are required to demonstrate how they have met the following Duties:

- 12IA : Duty to ensure appropriate staffing
- 12IB : Duty to ensure appropriate staffing: agency workers
- 12IC : Duty to have real-time staffing assessment in place
- 12ID : Duty to have risk escalation process in place
- 12IE : Duty to have arrangements to address severe and recurrent risks
- 12IF : Duty to seek clinical advice on staffing
- 12IH : Duty to ensure adequate time given to clinical leaders
- 12II : Duty to ensure appropriate staffing: training of staff
- 12IJ : Duty to follow common staffing method
- 12IL : Training and consultation of staff (Common Staffing Method)
- 12IM : Reporting on staffing

2.2 A governance structure across Forth Valley was commenced in September 2023. This includes:-

- Oversight group chaired by Executive Nurse Director who is executive lead for the implementation of the legislation
- Operational working group which is chaired by Lead Nurse for Workforce Planning
- 12 profession specific sub groups representing all clinical and care groups including our commissioned services

2.3 Agreement was obtained at the oversight group that the approach should facilitate whole system support and therefore membership was offered to the Chief Social Work Officers, it is clear that any Health-related staff will be reported through the NHS Forth Valley arrangements and care related staff through the respective Council arrangements.

2.4   Healthcare Improvement Scotland (HIS) also has a number of duties within the HCSA to discharge. The duty 12IP relates to HIS monitoring NHS boards compliance with specified staffing duties in order to provide assurance to Scottish ministers therefore have asked us to continue submitting quarterly reports. To support this function, HIS will also provide Boards with an opportunity to discuss compliance with legislative duties by inviting the Board representatives to attend Quarterly Board Engagement calls.

2.5 The Q1 report was submitted at the end of June 2024 and the board engagement call took place on 19th August 2024. The discussion was centred on our progress to date and looking at key areas of strength and good practice, opportunities for shared learning and identifying areas of risk. HIS will continue to support the board through the healthcare staffing programme and have a Senior Programme Advisor linked to the HR Nursing Workforce Planning Lead Nurse. The Q2 report has been prepared using the HIS template and will be submitted to HIS by the 31st October 2024.

2.6   The oversight and operational groups will continue to meet monthly up until March 2025 to ensure we have implemented and embedded new resources and standard operating procedures and teams will continue to report on progress through this governance system.

3. 12IA: Duty to ensure appropriate staffing

3.1 The NHS Forth Valley Workforce Plan 2022-2025 provides an overview of our population, current workforce, financial context and sets outs the current challenges for each of the key staff groups, supported by more detailed workforce information. It also sets out our key workforce priorities and plans to address these challenges and describes the work underway to grow our future workforce, support our volunteers and recruit staff from overseas. NHS FV has a programme for the recruitment of national and international staff.

3.2 Our recruitment and retention programme board are looking at how service redesign can help with retention and have also implemented the 'retire and return programme'. A medical workforce group is just confirming its terms of reference and will mirror the NMAHP workforce governance group which has been up and running for the last two years.

3.3 Policies around supplementary staffing are being looked at and eRoster/Safecare is being rolled out across FV as part of the improvement work. The plan calls for taking important steps to guarantee that every job family participates in meaningful workforce planning and that workforce enablers are created for each to support and underpin the plan's delivery, including patient experience and staff engagement and experience.

3.4 We are investing in learning and development as well as staff support and wellbeing and have a new Culture Change and Compassionate Leadership programme as well as a Workforce Wellbeing Plan.

3.5 The NMAHP community have developed a five-year NMAHP Strategic Enhancement Plan, which is in year two and our Medical community have a job planning framework. Our governance structure will oversee progress in implementation of these plans with professional and service leads scheduled to report during the course of the year. Staff wellbeing will be threaded throughout the legislation implementation and staff will be given access to training regarding workforce planning.

4. 12IB : Duty to ensure appropriate staffing: agency workers
4.1 Data gathering has commenced on a daily basis with regards to the duty, the use of the staff bank system and the ready reckoner are being used to capture any use above 150%.The first quarterly report was submitted in June 2024 and quarter two is being prepared
and will be submitted by 31st October 2024.

5. 12IC: Duty to have real-time staffing (RTS) assessment processes in place
12ID : Duty to have risk escalation process in place
5.1 Safecare (RTS resource) is being rolled out across NHS FV and the process will be complete by April 2025 for all areas in scope of the legislation. New governance structures will oversee multidisciplinary efforts to create a reliable, systematic approach that will apply to all services and offer assurance that this duty is being complied with. All of the areas operate dynamic risk assessment either through use of safety huddles or in response to unplanned absence/vacancy which impact staffing levels. All Staff can voice concern regarding appropriate staffing in real time directly to their line manager, who will take action to mitigate any risk identified. An example of this would be bringing in additional resource from other areas, redeployment of available staff and/or a re-prioritising of workload for the staff in the area.

5.2 Safecare, RTS and Safety huddles resources have given staff a platform to escalate risk. Standard Operating Procedure (SOP) are being used to ensure a consistent approach is being taken and used as a formal process through staffing huddles. Safeguard will be used to report incidents relating to staffing issues or harm that cannot be mitigated for onward escalation. Night team and duty managers also have a handover system in place to highlight risk across the Acute Hospital site.

6. 12IE : Duty to have arrangements to address severe and recurrent risks
6.1 Collecting data over time from the Safecare, Safe Guard and TURAS RTS resources will enable reports to be generated and analysed. This function will allow for collation of information relating to every risk escalated to such a level as the relevant organisation considers appropriate. The Safecare system keeps data for 7 years. All risks raised on the Safeguard system are allocated a rating for impact (severity) and likelihood (anticipated likelihood of reoccurrence). All Safeguard submissions can be reviewed across our governance groups for trends and occurrences. Actions are decided at this level on mitigation requirements to prevent reoccurrence including escalation if appropriate. Each service area can pull risks specific to their area to provide localised and operational picture of risk.

6.2 There are emerging risks in relation to the historic practices of medical staff cover which are being considered in the context of the legislation, to understand system risk. There are also challenges in relation to AHP staffing in Acute services which are showing early indications of presenting as recurrent. The AHP Director is considering options and a whole system approach is being employed as this AHP risk does not span into the HSCPs currently.

7.   12IF : Duty to seek clinical advice on staffing

7.1 Clinical advice is sought through our site huddles and staffing huddles using the RTS resources and other safety briefs. In addition an escalation plan and reporting template has been developed to seek clinical advice annually through the use of the common staffing method to look at gaps in the workforce. NHS FV have Workforce Governance Groups and a Recruitment and Retention group set up and are working towards delivering the goals set for these groups. There has been strengthening of the clinical leadership structures across the majority of NMAHP services to be clear around accountability and responsibility in relation to this duty, one area remains outstanding, this is being developed. In other services it is the most senior clinical leader on duty who provides clinical advice.

7.2 Plans are in place to develop workforce governance across all professional groups including HSCPs with membership from relevant professionals and clinicians. All NHS functions are represented on the Oversight group. With the ongoing implementation of eRostering and SafeCare and access to the generic RTSR when available, there will be the ability to improve recording of the advice sought and considered on a more informal basis. These resources will also enable a more consistent approach across all services.

8.   12IH : Duty to ensure adequate time given to clinical leaders
    12II : Duty to ensure appropriate staffing: training of staff

8.1 The Organisational Development (OD) team will lead on the work for these duties. There are plans to introduce the Protected Learning Directive with a SOP for training. This is still in the early stages. The Leadership Development Framework will be updated as part of this work in OD and will take a regional and national approach. eJob plan will be implemented to include time to lead. eRoster will capture non-clinical time given to leaders but not the specifics. A Short Life Working Group (SLWG) has been set up to look at the Protected Learning Directive and consideration will be given on how this is affected by the legislation. Members have been sought from different professions to progress the work.

8.2 Scoping is being done to look at where professions are recording completed training and support offered to ensure it is recorded in eESS/OLM or TURAS moving forward. We need to be able to evidence our provision of training as part of the reporting on compliance to HIS.

8.3 Mandatory training content has been agreed and the plan will be to now look are role specific training. This will take time due to the volume of individual roles within the organisation. OD are working closely with the medical teams now.

9.   12IJ : Duty to follow common staffing method (CSM)
    12IL : Training and consultation of staff (CSM)

9.1 Adult Inpatient, Emergency Department, Children's Ward and Neonatal staffing level tools have been run so far this year with reports now reaching final stages. Some individual areas have also run the tools out of schedule at the request of the Chief Nurses. These include the Wound Management team, Bowel and Bladder team and Learning Disability service at Lochview. The schedule includes training dates for all staff included in the tool run.

9.2 The next staffing level tools to be run will be the three Community Nursing tools followed by the Maternity tool.

9.3 CSM will be explored with other groups' not currently in scope towards the end of 2024 and will use the Multidisciplinary Professional Judgement tool in addition to the CSM framework.

10. 12IM : Reporting on staffing

10.1 Quarterly reporting to the Board and HIS through the Staff Governance Committee. The annual report will be submitted following approval at Board level.

10.2 Healthcare Staffing Programme (HSP) will continue to support through their duty to monitor compliance.

11. Conclusion

11.1 NHS FV has made good progress and has engagement from all professions. Where gaps have been identified there are plans in motion to solve them. Further assessment and reporting will keep the groups on track to ensure we are working towards full compliance with the legislation.

Implications

Financial Implications

There has been annual funding from Scottish Government to support implementation of the act; however this will likely require substantive funding in future as we move to business as usual status. The letter of comfort has been sent for 2024/25 financial year, however this will be the last year of funding for the implementation. Currently there is permanent funding for 1WTE 8a and the SG funding will be used to employ 1 x B6 staff to assist with the legislation implementation.

There is also a risk emerging in relation to the outcome of the implementation of the Act in relation to some of the duties in relation to additional financial pressures. This risk is being articulated by the Directors of Finance on a national basis.

Workforce Implications

The Lead Nurse for Workforce and e-rostering manager may require more personnel as further staffing groups come on board including admin support. Discussions are under way to look at the structure of the Workforce Planning team.

Infrastructure Implications including Digital

There are still some challenges in engagement with e-rostering and the roll of Safecare due to capacity but plans are moving along slowly. Ongoing support continues from the e-rostering manager and team.

Sustainability Implications

No sustainability implications have been 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.

✓   *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

Healthcare staffing is aligned with the national Excellence in Care Programme and Local Care assurance processes to ensure quality of care is not compromised. This will be monitored through the NMAHP working group and the NMAHP workforce governance group. Other professions will ensure this work is an agenda item on their own reporting structure.

Information Governance Implications
No issues at the moment

Risk Assessment / Management
As part of the Oversight process, risks are being identified, mitigated and escalated as required. The Risk Register is reviewed regularly through the working group. Meetings have now been arranged from September 2023 until March 2025 for the Oversight and Operational Groups for Legislation Implementation.

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.

Relevance to Strategic Priorities
- Plan for the future
- Improve the focus on safety and quality
- Value and develop our people
- Making the best use of our resources
- Improving the health of the population

Relevance to the delivery of safe, effective, person-centred care and to provide assurance of compliance to standards and guidelines. There is alignment to the "We Care" Nursing and Midwifery strategy in Priorities 1, 2, 3, 4 and 5

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
✓   Screening completed - no discrimination noted
☐   Full Equality Impact Assessment completed

Communication, involvement, engagement and consultation
To be agreed as part of the oversight and working structures

Additional Information
None

FORTH VALLEY NHS BOARD
Tuesday 24 September 2024

15(a). Finance Report
For Assurance

Executive Sponsor: Amanda Croft, Interim Chief Executive

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

---

Executive Summary

The 2024/25 financial position remains exceptionally challenging with ongoing financial pressures continuing to drive a projected year end deficit of £35m - £40m, with further outstanding risks identified.

This is a significant concern, and decisive action is required to reset a path towards sustainable financial balance at pace beyond those actions already in train. Cost improvement measures continue to be prioritised and progressed by the Senior Leadership Team through the Financial Sustainability Oversight Board.

It is a statutory requirement for NHS Boards to operate within their available resource and regular discussions are ongoing with Scottish Government in relation to financial performance and risk. The next formal review will be in early November based on the Quarter 2 position, which will include a further assessment against the national Support and Intervention Framework.

Recommendations

The Forth Valley NHS Board is asked to:

- **note** the significant level of financial pressure continuing across our services at month 5 despite positive actions taken to reduce expenditure including the phased closure of unfunded contingency beds and reduction of nurse agency shifts.
- **note** the year-end projected deficit of £35m - £40m, with further actions put in place to mitigate risks including enhanced vacancy control process, discretionary spend reduction and further measures in relation to accommodation costs.
- **note** that a further in-depth review of the 2024/25 forecast year end outturn will be undertaken at the end of quarter 2, however early indications suggest that financial risk is increasing, particularly given current sickness absence levels, ongoing requirement for contingency areas and the potential for additional costs that are not currently included in the forecast (linked to the conclusion of SLA arrangements, the impact of winter and IJB risk share arrangements).

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 which are within our direct control 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 deficit of £14.5m to be addressed (equivalent to 2.1% of baseline budget). As previously reported to the Board, there is significant risk that the deficit will reach c£35m to £40m by 31 March 2025 (more than double the original projected deficit of £14.5m). The month 5 results suggest that there is a significant risk that the deficit is likely to come in at the higher end of this range, despite a number of mitigating actions being put in place.

Since the last report to the Board the following actions have been taken forward:
- Agreement of the phased closure of unfunded contingency beds (with an equivalent of 2 wards/60 beds to be closed by 30 Sept, with an initial focus on those patients who do not clinically require to remain on the acute hospital site). By early August, over 50 contingency beds have been closed, however this has not translated to the financial bottom line, with very little change in the use of supplementary staffing levels. Similarly, the level of patients delayed in their discharge remains high across the whole system.
- Communication has been issued to budget holders confirming the need to reduce and/or cease all non-essential discretionary expenditure between now and the end of the financial year (including business travel, hospitality, printing/stationery/photocopying and small works).
- A detailed review of accommodation requirements and premises is underway with a view to rationalising and reducing the estate.
- Internal Audit have been commissioned to review the Financial Sustainability Action Plan, considering whether the board has formulated and developed an appropriate, realistic, and comprehensive plan and evaluating the associated governance, reporting and monitoring arrangements.
- A self-assessment exercise has been conducted against the NHS Scotland support and improvement framework in relation to finance, currently assessed at Level 1 on the framework.
- A finance seminar was held for Board members on 27 August 2024 to reaffirm statutory financial requirements, provide national and local context to the current financial position and to consider the Board's overall approach to financial sustainability.

Additional actions have also recently been put in place in direct response to Scottish Government recommendations including:
- Enhanced vacancy controls: a senior level vacancy panel has been established with immediate effect to scrutinise all vacancy requests.
- Enhanced expenditure authorisation levels: agreement to introduce restrictions on stock ordering (ie restricting PECOS catalogues and reviewing non-contract/off catalogue expenditure and potentially reducing budget holder expenditure authorisation limits where appropriate).

Note that an in-depth review and re-assessment of the forecast outturn will be undertaken at the end of quarter 2, however early indications suggest that risk is increasing, particularly given current sickness absence levels, ongoing use of contingency areas and the potential for additional costs that are not currently included in the forecast (linked to the conclusion of SLA arrangements, the impact of winter and IJB risk share arrangements). Whist it is recognised that supplementary staffing costs have improved, the current bank and agency expenditure profile remains unaffordable and there must be significant reductions from October onwards linked to national targets to eradicate overall nurse agency usage and our local agreement to "over recruit" through our generic newly qualified nurse recruitment programme in order to save on premium costs.

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: 2024/25 YTD savings delivery

1.0 OVERVIEW OF MONTH 4 FINANCIAL RESULTS

1.1 Revenue year to date (YTD) results for the 5-month period ending 31 August 2024

An overspend of £15.6m is reported for the first 5 months of the financial year as summarised in Table 1 below, with a projected year end overspend in the region of £35m to £40m (with a best estimate of £37.5m). The forecast will be subject to further review and re-assessment on receipt of the month 6 results.

TABLE 1: NHS Forth Valley 2024/25 Finaincal performance	Annual Budget £m	Apr - Aug Budget £m	Apr - Aug Expenditure £m	Underspend/ (Overspend) £m	Forecast Outturn £m
Set Aside & Non-Delegated Functions*					
Acute Servies	244.656	100.208	113.357	(13.149)	(31.842)
Women & Children's	57.551	23.773	25.643	(1.870)	(3.885)
Cross Boundary Flow/External SLAs	65.257	27.084	27.799	(0.715)	(1.871)
Non-delegated Community Services	37.245	15.536	16.351	(0.815)	(1.655)
Facilities	114.058	47.132	47.709	(0.577)	(1.264)
Digital	12.639	5.223	5.654	(0.431)	(0.707)
Corporate Functions	34.817	11.011	11.565	(0.554)	(1.528)
Ringfenced and Contingency Budgets	10.628	2.202	0.000	2.202	0.000
Income	(31.828)	(13.122)	(13.416)	0.294	0.593
Sub total	**545.023**	**219.047**	**234.662**	**(15.615)**	**(42.158)**
Delegated Functions					
Operational Services	139.013	58.090	55.928	2.162	
Universal Services	172.839	73.637	78.208	(4.571)	
IJB reserves	9.692	2.409	0.000	2.409	
Sub total	**321.544**	**134.136**	**134.136**	**0.000**	
Reserve transfers (to)/from IJB					
Clackmannanshire & Stirling IJB					
Falkirk IJB					
Sub total	**0.000**	**0.000**	**0.000**	**0.000**	
TOTAL	**866.567**	**353.183**	**368.798**	**(15.615)**	

* 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 £545.023m above is £78.021m. An overspend of £5.276m is reported at month 5.

The £15.6m year to date overspend represents an adverse movement of £4.4m compared to the position reported in July which is largely due to ongoing pressures in the Acute Services Directorate and Women and Children's Directorate. However unprecedented financial pressures are also being experienced in various corporate functions (particularly in relation to Externals, Digital and HR).

Overall expenditure on supplementary staffing across the whole system amounted to £16.7m at end July (down £2.4m or 12.4% 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 5 months of the financial year compared to the same period in the previous year. Note that the overtime costs reported in table 2 include the impact of the transitional overtime allowance payable in respect of the phased implementation of the reduction in the working week under Agenda for Change T&Cs.

TABLE 2: Non-Core staffing costs	Apr to Aug 2023 £	Apr to Aug 2024 £	Better/(Worse) £
Admin agency	36,326	64,584	(28,258)
Admin bank	634,685	599,585	35,100
Medical agency	2,046,299	2,120,935	(74,636)
Medical bank	1,411,061	982,775	428,286
Medical locum	638,885	478,404	160,481
Nurse agency	5,458,116	2,301,569	3,156,547
Nurse bank	7,542,531	8,696,636	(1,154,105)
Other agency	108,901	50,275	58,626
Other bank	629,807	562,181	67,626
Overtime	592,260	873,897	(281,637)
Total	**19,098,871**	**16,730,841**	**2,368,030**

As outlined in table 2, a £3.2m reduction is reported in relation to nurse agency usage compared to the same period in the previous year. This reflects work to eradicate all off-framework agency together with cessation of unregistered nurse agency usage across the whole system which has been led by the Executive Nurse Director. As expected, an element of the previous agency usage has switched to nurse bank use. Focus will now turn to reducing staff bank use as we strive to bring workforce levels back to approved budgeted establishment levels.

1.2 Efficiency savings

As previously reported, implementation of workstreams under the Financial Sustainability Action Plan is ongoing, however it is recognised that the pace of savings delivery is behind the planned trajectory for the first five months of the financial year. Whilst it's recognised that savings delivery tends to be skewed towards the latter half of the financial year, action must be taken now to accelerate the pace of savings delivery given the scale of the overspend reported at end August.

YTD savings delivery is £7.3m behind plan at this stage in the year as summarised in table 3 below. Note that a review has been undertaken of all YTD savings achieved as requested by the Scottish Government to ensure savings are being appropriately classified as recurring or non-recurring (this has resulted in an additional £1.4m of savings delivered to date being classified as recurring).

Annual plan £m	TABLE 3: 2024/25 Finanical Sustainability Action Plan - YTD saving delivery	Apr - Aug plan £m	Apr - Aug actual £m	Variance £m
9.542	Workforce	4.462	3.153	(1.309)
0.328	Procurement	0.137	0.005	(0.132)
4.583	Prescribing (Hopsital based)	1.879	1.445	(0.434)
1.733	Esates & infrastructre	0.722	0.050	(0.672)
0.010	Income Generation	0.004	0.000	(0.004)
0.142	Innovation, Productivity & Digital	0.059	0.000	(0.059)
5.490	Value Based Health & Care	2.038	0.000	(2.038)
22.013	Other (slippage, reprioritisation & other finanical benefits)	11.202	8.505	(2.697)
43.841	**TOTAL**	**20.502**	**13.157**	**(7.345)**
21.664	Recurring	9.262	3.855	(5.408)
22.177	Non-recurring	11.240	9.303	(1.937)
43.841	**TOTAL**	**20.502**	**13.157**	**(7.345)**

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 during the first 5 months of the year. Whilst around 55 contingency beds were closed in early August these tended to be in areas where supplementary staffing was not necessary to administer care in these areas (ie closing the 5th bed in a 4 bedded area where staffing of these areas is largely absorbed by existing substantive staff). Focus must now turn to those unfunded contingency areas that involve the exclusive use of supplementary staffing.

Excellent progress has been made in relation to cessation of unregistered nurse agency and off framework nurse agency usage with significant reductions achieved to date (nurse agency costs have reduced by £3.2m compared to the same period in the previous year, offset by an £1.2m increase in staff bank). In addition, a number of hospital prescribing efficiency initiatives linked to various technical switches are already complete and are now being quantified in line with the phased transition of patients linked to current prescribing intervals. 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- DELAGATED FUNCTIONS - CLINICAL DIRECTORATES

Clinical Directorates reported a combined overspend of £14.1m as at 31 August 2024 as summarised in Table 4 below.

TABLE 4: Clinical Directorates*	Annual Budget £m	Apr - Aug Budget £m	Apr - Aug Expenditure £m	Underspend/ (Overspend) £m
Acute Servies	244.656	100.208	113.357	(13.149)
Women & Children's	57.551	23.773	25.643	(1.870)
Cross Boundary Flow/External SLAs	65.257	27.084	27.799	(0.715)
Non-delegated Community Services	37.245	15.536	16.351	(0.815)
Ringfenced and Contingency Budgets	10.628	2.202	0.000	2.202
Income	(31.828)	(13.122)	(13.416)	0.294
Sub total	**383.509**	**155.681**	**169.734**	**(14.053)**

* Note that these budgets include specialties defined as "large hospital services" which form part of IJB Set Aside budgets. The total Set Aside budget included in the total above is £78.021m. An overspend of £5.276m is reported at month 5.

Acute services – an overspend of £13.2m is reported as at end August 2024 (an adverse movement of £2.4m compared to the position reported at end July). 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. £9.2m of additional temporary staffing costs have been incurred to date within the Acute Services Directorate. Of this total, £5.7m (62%) 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, B22 and B32. The adverse year to date position is also exacerbated by ongoing staffing challenges across other parts of the health and care system which is impacting on an element of the planned discharge profile from the hospital.

Unachieved historic recurring savings targets is also a key factor together with a number of ongoing Covid legacy costs arising from previous gold command decisions and Scottish Government directives. Clear exit strategies are required to reduce and stop these costs being incurred going forward (together with ongoing targeted action to close contingency areas). Significant increases in the cost of drugs and devices are also being experienced (particularly in relation to the uptake of new drugs and devices including hep C medication and diabetes technology such as insulin pumps and continuous glucose monitors).

Women & children's – an overspend of £1.9m is reported at end of August (an adverse movement of £0.6m compared to the position reported at end July). This reflects the impact of 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 £0.7m is reported at the end of August (an adverse movement of £0.3m compared to the position reported in July). This includes the cost of several recent high-cost complex care packages provided out with Forth Valley (it was agreed these costs would be charged to the Board initially pending further discussion and agreement with IJBs to ensure no unnecessary delay in treatment). Note that SLA uplifts with other NHS board areas have still to be agreed and confirmed for 2024/25 at this stage and this is a key risk area.

Non-delegated community services – an overspend of £0.8m is reported at the end of August. This reflects ongoing financial pressures in Prison healthcare settings due to additional costs associated with surgical sundries, wound management products and the cost of 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 – £2.2m of funding has been released from central budgets as at the end of August to offset overtime/backfill costs associated with the reduction in the working week from 1st April 2024. Note that these costs are expected to be fully funded by the Scottish Government.

Income – income received as at end August was £0.3m higher than planned levels. This is largely due to income from NES in respect of Junior Doctors in training and £0.3m relating to externals.

3.0   SET ASIDE & NON- DELAGATED FUNCTIONS - CORPORATE DIRECTORATES

A combined overspend of £1.6m is reported for Corporate Services and Facilities & Infrastructure as at 31 August 2024 as summarised in table 5 below.

TABLE 5: Corporate Functions and Facilities & Infrastructure	Annual Budget £m	Apr - Aug Budget £m	Apr - Aug Expenditure £m	Underspend/ (Overspend) £m
Facilities	114.058	47.132	47.709	(0.577)
Digital	12.639	5.223	5.654	(0.431)
Corporate Functions				
Director of Finance	6.666	2.764	2.804	(0.040)
Area Wide Services	(1.017)	(3.631)	(3.276)	(0.355)
Medical Director	11.573	4.699	4.630	0.069
Director of Public Health	3.529	1.398	1.359	0.039
Director of HR	6.274	2.622	2.835	(0.213)
Director of Nursing	4.359	1.661	1.550	0.111
Chief Executive	1.749	0.719	0.674	0.045
Portfolio Management Office	0.571	0.238	0.224	0.014
Immunisation / Other	1.113	0.541	0.765	(0.224)
Corporate Functions sub total	34.817	11.011	11.565	(0.554)
Sub total	**161.514**	**63.366**	**64.928**	**(1.562)**

Facilities – an overspend of £0.6m is reported at the end of August (an adverse movement of £0.1m) compared to the position reported at end July). 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 £0.4m is reported at the end of August which is broadly in line with the position reported at end July due to unavoidable inflationary uplifts on a range of IT contracts.

Corporate Functions – a combined overspend of £0.6m is reported at the end of August (an adverse movement of £0.2m compared to the position reported in July). This reflects non-recurring pay pressures within the HR budget, recuring drug costs as part of the childhood immunisation programme and timing issues relating to legal claims.

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 £2.4m as at 31 August 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 - Aug Budget £m	Apr - Aug Expenditure £m	Underspend/ (Overspend) £m
Clackmannanshire and Stirling HSCP				
Operational Services	63.000	26.345	25.686	0.659
Universal Services	86.814	36.816	40.234	(3.418)
Ringfenced and Contingency Budgets	4.744	2.759	0.000	2.759
Subtotal	154.558	65.920	65.920	0.000
Falkirk HSCP				
Operational Services	76.014	31.745	30.242	1.503
Universal Services	86.025	36.821	37.974	(1.153)
Ringfenced and Contingency Budgets	4.947	(0.350)	0.000	(0.350)
Subtotal	166.986	68.216	68.216	0.000
TOTAL	**321.544**	**134.136**	**134.136**	**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 £78.021m. Responsibility for the operational and financial management of Set Aside functions currently resides with NHS Forth Valley.

In terms of the year-to-date position for delegated functions, the key financial challenge experienced by both HSCPs continues to relate to primary care prescribing which is reported under universal services in table 6. Both volume growth in the number of items prescribed and the average cost per item remain higher than original planning assumptions (up 5.4% 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 District Nursing Services, 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 budgets continues to be reported.

5.0   CAPITAL

The total annual net capital budget for 2024/25 is currently estimated at £9.558m as summarised in table 7 below. This reflects the core Capital Resource Limit (CRL) of £6.389m as advised by the Scottish Government, together with £3.981m of anticipated allocations, £0.188m of Property Sales retained by the Board, and other adjustments which are expected to be applied to the CRL during the year for indirect Capital charged to Revenue.

TABLE 7: 2024/25 NHS Forth Valley Capital position	Annual Budget £m	April - August Budget £m	April - August Expenditure £m	Underspend/ (Overspend) £m
Elective Care	0.750	0.288	0.288	0.000
Information Management & Technology	3.993	0.559	0.559	0.000
Medical Equipment	3.621	2.721	2.721	0.000
Facilities & Infrastructure	1.090	0.074	0.074	0.000
Energy Efficiency Capital Grants	0.245	0.000	0.000	0.000
NHS Board corporate projects	0.033	0.005	0.005	0.000
Right of Use Assets IFRS16	0.826	0.621	0.621	0.000
Indirect Capital Charged to Revenue	(1.000)	0.000	0.000	0.000
Total	**9.558**	**4.267**	**4.267**	**0.000**

As reported in table 7 above, a balanced position is reported for the five-month period ending 31 August. Total expenditure of £4.3m is reported to date (an increase of £1.7m since the previous month) which leaves a balance of £5.291m to be spent by 31 March 2025.

Key areas of expenditure are described below:

Elective Care – the National Treatment Centre continues to be delayed due to a number of construction issues. All parties are working to develop a technical solution to resolve these issues. A further update is expected late September. As such uncertainty remains over the go-operational date until the technical solutions are assessed. As at year end 2023/24 the sum of £10.0m had been incurred on the project. Additional costs incurred during 2024/25 relate to advisor fees.

Information Management & Technology – to date the sum of £0.6mm has been spent on Information Management & Technology projects. This total consists of £0.035m on GP IT System Refresh and £0.475m on Infrastructure Refresh procurement as well as £0.049 on Inpatients Electronic Patient Record (EPR).

Medical Equipment – expenditure committed on Medical Equipment items equates to £2.7m to date with the majority of the spend relating to Image Intensifiers at £0.471m, Defibrillators at £0.507m, the new Pharmacy Robot at £0.743m and £0.827m in relation to a 3rd CT Scanner (the CT scanner has been funded by slippage & rephasing certain projects to 2025/26). Procurement processes are underway to spend the remaining balance of the Medical Equipment allocation.

Facilities & Infrastructure – total expenditure of £0.074m is as at end August. The majority of the spend relates to staff costs recharged to Capital. 5 Tenders have been received in relation to improvement works at Dunblane Health Centre and work is ongoing to evaluate these tenders, however the cost are significantly higher than originally estimated.

NHS Board and Property Sales – as at 31st August 2024, no Property Sales have yet been transacted and no expenditure has been incurred on Board managed projects.

Appendix 1 – 2024/25 YTD savings delivery

Savings delivery - April to August 2024	Plan £000s	Actual £000s	TOTAL £000s	RAG status
Workforce - nursing				
Nursing sickness absence- acute	917	0	(917)	RED
Nursing sickness absence - WCSHS	333	0	(333)	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	1,500	1,075	(425)	AMBER
Reduce requirement for enhanced observations	0	0	0	GREEN
Enhanced controls	0	162	162	GREEN
	3,583	**2,081**	**(1,502)**	
Workforce - medical				
Medical locum review of rates	0	0	0	RED
Medical sickness absence	0	0	0	RED
Reduce locum usage in unplanned care areas	0	182	182	AMBER
Jnr Dr rota compliance in planned care areas	0	0	0	RED
International recruitment (psychiatry)	251	418	167	GREEN
	251	**600**	**349**	
Workforce - other				
Retinue fees & charges	55	55	0	GREEN
Targeted vacancy review	417	417	0	AMBER
Sickness absence other staff groups	0	0	0	RED
Agile working	0	0	0	RED
Review of T&Cs eg pay protection - Acute	83	0	(83)	RED
Review of T&Cs eg pay protection - WCSHS	43	0	(43)	RED
Review of T&Cs eg pay protection - Corporate	5	0	(5)	RED
Review of T&Cs eg pay protection - Estates & Facilities	24	0	(24)	RED
Review of workforce controls	0	0	0	GREEN
	628	**472**	**(156)**	
Procurement				
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	30	0	(30)	RED
Review of Complex Care Third Party Provision	87	0	(87)	RED
Non-pay: review of non-discretionary spend	0	5	5	GREEN
Review of ward consumables	0	0	0	GREEN
Procurement of cardiology devices	20	0	(20)	AMBER
	137	**5**	**(132)**	
Prescribing (switches)				
Lenalidomide switch - full year effect	84	84	0	GREEN
Tecfidera / Dimethyl Fumerate	304	236	(68)	GREEN
Xarelto / Rivaroxaban	26	0	(26)	RED
RoActemra / Tocilizumab	52	0	(52)	RED

Xolair / Omalizumab	78	0	**(78)**	RED
Aubagio / Teriflunomide	42	0	**(42)**	GREEN
Further tehcnical switches	0	0	**0**	AMBER
	585	**320**	**(266)**	
Prescribing Acute + Women & Children's				
Review of inflation for hospital Rx	1,125	1,125	**0**	GREEN
Oncology (near patient preparation)	18	0	**(18)**	GREEN
PAS & PCRS rebates	0	0	**0**	RED
Off patent savings	83	0	**(83)**	RED
Medicines of low clinical value	0	0	**0**	RED
Complex rebates/review of contracts	63	0	**(63)**	AMBER
Environmental sustainability/medical gases/green theatres	0	0	**0**	AMBER
Review of homecare arrangements	4	0	**(4)**	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
	1,293	**1,125**	**(168)**	
Estates & Infrastructure				
PPP/PFI insurance	0	0	**0**	GREEN
PPP/PFI review of energy contract arrangements	542	0	**(542)**	AMBER
PPP/DBFM review of contractual arrangements	21	0	**(21)**	RED
PPP/PFI refinancing	0	0	**0**	AMBER
PFI Benchmarking	0	0	**0**	GREEN
Energy efficiency - full year effect	106	0	**(106)**	AMBER
Portering FVRH Blood products	50	50	**0**	GREEN
Asset management/review of agile working	0	0	**0**	RED
Non-Emergency Patient Transport	0	0	**0**	RED
Sale of surplus property	3	0	**(3)**	GREEN
	722	**50**	**(672)**	
Income Generation				
Review of FOC travel vaccines	0	0	**0**	RED
Provision of training to other bodies/agencies/3rd parties	4	0	**(4)**	RED
Introduction of charging policy for DNAs	0	0	**0**	RED
Develop a mutual aid strategy	0	0	**0**	AMBER
	4	**0**	**(4)**	
Innovation, Productivity & Digital				
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	59	0	(59)	AMBER
M365	0	0	0	RED
	59	0	(59)	
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	2,038	0	(2,038)	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
	2,038	0	(2,038)	
Other				
Review of Covid legacy costs	990	0	(990)	RED
Annual leave carry forward	292	0	(292)	AMBER
Anticipated slippage on investment	208	0	(208)	GREEN
Unplanned financial benefits (eRoster VAT)	0	0	0	GREEN
Unplanned financial benefits (VPAG)	3,323	8,205	4,882	GREEN
Technical accounting opportunities	300	300	0	GREEN
Review & re-prioritisation of local service developments	2,167	0	(2,167)	RED
3% recurring budget deduction	3,923	0	(3,923)	RED
	11,202	8,505	(2,697)	
Total	**20,502**	**13,157**	**(7,345)**	

2024/25: progress against 3% recurring target	Plan £m	Actual £m	Balance £m
Set Aside & non-delegated services			
Workforce	1.339	2.355	-1.016
Procurement	0.328	0.005	0.323
Prescribing (Hopsital based)	4.497	1.445	3.052
Esates & infrastructre	1.733	0.050	1.683
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 finanical benefits)	13.015	0.000	13.015
Total Set Aside & non-delegated services	**21.664**	**3.855**	**17.809**
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**	**3.855**	**25.403**
Scottish Government 3% total recurring target	20.148		

NHS FORTH VALLEY BOARD
Tuesday 24 September 2024

15(b) 15-point Grid Self Assessment
For Assurance

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

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

Executive Summary
This report presents the completed self-assessment questionnaire that was submitted to the Scottish Government in relation to our progress against the 15-point grid.

The self-assessment questionnaire was issued by the Scottish Government's Finance Delivery Unit (FDU) on 9th July 2024, with a mandatory request that all Boards at Level 2 and 3 of the NHS Scotland Support and Intervention Framework for finance submit a formal response. As we are currently at level 1, we were not required to submit a response, however, we felt it was important to complete and submit it for assurance purposes given the scale of our projected deficit. We discussed our response with the Scottish Government at our quarter 1 review meeting and formally submitted it on 21 August 2024.

Recommendations
The Performance and Resources Committee is asked to:
*   **note** the progress to implement the 15-point grid and completed self-assessment questionnaire.

Assurance
Proposed assurance level:

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

A Reasonable level of assurance is reported on the basis that mitigating actions to address the corporate financial sustainability risk are in place and operating, although these are not expected to fully mitigate the underlying risk.

Key Issues to be considered
The '15 Box Grid' was presented by the Scottish Government to Board Chief Executives in Nov 2023, setting out 15 key areas of improvement to support achievement of the 3% recurring savings target against baseline funding.

These 15 areas are summarised below and all Boards are expected to prioritise these for local implementation:

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

The Scottish Government estimate that the actions in the 15-point grid could generate a potential £500m savings opportunity across NHS Scotland.

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 initiativ/es 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 underpins 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 this specific paper is not relevant to Equality and Diversity, however it is recognised that the development and approval of certain savings plans may require and an Equality and Poverty Impact Assessment to be conducted.

Communication, involvement, engagement and consultation

This report was prepared in consultation with Senior Finance colleagues.

Additional Information

N/A

Appendices

N/A

SELF ASSESSMENT – 15 POINT GRID

The completed self-assessment questionnaire that was submitted to the Scottish Government on 21st August 2024 is presented below. Latest updates where available are provided in red text.

	Innovation and Value Based Health Care	
15 Box Grid Area	**Actions**	**Response**
Medicines of Low Clinical Value	Have you developed and reviewed the list of medicines of low and limited clinical value spend within your own Board?	Yes the list & associated spend is being reviewed by the ATDC, both Acute & Primary Care Medicines Resource Groups and the Financial Sustainability Oversight Group (FSOG). We will also formally respond to the public consultation on this matter. The majority of expenditure of these items are dispensed in Primary Care at a cost of c£1m pa.
	Have you considered what actions can be taken now to reduce spend in these areas ahead of the published list, following consultation?	Yes specific work is being considered in relation to Lidocaine patches. This work will cover both Primary Care and Secondary Care prescribing of Lidocaine.
Procedures of Low Clinical Value	Has your Board been engaged with the national work on PLCV and is local work already underway?	Yes work has started, with discussion ongoing with External (SG) and internal teams to analyse and review the current procedures and expenditure. Coding requires in depth analysis and review.
	Has your Board considered what action can be taken now to reduce activity in these areas ahead of the national list being published?	Will be considered by the FSOG. Initial discussion was held at FSOG on 8th July 2024, progress due to be reported back on 3rd Nov 2024 and 3rd March 2025 as per FSOG reporting timetable.
Medicines Wastage	Is your Board reviewing medicines wastage metrics?	Very few metrics are collated to allow detailed review/benchmarking of waste. This should be considered as part of the national clinical waste contract.
Polypharmacy review	Is your Board aiming to increase the number of polypharmacy reviews in 2024/25, and aiming to reduce the number of people on 8+ medicines where clinically appropriate?	Currently being considered by the Primary Care Medicines Resource Group & both IJBs. Specific projects are being mobilised to progress this. A pilot Local Enhanced Service is proposed for testing in 2 GP clusters.
Medical Switches	Has your Board made all available medicines switches?	We have an agreed workplan for Hospital prescribing switches with a significant number already completed. Within Primary Care,

		a switch initiative has just been launched with GP practices. The switch programme is now underway with GP practices.

	Workforce Optimisation	
15 Box Grid Area	**Actions**	**Response**
Nurse Agency Reduction	Is your Board working towards registered nurse agency being by exception only by October 2024, and working towards removing agency spend on healthcare support workers entirely?	Yes, very good progress has been made to date. 100% reduction of the use of off framework agency nursing,100% reduction in use of HCSW agency workers,87% reduction in registered nursing agency. Escalation and authorisation process in place through director of nursing at 24 hrs notice for any agency demand. Prison nursing remains a challenge with agency nursing in use but an exit plan is in place for October 24. Nurse agency expenditure has reduced by £3.2m compared to the same period in the previous year, with a corresponding increase of £1.2m in nurse bank use, resulting a £2m net saving to date.
Medical Locums Reduction	Has your Board adopted direct engagement for, at least, medical locums and Allied Health Professions?	Yes (currently 97% for medical locums & 100% for AHPs). Work is underway to bring the 2 outstanding medical locums under the Direct Engagement model.
Sickness Absence Reduction	Has your Board introduced strategies to achieve a meaningful and sustained reduction in sickness absence?	Yes enhanced monitoring is in place through a new Promoting Attendance Group. Due to high levels of stress and anxiety in our workforce we are working with Enable Futures to establish employee support with mild to moderate mental health. We have also invested on a non-recurring basis in our Occupational Health team on a Mental Health and Wellbeing pilot.
Non-Compliant Rota Reduction	Is your Board establishing drivers of non-compliant rotas and creating an action plan to reduce spend? Noting there is an action to reduce non-compliant rota Jr Dr costs by 25% before the end of 2024/25 in comparison to 2023/24 spend.	Yes the key issue appears to be lack of natural breaks. Action agreed in relation to FY1 rotas has been implemented with a new rota created for incoming FY1's this intake. Estimated saving from the new rota is in the region of £700k pa.
Central Functions Job Family Review	Has your Board created a plan to reduce headcount in central functions job family to pre pandemic levels?	No current plan to reduce headcount but a piece of work to assess Corporate Support

		Functions has been commissioned with a view to identifying actions to ensure we are utilising our workforce resources in the most effective way. Recommendations from this work will inform further actions.
	Have vacancy control panels been established with regular reporting of approval rates?	All posts go through an authorisation process before advertisement commences. Senior Leadership Team has agreed to review our Vacancy Control approach and the Interim Director of HR/Director of Finance will progress discussions to establish best handling. A new vacancy panel has been established. First meeting scheduled for week commencing 16th Sept.
Service Optimisation		
15 Box Grid Area	**Actions**	**Response**
Theatre Optimisation	Does your Board have a plan to complete implementation of a digital theatre scheduling tool before the end of 2024/25?	Theatre Efficiency Project commenced with several multidisciplinary workstreams to optimise efficiency in the theatres. Focussed work in pre-operative assessment increased activity and supports maximum use of the theatre lists and ability to backfill last-minute cancellations, as well as ensuring patients are optimised prior to surgery. Further progress is achieved through improved scheduling processes and governance ensuring maximum utilisation of all available theatre sessions. Workstream is focussing on ensuring same day discharges for day case patients by streamlining their journey through the Day Surgery unit and ensuring improved flow and bed capacity. Procurement panel has been established, reducing variation in stock and supporting further cost efficiency. The activity in FV theatres in May 2024 has been the highest since pre-pandemic and this level of throughput is supporting the waiting time reduction. In terms of the digital tool, we were one of 3 boards to trial the tool in 23/24. A national contract has now been awarded for the system

		provider. We are currently testing the system in 3 specialities (to ensure this maximises lists appropriately) before rolling out wider.
	Has a local plan been developed to rollout across 20 specialties?	Will be considered as part of the Theatre Efficiency Project. Dependent on the outcome of current testing in the 3 specifies referred to above. Timelines expected to be towards the end of the financial year.
Remote Outpatient Appointment	Is your Board reviewing the use of remote outpatient appointments and considering opportunities where this could improve efficiency, reduce travel costs, reduce DNA rates and reduce emissions through less travel?	Yes all outpatient services are utilising use of remote virtual consultations. Additional 'Near me' facilities have been developed in Stirling Community Hospital to release space on FVRH site. Virtual appointments are delivered by medical and non-medical staff where possible and appropriate. Work will continue to monitor and promote the technology. Requires formal targets and support to move forward.
PLICS roll out	Does your Board have a plan to engage with a PLICS supplier by Q3 of 2024/25 and have an implementation plan in place for early 2025/26?	Yes we are in the very early stages of planning & have already engaged directly with the software supplier (CACI). IT and information governance requirements are currently being assessed (including completion of a Data Protection Impact Assessment).
Length of Stay Reduction	Has your Board reviewed specialties with the highest lengths of stay?	Yes reviewed by Clinical Leaders & Service Managers.
	Is your Board engaging with service managers to understand what corrective action can be taken?	Yes. 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.
Energy Efficiency Schemes	Is your Board working to improve clinical waste audit scores to over 80%?	Clinical waste audits are currently recorded using a RAG status. We're working to move all Amber and Red 'scores' to 'Green'. Capacity is an issue in taking this forward.

	Has your Board reviewed opportunities to use public grant funding for energy efficiency schemes which also provide a cost saving e.g. LED bulbs?	Yes we have successfully applied for a number of grant schemes, the most recent via the Green Public Sector Estate Decarbonisation Scheme (GPSEDS) where we were awarded £1.9m. We are rolling out LED bulbs across the majority of the Primary Care estate, on-site electricity generation (solar PV) at 13 sites and improved the building fabric and building management controls at several sites. We have also successfully secured funding to improve the performance of Forth Valley Royal Hospital (installation of solar PV and LED) and to initiate the shift away from gas as the main fuel source for heating at pilot sites.
	Does your Board have a plan in place for selling waste cardboard for Product Recycling Notes rather than paying to have this removed?	Not at present, currently cardboard is uplifted by Enva and Biffa. Clarity is required on what a 'Product Recycling Note' is.
Other		
Area	**Actions**	**Response**
E-Payslips	Has your Board reviewed the uptake of e-payslips for weekly and monthly payroll with a view to maximising uptake and reducing printing and postage costs?	Yes, our uptake is highest in Scotland. We are currently reviewing the 1,508 members of our staff still on paper payslips to improve our uptake rate as far as possible. 1,137 staff have been contacted to transfer from paper to electronic.
Digital Letters	Is your board reviewing the use of Netcall, or similar providers, for electronic patient letters?	In process of implementing Netcall patient hub. Business Case approved. Contract complete. Stakeholder Engagement with members of Project Board, Operational team and Health Records Staf & setting up Project Control documents in readiness. High level information gathering of current processes.
Buyers' Guides	Is your Board engaging with Buyers' Guides issued by National Procurement?	Yes
	Are these Buyers' Guides being fully considered and implemented?	Yes (although it is recognised that resource/capacity is a key issue re implementation).
Selling Equipment	Is your Board selling equipment that is unused or surplus to requirements?	Yes we routinely sell redundant equipment through Hilditch. The money received from sales is

			reinvested back into the medical devices budget.
Benchmarking	Is you Board conducting benchmarking, and engaging with FDU issued benchmarking, to identify further efficiency opportunities?		This is an area for development. We presented an initial benchmarking report on cost book to P&R committee in June 2024. FDU benchmarking information is shared with Service & Clinical Leads as appropriate.

Other Opportunities issued by the Scottish Government's Finance Development Unit:

Other Opportunities	Issued Date	Questions for reflection	Response
Unscheduled Care Pathways Power BI Dashboard	15/04/2024	Has your Board completed any detailed reviews or comparisons with the information shared on unscheduled care?	Reviewed as part of the routine performance report presented to the Urgent and Unscheduled Care Programme Board.
		Has your Board identified any opportunities for pathways to be rationalised?	Not at present - focus is on phased closure of contingency beds. 55 beds closed early Aug.
Overprescribing in primary care	23/04/2024	Has your Board contacted your Director of Pharmacy to access medicines wastage data shared by the Counter Fraud Services team?	Yes, data has been obtained from CFS regarding > 40% over ordering/supply.
		Has your Board reviewed this data to understand whether there is any financial benefit available?	This is being reviewed by the Director of Pharmacy and the Associate Director of Pharmacy for Primary/Community care. Output TBC & progressed by the HSCPs.
Benchmarking summary	23/04/2024	Has this information been received and reviewed by your Board?	For future report to P&R committee.
15 Box Grid update	23/04/2024	Has your Board reviewed the update issued, and accessed the guidance and material shared?	Yes
HFMA Exchange – Savings Ideas	24/04/2024	Has this information been received and reviewed by your Board?	Yes received. Will be considered at Board finance seminar scheduled for 27 Aug
		Has your Board investigated all possible savings opportunities?	Yes. A number of savings suggestions have been received from staff following recent communisations to all staff on the financial

			challenge which are being assessed.
BCE 15 Box Grid Slides	03/05/2024	Have these slides been reviewed to identify if further opportunities can be taken from medical switches or remote outpatient appointments?	Yes
24-25 Final Financial Plans Savings Breakdown	17/05/2024	Has your Board reviewed the savings detailed to understand whether there is anything you can adopt locally?	Reviewed by Senior Finance Team – we intend to link in with colleagues in other Boards to assess how they are approaching similar schemes (eg transport).
Discovery Polypharmacy Dashboard	06/06/2024	Has your Board reviewed the dashboard and investigated whether they are an outlier for polypharmacy?	Currently being considered by IJBs.

FORTH VALLEY NHS BOARD
Tuesday 24 September 2024

16(a). Urgent & Unscheduled Care and Delayed Discharge Update
For assurance

Executive Sponsor: Ms Amanda Croft. Interim Chief Executive

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 whole system with our Health and Social Care partners, Scottish Ambulance Service, NHS24, Primary care and community services is key 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 and provides information on the whole system work ongoing which aims to reduce the number of people in hospital ready to be discharged home or to a community setting.

In the most recent review by CfSD they state that the FV 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 you 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 September 2024. The waterfall diagram A, below displays a visual on the work being undertaken and is a summary of the work being progressed.
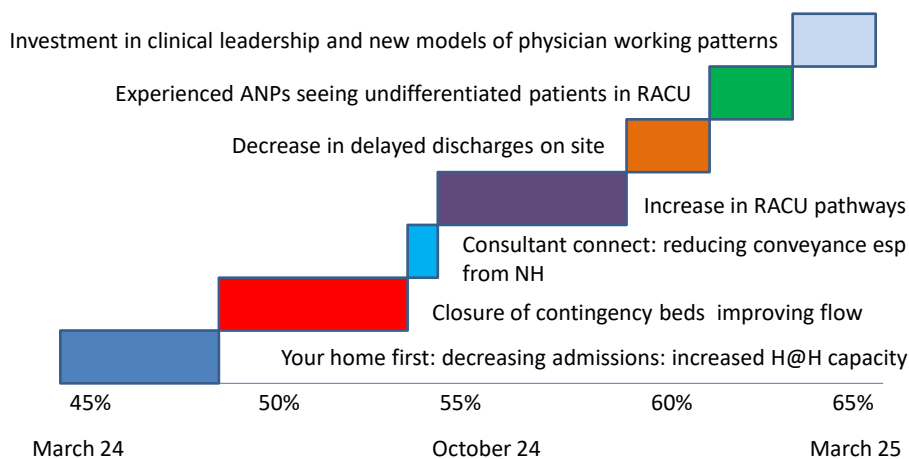
Improvement in ED 4 hr performance

Investment in clinical leadership and new models of physician working patterns

Experienced ANPs seeing undifferentiated patients in RACU

Decrease in delayed discharges on site

Increase in RACU pathways

Consultant connect: reducing conveyance esp from NH

Closure of contingency beds improving flow

Your home first: decreasing admissions: increased H@H capacity

| 45% | 50% | 55% | 60% | 65% |

March 24 | October 24 | March 25

Diagram A

Recommendations

The Forth Valley NHS Board is asked to:
- **review** the paper and be assured that whole system working is being applied to reduce harm, 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
- **acknowledge** the work being undertaken across the whole system to reduce the number of people delayed in their discharge from hospital
- **note** the interrelatedness of various key performance indicators and improvement actions and note an invitation for board members to participate in a Seminar which will provide greater granularity of improvement actions, impact and data

Key Issues to be Considered

<u>Whole system approach</u>
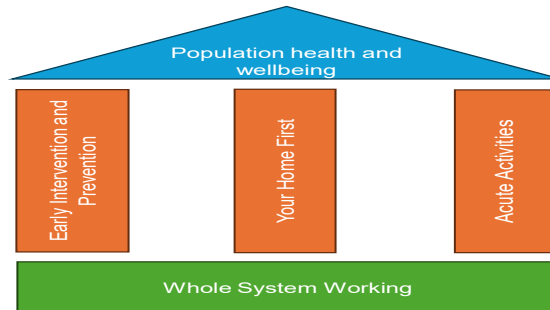
Diagram 1

- **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. The relationship between ensuring people receive the right care, in the right place, and at the right time across our wider system is key to delivering good outcomes for people, operating efficiently and improving performance across a number of key metrics.

- **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 75%. 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 (HSCPs) 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 includes 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** 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 FVRH site is maintained. The mean hospital LOS is 5.0 which is one of the longest in Scotland.

- 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 also 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. We are still seeing variable performance however we are aiming to achieve a sustained 57% by the end of September 2024 as our immediate objective. Clearly the recent three weeks has seen a dip in the performance.

FVRH ED - 4 hour access standard

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*	*4,746*	*27,598*	*32,344*
	4hr Compliance	**98.7%**	**46.9%**	**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 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.
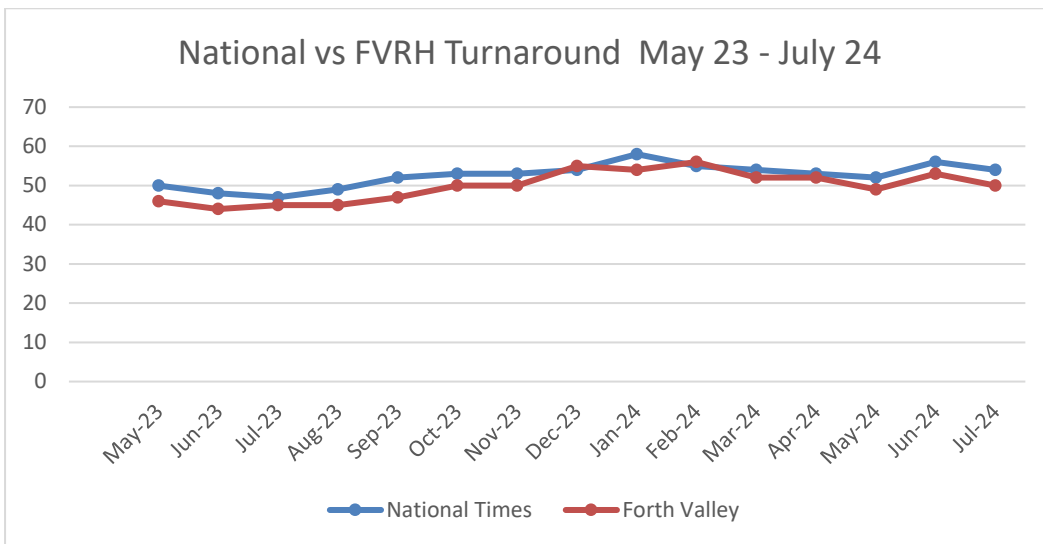
Table 3 Median Turnaround Time at Hospital June 2023 - May 2024
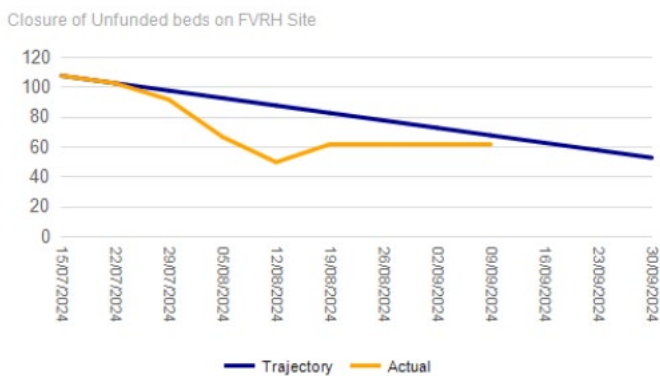
Table 4: No of unfunded beds open in the Acute Hospital July 2024 – September 2024

Total Delayed Discharge Summary - Breakdown
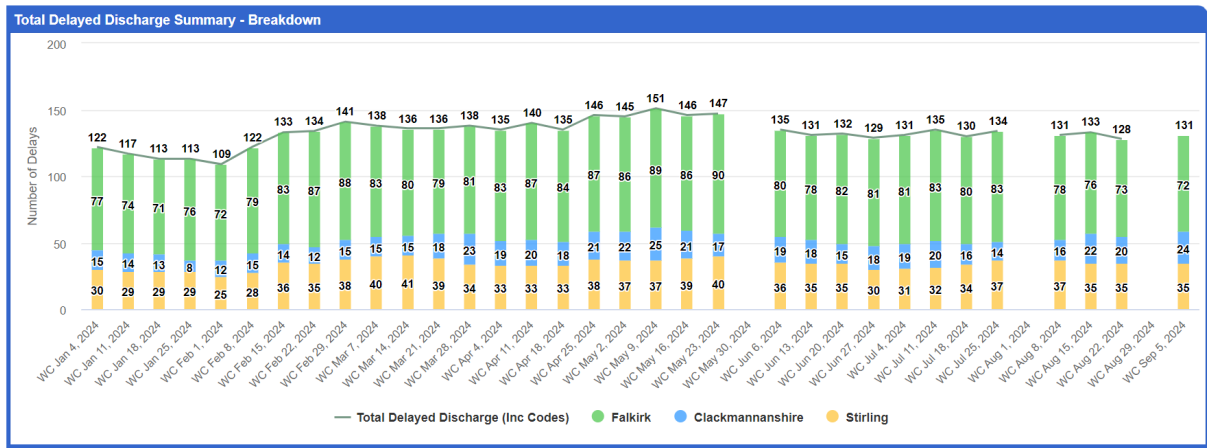
Table 5: Total Delayed Discharges (all hospital sites) January 2024 – September 2024 [note this includes management data which is subject to review]

FVRH - patients on community waiting list
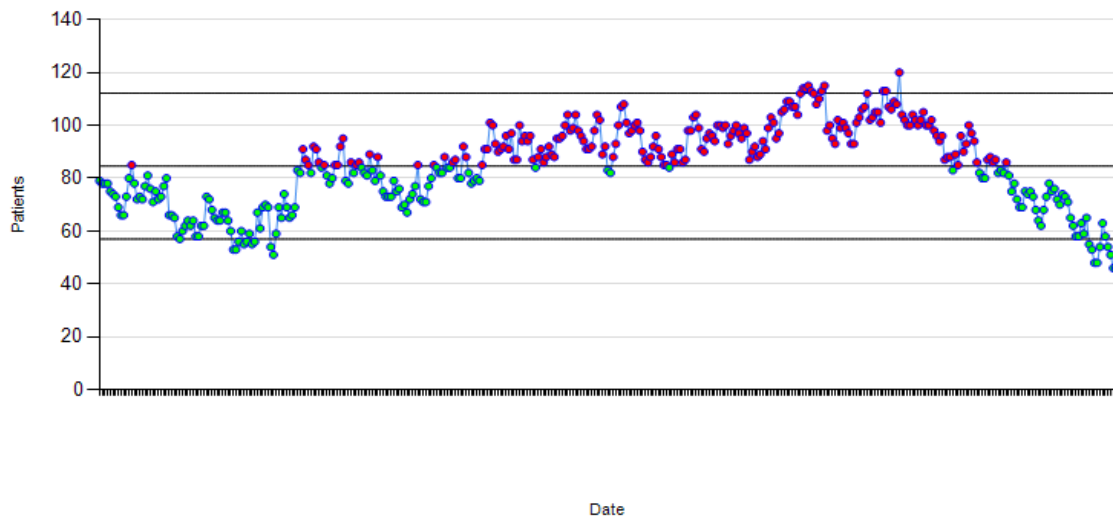
Table 6: Number of patients on community waiting list in Forth Valley Royal Hospital in the last year.

FVRH - patients on boarders list
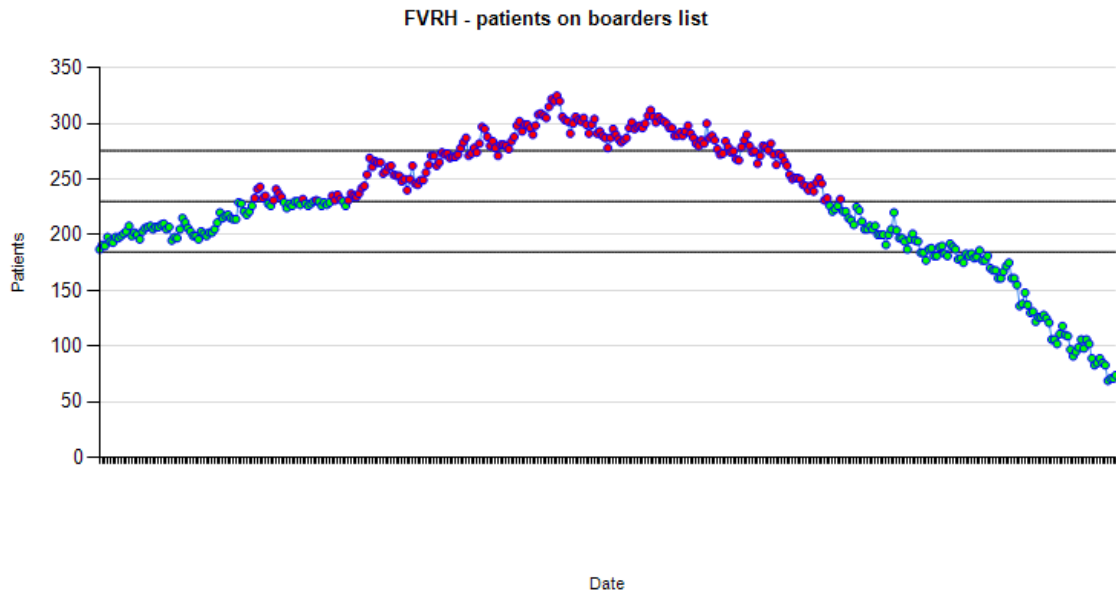
Table 7: Number of patients who are boarding in Falkirk Community Hospital Summary in the last year.

Performance

The 4-hour performance remains circa 47% 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 55% 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 3. As stated previously, this is not always 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.
- We are undertaking development work with the teams and departments to ensure close team working and flow of the patient journey is as efficient as possible.
- A need for clarity around the activity associated with Minor Injuries is essential to support comparators across NHS Scotland which is valid.
- The high number of "contingency" beds in Forth Valley Royal Hospital has led to a large number of patients "boarding" (not being in the most appropriate place for their clinical needs. In addition, there has been high numbers of people awaiting to go to a more appropriate community resource and/or delayed in their discharge from the acute hospital. Work has been ongoing to reduce the number of contingency beds, and along with work ongoing to support timely flow across our system, it is anticipated that as the number of contingency beds reduces, the number of patients boarding will also reduce. Having more patients in an appropriate place for their care needs allows whole system teams to work collaboratively in terms of planning for discharge (regardless of whether ongoing care and support is required.)

Plan output
- Appendix one displays the acute modelling and a summary of the work reported to the Urgent and Unscheduled Care Board.
- Call before you convey will initially aim to reduce the ambulance service conveyance by 5 % by the end of September 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 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 FV 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.*"
- Focus and scrutiny of the delayed discharge position has increased in recent months due the sustained high levels of delays across the country. 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. 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. Local activities underway and planned include:

- o an innovative test of change which will see people awaiting housing adaptations being supported into flats in the community, helping people to maintain their independence until their homes are adapted or appropriate housing is available
- o Whole system working and new leadership in key roles
- o Updating procedures related to supporting Adults with Incapacity within the hospital including developing a Standard Operating Procedure, aligning Mental Health Officer resource, close monitoring of key metrics and implementing improved processes to reduce the overall timelines
- o Whole system work to reduce the number of unfunded beds is resulting in reducing community waits and supporting teams to work together to plan for any discharge requirements as early as possible
- o a focus on refining processes across our whole system discharge and flow activity including ensuring early referral to Partnership teams in hospital, supported through the implementation of the Standard Operating Procedure for reducing contingency beds (Appendix 2), developing and implementing standards for assessment processes and development of a "Moving On Policy".
- o Plans are being developed to support, subject to formal decisions, a step change in the number of Falkirk residents delayed in their discharge;
- 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 rota 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 previous 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.

Delayed Discharges Performance Information

The July 2024 census position in relation to standard delays (excluding Code 9 and guardianship) is 91 delays; this is compared with 74 in July 2023. There was a total of 51 code 9 and guardianship delays and no infection codes. The total number of delayed discharges was noted as 142.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the July 2024 census was 3,400, this is an increase from 2,436 in July 2023.

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.

						BETTER VALUE							
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE	
DELAYED DISCHARGES											-	-	
VA1	FV	Monthly	Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays)	31-Jul-24	Reduction	91	80	74	✓	▼	-	-	A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date
			Falkirk	31-Jul-24	Reduction	56	52	49	✓	▼	-	-	
			Clackmannanshire	31-Jul-24	Reduction	11	13	8	✓	▼	-	-	
			Stirling	31-Jul-24	Reduction	19	10	15	✓	▼	-	-	
			Outwith Forth Valley	31-Jul-24	Reduction	5	5	2	✓	▼	-	-	
VA2	FV		Code 9 & Guardianship Delays	31-Jul-24	Reduction	51	56	42	✓	▼	-	-	
			Falkirk	31-Jul-24	Reduction	27	28	24	✓	▼	-	-	
			Clackmannanshire	31-Jul-24	Reduction	3	5	4	✓	▲	-	-	
			Stirling	31-Jul-24	Reduction	18	20	11	✓	▼	-	-	
			Outwith Forth Valley	31-Jul-24	Reduction	3	3	3	✓	◀▶	-	-	
VA3	FV		Total Bed Days Occupied by Delayed Discharges	31-Jul-24	Reduction	3,400	3,219	2,436	✓	▼	-	-	
			Falkirk	31-Jul-24	Reduction	2,041	2,234	1,178	✓	▼	-	-	
			Clackmannanshire	31-Jul-24	Reduction	706	384	407	✓	▼	-	-	
			Stirling	31-Jul-24	Reduction	246	280	297	✓	▲	-	-	
			Outwith Forth Valley	31-Jul-24	Reduction	407	321	464	✓	▲	-	-	
VA4	FV	Daily	Number waiting for a Community Bed	31-Jul-24	Reduction	61	79	53	-	▼	-	-	

Current Performance

At the July 2024 census:

- 63 patients were delayed in their discharge for more than 14 days.

- 28 patients delayed less than 14 days.

- 38 guardianship delays.

- 13 code 9 delays.

- 142 delays in total.

- 2 code 100 delays.

- 3,400 bed days were lost due to delays in discharge.

Scotland Performance

There is no direct Scotland comparison.

Graph 2: Number of standard delays – August 2022 to July 2024

Graph 3: Number of Guardianship or Code 9 delays – August 2022 to July 2024

Graph 4: Delayed Discharge occupied bed days – August 2022 to July 2024

The July 2024 census position in relation to standard delays (excluding Code 9 and guardianship) is 91 delays; this is compared to 74 in July 2023. There was a total of 51 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 142.

In addition, there were 2 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 3,400, this is an increase from 2,436 in July 2023. Local authority breakdown is noted as Clackmannanshire 706, Falkirk 2,041, and Stirling 246. There were a further 407 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

Delayed Discharges are a particular focus of attention at Scottish Government and COSLA due to the unprecedented levels across Scotland as a whole. Weekly meetings are in place chaired by the Cabinet Secretary and Councillor Paul Kelly, COSLA Health and Social Care lead, with the 31 Chief Officers or their substitute. There are also two national short life working groups that have been established to focus on mental health, learning disability, and adults with incapacity delays, and secondly Targeted Improvement and Performance Support. In addition, the Permanent Secretary has met with the Falkirk IJB Chief Officer, NHS and Falkirk Council Chief Executive to discuss the improvement plans underway in Falkirk.

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 the national 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 5 August both HSCPs were above this. This issue is receiving considerable daily focus and attention by the respective HSCP Chief Officers and their teams, jointly with the Acute hospital site, and with the NHS Forth Valley CEO fully engaged and sighted on progress. Local activities underway and planned include an innovative test of change which will see people awaiting housing adaptations being supported into flats in the community, helping people to maintain their independence until their homes are adapted or appropriate housing is available, work is also ongoing to explore the use of fixed term interim beds, and there is a focus on refining processes across our whole system discharge and flow activity. This includes process improvements around assessment. Colleagues are visiting other board areas to learn from what is working well elsewhere and developing tests of change locally.

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 can have an effect on the timely flow through the hospital site and could affect the 4-hour performance if there is reduced capacity on the acute site. However there does appear to be a correlation between the reduction in contingency beds, the number of people boarding and the number of community waits. It is anticipated that there will be a corresponding reduction in delayed discharges to the community as this work continues, which will in itself create additional opportunity for improvement in a number of key indicators. There will be a balance to be maintained around patient safety and reducing the unfunded beds. Appendix 2 is the SOP for the reduction in unfunded beds.

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 from May 2024 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% from the end of September 2024. The review by CfSD support the overall plan and state we have ambitious time scales that are dependent on the work to reduce our delays on the FVRH site.

Appendices:
1. Acute actions summary
2. Unfunded bed closure SOP

Appendix 1 – Modelling assumptions and trajectory

Pre-hospital	Criteria	Modelling impact
• Call before you convey will initially aim to reduce the ambulance service conveyance by 5 % by the end of September 2024 then 10% by March 2025.	The criteria used for this metric relates to the population of SAS conveyances which are triage category 3 urgent to 6, redirection which do not result in an inpatient admission. This is an average of 664 patients per month, representing 14% (n= avg 664/4995) of all presentations to the Emergency Department.	To reduce SAS conveyances to the Emergency Department by 5% by March 2025 – totalling 35 presentations a month being redirected to other work streams. This adjusts the median ED presentations from 5011 to 4855 To reduce SAS conveyances to the Emergency Department by 10% by March 2025 totalling 71 presentations a month being redirected to other work streams. This adjusts the median ED presentations from 5011 to 4835
• 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. Thereafter 10% by March 2025.	The criteria used for this metric relates to the population of NHS24 referrals which are triage category 3 urgent to 6, redirection which do not result in an inpatient admission. This is an average of 438 patients per month, representing 9% (n= avg 448/4995) of all presentations to the Emergency Department.	To reduce NHS 24 referrals to the Emergency Department by 5% by March 2025 – totalling 19 presentations a month being redirected to other work streams – this adjusts the median ED presentations from 5011 to 4862 To reduce NHS 24 referrals to the Emergency Department by 10% by March 2025 totalling 38 presentations a month being redirected to other work streams. this adjusts the median ED presentations from 5011 to 4849.
• Increase clinical teams efficiency	Increase senior medical leadership at the front door areas	Provide additional clinical leadership within the front door services. This will enhance patient flow, team efficiency and performance.

• Increase clinical teams efficiency	Review Physicians clinical model and rota.	From November 2024 a new rota for the medical teams will enhance the clinical cover at the front door AAU and will pull more patients from ED and avoiding admissions. It is envisaged that this could be up to 5 patients per day.
• Increase clinical teams efficiency	OD work with the senior nursing teams in ED is underway	More efficient and effective team work that will transpose into better patient experience.
• **Your home first strategy also aims to reduce admissions and reduce LOS through various actions**	**Criteria**	**Modelling impact**
• The H@H service is seeking to increase its bed base from 25 to 30 beds. It is intended to shift this service into a Partnership to drive forward further integrated working with primary and community supports.	It is difficult to fully gauge frail patients at the front door prior to assessment. The assumption has been made that those over the age of 75 best fit this patient eligibility criteria. On average 252 patients are admitted to AMU monthly, this would change the admission from the age range to approx 231, with an average Length of stay of 18.8 days.	The current acute average LOS is 9.2 days. By March 2025 this model would see an AVGLOS of 8.7 days across Acute services. July data: 618 bed days saved
• OPAT service	The aim is to increase admission avoidance to reduce in patient bed requirement.	July data: 614 bed days saved
• Community Heart Failure Service	The aim is to increase admission avoidance to reduce in patient bed requirement.	July data: 213 bed days saved and 15 expedited echos
• Community Respiratory Service	The aim is to increase admission avoidance to reduce in patient bed requirement.	July data: Home monitoring: 118, ESD: 66, COPD and Asthma hot clinics :131
• Working alongside the integrated discharge team and the wards with their discharge without delay processes will reduce length of stay (LOS).	The number of patients in hospital with a length of stay >14 days has a statistically significant (negative) correlation with ED performance. This is outlined in the	This helps the flow through the hospital site. We are aiming to align our acute wards with the National average LOS for their specialty. This will reduce our overall bed base, creating

		CfSD report received on the 12th June 2024.	greater efficiency through the remaining funded beds and a reduction in the reliance of supplementary staffing to support the additional capacity.
•	Reduction in unfunded beds. To improve efficiency and hospital flow. This will reduce ED occupancy at 08:00.	Remove 60 unfunded beds by end of September 2024	55 beds removed by 30th August 2024.
•	Delayed Discharge reduction. Test of change using 2 flats in Falkirk to support people to maintain their independence and community living while progress is made around longer term housing needs. There is a proposal of improvements underway (subject to IJB approval in September.) Ongoing focus on process improvement and refinement using intelligence based approach to optimise all elements of the assessment and discharge process, including a focus on processes required for people going through the guardianship process.		Our position as at 5 August was 135 delays. The planned improvements are anticipated to reduce delays due to housing by 2 by end August and potential to reduce delays for people awaiting LTC by end of December (3 per week from beginning of December.) The updates to the AWI process are anticipated to reduce the number of people going through the guardianship process and reduce the duration of the process for those which do require legal intervention.
•	Pre Noon Discharges	The current level of pre noon discharges is 13.5% which equates to 10 patients being discharged on a daily basis. In order to achieve 20% as a sustainable position as per the national target, 16 patients daily would require to be discharged before noon.	This would have an impact on the 4 hour performance creating space for ED to then reduce back to 100% (30 spaces) occupancy as opposed to 123% occupancy, 36 treatment spaces.

The trajectory in table 1 outlines what the expected 4 hour emergency performance standard would be as the actions detailed above are progressed.

Measure	Baseline - month March 24	April	May	June	July	August	Sept	October
Percentage of A&E attendances completed within 4 hours:	43.1%	44.3%	49.0%	46.7%	49.8%	52.3%	54.8%	57.3%

Table 1

Standard Operating Procedure

Subject: Unfunded Contingency Bed Reduction FVRH

Purpose: This SOP sets out the agreed steps to be taken by all staff* involved in the management and operational use of inpatient beds in all wards at FVRH and other locations where there are unfunded contingency beds (UCB) located.

Background: The need by NHS FV to remove all unfunded contingency beds within FVRH and other locations within the bed estate to improve the experience of patients and staff and reduce the considerable overspend associated with running these beds.

Target to be achieved: c110 beds in total in 2024/25, of which 60 by end of September 2024 at the latest.

At the point of this SOP going live, for any patient <u>placed</u> within a designated UCB:

1. A plan for discharge (PfD) should be developed within the Daily Dynamic Discharge (DDD) meeting and a focus on 'why not home today'.This meeting should include discharge teams and known community supports (GP, District Nurse (DN), Care at Home (CaH) etc) if available. The Nurse in Charge of Ward for the respective ward will convene the discussion as soon as possible. PfD should be completed within one day of admission and certainly no later than 72 hours after admission to bed. .
2. This approach should also be used for all boarded patients
3. This plan must focus first and foremost on a discharge when deemed medically fit for discharge with no further reason to occupy a hospital bed, to home. A risk enabling approach must be taken by the DDD team to make this the most likely outcome.
4. If there is a plan for discharge to choice based long-term care (LTC) in place which is not available, this plan should be reviewed and alternative plan put in place to support transfer home **or** alternative available LTC placement organised that may not be among the three choices made by patient/family.
5. If there is a current plan for transfer to community hospital for 'rehabilitation' this plan should be revisited under the terms of 3 above. If rehabilitation is required, this should be built into the PDD with a clearly defined clinical rationale as to why this must take place within a clinical environment rather than in the person's own home.
6. Acknowledgement must be made that a plan to transfer to a community hospital bed when it may take weeks for a transfer to happen, is not a person-centred plan and alternative care options need to be explored to support rehabilitation at home.
7. Consideration of 13Za and all options available under Adults with Incapacity (Scotland) Act 2000 should be part of this initial work at this stage particularly for the most recent admissions.
8. The PfD should outline what risk enabling support needs to be in place at the point of discharge and what is likely to be needed that may require some local advance organising (e.g. provision of aids and equipment)
9. A Planned Date of Discharge (PDD) should be agreed by the DDD around the individual and communicated to all parties.
10. The PDD should be adhered to in all cases unless there is a clinical deterioration in which circumstance the patient does not become 'delayed discharge' because they pass the PDD.

11. A revised PDD should be agreed in these circumstances.

NB all beds are currently occupied so this process needs to be implemented immediately for all existing patients where a PfD has not been commenced or PDD not established.

When a patient is discharged from a designated UCB in any ward where there is one:

1. The Nurse in Charge of Ward should immediately notify the Duty Manager* (DM)
2. The Nurse in Charge of Ward should ensure that the bed is immediately stripped, and all ward staff notified that it is not to be used.
3. The DM will determine whether any remaining patient(s) in a UCB in that ward needs to be transferred to space in another ward in order to realise a collective gain from beds closure/removal.
4. The now vacant bed in the ward will be removed.
5. The DM will follow the procedure set out by Scott Jaffrey for notification of a bed removal.
6. Team responsible for removal of beds will attend to remove the bed immediately.
7. Under no circumstances is the bed to be used by any other patient
8. Any ward that is shut for infection prevention control (IPC) reasons provides an opportunity to reduce bed occupancy. Any patient in a contingency bed in a closed ward, when a bed becomes available in the funded spaces if allowed to do so from an IPC perspective should be moved to that funded bed.

Some key principles:

- This approach will only be successful if we work as a whole system together across all local health and care services to achieve the required outcome, it is not the sole responsibility of one part of the health and care system to resolve.
- All care and support in the community is based on an outcome focused assessment completed by social work and community-based teams. Acute staff should refer to social work and community-based teams with relevant information to inform this assessment **without recommending any supports**.It is acknowledged that there is a potentially increased risk profile for the Board in terms of overall performance whilst this SOP is embedded and maintained.
- In no way, does this SOP replace or supersede any other activity designed to improve hospital flow and overall performance including Urgent and Unscheduled Care and Your Home First.

*'all staff' all staff (clinical and non-clinical) from within the hospital and both HSCPs (including community hospitals) who are involved in the efficient and timely discharge of patients no longer requiring to be in FVRH.

*'Duty Manager' being the Acute Hospital Manager responsible for management of beds occupancy
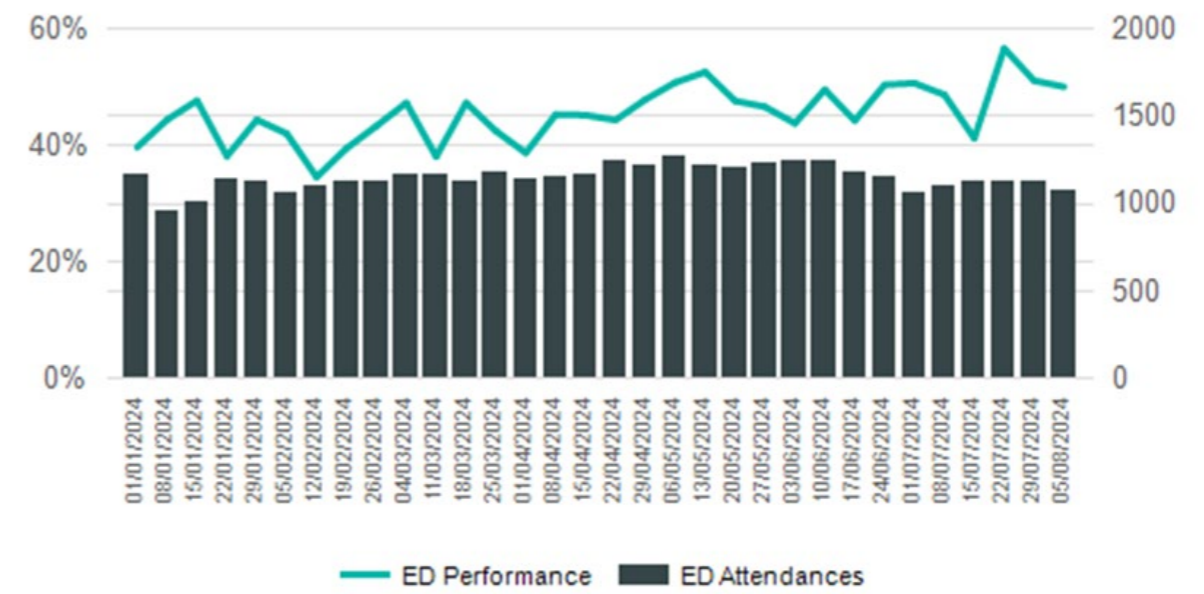
Date of Implementation of this SOP: 29 July 2024

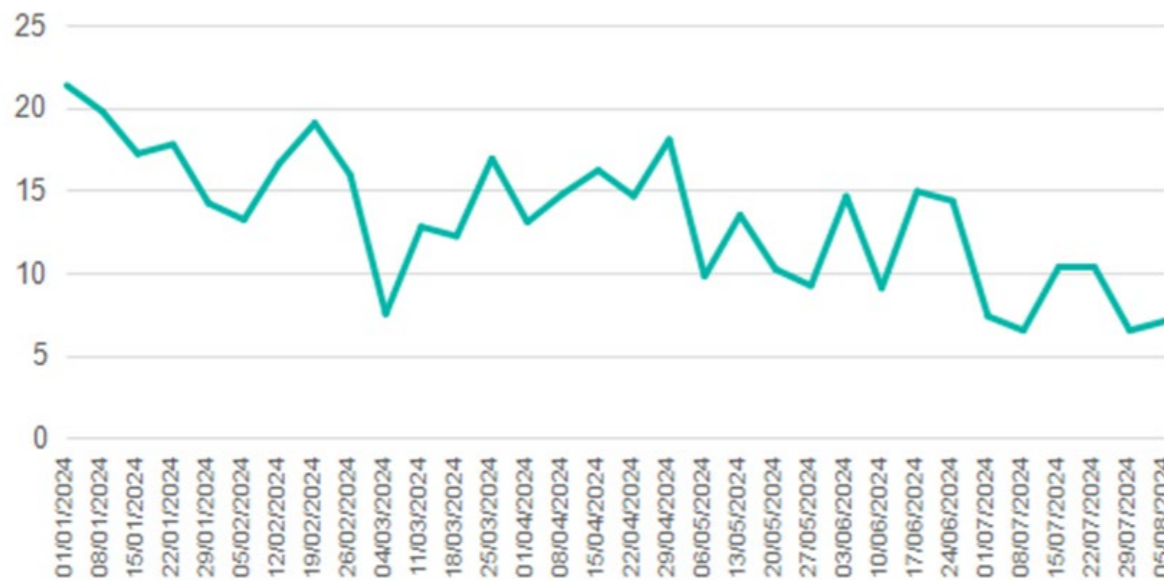# Contingency Beds Balancing Measures

Up to week beginning 05/08/2024

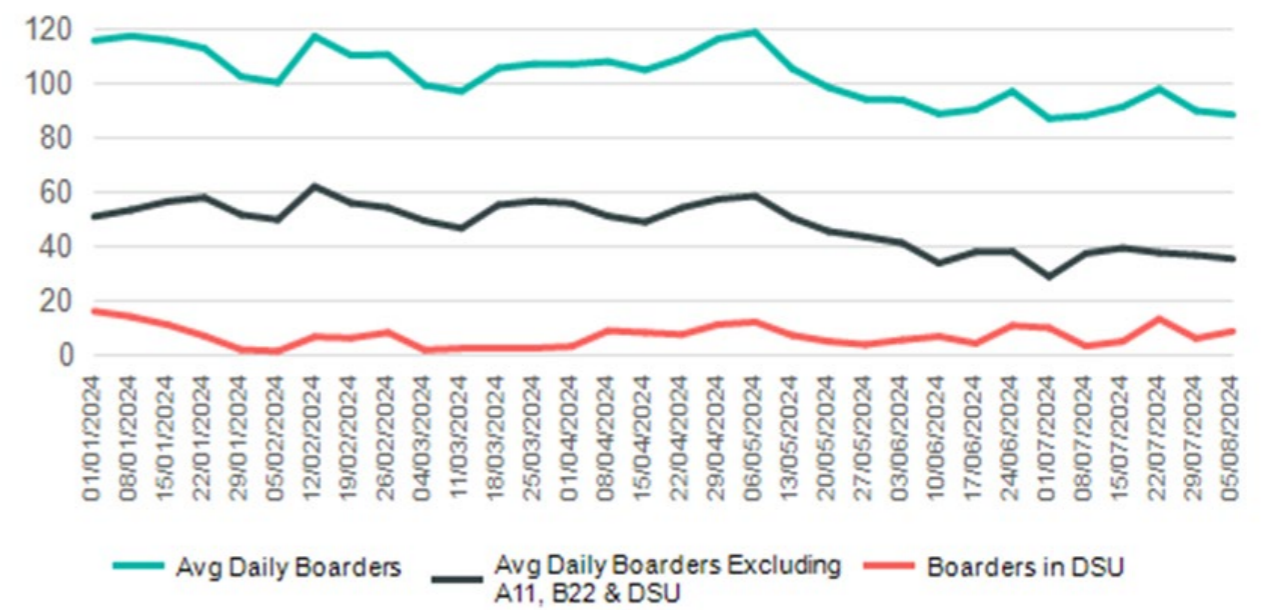### Average Number of Daily Contingency Beds in Use
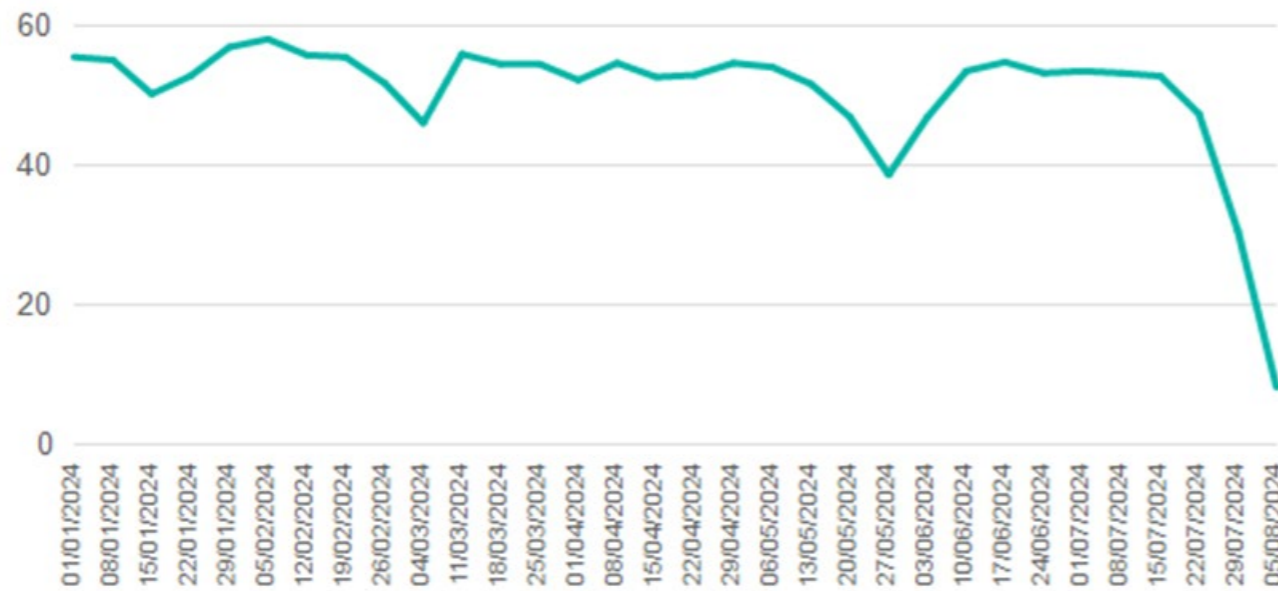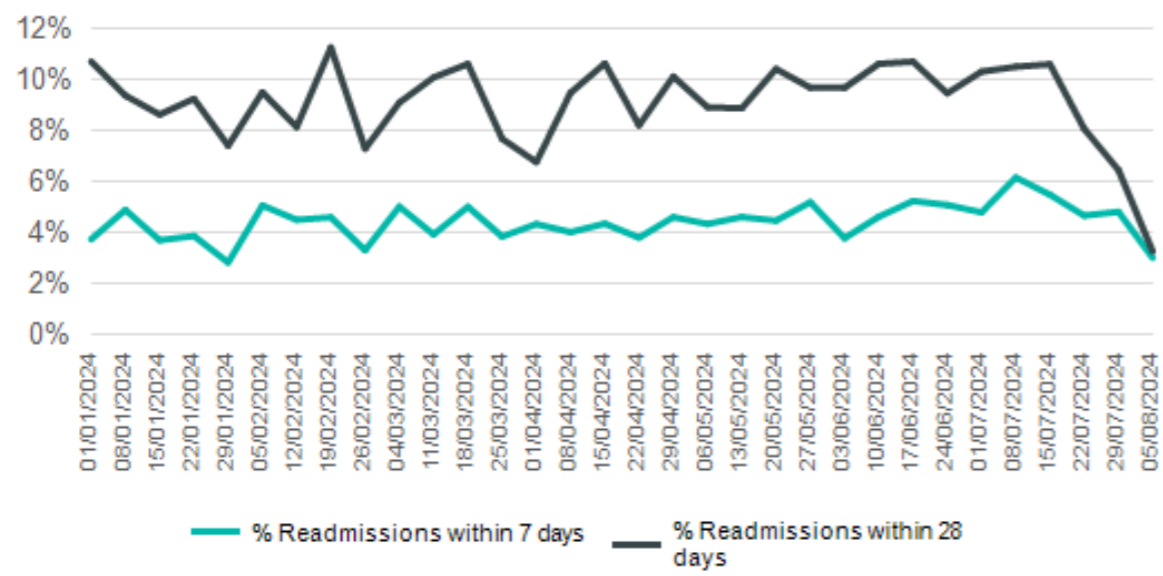

ED Attendances and 4 Hour Performance

— ED Performance   ■ ED Attendances

Average Daily Bed Requests in ED at 8am

Average Number of Daily Boarders

— Avg Daily Boarders   — Avg Daily Boarders Excluding A11, B22 & DSU   — Boarders in DSU

Readmissions within 7 and 28 days

Legend: % Readmissions within 7 days — % Readmissions within 28 days

Cancelled Elective Operations Due to No Available Bed
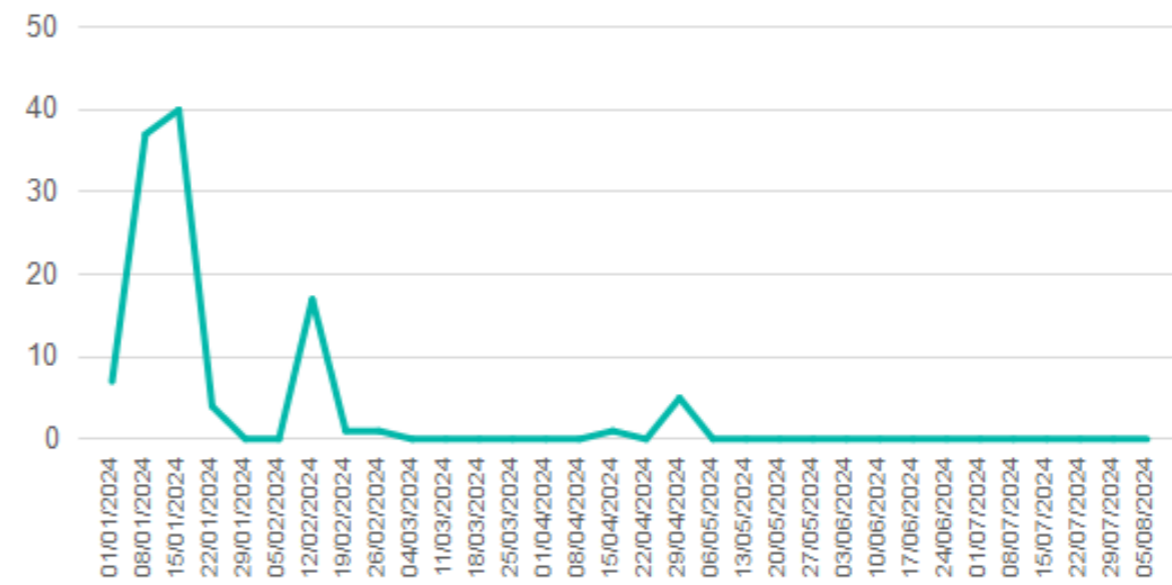
FORTH VALLEY NHS BOARD
Tuesday 24 September 2024

16(b). Performance Report
For Assurance

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Author: Ms Kerry Mackenzie, Acting Director of Strategic Planning and 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. The Performance Report was presented to the Performance & Resources Committee on 27 August where discussions focused on the current challenges and performance around Urgent and Unscheduled Care and Delayed Discharges.

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 of: 12-week outpatient target, diagnostics, 12-week treatment time guarantee, 62-

day and 31-day cancer targets, access to Psychological Therapies, access to Child and Adolescent Mental Health Services and the 4-hour access standard.

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, along with a number of Out of Hours metrics.

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.

1. *Key Performance Issues*

- ***Unscheduled Care***

Overall compliance with the 4-hour emergency access standard (EAS) in July 2024 was 57.6%; Minor Injuries Unit 99.0%, Emergency Department 49.8%. A total of 2,476 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 936 waits longer than eight hours, 376 waits longer than 12 hours and 52 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 1,420 patients, noting this is consistent with 1,422 in July 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 538 patients waiting beyond 4 hours with Clinical reasons accounting for 189 breaches.

In July 2024 there were 460 new attendances to Rapid Assessment and Care Unit (RACU), 81 of which were via ED.

- ***Delayed Discharges***

The July 2024 census position in relation to standard delays (excluding Code 9 and guardianship) is 91 delays; this is compared with 74 in July 2023. There was a total of 51 code 9 and guardianship delays and no infection codes. The total number of delayed discharges was noted as 142.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the July 2024 census was 3,400, this is an increase from 2,436 in July 2023.

- ***Scheduled Care***

At the end of July 2024, the total number of patients on the waiting list for a first outpatient appointment was 13,740 compared with 19,902 in July 2023 with the number waiting beyond 12 weeks 4,311 compared to 8,346 in July 2023. In quarter 1, 116% of the agreed annual delivery plan 2024/25 new outpatient activity was completed.

The total number of inpatients/daycases waiting increased to 5,378 with an increase in those waiting beyond 12 weeks compared to the previous year however an in-month improvement is noted. In quarter 1, 103% of the agreed annual delivery plan 2024/25 inpatient and daycase activity was completed.

At the end of July 2024, 5,520 patients were waiting beyond the 6-week standard for imaging highlighting an increase from the previous year however an in-month improvement. 389

patients were waiting beyond 6 weeks for endoscopy an improvement from the previous year. In quarter 1, 117% of the agreed annual delivery plan 2024/25 imaging activity was completed along with 132% of the agreed endoscopy activity.

Cancer target compliance in June 2024:
- o 62-day target – 81.5% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is compared with the June 2023 position of 71.3%.
- o 31-day target – 100.0%

The position for the April to June 2024 quarter is that 82.1% of patients were treated within 62 days of referral with a suspicion of cancer. This is an improvement from the previous quarter. During the same period, 99.7% of patients were treated within 31 days of the decision to treat.

- **DNA**

The new outpatient DNA rate across acute services in July 2024 is noted as 5.6% which is an improvement from the position in July 2023 of 6.6%. The return outpatient DNA rate across acute services in July 2024 was 6.6%.

- **Psychological Therapies**

In July 2024, 69.5% of patients started treatment within 18 weeks of referral.

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

In July 2024, 98.8% of patients started treatment within 18 weeks of referral.

- **Workforce**

The sickness absence target is 4.0%. Absence remains above the target at 7.26% in June 2024 noting an increase from 6.45% in June 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 G 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-Mar-24	</= 1.00	0.94	0.89	0.93	-	▼	1.00	31-Mar-24	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-Jul-24	Reduction	5,093	5,358	5,237	-	▲	-	-	
US1	SG	Monthly	Number of ED Attendances (4 hour access target)	31-Jul-24	Reduction	4,315	5,181	4,897	-	▼	-	-	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.
US2	SG	Monthly	Emergency Department % compliance against 4 hour access target	31-Jul-24	95%	49.8%	46.7%	51.3%	✓	▼	65.3%	30-Jun-24	
US3	S5	Monthly	Number that waited >4 hours in ED	31-Jul-24	Reduction	2,467	2,760	2,384	-	▼	-	-	
US4	SG	Monthly	Number that waited >8 hours in ED	31-Jul-24	Reduction	936	1,207	760	-	▼	-	-	
US5	SG	Monthly	Number that waited >12 hours in ED	31-Jul-24	Reduction	376	609	232	-	▼	-	-	
US6	SG	Monthly	Number that waited >23 hours in ED	31-Jul-24	Reduction	52	106	0	-	▼	-	-	
	FV	Monthly	Total Number of MIU Attendances	31-Jul-24	Reduction	1,816	1,928	1,731	-	▲	-	-	
US7	SG	Monthly	Number of MIU Attendances (4 hour access target)	31-Jul-24	Reduction	922	886	830	-	▼	-	-	
US8	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	31-Jul-24	95%	99.0%	97.6%	100.0%	-	▲	-	-	
US9	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	31-Jul-24	95%	57.6%	54.2%	58.4%	✓	▼	69.0%	30-Jun-24	
US12	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	31-Jul-24	-	460	501	549	-	-	-	-	
US13	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	31-Jul-24	-	103	127	97	-	-	-	-	
US14	FV	Monthly	Number of Re-directions from ED	31-Jul-24	-	454	580	524	-	-	-	-	Redirections from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time
US15	FV	Monthly	Re-directions from ED %	31-Jul-24	-	8.9%	10.8%	10.0%	-	-	-	-	
US16	FV	Monthly	Number of Emergency Admissions	31-Jul-24	Reduction	3,167	3,188	2,917	-	▼	-	-	Admission to a hospital bed following an attendance at an A&E service.
OUT OF HOURS													
OH1	FV	Monthly	Number of Out of Hours Presentations	31-Jul-24	Reduction	4,171	5,244	4,661	-	▲	-	-	
	FV	Monthly	Advice	31-Jul-24	-	2,865	3,517	3,411	-	-	-	-	
	FV	Monthly	Attend OOH Appointment	31-Jul-24	-	1,048	1,403	939	-	-	-	-	
	FV	Monthly	Home Visit	31-Jul-24	-	174	211	165	-	-	-	-	
	FV	Monthly	Mental Health	31-Jul-24	-	25	21	38	-	-	-	-	
	FV	Monthly	SAS In Attendance	31-Jul-24	-	57	92	47	-	-	-	-	
	FV	Monthly	Video Consultation	31-Jul-24	-	2	0	1	-	-	-	-	
OH2	FV	Monthly	Out of Hours % Rota Fill	31-Jul-24	-	89%	76%	77%	-	▲	-	-	
SCHEDULED CARE													
OUTPATIENTS													
SC1	SG	Monthly	Total Number of New Outpatients Waiting	31-Jul-24	Reduction	13,740	13,735	19,902	✓	▲	-	-	An outpatient is categorised as a new outpatient at his first meeting with a consultant or his representative following an outpatient referral. Outpatients whose first clinical interaction follows an inpatient episode are excluded. Scotland position quarterly
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	31-Jul-24	Reduction	4,311	4,200	8,379	✓	▲	-	-	
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	31-Jul-24	95%	68.6%	69.4%	57.9%		▲	40.9%	30-Jun-24	
SC6	Audit	Monthly	Outpatient Unavailability	31-Jul-24	Monitor	1.0%	1.2%	0.7%	✓	▼	0.8%	30-Jun-24	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-Jul-24	5%	5.6%	6.2%	6.6%	-	▲	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-Jul-24	5%	6.6%	7.2%	7.5%	-	▲	-	-	

Code				Date	Target								Notes
DIAGNOSTICS - Imaging													
SC10	SG	Monthly	Total number waiting - Imaging	31-Jul-24	Reduction	8,766	9,619	5,416		▼	-	-	
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	31-Jul-24	0	5,520	6,097	1,993	-	▼	-	-	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
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	31-Jul-24	100%	37.0%	36.6%	63.2%	✓	▼	52.9%	30-Jun-24	
DIAGNOSTICS - Endoscopy													
SC15	SG	Monthly	Total number waiting - Endoscopy	31-Jul-24	Reduction	841	846	997		▲	-	-	
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	31-Jul-24	0	389	298	461	-	▲	-	-	
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	31-Jul-24	100%	53.7%	64.8%	53.8%	✓	▼	40.0%	30-Jun-24	
CANCER													
SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	30-Jun-24	95%	81.5%	79.5%	71.3%	✓	▲	70.9%	30-Jun-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-Jun-24	-	66/81	70/88	67/94	-	-	-	-	
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	30-Jun-24	95%	100.0%	100.0%	99.0%	✓	▲	95.4%	30-Jun-24	
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	30-Jun-24	-	90/90	113/113	101/102	-	-	-	-	
SC24	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	30-Jun-24	95%	82.1%	78.0%	69.1%	✓	▲	71.7%	30-Jun-24	The 62-day standard states that 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment.
SC25	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	30-Jun-24	95%	99.7%	97.7%	97.0%	✓	▲	95.1%	30-Jun-24	
INPATIENTS & DAYCASES													
SC26	SG	Quarterly	Number of patients that waited >12 weeks - Completed Wait	30-Jun-24	0	1238	1429	1091	-	-	-	-	
SC27	SG	Quarterly	% Compliance with 12 week TTG Standard	30-Jun-24	100%	47.7%	47.0%	53.8%	-	▼	58.4%	30-Jun-24	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
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	31-Jul-24	Reduction	5,378	5,501	4,704	✓	▼	-	-	
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	31-Jul-24	Reduction	3,048	3,066	2,550	✓	▼	-	-	
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	31-Jul-24	100%	43.3%	44.3%	45.8%	✓	▼	31.8%	30-Jun-24	
SC33	Audit	Monthly	Inpatient/Day case Unavailability	31-Jul-24	Monitor	6.9%	7.6%	5.9%	✓	▼	3.8%	30-Jun-24	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly
READMISSIONS													
R1	FV	Monthly	Readmissions - Surgical 7 day	31-Jul-24	Reduction	2.8%	3.4%	3.2%	-	▲	-	-	
R2	FV	Monthly	Readmissions - Surgical 28 day	31-Jul-24	Reduction	4.9%	7.6%	5.9%	-	▲	-	-	This is the measure of patients readmitted as an emergency to a medical/surgical specialty within 7 days or 28 days of the index admission. Emergency readmissions as a percentage of all admissions.
R3	FV	Monthly	Readmissions - Medical 7 day	31-Jul-24	Reduction	1.8%	1.4%	1.2%	-	▼	-	-	
R4	FV	Monthly	Readmissions - Medical 28 day	31-Jul-24	Reduction	4.3%	4.0%	3.3%	-	▼	-	-	
MENTAL HEALTH													
PSYCHOLOGICAL THERAPIES													
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	31-Jul-24	90%	69.5%	78.1%	65.4%	✓	▲	80.4%	30-Jun-24	
MH2	FV	Monthly	Total Number Waiting for Psychological Therapies Initial Assessment	31-Jul-24	Reduction	802	789	664	-	▼	-	-	The 18 Weeks RTT is a whole journey waiting time standard from initial referral to the start of treatment. The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	30-Jun-24	90%	71.5%	68.9%	74.0%	✓	▼	80.3%	30-Jun-24	
CHILD & ADOLESCENT MENTAL HEALTH SERVICES													
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Jul-24	90%	98.8%	98.9%	32.7%	✓	▲	85.1%	30-Jun-24	
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	31-Jul-24	Reduction	110	164	136	-	▲	-	-	
MH6	SG	Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Jun-24	90%	97.9%	97.9%	42.5%	✓	▲	84.1%	30-Jun-24	
SUBSTANCE USE													
SM1	SG	Quarterly	% Compliance with the 3 Week target - ADP (excluding Prisons)	31-Mar-24	90%	82.5%	59.7%	92.4%	✓	▼	91.9%	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.
SM2	SG	Quarterly	% Compliance with the 3 Week target - Prisons	31-Mar-24	90%	96.7%	100.0%	98.9%	✓	▼	93.9%	31-Mar-24	
COMPLAINTS													
C1		Monthly	% Compliance Forth Valley (inc. prisons)	30-Jun-24	100%	70.8%	68.5%	56.7%	✓	▲	-	-	
C2		Monthly	% Compliance - Stage 1 (inc. prisons)	30-Jun-24	100%	79.5%	87.7%	80.9%	✓	▼	-	-	Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda
C3		Monthly	% Compliance - Stage 2 (inc. prisons)	30-Jun-24	100%	11.1%	1.8%	16.4%	✓	▼	-	-	

							BETTER WORKFORCE						
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL (YEAR ON	SCOTLAND POSITION	SCOTLAN D DATE	
WF3	SG	Monthly	Overall Absence	30-Jun-24	4.0%	7.26%	7.70%	6.45%	✓	▼	6.35%	30-Jun-24	From 1st April 2024 all coronavirus absences are included within the sickness absence totals.
WF4	FV	Monthly	Short Term Absence	30-Jun-24	-	2.57%	2.52%	2.17%	-	▼	-	-	Hours lost due to sickness absence / total hours available (%).
WF5	FV	Monthly	Long Term Absence	30-Jun-24	-	4.68%	5.18%	4.27%	-	▼	-	-	Short Term Absence - a period of sickness absence of 28 days or less
WF6	FV	Rolling 12 mth	Overall Absence	30-Jun-24	-	7.51%	7.41%	7.40%	-	▼	6.48%	30-Jun-24	Long Term Absence - a period of sickness absence lasting over 28 days

							BETTER VALUE						
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL (YEAR ON	SCOTLAND POSITION	SCOTLAN D DATE	
DELAYED DISCHARGES											-	-	
VA1	FV	Monthly	Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays)	31-Jul-24	Reduction	91	80	74	✓	▼	-	-	
			Falkirk	31-Jul-24	Reduction	56	52	49	✓	▼	-	-	
			Clackmannanshire	31-Jul-24	Reduction	11	13	8	✓	▼	-	-	
			Stirling	31-Jul-24	Reduction	19	10	15	✓	▼	-	-	
			Outwith Forth Valley	31-Jul-24	Reduction	5	5	2	✓	▼	-	-	
VA2	FV		Code 9 & Guardianship Delays	31-Jul-24	Reduction	51	56	42	✓	▼	-	-	A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date
			Falkirk	31-Jul-24	Reduction	27	28	24	✓	▼	-	-	
			Clackmannanshire	31-Jul-24	Reduction	3	5	4	✓	▲	-	-	
			Stirling	31-Jul-24	Reduction	18	20	11	✓	▼	-	-	
			Outwith Forth Valley	31-Jul-24	Reduction	3	3	3	✓	◄►	-	-	
VA3	FV		Total Bed Days Occupied by Delayed Discharges	31-Jul-24	Reduction	3,400	3,219	2,436	✓	▼	-	-	
			Falkirk	31-Jul-24	Reduction	2,041	2,234	1,178	✓	▼	-	-	
			Clackmannanshire	31-Jul-24	Reduction	706	384	407	✓	▼	-	-	
			Stirling	31-Jul-24	Reduction	246	280	297	✓	▲	-	-	
			Outwith Forth Valley	31-Jul-24	Reduction	407	321	464	✓	▲	-	-	
VA4	FV	Daily	Number waiting for a Community Bed	31-Jul-24	Reduction	61	79	53	-	▼	-	-	
AVERAGE LENGTH OF STAY													
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	31-Jul-24	Reduction	7.48	6.58	7.39	-	▼			This is the mean length of stay (in days) experienced by inpatients in FVRH Acute wards, does not include MH or W&C. Scotland position quarterly - All Inpatients
EFFICIENCY													
E1	FV	Monthly	ED Attendances per 100,000 of the population - Forth Valley	31-Jul-24	Reduction	1,624	1,711	1,602	-	▼	-	-	
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	30-Jun-24	Reduction	860	851	837	-	▼	-	-	
E3	FV	Monthly	% Bed Occupancy - FVRH	31-Jul-24	Reduction	113.6%	113.5%	103.7%	-	▼	-	-	The percentage occupancy is the percentage of average available staffed beds that were occupied by inpatients during the period. 85% is the nationally agreed standard supporting optimum flow
E4	FV	Monthly	% Bed Occupancy - Assessment Units	31-Jul-24	Reduction	106.1%	110.1%	109.3%	-	▲	-	-	
E5	FV	Monthly	% Bed Occupancy - ICU	31-Jul-24	Reduction	72.0%	70.0%	70.6%	-	▼	-	-	
EQUITABLE													
EQ1		Rolling 3 year	Scottish Breast Screening Programme	2020/23	70%	76.4%	74.4%	74.4%	-	▲	75.3%	2020/23	Percentage uptake (three-year rolling periods), females aged 50-70 years
EQ2		Annually	Scottish Cervical Screening Programme	2021/22	-	72.5%	73.2%	73.2%	-	▼	68.7%	2021/22	The percentage of eligible women who are up-to-date with their screening participation
EQ3		Rolling 2 year	Scottish Bowel Screening Programme	2021/23	60%	66.6%	67.3%	67.3%	-	▼	66.1%	2021/23	Overall uptake of screening - percentage of people with a final outright screening test result, out of those invited (2 year reporting period)
EQ4		Annually	Scottish Abdominal Aortic Aneurysm (AAA) screening programme	2022/23	75%	24.1%	80.8%	80.8%	-	▼	70.7%	2022/23	Percentage of eligible population who are tested before age 66 and 3 months
		Annually	Surveillance AAA scan (quarterly)	2022/23	90%	81.0%	94.2%	94.2%	-	▼	93.2%	2022/23	Due to attend quarterly surveillance and tested within 4 weeks of due date
		Annually	Surveillance AAA scan (annually)	2022/23	90%	84.4%	97.6%	97.6%	-	▼	94.0%	2022/23	Due to attend annual surveillance and tested within 6 weeks of due date
EQ5		Quarterly	NHS stop smoking services: Local Delivery Plan (LDP) - Number of 12-week quits	31-Dec-23	86.75	39	68	48	-	▼	-	-	The LDP Standard for NHS Scotland in 2022/23 is to achieve at least 7,026 self-reported successful twelve-week quits through smoking cessation services in the 40% most deprived areas
EQ6		Quarterly	NHS stop smoking services: 12-week quits as a % of the LDP Quarterly Target	31-Dec-23	100%	45.0%	78.4%	55.3%	-	▼	59.2%	31-Dec-23	
FINANCE													
F1	SG	FYTD	Year to date revenue position	31-Jul-24	Breakeven	-£11.242m	-£7.643m	-£3.3m	-	▼	-	-	

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
- July 2024 ED Compliance 57.6% - Forth Valley Total.
- July 2024 ED Compliance 49.8% - ED Only.

Scotland Performance
- June 2024 ED Compliance 69.0% - Scotland Total.
- June 2024 ED Compliance 65.3% - Scotland ED Only.

Graph 1: 4-hour Emergency Access Compliance August 2022 to July 2024
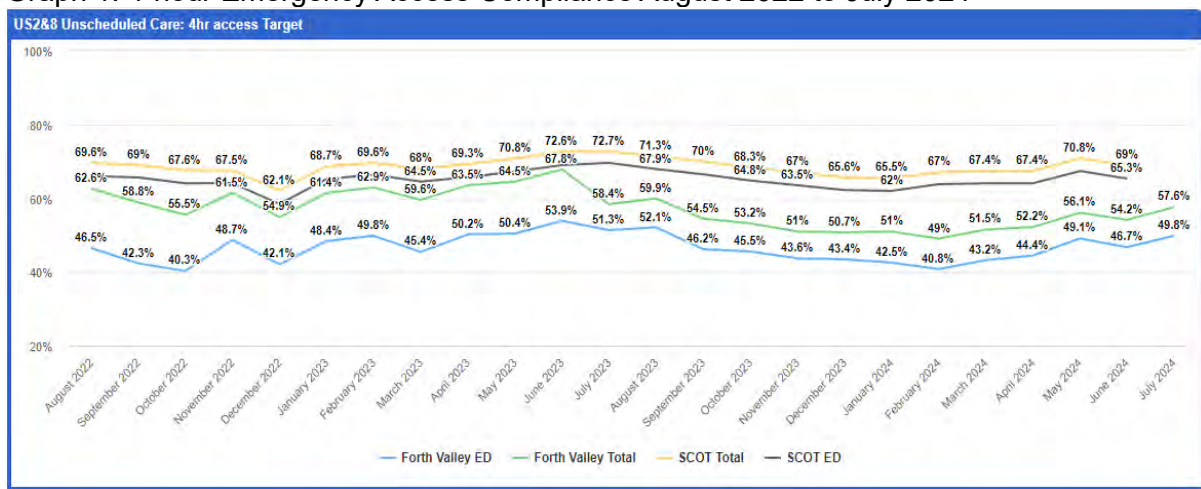
Overall compliance with the 4-hour emergency access standard (EAS) in July 2024 was 57.6%; Minor Injuries Unit 99.0%, Emergency Department 49.8%. A total of 2,476 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 936 waits longer than eight hours, 376 waits longer than 12 hours and 52 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 1,420 patients, noting this is consistent with 1,422 in July 2023. Wait for a bed accounted for 538 patients waiting beyond 4 hours with Clinical reasons accounting for 189 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.

Key areas of work to support improvements include, work underway with public health to understand the patient current and future needs will help to define where we can implement interventions for health earlier in individuals' health requirements. The "your home first" strategy aims to prevent admissions to ED and acute care by early intervention of care. 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. Work through the integrated discharge team, Ward Beat and Discharge without Delay (DWD) processes aim to provide improved joined up systems of work for patients that no longer require acute care.

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

3.2 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 July 2024 census:
- 63 patients were delayed in their discharge for more than 14 days.
- 28 patients delayed less than 14 days.
- 38 guardianship delays.
- 13 code 9 delays.
- 142 delays in total.
- 2 code 100 delays.
- 3,400 bed days were lost due to delays in discharge.

Scotland Performance
- There is no direct Scotland comparison.

Graph 2: Number of standard delays – August 2022 to July 2024

Graph 3: Number of Guardianship or Code 9 delays – August 2022 to July 2024

Graph 4: Delayed Discharge occupied bed days – August 2022 to July 2024

The July 2024 census position in relation to standard delays (excluding Code 9 and guardianship) is 91 delays; this is compared to 74 in July 2023. There was a total of 51 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 142.

In addition, there were 2 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 3,400, this is an increase from 2,436 in July 2023. Local authority breakdown is noted as Clackmannanshire 706, Falkirk 2,041, and Stirling 246. There were a further 407 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

Delayed Discharges are a particular focus of attention at Scottish Government and COSLA due to the unprecedented levels across Scotland as a whole. Weekly meetings are in place chaired by the Cabinet Secretary and Councillor Paul Kelly, COSLA Health and Social Care lead, with the 31 Chief Officers or their substitute. There are also two national short life working groups that have been established to focus on mental health, learning disability, and adults with incapacity delays, and secondly Targeted Improvement and Performance Support. In addition, the Permanent Secretary has met with the Falkirk IJB Chief Officer, NHS and Falkirk Council Chief Executive to discuss the improvement plans underway in Falkirk.

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 the national 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 5 August both HSCPs were above this. This issue is receiving considerable daily focus and attention by the respective HSCP Chief Officers and their teams, jointly with the Acute hospital site, and with the NHS Forth Valley CEO fully engaged and sighted on progress. Local activities underway and planned include an innovative test of change which will see people awaiting housing adaptations being supported into flats in the community, helping people to maintain their independence until their homes are adapted or appropriate housing is available, work is also ongoing to explore the use of fixed term interim beds, and there is a focus on refining processes across our whole system discharge and flow activity. This includes process improvements around assessment. Colleagues are visiting other board areas to learn from what is working well elsewhere and developing tests of change locally.

Scheduled Care

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

Current Performance
- July 2024 - 9,429 patients were waiting within 12 weeks for a new outpatient appointment – 68.6% compliance.
- In quarter 1, 69.4% of new outpatients were waiting less than 12 weeks.

Scotland Performance
- In quarter 1, 40.9% of new outpatients were waiting less than 12 weeks.

Graph 5: Outpatient waits over 12 weeks – August 2022 to July 2024
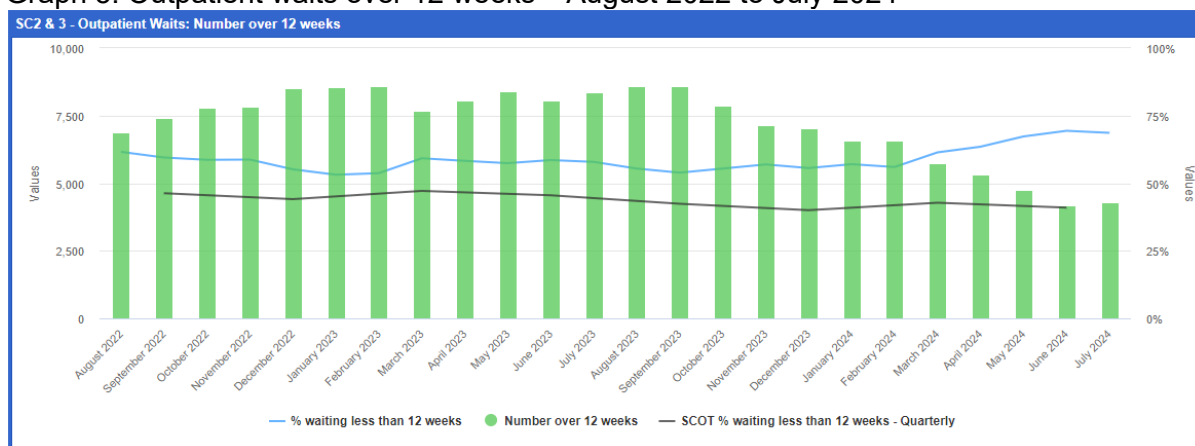
NHS Forth Valley concurrently treat patients that require urgent clinical care as well as those waiting for long periods, in line with associated Scottish Government targets.

At the end of July 2024, the total number of patients on the waiting list for a first outpatient appointment was 13,740 compared with 19,902 in July 2023 with the number waiting beyond 12 weeks 4,311 compared to 8,346 in July 2023. Note 68.6% of patients were waiting less than 12 weeks for a first appointment; an improvement in performance from 57.9% the same period the previous year. In quarter 1, 116% of the agreed annual delivery plan 2024/25 new outpatient activity was completed.

3.4 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 1 – 47.7%
- July 2024 – 5,378 patients waiting on an inpatient/daycase treatment – 43.5% waiting under 12 weeks.
- In quarter 1, 43.3% of inpatients and daycases had an ongoing wait under 12 weeks.

Scotland Performance
- Inpatient/Daycase treatment time guarantee Quarter 1 – 58.4%.
- In quarter 1, 31.8% of inpatients and daycases had an ongoing wait under 12 weeks.

Graph 6: 12 Week Treatment Time Guarantee
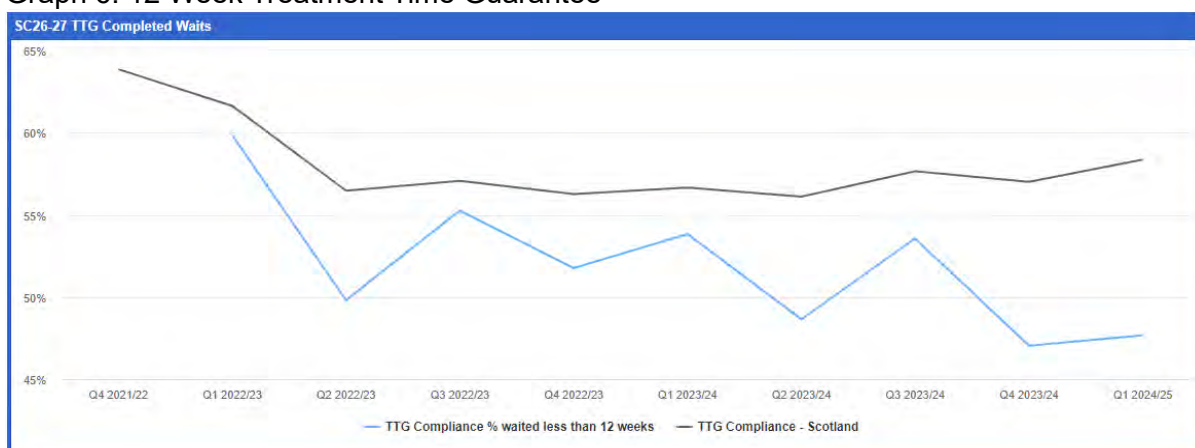
Graph 7: Inpatients/Daycase waits over 12 weeks – August 2022 to July 2024
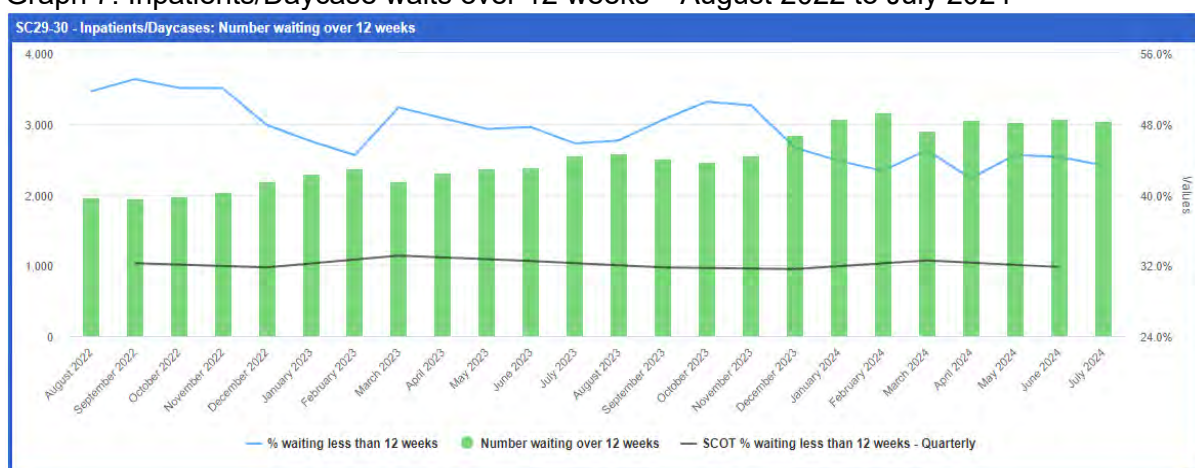
In July 2024, the total number of inpatients and daycases waiting increased to 5,378 from 4,704 the previous year however an in-month improvement was noted. There was also an increase in those waiting beyond 12 weeks compared to the previous year however wit an in-month improvement.

In quarter 1, 103% of the agreed annual delivery plan 2024/25 inpatient and daycase activity was completed.

3.5 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 July 2024 was 1.0% of the total waiting list.
- Inpatient/daycase unavailability in July 2024 was 6.9% compared to 5.9% in July 2023. The unavailability rate is less than 10% for all specialties except for Orthopaedics and General Surgery both at 10.4% (188 and 93 patients respectively). This position is monitored on an ongoing basis.

3.6 Did Not Attend (DNA)
The new outpatient DNA rate across acute services in July 2024 is noted as 5.6% which is an improvement from the position in July 2023 of 6.6%. 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 10.5% (76 patients) and ENT 4.7% (30 patients).

The return outpatient DNA rate across acute services in July 2024 was 6.6%. There continues to be a high number of DNAs in Ophthalmology with 240 patients (7.8%), Dermatology 123 patients (7.1%) and Diabetes 111 patients (7.9%).

A number of actions are ongoing to support a reduction in the number of DNAs including the roll out of patient focus booking. 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.

3.7 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
- July 2024 - Imaging – 5,520 patients waiting beyond 6 weeks; 37.0% were waiting less than 6 weeks.
- July 2024 - Endoscopy - 389 patients waiting beyond 6 weeks; 53.7% were waiting less than 6 weeks.

Scotland Performance
- Imaging – 52.9% of patients were waiting less than 6 weeks in June 2024.
- Endoscopy – 40.0% of patients were waiting less than 6 weeks in June 2024.

Graph 8: Imaging waits over 6 weeks and total - August 2022 to July 2024
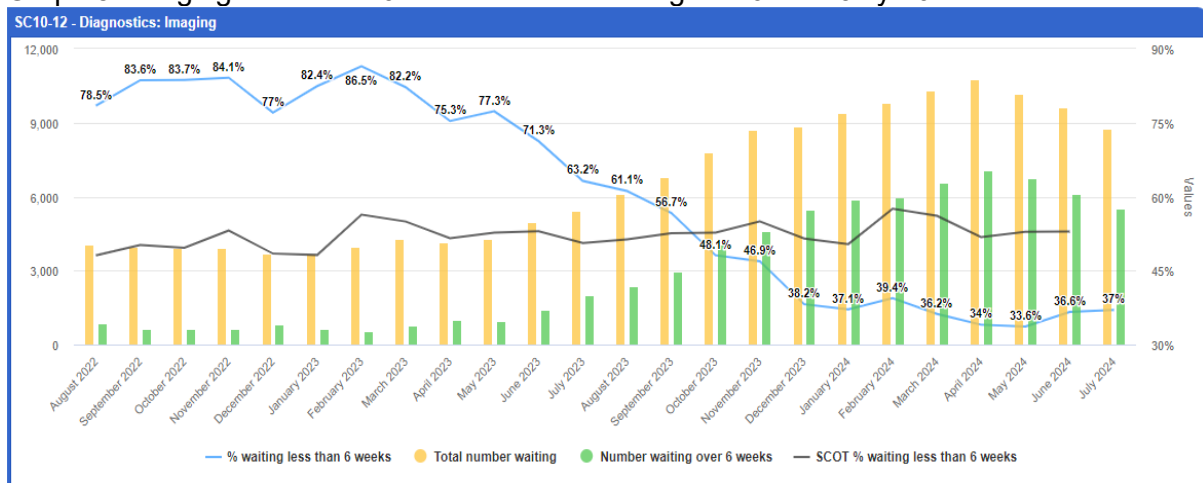
Graph 9: Endoscopy waits over 6 weeks and total - August 2022 to July 2024
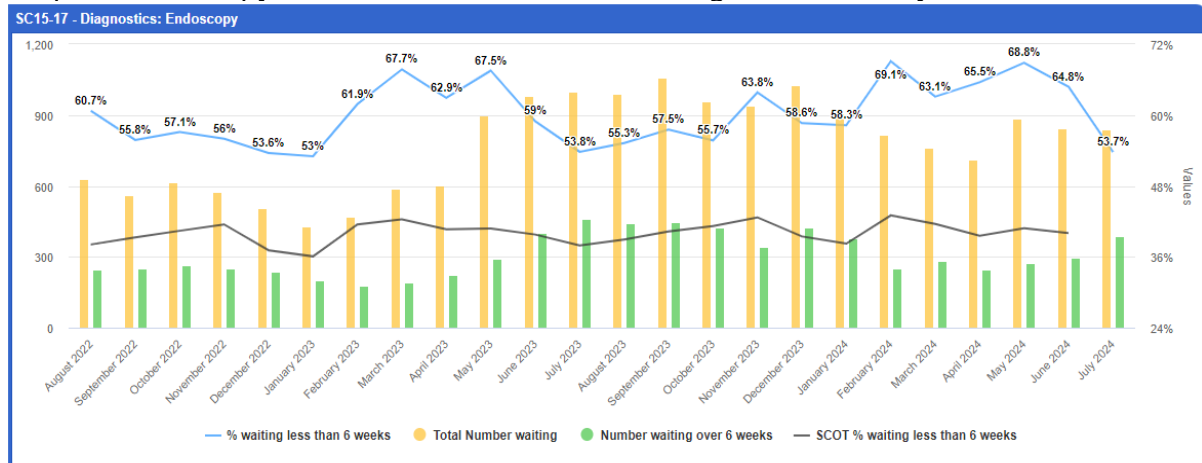
3.7.1 Imaging

At the end of July 2024, 5,520 patients were waiting beyond the 6-week standard for imaging. This is an increase from 1,993 in July 2023 however an improvement from the June 2024 position of 6,097. Noting 37.0% of patients waiting less than the standard. The total number of patients waiting for imaging in July 2024 was 8,776; an increase from 5,416 in May 2023 however an in-month improvement. In quarter 1, 117% of the agreed annual delivery plan 2024/25 imaging activity was completed.

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.

A CT van is on-site, funded by Scottish Government, to support bring our longest waiting patients towards the 6-week target with activity shared 50:50 with NHS Lanarkshire. The implementation of a 12-hour working day over 7-days is ongoing.

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 drown the long waits.

3.7.2 Endoscopy

At the end of July 2024, 389 patients were waiting beyond 6 weeks for endoscopy compared to 461 in July 2023. 53.7% of patients were waiting less than the 6-week standard. In quarter 1, 132% of the agreed annual delivery plan 2024/25 endoscopy activity was completed. Despite this level of activity, the total number of patients waiting for endoscopy remains significant with 841 patients in July 2024 however this is a reduction from 997 in July 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.

3.8 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 June 2024, 81.5% of patients were seen within the 62-day standard.
- In the quarter ending June 2024, 82.1% of patients were seen within the 62-day standard.

Scotland performance
- In the quarter ending June 2024, 82.1% 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 June 2024, 100.0% of patients were seen within the 31-day standard.
- In the quarter ending June 2024, 99.7% of patients were seen within the 31-day standard.

Scotland Performance
- In the quarter ending June 2024, 95.1% of patients were seen within the 31-day standard.

Graph 10: 62-day cancer performance (monthly) – July 2022 to June 2024
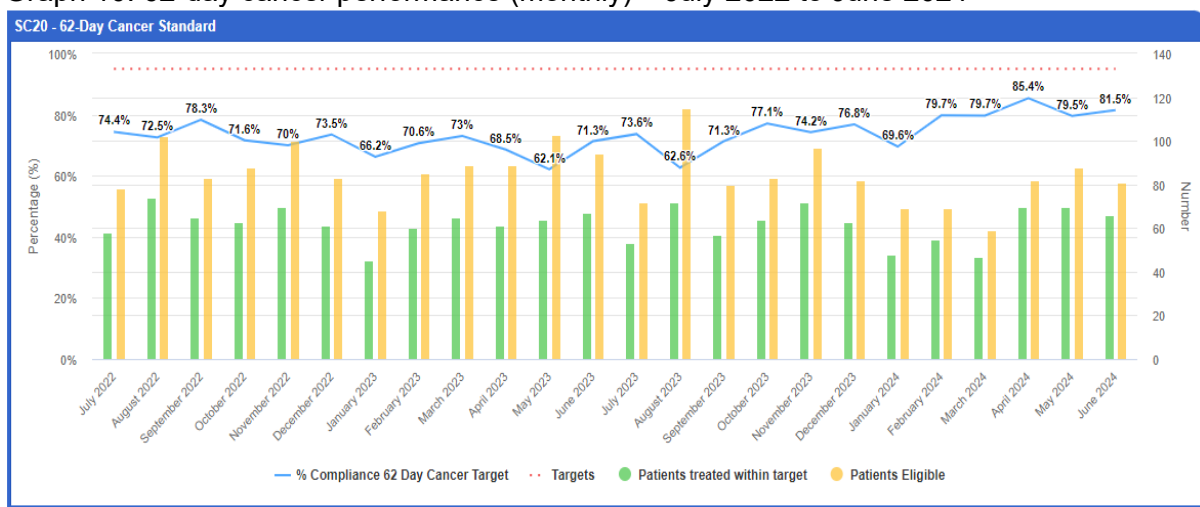
Graph 11: 62-day cancer performance (quarterly)
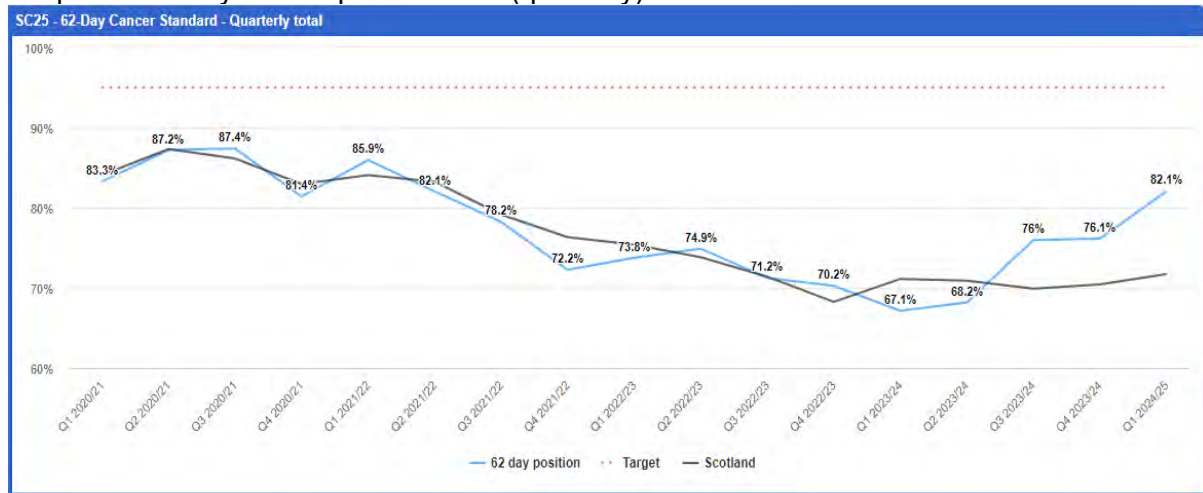
Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 31-day and 62-day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to 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 720 of which 12% are confirmed cancer patients.

Seven of the 10 cancer pathways achieved 100% with lung 77.8%, melanoma 75.0% and urology 58.3%. The highest number of breaches remain within the urology pathway with 10 out of 24 patients not meeting the standard however the impact of improvement work is noted in the performance.

3.9 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 July 2024, 69.5% of patients were treated within 18 weeks.
- In quarter 1, 71.5% of patients were treated within 18 weeks.

Scotland Performance
- In June 2024, 80.4% of patients were treated within 18 weeks.
- In quarter 1, 80.3% of patients were treated within 18 weeks.

Graph 12: Psychological Therapies 18-week RTT – August 2022 to July 2024
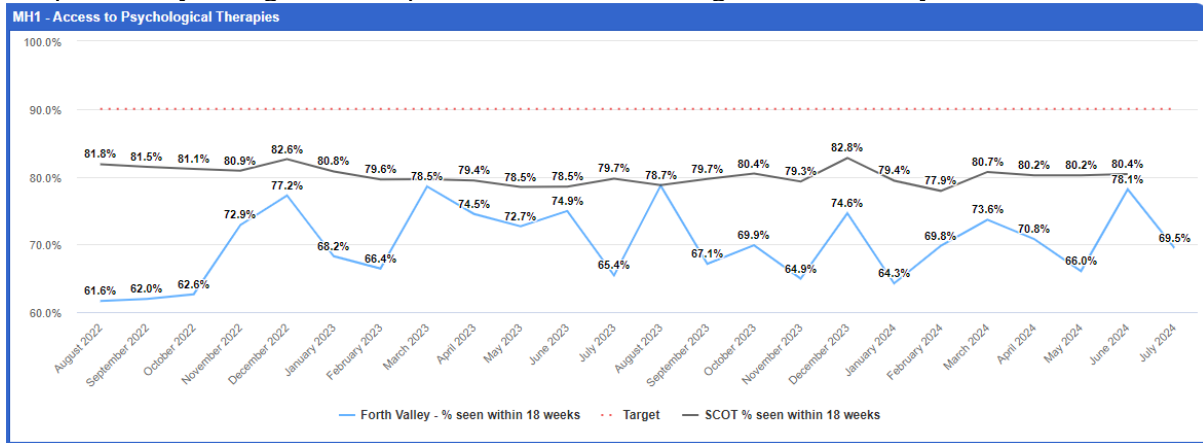
Graph 13: Psychological Therapies 18-week RTT – Quarterly
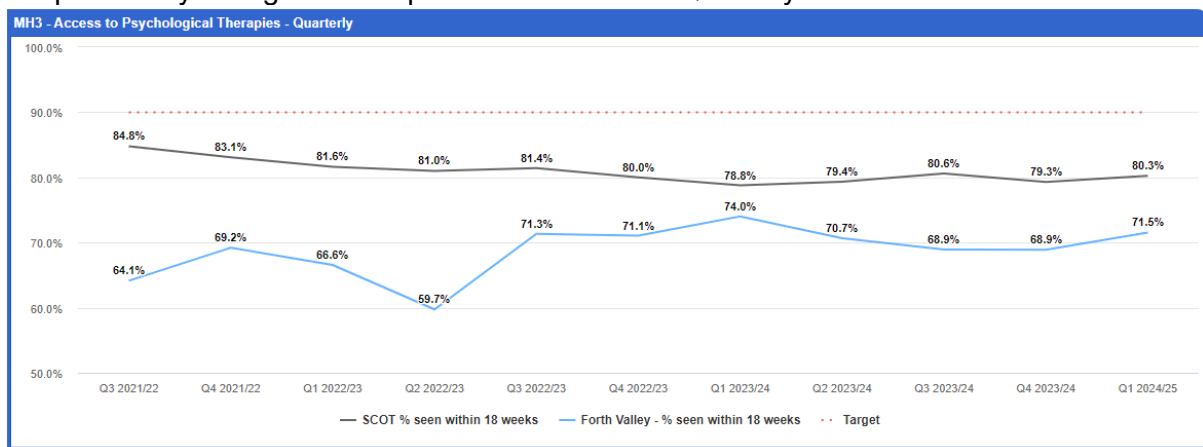
In July 2024, 69.5% of patients started treatment within 18 weeks of referral. This is a reduction in performance from the previous month position of 78.1% however an improvement from 66.4% in July 2023.

The median monthly RTT has improved from 66.3% in 2022/2023 to 71.3% in 2023/2024.

The number of people awaiting assessment has generally been increasing since quarter 1 of 2023/2024 with 803 people awaiting assessment in July 2024. This is largely explained by the increase in referrals to the service over the same time period, with these now impacting the numbers waiting over 18 weeks for assessment. There has also been an increase in the numbers waiting to start treatment which in turn impacts on capacity for assessment.

Ongoing information analysis is exploring referral rates in the specialties to better understand referral rates. It is understood that more reliable national data will soon be available to allow for better local versus national comparisons. The management team has been working with Scottish Government to develop enhanced trajectory modelling.

The ending of agency and fixed term contracts over recent months has reduced treatment capacity resulting in higher numbers of people waiting. Various therapy groups have been established as business as usual to good effect, however the majority of patients waiting a long time for treatment are awaiting individual therapy for complex trauma for which there is limited clinical capacity.

3.10 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 July 2024, 98.8% of patients were treated within 18 weeks.
- In quarter 1, 97.9% of patients were treated within 18 weeks.

Scotland Performance
- In June 2024, 85.1% of patients were treated within 18 weeks.
- In quarter 1, 84.1% of patients were treated within 18 weeks.

Graph 14: CAMHS 18-week RTT – August 2022 to May 2024
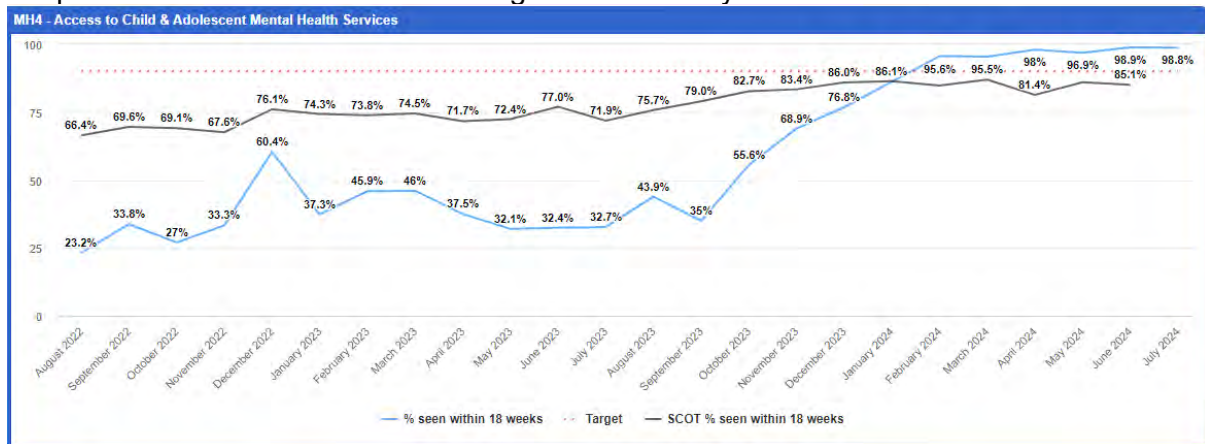
Graph 15: CAMHS 18-week RTT – Quarterly
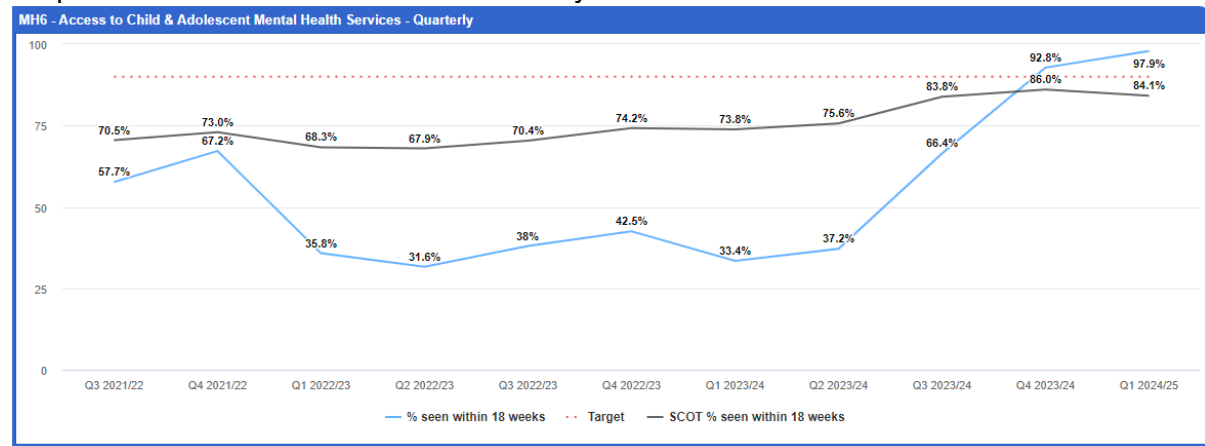
In July 2024, 98.9% of patients were seen within 18 weeks of referral. The RTT will continue to be monitored closely to ensure continued compliance with the standard.

The full waiting list for assessment has decreased from 407 patients in September 2022 to 110 Patients as of July 2024, a decrease of 72.9%, with 0 patients waiting >18wks.

The full waiting list for treatment has decreased from 583 patients as of September 2022 to 116 patients as of July 2024 with 1 patient waiting >18 weeks who is appointed to be seen, a decrease of 81.1%.

3.11 Workforce
To reduce sickness absence to 4%

Current Performance
- 7.26% absence rate in June 2024

Scotland Performance
- 6.35% absence rate in March 2024

Graph 16: Sickness Absence - July 2022 to June 2024
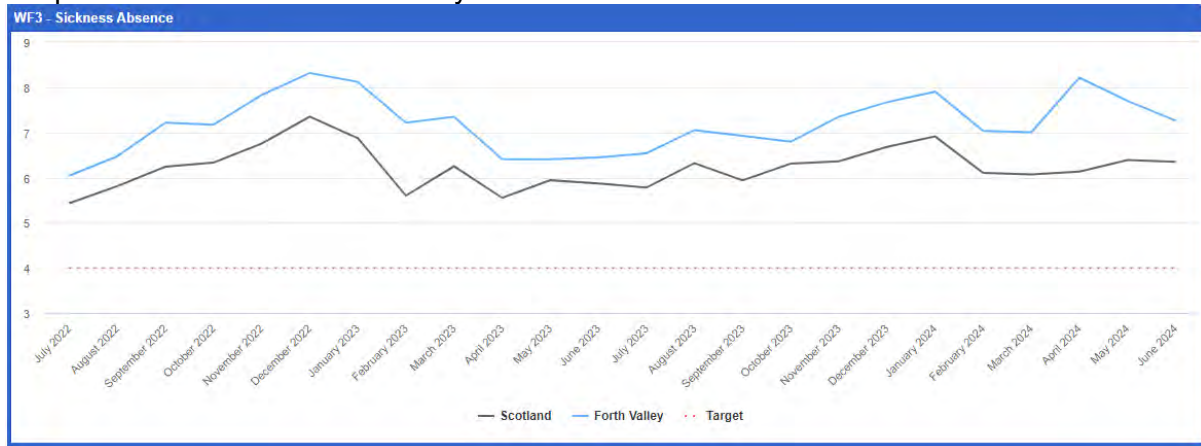
The sickness absence target is 4.0%. Absence remains above the target at 7.26% in June 2024 noting an increase from 6.45% in June 2023. The 12-month rolling average July 2023 to June 2024 is noted as, NHS Forth Valley 7.51%; Scotland 6.48%.

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 and an audit of the implementation of the NHS Once for Scotland Attendance Policy had been 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 <u>A policy for NHS Scotland on the climate emergency and sustainable development</u>. *(please tick relevant box)*
- □   *Yes*
- ✓   *N/A*

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

Quality / Patient Care Implications
There are no specific quality or patient care implications in respect of this paper.

Information Governance Implications
There are no specific information governance implications in respect of this paper.

Risk Assessment / Management
Adequate monitoring, scrutiny and management of performance supports the organisation to manage its risk with performance reporting linked to Strategic Risks:

- SRR.002 Urgent & Unscheduled Care

If NHS Forth Valley does not 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 24 September 2024

17. Healthcare Associated Infection (HAI) Reporting Template August 2024
For Assurance

Executive Sponsor: Professor Frances Dodd, HAI Executive Lead

Author: Jonathan Horwood, Area Infection Control Manager, Infection Control Clinical Lead

---

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.

Recommendations
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

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 has provided assurance that the report has been shared and actioned appropriately.

Key Issues to be Considered
- Total SABS remain within control limits. There were no hospital acquired SAB in August.
- Total DABs remain within control limits. There were three hospital acquired DABs in August.
- Total CDIs remain within control limits. There was one hospital acquired CDI in August.
- Total ECBs remain within control limits this month. There were eight hospital acquired ECBs in August.
- There have been no deaths with MRSA or *C.difficile* recorded on the death certificate.
- There was one surgical site infection in August.
- There were no outbreaks reported in August.

Implications

Financial Implications
None.

Workforce Implications
None.

Infrastructure Implications including Digital
None.

Sustainability Implications
None.

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

| □ | *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.

- No targets have been set currently although it is anticipated interim targets will be set by the end of the year.

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)

August 2024

NHS Forth Valley

Infection Prevention & Control Team

Glossary of abbreviations

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

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

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

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

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

Cause definitions for *Staph aureus* and device associated bacteraemia
Hospital acquired
- Hospital acquired is defined when a positive blood culture is taken >48 hours after admission 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 month had healthcare intervention such as previous hospital admission, attending Clinics, GP, dentist etc. Note this does not necessarily mean that the sepsis is associated with the previous healthcare intervention.
Nursing home acquired
- Nursing home acquired is defined when a positive blood is taken <48 hours after admission and when symptoms associated with sepsis developed at the nursing home.

Healthcare Associated Infection Reporting Template (HAIRT)

The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly to the NHS Board. This is a requirement by the Scottish Government HAI task Force and informs NHS Forth Valley (NHSFV) of activity and performance against Healthcare Associated Infection Standards and performance measures.

This section of the report focuses on NHSFV Board wide prevention and control activity and actions.

Summary for this month:

- There were no outbreaks reported this month.
- There was one SSI reported this month.

Performance at a glance:

Staph aureus bacteraemia - total number this month: 0
- There were no hospital acquired SABs this month.
- There were no healthcare acquired SABs this month.
- Total SAB case numbers remained within control limits this month.

Device associated bacteraemia – total number this month: 6
- There were three hospital acquired DABs this month.
- There were three healthcare acquired DABs 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: 18
- There were 8 hospital acquired ECBs this month.
- There were 10 healthcare acquired ECBs this month.
- Total and hospital ECB case numbers were out with 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; **0** compared to **2** last month.
There was no data exceedance for SABs this month.

Total number of SABs (April 2024 – date) = **9**

- Hospital acquired = **0**
  There was no data exceedance for hospital acquired SABs this month.

- Healthcare acquired = **0**
  There was no data exceedance for healthcare acquired SABs this month.

- Nursing Home acquired = **0**
  There was no data exceedance for nursing home acquired SABs this month.

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.
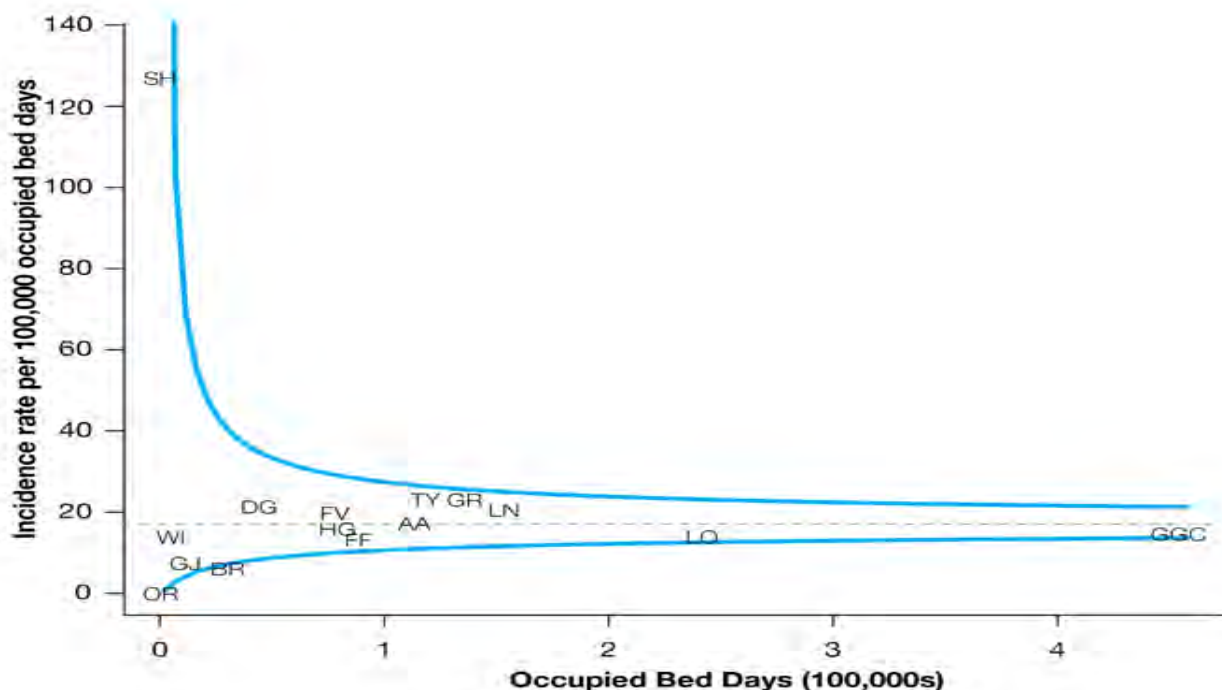
Device Associated Bacteraemias (DABs)

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; **6** compared to **5** last month.
There was no data exceedance for DABs this month.

Total number of DABs (April 2024 – date) = **22**

- Hospital acquired = **3**
    - Urinary Catheter long term x 2 (No attributed ward)
    - Urinary Catheter short term x 1 (No attributed ward)
  There was no data exceedance for hospital acquired DABs this month.

- Healthcare acquired = **3**
    - Urinary Catheter long term x 3
  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 **799** blood cultures taken this month, of those there was in total **5** blood cultures that was associated with devices. This accounts for **0.6%** of all blood cultures taken this month. There was **3** hospital acquired DABs this month; this accounts for **0.4%** of all blood cultures taken this month.

Hospital DABs:

- **Long term urinary catheter**; not attributed to the ward due to complete documentation.
- **Long term urinary catheter**, patient has underlying urological issues contributing to risks. No issues with documentation.
- **Short term urinary catheter;** not attributed to the ward as bundles were complete.

Escherichia coli Bacteraemia (ECB)

NHS Forth Valley's approach to ECB prevention and reduction

E coli is one of the most predominant organisms of the gut flora and for the last several years the incidence of Ecoli isolated from blood cultures ie causing sepsis, has increase so much that it is the most frequently isolated organism in the UK. 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), hepato-biliary infections (gall bladder infections) and urinary catheters infections.

Total number of ECBs this month - **18** compared to **9** last month.
There was no data exceedance for ECBs this month.

Total number of ECBs (April 2023 – date) = **57**

- Hospital acquired = **8**
  - Unknown x 1 (No attributed ward)
  - Urinary Catheter long term x1 (No attributed ward)
  - Hepatobiliary x 2 (No attributed ward)
  - Respiratory tract x 1 (No attributed ward)
  - Urinary Catheter short term (No attributed ward)
  - Intra abdominal x 2 (No attributed ward)

  There was a data exceedance for hospital acquired ECBs this month.

- Healthcare acquired = **10**
  - Unknown x 1
  - Urinary Catheter long term x 3
  - UTI x 1
  - Hepatobiliary x 1
  - Post procedural x 2
  - Pyelonephritis x 1
  - Stent x 1

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

- Nursing Home acquired = **0**

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

Breakdown

There were **799** blood cultures taken this month, of those there were in total **18** blood cultures that grew _E. coli_. This accounts for **2.2%** of all blood cultures taken this month. There were **8** hospital ECBs this month, this accounted for **1.0%** of all blood cultures taken.

Hospital ECBs:

- **Unknown;** patient treated as sepsis of unknown origin, not attributed to a ward.
- **Long term urinary catheter;** not attributed to the ward due to complete documentation.
- **Hepatobiliary** - patient admitted with and treated for acute calculous cholecystitis.
- **Intra-abdominal;** patient developed intra-abdominal infection following laparotomy and stoma formation.
- **Hepatobiliary;** patient admitted with sepsis, multiple co-morbidities, hepatobiliary source due to biliary calculi.
- **Short term urinary catheter** not attributed to the ward as bundles were complete.
- **Intra-abdominal**; no attributed ward as patient admitted with and treated for intra-abdominal sepsis.
- **Respiratory tract**; no attributed ward patient being treated for LRTI.

National Context

All ECBs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data publish is 3 months in arrears compared to the local data presented. The funnel plot below contains total case numbers of reported hospital and healthcare attributed infections and provides an indication of FVs position nationally. Below is an extract from ARHAIs Quarter 1 report (January – March 2024) highlighting Forth Valley's position compared to all other boards in Scotland.
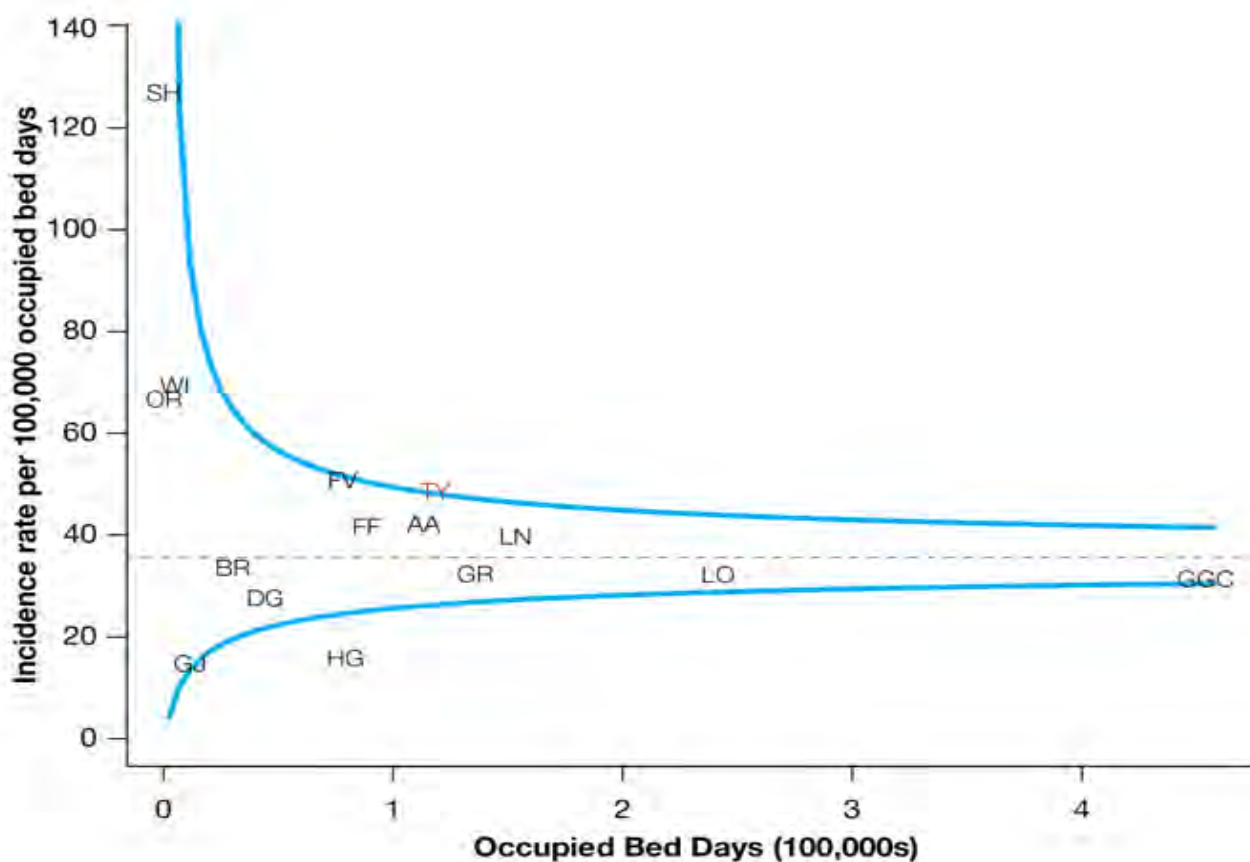
Clostridioides difficile infection (CDIs)

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 **3** last month.
There was no data exceedance for CDIs this month.

Total number of CDIs (April 2023 – date) = **13**

- Hospital acquired = **1**
    - No attributed ward
  There 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 = **2**
  (GP figures are not included in the total as it is not part of national reporting)

Hospital CDIs
- Patient developed onset of C.diff following multiple antibiotics prescribed in the previous months for various infections.

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 1 report (2024) highlighting NHS Forth Valley's position compared to all other boards in Scotland.
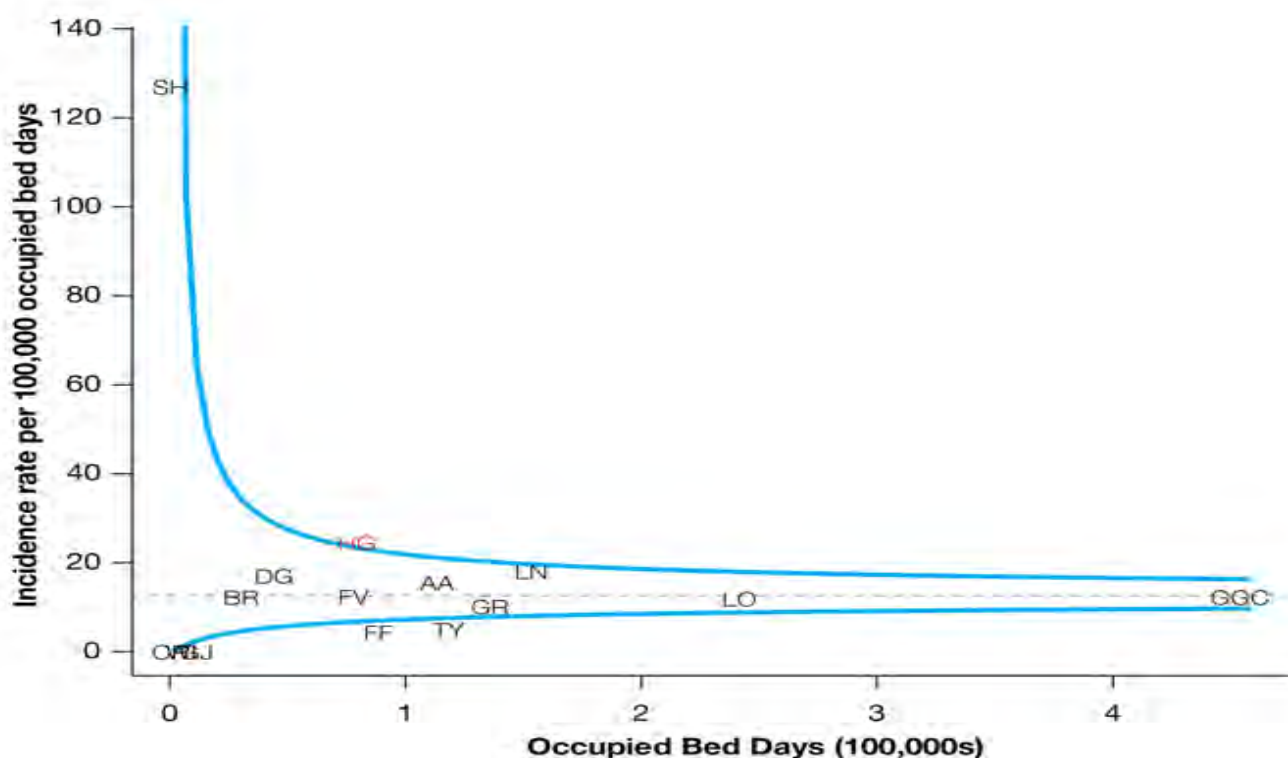
Surgical Site Infection Surveillance (SSIS)

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 patient's 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	11	0
Breast Surgery	33	0
Caesarean Section	78	0
Hip Arthroplasty	68	0
Knee Arthroplasty	46	1
Large Bowel Surgery	26	0

Further development of Surgical Site Infection Surveillance

Following review of the mandatory surgical site infection processes and liaison with stakeholders across NHSFV, future reports will be containing further surgical procedures relevant to NHSFV, in addition to the mandatory procedures listed above. Some existing surgical procedures will also have extended periods of monitoring to capture infections out with national requirements, up to 90 days post procedure.

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.

Hand Hygiene Compliance - TCAB	Training Hand Hygiene Compliance	Total Non Compliance Hand Hygiene
August 2024 result	September 2024 result	August 2024 result
✅ 97%	🔴 66%	📈 15

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 89% compared to last quarter 88%. Bellsdyke Hospital also continues to be in amber with a compliance score of 87% compared to 85% the previous quarter. **Please note the Bo'ness Community Hospital score is incorrect following discussion with the Domestic Team and cannot be amended due to the being data submitted and reported nationally.**

Estates & Domestic Cleaning Scores from Cleaning Dashboard
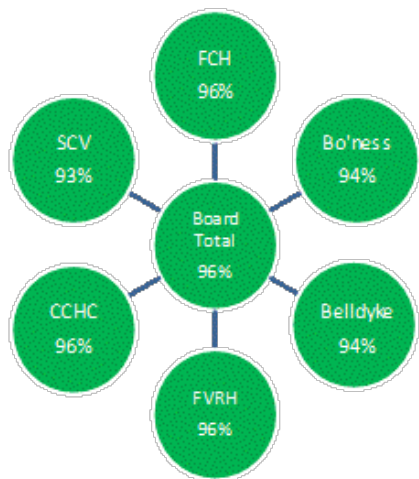
Cleaning Compliance
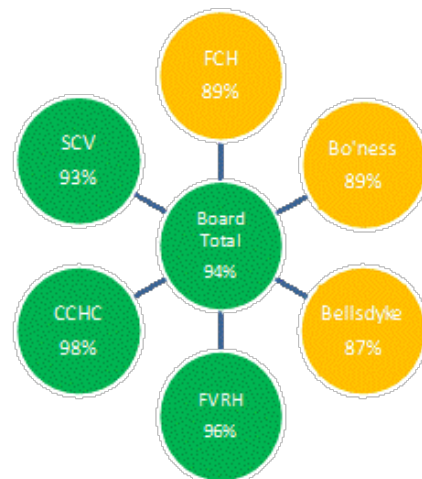
Estates Compliance

	Colour	Description
🟢	Green	compliance level 90% and above - Compliant
🟠	Amber	compliance level between 70% and 90% - Partially compliant
🔴	Red	compliance level below 70% - Non-compliant

Ward Visit Programme

The purpose of these audits is to assess compliance to standard infection control precautions (SICPs); each aspect or SICP can be contributary factors to infection. All non-compliances are fed back to the nurse in charge immediately following the ward visit. A follow-up email is also sent to the ward and service manager. Details of each non-compliance are reported in the monthly HAI Service Reports 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	4	11	20	64	70	17	17	203
Primary Care & Mental Health Services	0	3	0	7	13	1	2	26
WC&SH Directorate	0	1	1	2	5	0	0	9
Totals	**4**	**15**	**21**	**73**	**88**	**18**	**19**	**238**

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.

Please refer to the appendix for a further breakdown of non-compliances.

Incidence / Outbreaks

All outbreaks are notified to Health Protection Scotland and Scottish Government (see below for further details).

Healthcare Acquired Infection Incident Template (HAIIT)
The HAIIT is a tool used by boards to assess the impact of an incident or outbreak. The tool is a risk assessment and allows boards to rate the incident/outbreak as a red, amber, or green. The tool also directs boards whether to inform ARHAI Scotland/SG of the incident (if amber or red), release a media statement etc.

There were no outbreaks reported this month.

MRSA and CPE screening uptake for 2024 Q2 (April to June)
All patients that are admitted are asked specific questions relating to their potential infection status, in particular, MRSA and Carbapenamase producing Enterobacteriodes (CPEs) - a group of resistant organisms. The purpose of this screening is to minimise the risk of infection transmission in hospital. For patients determined at risk of potentially carrying these organisms, a microbiological screen is performed, and the patient remains in a single side room until negative results are available.

On a quarterly basis compliance to MRSA and CPE screening is collated and submitted nationally. It is expected that a 90% uptake score is achieved by every board.

Since the pandemic, overall uptake rates have fallen nationally. NHS FV rates have fallen slightly but remain above the national average.

Below is current data for the four most recent quarters within NHS Forth Valley, and for Scotland:

MRSA Uptake	2023 Q3	2023 Q4	2024 Q1	2024 Q2
Forth Valley	87.6%	86.3%	86.9%	**82.4%**
Scotland	80.0%	74.4%	78.7%	80.5%

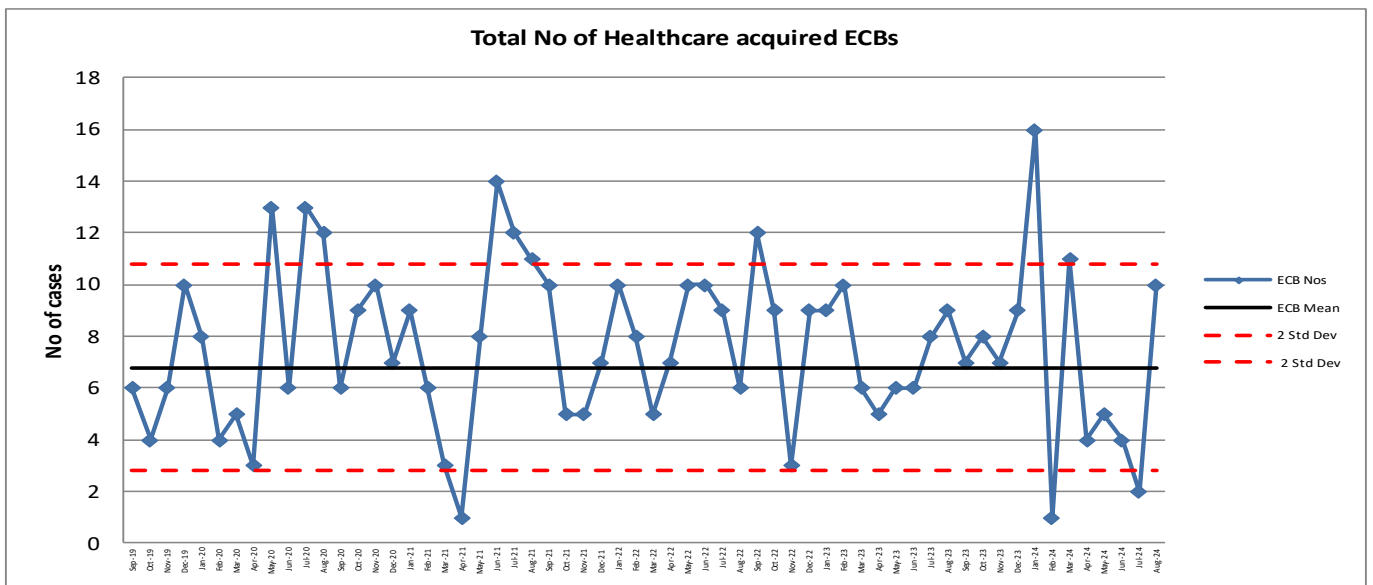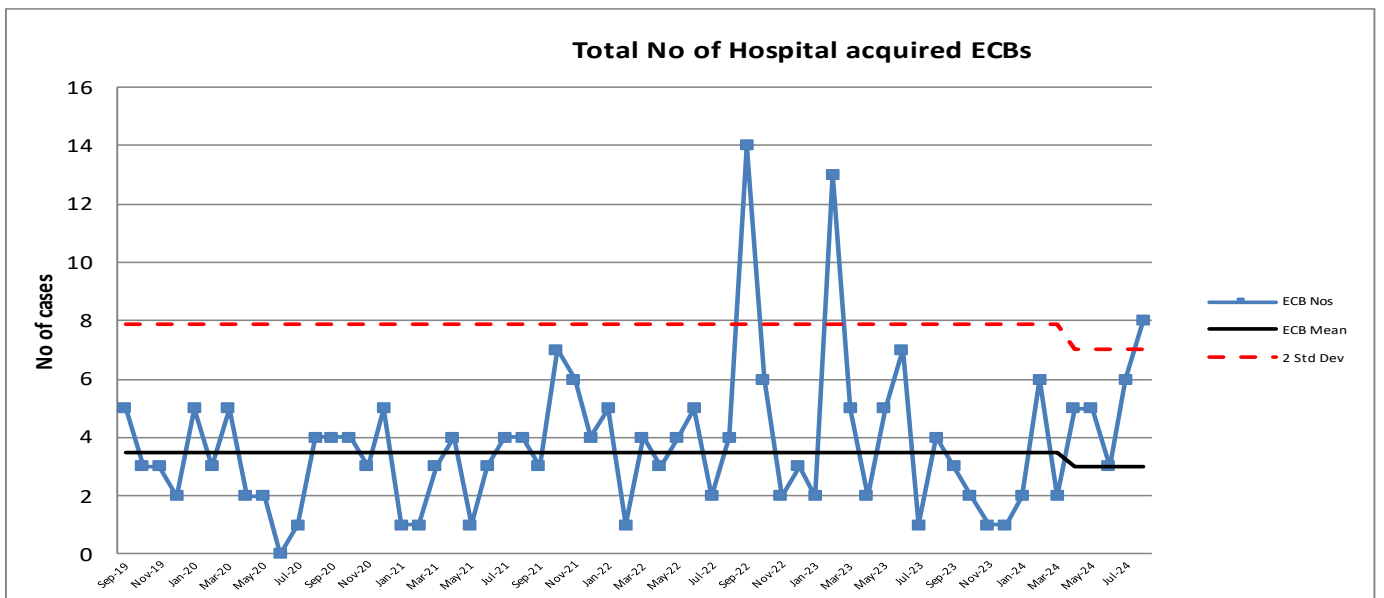| CPE Uptake	2023 Q3	2023 Q4	2024 Q1	2024 Q2
Forth Valley	88.8%	85.5%	86.9%	**82.4%**
Scotland	80.8%	76.0%	78.1%	81.3%

HAI Surveillance Statistical Processing Charts

Staphylococcus aureus Bacteraemias (SABs)
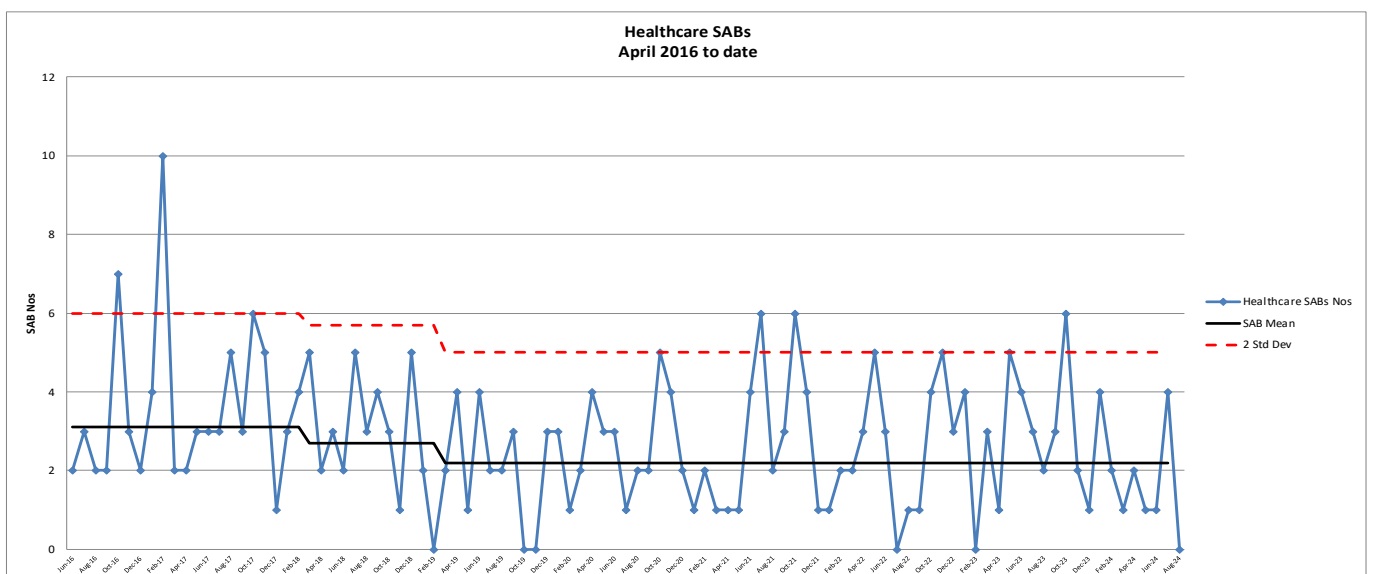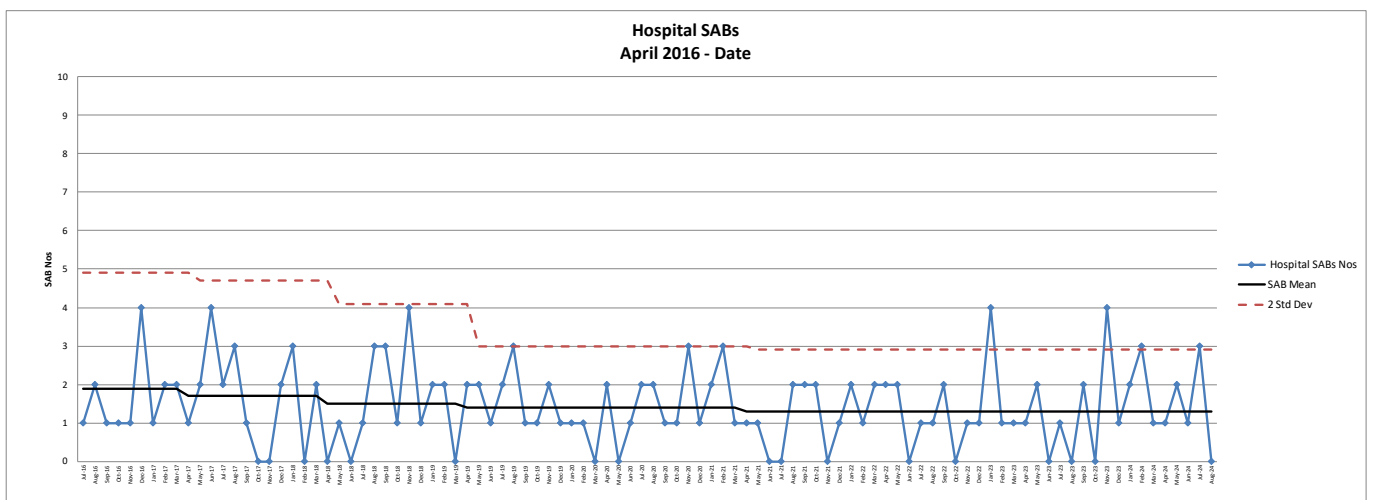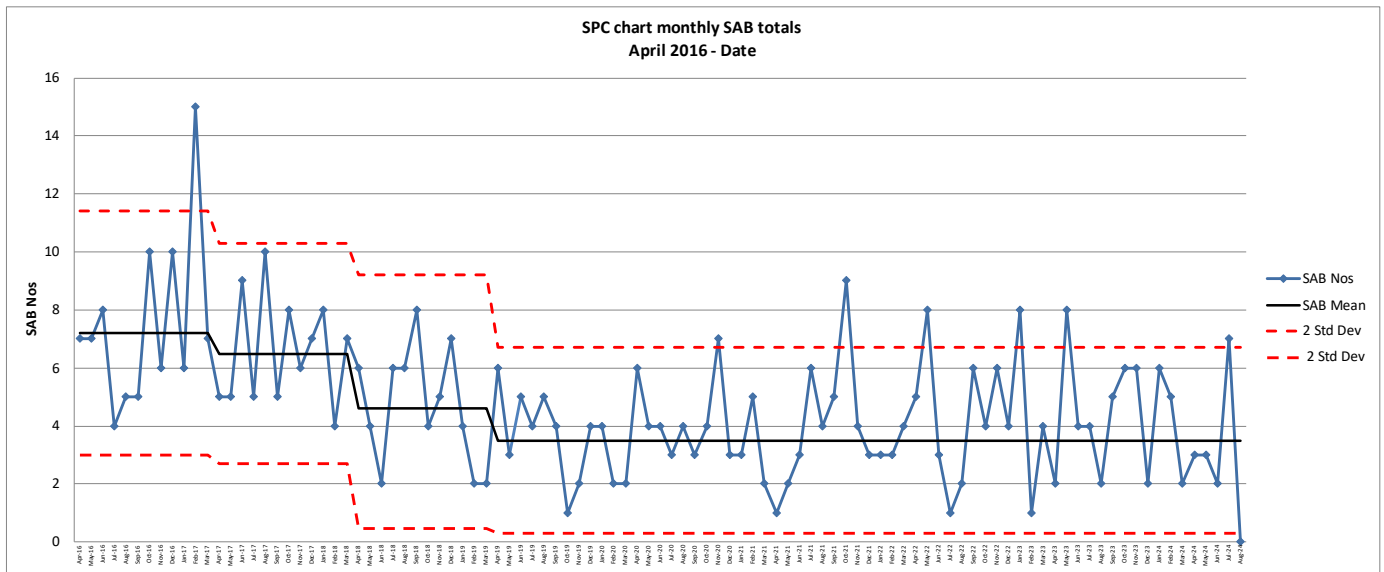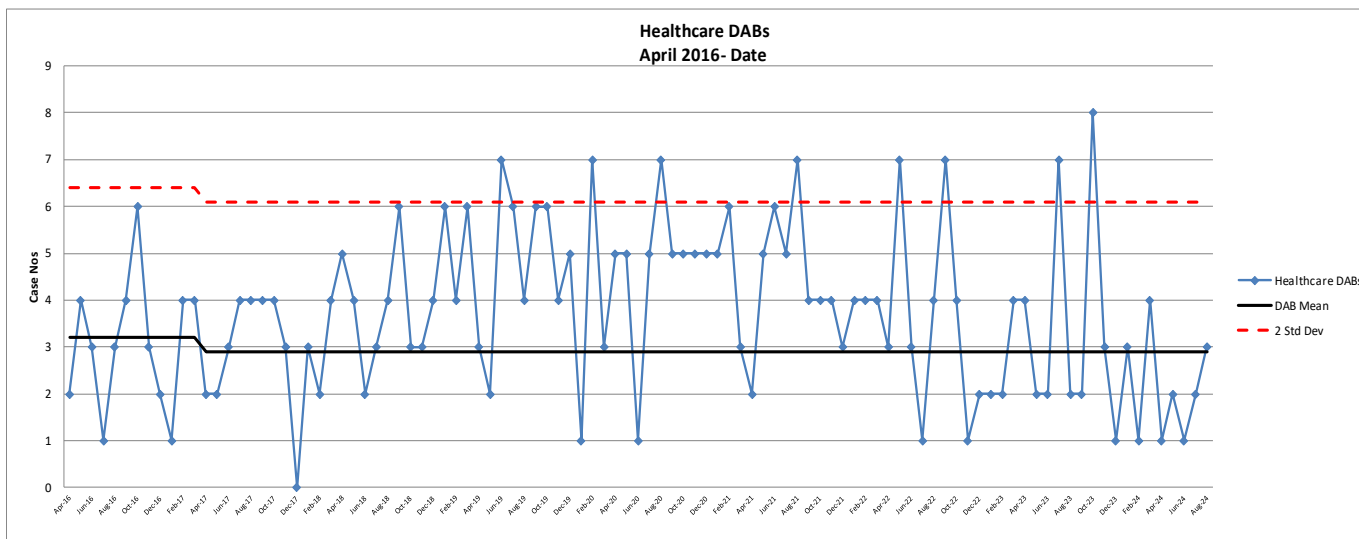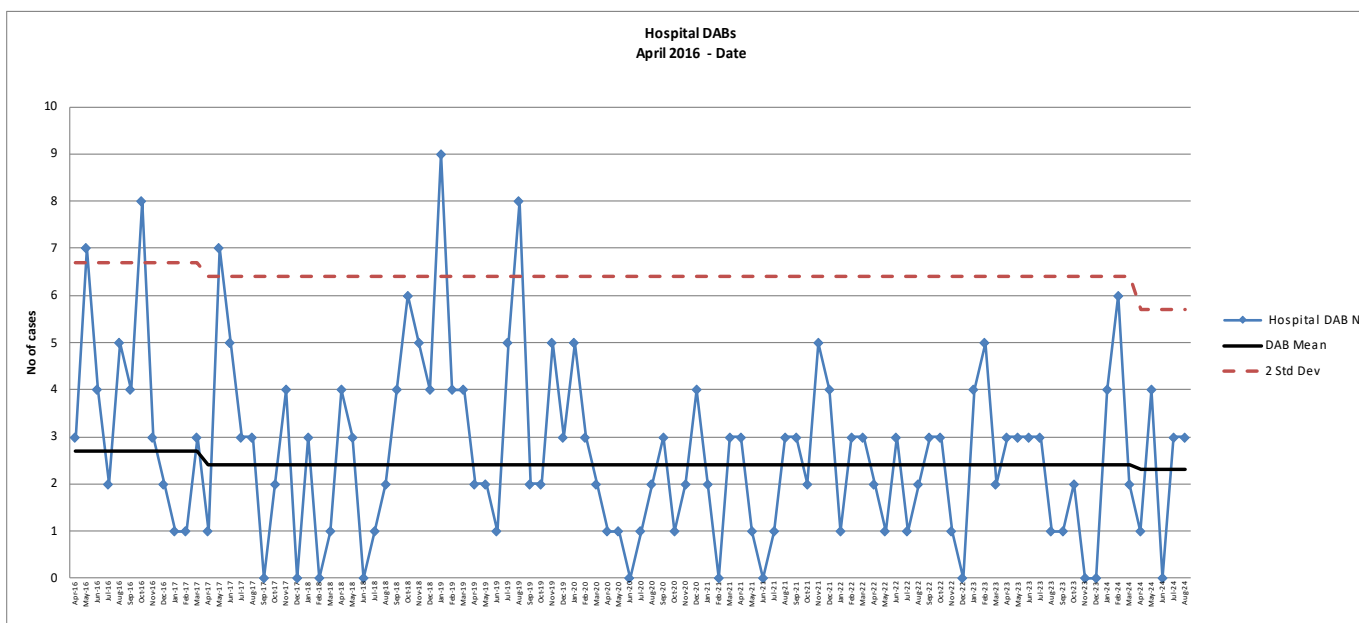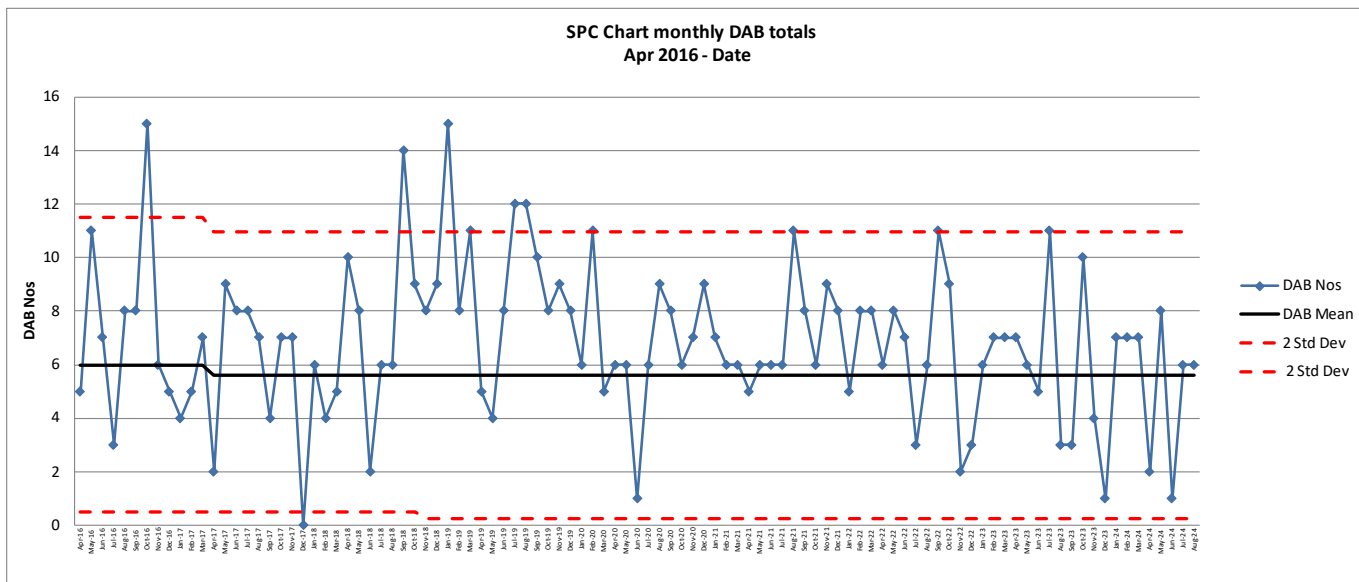
SPC chart monthly SAB totals
April 2016 - Date
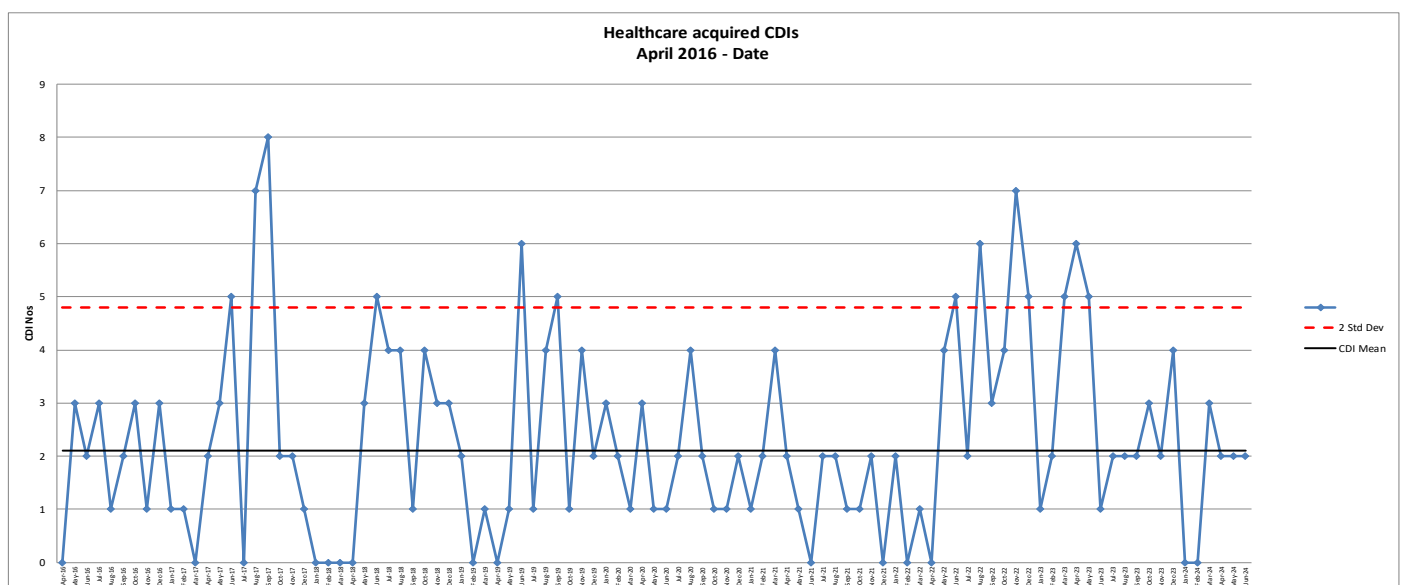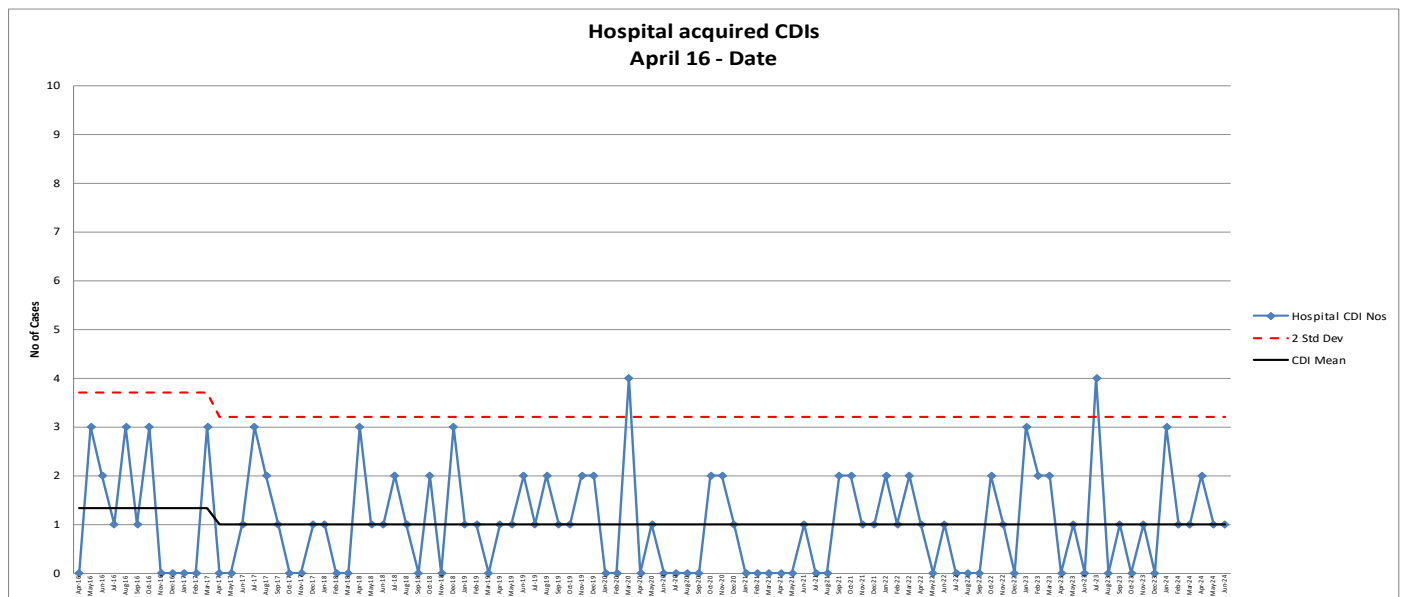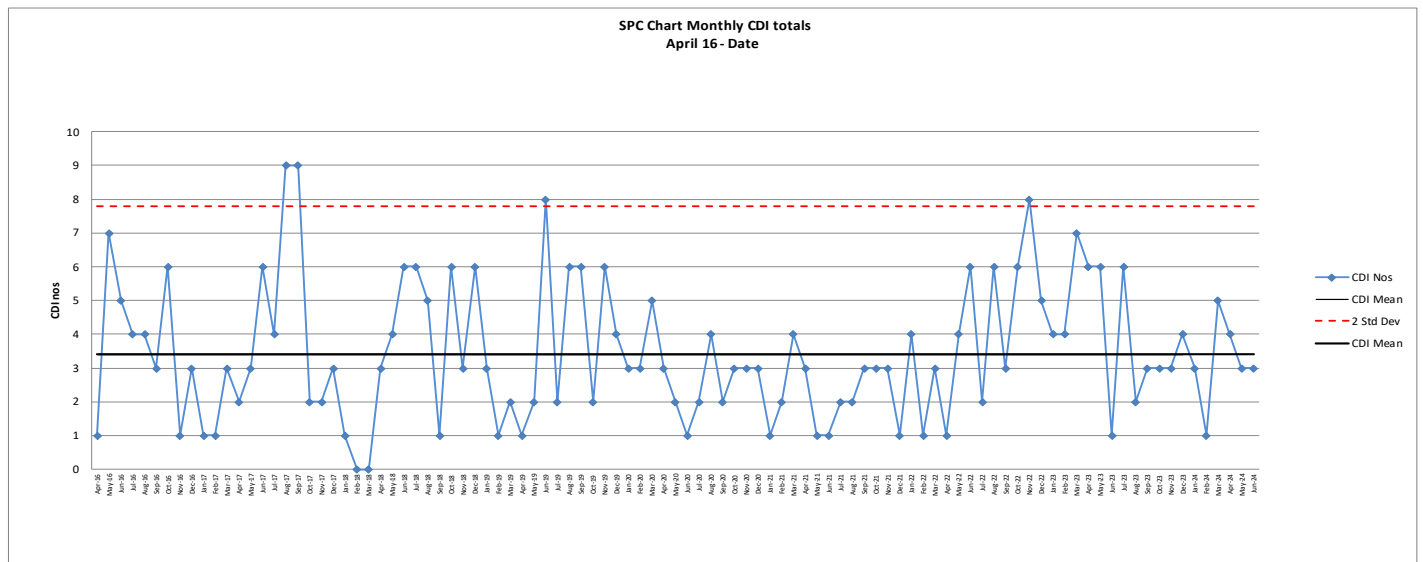

Hospital SABs
April 2016 - Date

Healthcare SABs
April 2016 to date

Device Associated Bacteraemias (DABs)

SPC Chart monthly DAB totals
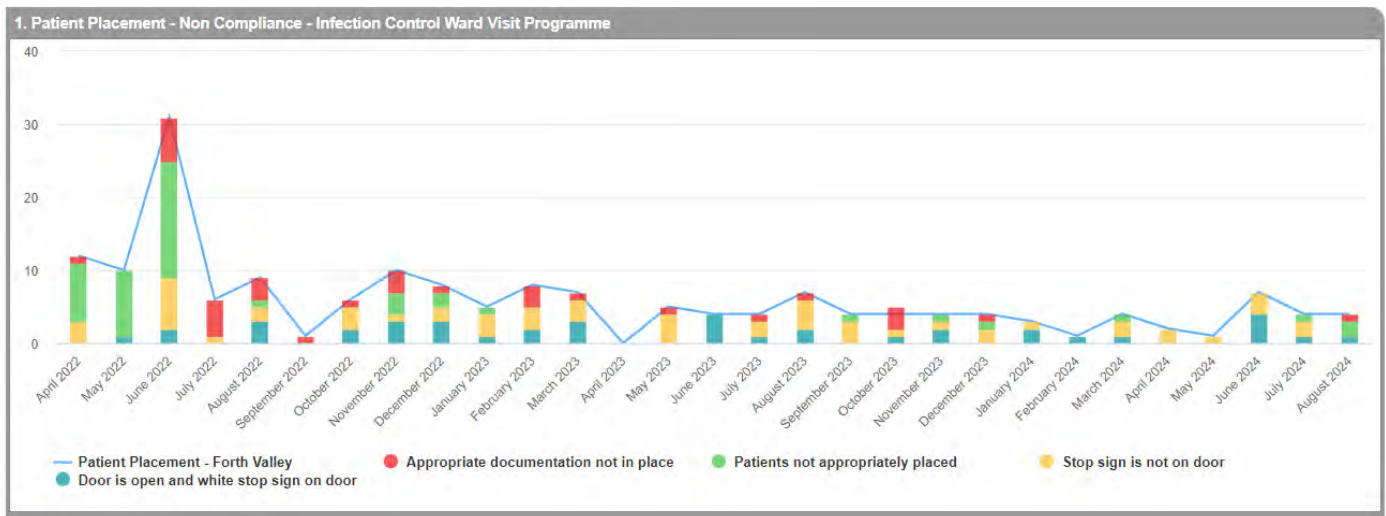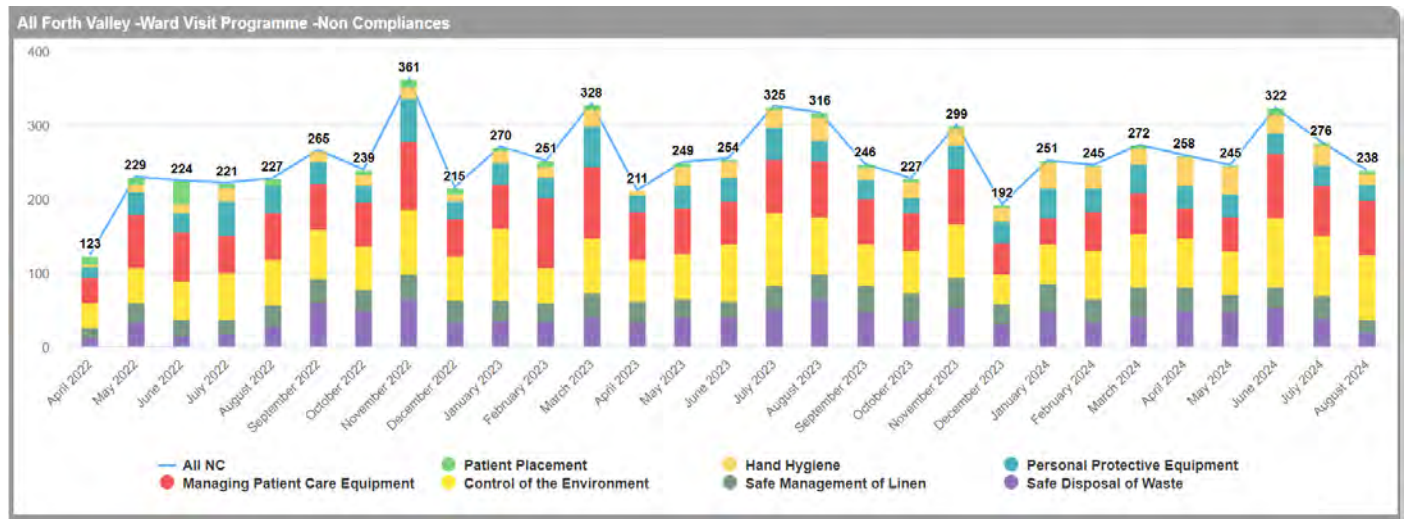Apr 2016 - Date

Hospital DABs
April 2016 - Date

Healthcare DABs
April 2016- Date

Escherichia coli Bacteraemias (ECBs)

Total No of ECBs

Total No of Hospital acquired ECBs

Total No of Healthcare acquired ECBs

Clostridioides difficile Infections (CDIs)

SPC Chart Monthly CDI totals
April 16 - Date

Hospital acquired CDIs
April 16 - Date

Healthcare acquired CDIs
April 2016 - Date

231
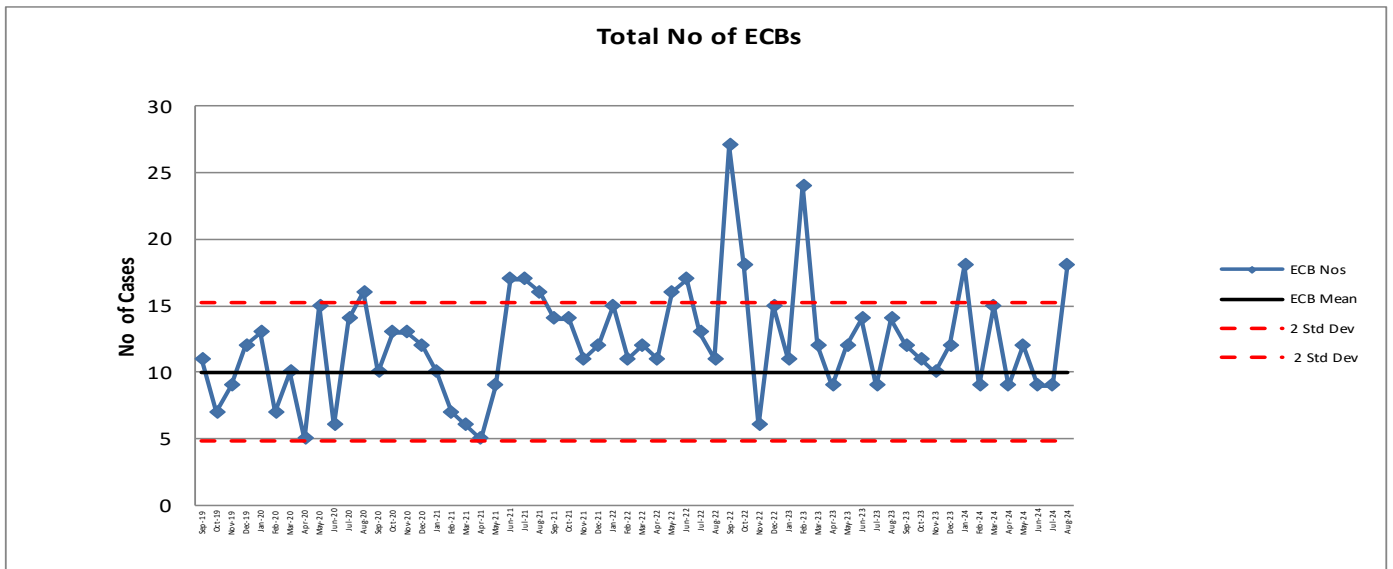
Ward Visit Non-Compliances by SICP

All Forth Valley -Ward Visit Programme -Non Compliances

1. Patient Placement - Non Compliance - Infection Control Ward Visit Programme

2. Hand Hygiene Non Compliance - Infection Control Ward Visit Programme
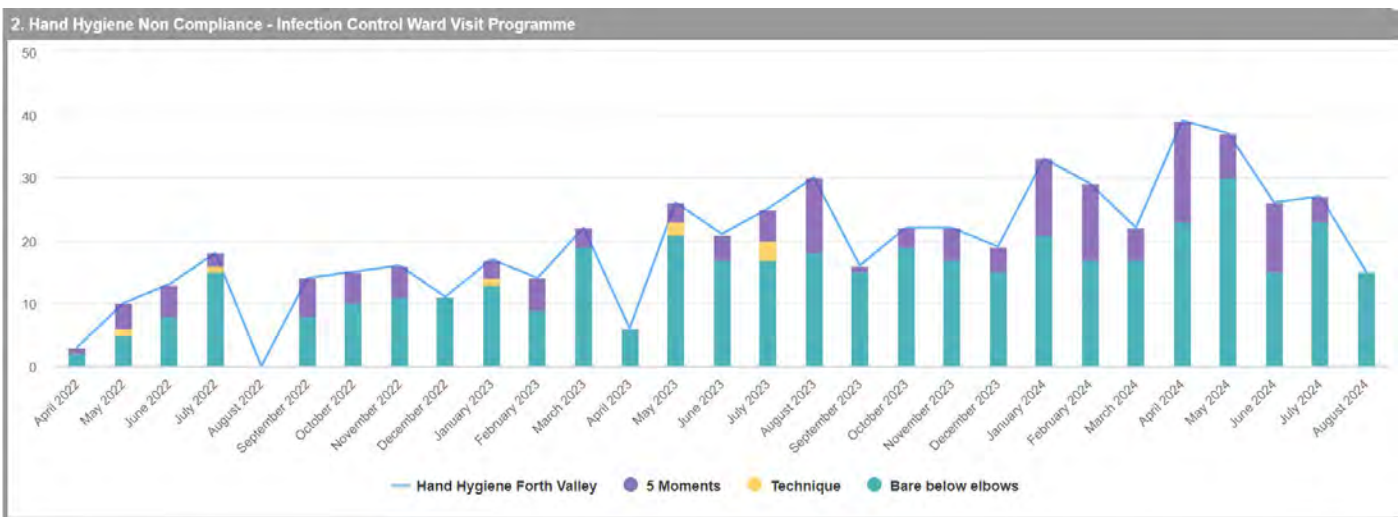
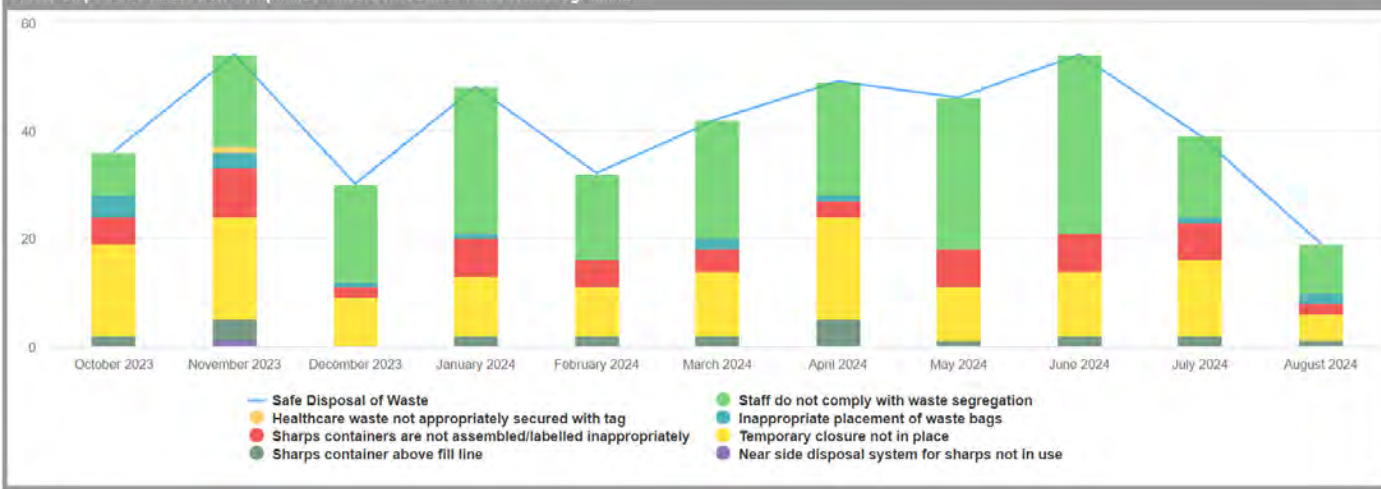3. Personal Protective Equipment Non Compliance - Infection Control Ward Visit Programme

Legend: PPE Total | PPE Worn Inappropriately | PPE discarded inappropriately | PPE not worn when required
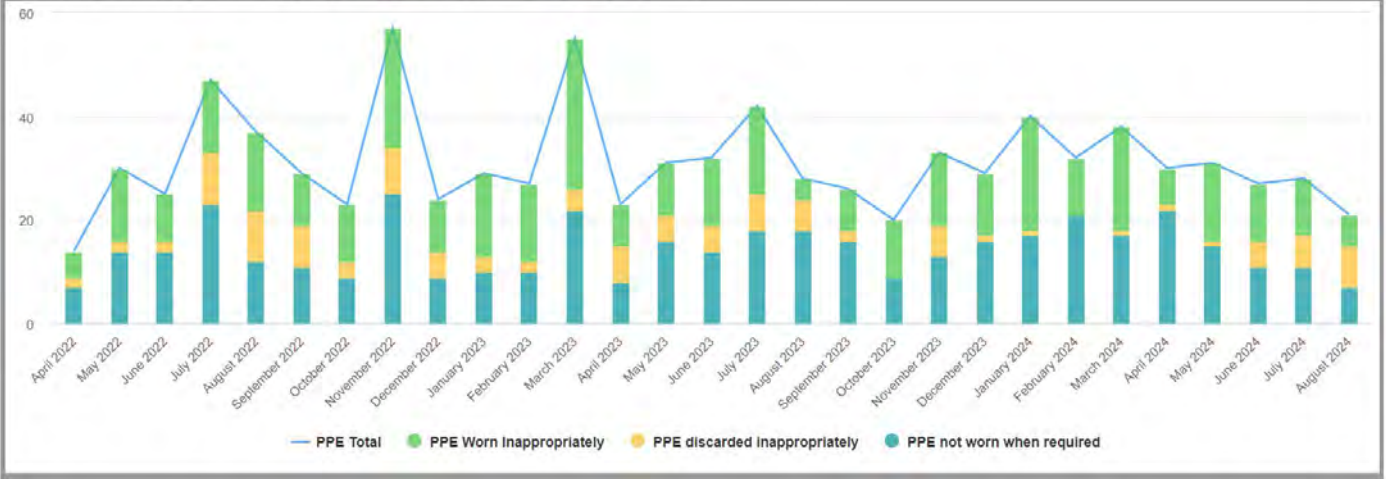
4. Managing Patient Care Equipment Non Compliance - Infection Control Ward Visit Programme
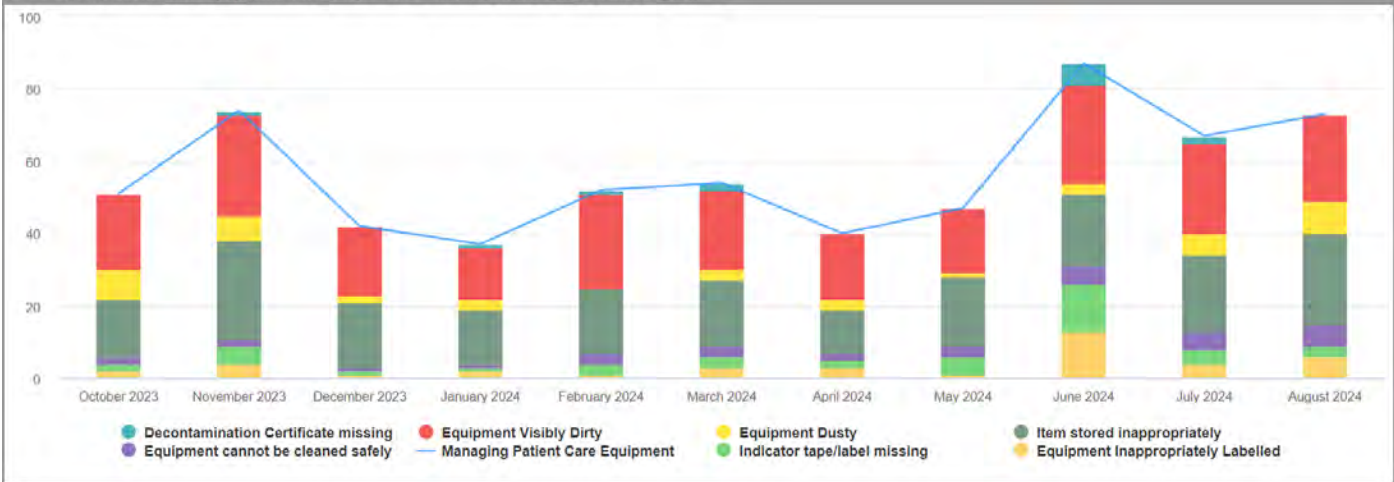
Legend: Decontamination Certificate missing | Equipment Visibly Dirty | Equipment Dusty | Item stored inappropriately | Equipment cannot be cleaned safely | Managing Patient Care Equipment | Indicator tape/label missing | Equipment Inappropriately Labelled

5. Control of the Environment Non Compliance - Infection Control Ward Visit Programme

Legend: All Control of the Environment | Area not free from clutter | Inappropriate items in the clinical area | All stores not above floor level | Area does not appear to be clean | Are is not well maintained/good state
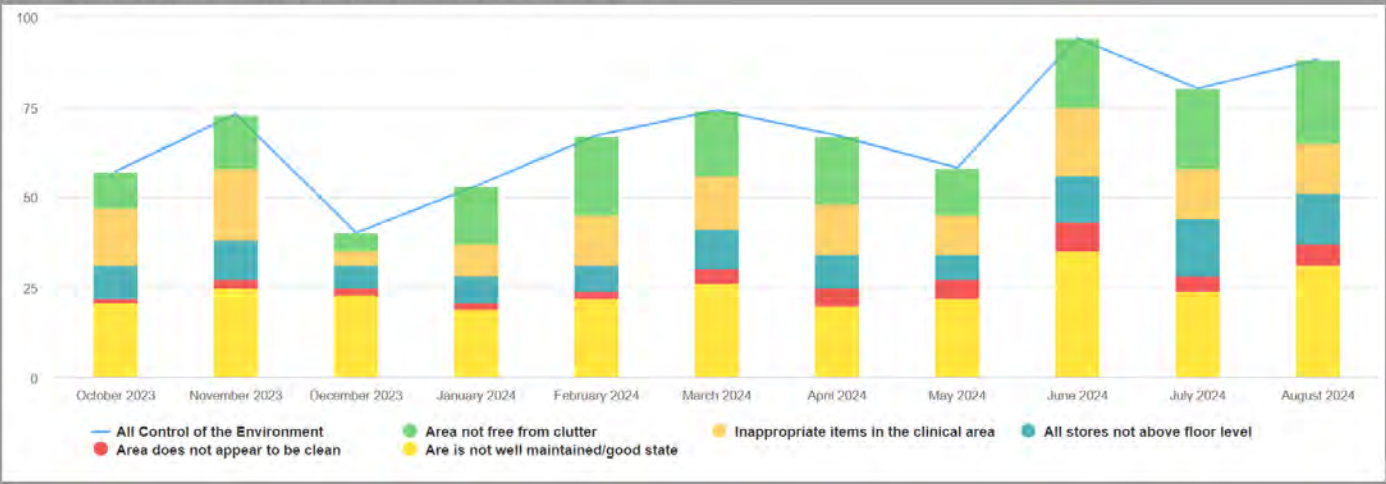
6. Safe Management of Linen - Non Compliance - Infection Control Ward Visit Programme

Legend:
- Linen is not appropriately bagged (yellow)
- Clean and Used linen is not stored separately (orange)
- Safe Management of Linen (blue line)
- Linen is shaken/separated/rinsed or sorted on removal (teal)
- Linen receptacle not closed (green)
- Linen is placed on the floor or other surface (red)

7. Safe disposal of waste Non Compliance - Infection Control Ward Visit Programme

Legend:
- Safe Disposal of Waste (blue line)
- Staff do not comply with waste segregation (green)
- Healthcare waste not appropriately secured with tag (orange)
- Inappropriate placement of waste bags (teal)
- Sharps containers are not assembled/labelled inappropriately (red)
- Temporary closure not in place (yellow)
- Sharps container above fill line (dark green)
- Near side disposal system for sharps not in use (purple)

FORTH VALLEY NHS BOARD
Tuesday 24 September 2024

18. Whistleblowing Standards and Activity Report
For Assurance

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

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

---

1. Executive Summary

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

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

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

1.4 This paper is presented to the NHS Board to provide an update on Whistleblowing activity in NHS Forth Valley.

2. Recommendation

2.1 The NHS Board is asked to:
- **note** Whistleblowing performance in NHS Forth Valley in quarter 1 2024.

3. Assurance

3.1 Proposed assurance level:

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

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

Key Issues to be Considered

4.   Purpose of the Paper

4.1   This paper is presented to the NHS Board to provide an update on the Whistleblowing Performance in NHS Forth Valley during Q1 2024.

5.   Position

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

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

5.3   In addition to the Whistleblowing procedure NHS Forth Valley have in place a Speak Up Service. The Service was launched in December 2021 with the aim of promoting an open, honest and responsible culture where staff are supported to raise concerns. The service consists of a Speak Up Ambassador who also acts as a confidential contact for any concerns raised through the formal Whistleblowing procedures which are in place. The Ambassador is supported by the Speak Up Advocates who provide a confidential, impartial service where employees can discuss concerns in a safe space or speak to someone in confidence for support and advice. It was recently decided to combine the roles of the advocates and confidential contacts to support the processes.

5.4   The details and profiles of these roles are promoted widely across the organisation and on the NHS Forth Valleys intranet and internet page. This has been designed to support people with concerns, giving them the opportunity to approach a confidential contact as early as they need to ensure the right level of support is available to them at the time of their concerns, with the intention to support early intervention, visibility of staff who are providing this support and confidence in the Board's commitment to the whistleblowing process.

5.5   Furthermore, the Whistleblowing Network continues to meet bi-monthly and gives opportunities for all involved to share learning from the process of whistleblowing, particularly in relation to strengthening the processes, communication with reporters, the process of investigation, as well as the organisational learning from whistleblowing investigations. The INWO attended the most recent network in August 2024 to provide an overview and to identify any key learning from the INWO case loads.

5.6   It is also worth noting that work continues to raise awareness of the TURAS training modules and in particular the line/senior manager training to ensure staff are undertaking the training most appropriate to their role. There continues to be a focussed approach in this area.

6.   Whistleblowing Performance

6.1   The format of this section of the report reflects the Scottish Government's mandate to capture performance of the board against the 9 key performance indicators.

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

7.   Whistleblowing Key Performance Indicators Rag Status

7.1   The table (1) below provides a summary of each of the Key Performance Indicators. Progress on each of the indicators is provided throughout the report.

Table 1 – Key Performance Indicators

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

7.2 **Key Performance Indicator One: Learning from Whistleblowing Concerns**

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

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

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

7.2.4 Work continues in relation to organisational learning from whistleblowing, this is being aligned with the work across the system looking at learning from complaints and SAERs, to ensure organisational learning is robust. This is currently an ongoing focussed piece of work.

7.2.5 **Appendix 1** demonstrates some of the key themes, actions and learning identified from the Whistleblowing cases in NHS Forth Valley:

7.3 Independent National Whistleblowing Officer (INWO)

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

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

Table 3 Provides detail of the outcomes overall from the INWO's investigations:

2023/24 INWO Outcomes	Total Number
Fully Upheld	2
Partly Upheld	0
Not Upheld	0
No Investigation Conducted	0
Withdrawn	0

7.3.3 During 2023/24 two of these cases were investigated and upheld by the INWO. The decision was to uphold on the basis of the Boards failing to handle the concerns in line with the standards. The published reports can be found here Our findings | INWO (spso.org.uk).

7.3.4 The feedback from the INWO provides Forth Valley, the opportunity to further refine processes, to learn from the experience of reporters and also to strengthen these processes going forward. As previously reported the areas which have been upheld relate to communication and learning has subsequently been identified and processes strengthened as a result.

7.3.5 NHS Forth Valley Board were keen to understand if there was benchmarking whistleblowing data available across Scotland. In March 2024 the INWO published their findings from NHS Boards Annual Report <ins>Findings from NHS Boards' annual whistleblowing reporting 2022—23 | SPSO</ins>. This report provides a summary of key findings but does not contain a breakdown by Board of the data for that year.

7.3.6 The NHS Whistleblowing Practitioners Forum have had early discussions regarding benchmarking again the Key Performance Indicators (KPI's) and this may be something that is explored in the future.

7.4 Key Performance Indicator Two: Whistleblowing Procedure Experience

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

7.4.2 Any individual wishing to have concerns considered under the Whistleblowing procedure is supported and followed up by the confidential contacts. We also encourage feedback from reporters to understand their experience of using the processes and to ensure we strengthen any areas identified. As a result of feedback, we have strengthened our processes with a purpose of providing a confidence in the whistleblowing processes for all involved within NHS Forth Valley.

## 7.5 Key Performance Indicator Three: Self Awareness and Training

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

7.5.2 **Table 4** - provides an overview of numbers of staff who have completed the Whistleblowing Overview training to date, this equates to 67% of the organisation against a target of 90% and is an increase from the last reporting period.
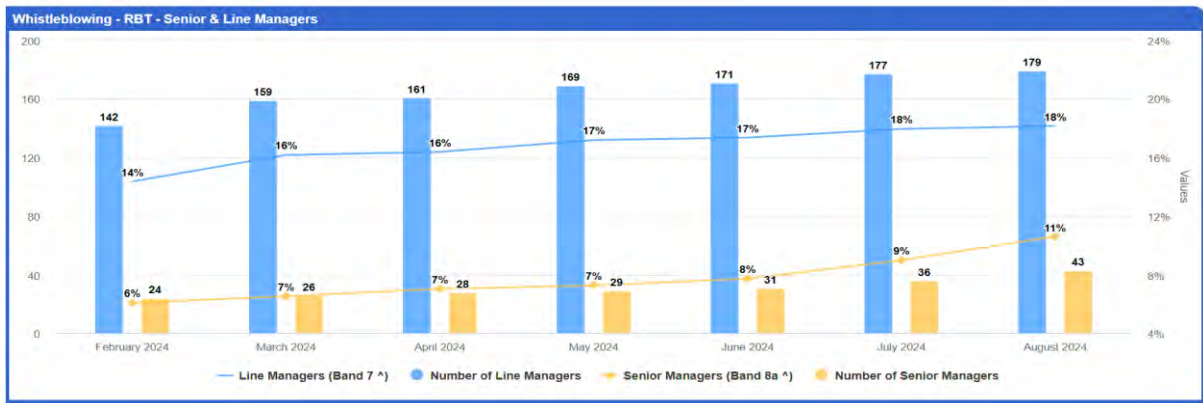
Whistleblowing Training	Completed Numbers	Eligible
All Staff "Overall"	4430	6581

The graph below gives the overall percentage of compliance of staff who have completed the training to date and demonstrates an increase since the last reporting period.

Graph 1 – An Overview
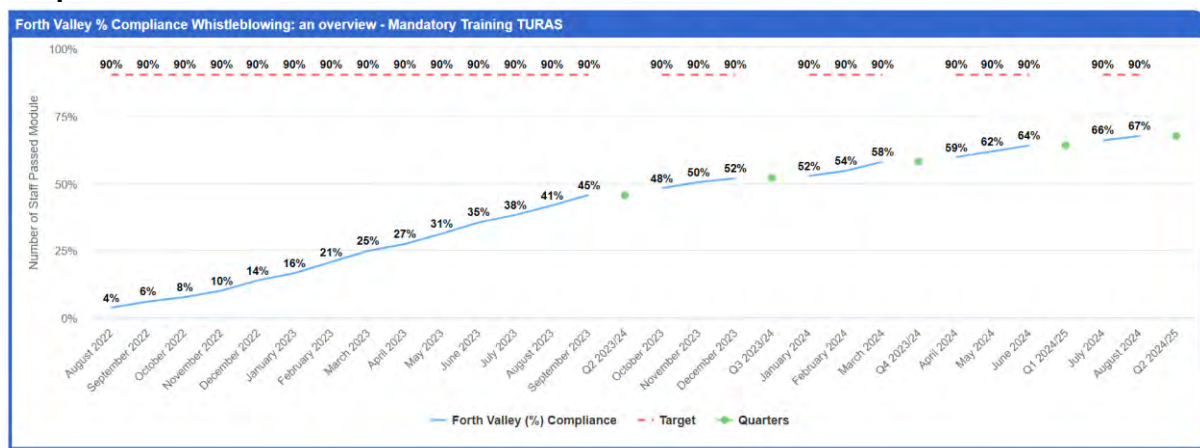
Graph 2 – Senior / Line Managers

7.5.3 As previously reported it has been recognised that there is a need to give further attention to the Senior/Line managers training to ensure staff are undertaking the training most appropriate to their role. Although the level anticipated has not been reached, there has been an increase in numbers and there continues to be a focussed approach in this area.
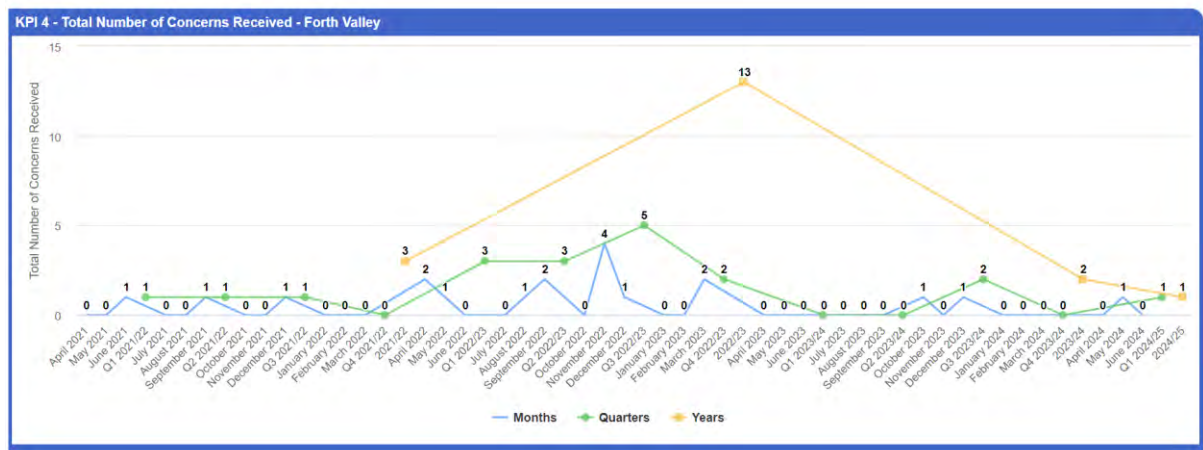
7.5.4 A trajectory was shared with Directors and Senior Staff and followed up on a monthly basis. In addition, the training modules are promoted widely across the organisation. This remains a focus of the senior leaders across the organisation.

7.6 Key Performance Indicator Four: Total number of Concerns Received

7.6.1 During the time period of this report there was 1 concern received and being investigated under Stage 2 of the Whistleblowing procedure.

7.6.2 NHS Forth Valley have investigated a total of 19 concerns. This includes 6 under Stage 1 and 13 under Stage 2 of the Whistleblowing Procedure since the development of the whistleblowing arrangements.

Graph 2 – Overall number of concerns received to date

Table 5 – A breakdown of areas and <u>total</u> number of concerns received and investigated at each stage of the procedure:

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

5

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

Table 6

Area	Number of reporters raising concerns
Women & Children's Directorate	4
Mental Health	6
Mental Health	3

7.7   Key Performance Indicator Five: Concerns Closed at Each Stage

7.7.1 During this reporting period there was 1 case received and investigated under Stage 2 of the procedure.

Table 7 - Provides the total number of concerns closed during Q1 2024

	Numbers	Closed
Total Number of concerns closed	0	0
Stage 1 (5 days)	0	0
Stage 2 (20 days)	1	0

Table 8 - Provides the total number of concerns closed to date

	Total No.	Closed
Stage 1	6	6
Stage 2	13	12

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

7.8   Key Performance Indicator Six: Concerns Upheld and Not Upheld

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

7.8.2 During this reporting period there were no cases closed. 1 Stage 2 remains opened.

7.8.3 The table below provides a total breakdown of the formal outcome against Stage 1 and Stage 2 concerns:

Table 9

	Stage 1	Stage 2
Upheld	0	1
Not Upheld	4	4
Partially Upheld	2	7

6

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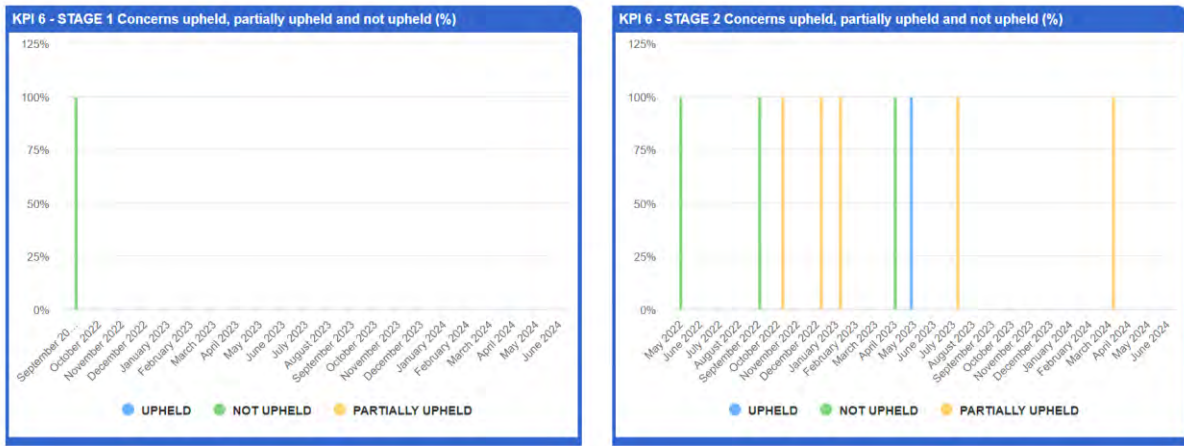

7.9 Key Performance Indicator Seven: Average Times

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

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

Graph 5 – Total average times in working days
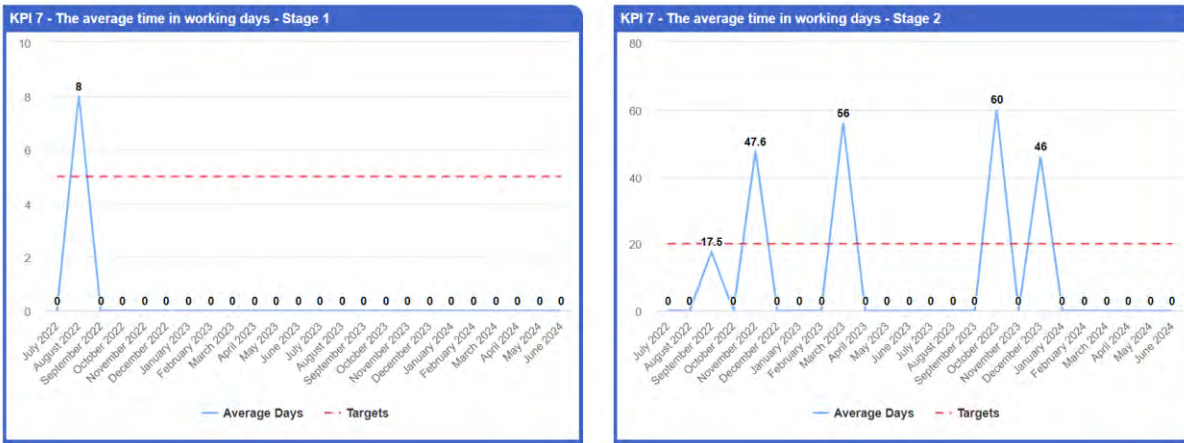
7.9.3 As previously reported it has been recognised that the timeframes for the average time in working days for a full response is concerning, however this is often due to the complexity of the concerns and the level of investigation required. The increase in numbers of lead Investigators will improve this overtime, and continues to be monitored as part of the process.

7.10 Key Performance Indicator Eight: Closed in Full within the Timescales

7.10.1 During this reporting period there were 0 concerns closed within the expected timescales. There is currently 1 concern being managed under Stage 2 during this reporting period and an extension has been agreed. All remaining cases are closed.

7.10.2 Furthermore, it is worthwhile noting that timescales for completion may not always be met due to the nature and complexity of the concerns. This area continues to be monitored for improvement.

Table 10 – provides the total number of concerns closed within timescale for each Stage of the procedure:

	Closed within timescale
Stage 1 (5 working days)	4

7

Stage 2 (20 working days)	3

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


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

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

7.11.2 There has been a particular focus on improvement around governance of extensions to investigations. As previously reported the Executive Lead has developed a system to monitor investigations with weekly check in with the investigator, by the administrator, to ensure progress and to alert to any challenges that require escalation. Furthermore, significant work has been undertaken to strengthen the processes and this includes regular updates on progress and authorisation of extensions to timescales.

7.11.3 During this reporting period there was 1 Stage 2 case with an extension authorised.
Graph 7 – total number of cases where an extension is authorised.
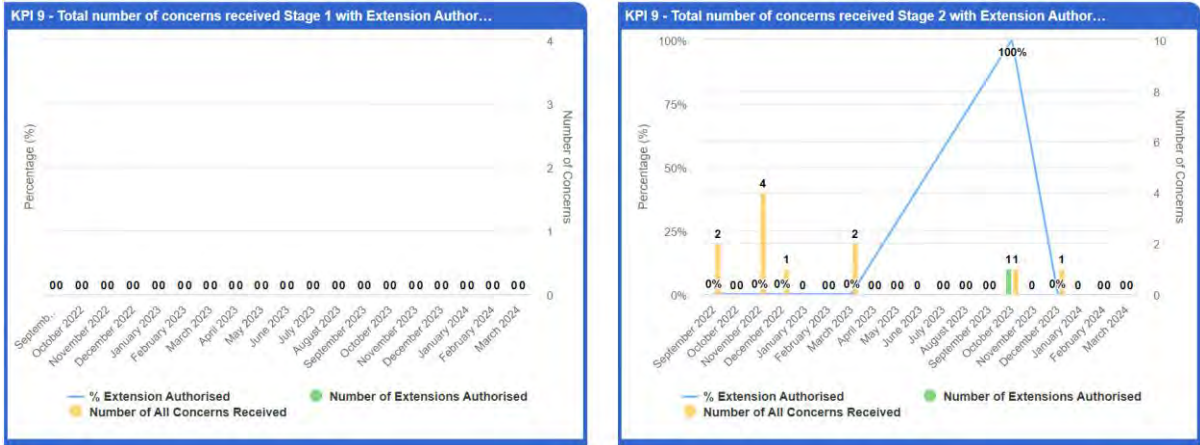
8. **Additional**

8.1 As previously reported, there was an additional 4 concerns received through Whistleblowing. The concerns were reviewed by the Whistleblowing Decision Making Panel and the panel agreed that the concerns did not meet the criteria for Whistleblowing. The reporters were made aware of the decision and advised that although whistleblowing was not the appropriate avenue to pursue their concerns, other options were suggested depending on the nature of the concerns.

8.2 In addition it is worth noting that the Speak Up Service has received 34 enquiries since the arrangements were put in place in December 2021. To which some of these enquiries involved multiple staff members. The enquiries were managed, and staff were supported and signposted accordingly.

8

9. Conclusion

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

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

9.3 The whistleblowing arrangements continue to evolve and strengthen using a continuous improvement approach. We have encouraged feedback from reporters to understand their experience of using the processes and to ensure we strengthen any areas identified. As previously reported as a result of this feedback, we have strengthened our processes across a number of areas with the aim of strengthening the governance, providing assurance to the Board and providing a confidence in the whistleblowing processes for reporters within NHS Forth Valley.

10. Implications

10.1 **Financial Implications**
No major impact other than the potential post noted in Workforce Implications below, and in addition a one-off cost of £4K and a recurring cost of approximately £300 per annum to support the further development of an additional incident page on safeguard to data capture the Whistleblowing process.

10.2 **Workforce Implications**
An interim model of corporate support was initially agreed for the implementation of the standards and ongoing co-ordination of the Whistleblowing process. This post continues to be supported within the NMAHP directorate.

10.3 **Infrastructure Implications including Digital**
None.

10.4 **Sustainability Implications**
None.

10.5 **Sustainability Declaration**
None.

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

10.7 **Information Governance Implications**
Information must be handled in a confidential and sensitive manner. A breach of information handling could lead to organisational failings or potential personal detriment towards the reporter.

10.8 **Risk Assessment / Management**
Effective whistleblowing processes can act as both detective and preventative risk management controls to support the organisation and its staff.

9

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

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

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

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

10.10 **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

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

- Staff Governance Committee

Additional Information
None

Appendices
- Appendix 1: Themes, Actions & Learning.

Appendix 1

Themes	Actions	Learning
Learning and Education	Training in compassionate leadership will be offered to all line managers regardless of their length of experience to promote an inclusive and positive approach to learning and development	Local bespoke training for line managers is under development in conjunction with HR Line managers with limited experience of supporting newly appointed junior will be engaged with learning and education sessions about how to promote a positive, compassionate culture of learning and development.
Operational Governance	Review of Operational Structures	Blueprint for Governance implemented
Culture	Undertake an Independent Culture Check	Work undertaken to identify requirements for Culture check out with the current organisational compassionate leadership programme. Utilisation of the caring and compassionate leadership findings to support changes in the service.
Leadership	Mechanisms to be instilled to observe leadership over short, medium and long-term to ensure improvement	Infrastructure of a leadership approach adopted to define future leadership delivery.
Speaking Up	Ensure raising concerns is supported and encouraged	Feedback actively encouraged and creating a culture where concerns can be raised without recriminations. Mechanisms for engagement to encourage feedback being refined.
Decision Making	Ensure managerial decisions are fair and follow a transparent process that is understood by staff	Regular engagement with staff and process for updates on changes/decisions across the area developed and in place.

FORTH VALLEY NHS BOARD
TUESDAY 24 SEPTEMBER 2024

19. Climate Emergency & Sustainability Strategy and Action Plan 2023-2026
For Assurance

Executive Sponsor: Mr Scott Urquhart, Director of Finance

Authors: Mr Derek Jarvie, Head of Climate Change & Sustainability; Mrs Morag Farquhar, Director of Facilities

---

Executive Summary

This paper presents progress in relation to the Climate Emergency & Sustainability Strategy and Action Plan 2023 – 2026, which was endorsed by the Board's Executive Leadership Team in June 2023 and approved by the NHS Board in July 2023. A Highlight Report with further detail is attached as Appendix 1.

The targets and outcomes within the NHS Board's Strategy and Action Plan are aligned with climate change and sustainability commitments that have been set for NHS Scotland by the Scottish Government (SG). The key NHS Scotland policy/strategy documents which set out the significant challenges that lie ahead are:

- The Policy for NHS Scotland on the Climate Emergency and Sustainable Development (DL (2021) 38).

- The NHS Scotland Climate Emergency and Sustainability Strategy 2022 – 2026.

Recommendation
The Forth Valley NHS Board is asked to:

- **note** the progress to date with climate change and sustainability action and the multi-disciplinary approach to delivery of outcomes within the Strategy & Action Plan;
- **discuss** the ongoing requirement for commitment of resources (staff input and funding) to enable action towards achievement of national and local targets and the constraints that lack of resources may place on this;
- **note** the ongoing requirement for financial commitment (capital and revenue) to enable action towards achievement of national and local sustainability targets;
- **note** that the proposal that current Working Group arrangements are formalised within each Department and Service, so that commitment to delivering sustainability outcomes is ensured;
- **confirm** ongoing 'corporate commitment' by NHS Forth Valley, at organisational and at individual level;
- **note** the nomination of the Board Sustainability Champion, under cover of a separate paper to the September NHS Board meeting;
- **consider** the proposed level of assurance.

Assurance

Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Limited Assurance	Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.

The subject matter of this paper is aligned to Strategic Risk SRR017:

If NHS Forth Valley does not receive adequate funding and resources to implement our Climate Emergency & Sustainability Strategy, there is a risk that we will be unable to comply with DL38 and not meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy resulting in an inability to operate in an environmentally sustainable manor, an inability to meet objectives, and damaging stakeholder/public confidence.

The recent assurance assessment and focused review in relation to SRR017 discussed by the Performance & Resources Committee (PRC) on 27 August 2024, considered assurance in support of the Committee's role in maintaining an overview of the Strategic Risks aligned there. This risk is currently outwith the Board's appetite for Transformation & Innovation but within tolerance.

Limited Assurance is proposed as the Focused Review process has identified a few controls that are partially effective, and action needs to be taken to enhance the effectiveness of these controls. More importantly, the lack of dedicated funding to progress these actions remains a concern and this is also reflected in the risk score.

The discussion at the PRC identified key actions to be taken in relation to continued awareness raising with staff of the climate emergency and sustainability agenda in addition to bringing forward initiatives which are feasible within current resource levels and enable progress to be made towards the organisation's ambitions in this regard.

Key Issues to be Considered

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

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

The Board has in place a Climate Emergency Response & Sustainability Team to deliver outcomes in each of the priority areas above.

Key areas of focus are tackled by seven Working Groups:

- Energy & Facilities Management
- Waste Management, minimisation and recycling
- Transport: fleet operations and active travel
- Greenspace & Biodiversity
- Sustainable Care: aligned with existing Realistic Medicine agenda and includes Green Theatres and the Forth Valley Greener GP Practice Group

- Procurement, Supply Chain & Circular Economy
- Sustainable Communities: aligned with Anchor Institution/Community Wealth Building activity

In addition, the following are represented within the Climate Emergency Response & Sustainability Team:

- IT
- Medical Devices
- Communications
- HSCPs
- Union/Staffside
- FM providers (Serco)

This paper presents for assurance in Appendix 1 a summary of the work that has been delivered by each Working Group since the NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan was approved in July 2023. Good progress is being made in many areas, but the findings of the Risk Review need to be considered further and addressed to ensure the Board's climate emergency response remains on track.

A Climate & Sustainability Highlight Report is attached at Appendix 1.

Implications

Financial Implications
The full financial implications of maintaining the Board's climate emergency response are yet to be determined, although some infrastructure projects have indicative costs and associated budgets at present.

The Scottish Government has made available to the Public Sector significant grant funding to support the transition to net-zero. NHS Forth Valley has been successful with several funding applications recently and is making best use of the monies currently available. The Board will continue to access grant funding where possible to support implementation of the Strategy and Action Plan. It must be noted, however, that in the current financial circumstances, SG funding is becoming increasingly difficult to access.

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

Workforce Implications
It has been identified that there is a requirement for time commitments to lead the various workstreams and implement the agreed actions to be formalised at Departmental and Service level across all areas of healthcare delivery. There is a workforce plan for the Climate Change & Sustainability team within Facilities & Infrastructure, but it is not currently possible to implement this given the financial context.

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

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

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

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

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

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

Information Governance Implications
N/A

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

The recent Focussed Review mentioned above resulted in a request for a review of the risk in light of the current financial context and reflection on what can be done within existing resources. This review will be undertaken as soon as possible.

Relevance to Strategic Priorities
The Strategy and Action Plan reflects the strategic aims of the NHS Board and partners and aligns with the Scottish Government's direction of travel in relation to the Climate Emergency and Sustainability. Climate change and sustainability have recently been adopted by NHS FV as part of the Corporate Objectives – it is important that this strategic objective is reflected across all aspects of healthcare delivery.

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

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

Communication, involvement, engagement and consultation

- The Climate Emergency and Sustainability Response Team has been involved in the drafting of the documents. This Team and the workstreams leading from it is multi-disciplinary and has representation from across the organisation.

Additional Information

Appendices:

- Appendix 1: Climate Emergency & Sustainability Highlight Report – September 2024

Climate Emergency & Sustainability Highlight Report – September 2024

Introduction
NHS Forth Valley (NHS FV) has initiated the process to shift onto a net-zero trajectory. The mandatory targets and requirements set out in DL (2021) 38 - the NHS Scotland Climate Emergency & Sustainable Development Policy (DL38) - have been adopted at NHS FV Board level.

An NHS FV Climate Emergency Response & Sustainability Team has been established to oversee delivery of outcomes within the Board's Climate Emergency & Sustainability Action Plan. The Response Team has both a strategic and an operational role in NHS FV's response to the climate emergency: it is responsible for reporting progress to the NHS Forth Valley Climate Emergency & Sustainability Board and coordinates output of the strategic Working Groups that have been established to address the requirements within DL38.
This highlight report provides a summary of the work that is ongoing within NHS Forth Valley to respond to the climate emergency.

Operational arrangements
Within the Board's multi-disciplinary Climate Emergency Response & Sustainability Team there are seven Working Groups that have been set up to deliver the outcomes in the NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan.

Climate Emergency Response & Sustainability Working Groups:

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

And in addition, the following Services and Departments are represented:

- IT
- Medical Devices
- Communications
- HSCPs
- Union/Staffside
- FM providers (Serco)

Emissions reporting
In terms of mandatory climate change reporting, Public Bodies in Scotland report retrospectively i.e. the annual Public Bodies Climate Change Duties (PBCCD) report for 22/23 was submitted at end November 2023 and Annual Climate & Sustainability (DL38) Report for 22/23 was submitted at end of January 2024.
DL38 places an additional requirement on all Boards to report emissions sources that were not previously included in the original PBCCD baseline.

The emissions data presented in the mandatory reports for 2022/23 were effectively a re-baselining of the NHS FV carbon footprint. i.e. NHS FV's carbon footprint as reported for 2022/23 included additional emissions sources not included in the original PBCCD baseline. The data presented in this highlight report shows progress against the original PBCCD baseline for context and consistency and to simplify comparisons.

Emissions update

Emissions form buildings

- Comparing buildings emissions for 2022/23 against 2014/15 (the Public Bodies Climate Change Duties baseline) shows a 40% reduction (i.e. 23,511.3 tCO2e in 2014/15 down to 14,104.2 tCO2e in 2022/23)

All PBCCD emissions (i.e. including waste, transport etc)

- Comparing the 2022/23 emissions that were included within the original scope (i.e. excluding tCO2e that have been introduced to the baseline in the reporting year) against the 2014/15 (PBCCD) baseline shows a 38% reduction, which also represents a 3.1% reduction compared with 2021/22 (i.e. 16,102 tCO2e down to 15,193 tCO2e).

Progress in terms of PBCCD emissions included in the original scope is summarised in the charts below:

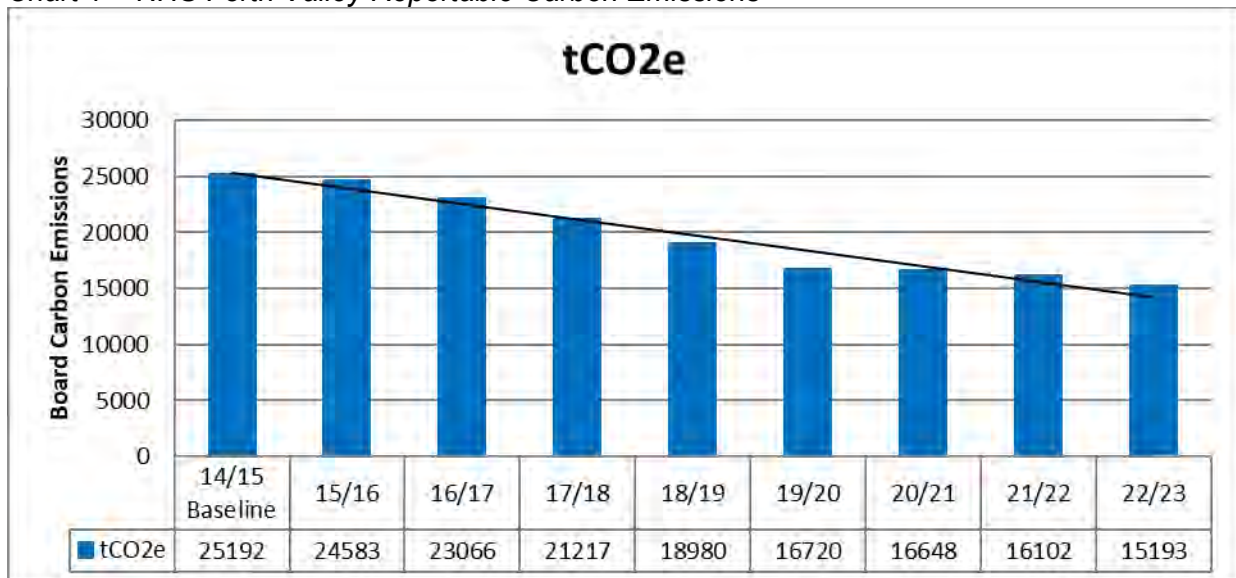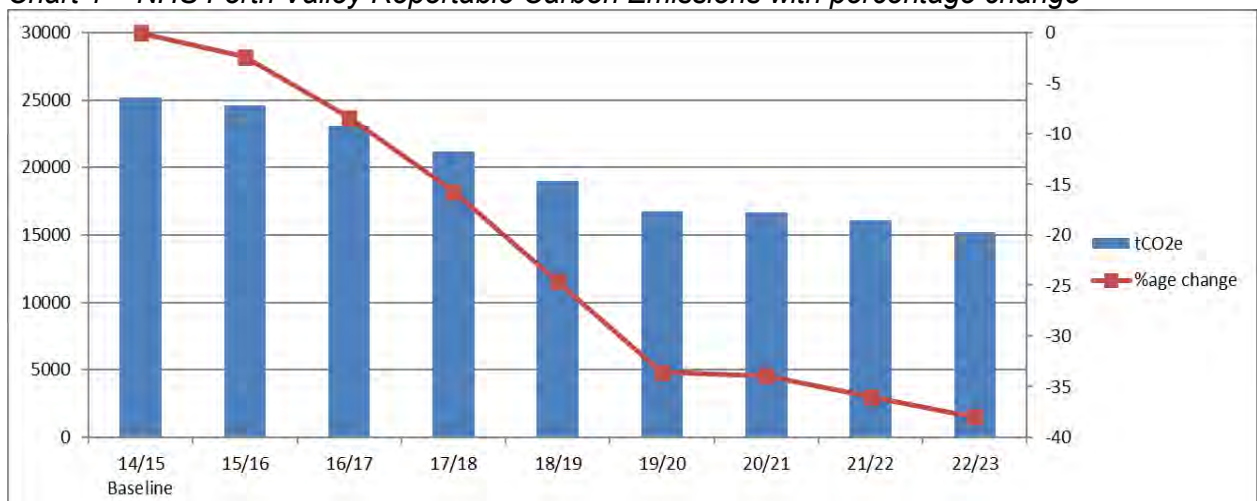*Chart 1 – NHS Forth Valley Reportable Carbon Emissions*

Chart 1 – NHS Forth Valley Reportable Carbon Emissions with percentage change

NHS FV is still making good progress in terms of emissions reduction and is now tackling emissions in other areas that were not previously measured or reported. It should also be noted that, in addition to the scope changes referred to above, the data-collection processes that inform the Board's carbon footprint are becoming more accurate and robust, and the tonnes of CO_2 equivalent data now reported is more comprehensive than it was in 2014/15.

Working Group highlights

The following is a summary of the work that has been delivered by each Working Group since the NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan was adopted in July 2023.

Energy (including activity with PPP/PFI partners)

- Primary care Estate - £1,962,325.00 SG grant funding invested to implement energy efficiency/carbon reduction measures. This work includes the following highlights:

  - Electricity is now generated on-site (photovoltaic (PV) panels) at 13 of the Board's Primary Care sites.
  - All glazing replaced with thermally efficient units at 5 sites (including doors at Orchard House, Dunblane and Camelon)
  - Orchard House shifted away from fossil fuel (gas) heating to electric (there is a requirement within DL38 for all NHS buildings to be heated from renewable/non-fossil fuel sources by 2038)
  - Building Management Systems (BMS) upgraded at 8 sites – which will improve functionality and control of existing heating systems
  - Insulation upgraded at 7 sites
  - LED lighting upgrades (a mop-up exercise replacing lighting at sites not completed as part of previous project that saw lighting upgraded to LED in the majority of our non-PPP sites)
  - Estimated lifetime carbon savings associated with this project - 1,595 tonnes CO2e reduction.
- FVRH - work is still ongoing with Forth Health to invest £1.2M SG grant funding to improve the energy performance and reduce associated emissions - photovoltaic (PV) panel array installation and LED lighting upgrade planned
- CCHC – work is underway to upgrade lighting to LED and replace existing gas boilers (lifecycle programme)
- SHCV - As part of decarbonisation efforts, a costed proposal to install additional PV on the Bellfield Centre is being developed and a review of BMS set-points has been requested (BMS work supported by Scottish Futures Trust and NHS Assure)
- A proposal to inform decarbonisation of the FCH site was commissioned. Recommendations presented include a heat pump based 'Campus Heat Network' and individual heat pumps at Unit 5 and ASDU. Decarbonising the residual ASDU process steam demand is also proposed.
- £500k SG grant funding being utilised to shift away from gas as the primary fuel for heating at a selection of pilot sites (to fully understand the implications in healthcare settings of decarbonising the NHS Scotland estate by 2038 (i.e. compliance with NHS Scotland Policy for no gas heating by 2038)
- Energy Manager in post November 2023
- Energy Management Policy/Strategy and Action Plan under development

Issues & Opportunities:
- SG funding – significantly more challenging to access
- Board Capital – current financial position is impacting availability of funding for projects

- Engaging PPP/PFI partners in the transition to net-zero needs to be more structured to improve outcomes
- Future plans for the FCH site need to be confirmed before significant decarbonisation work is progressed; these projects are costly and identifying funding is an ongoing challenge.

Facilities Management (inc Serco Green Initiatives activity)
- The NHS Grounds Team have introduced where possible electric alternatives to petrol-driven equipment and hand tools e.g. strimmers
- The Estates fleet vehicles are shifting to electric variants at the end of each lease – fleet only charging infrastructure has been installed to accommodate this change
- Warpit, an externally hosted portal that facilitates reuse of furniture and equipment is being relaunched to NHS FV staff
- Serco's contribution (at FVRH) to World Environment Day included a paper amnesty; providing staff with an opportunity to dispose of magazines, journals and other non-confidential paper. An estimated 300kg of paper was collected for recycling.
- Serco have liaised with RSPB regarding installing a duck house at the suds pond at the front of the site – this project is now being progressed.
- Within the restaurant at FVRH, Serco have introduced Thirsty Planet water: the sale of each bottle guarantees a fixed donation to the water charity Pump Aid. The bottles are also made from at least 50% recycled post-consumer content and the bottle, cap and label is 100% recyclable. Reusable sustainable food tubs at the cost of £1 each have also been piloted in the FVRH restaurant.

Waste Management
- The focus has been mainly on ensuring compliance with waste legislation and regulation in terms of clinical waste; a significant amount of work has been undertaken to ensure risks are minimised
- Work continues with Serco regarding source segregation at FVRH to improve recycling. The NHS FV Director of Nursing has also highlighted issues flagged in a presentation given by a member of staff following a review of recycling within the RACU at the site.
- A review of chemical waste disposal processes and procedures across the non-clinical/medical 'Estate' including Hard FM services, Soft FM services is ongoing.
- Discussions are ongoing with Cireco (a company that handles difficult to recycle materials) regarding options to recycle materials from theatres at FVRH. NHS Assure is providing support and advice as there is an opportunity to roll this approach out across NHS Scotland (if appropriate).

Issues & Opportunities:
- A request for funding to undertake a waste composition analysis of the black bag waste at FVRH is being prepared – this will inform decisions based on current practice and identify opportunities to improve recycling at source.

Transport – Fleet
Within DL38, there is commitment to decarbonise the NHS Scotland small/medium-sized fleet by 2025. NHS FV has in place an Electric Vehicle Strategy to inform the switch from fossil fuelled fleet vehicles to electric vehicles (EV), and to ensure there is adequate charging infrastructure available for the new vehicles.

Current EV replacement within NHS FV fleet:
- Total number of NHS FV fleet vehicles that fall within decarbonisation directive = 122
- 13 number 3.5-ton Luton Vans - not in scope for 2025 deadline but will fall under electrification by 2032.

- No HGV vehicles currently in fleet

- Total number of fleet cars = 59. Current number EV cars = 44 (74.58%)
- Total number of fleet vans = 63. Current number EV vans = 50 (79.36%)

- Total fleet vehicles fully electric = 94/122 (77.05%)
- 21 additional EV fleet vehicles currently on order

EV charging infrastructure:
The Board has in place a range of charging outlets at several key sites across the Forth Valley area. A 'hub' and 'spokes' approach has been adopted:
- Fleet only hubs (multiple chargers) at larger sites restricted to NHS FV fleet use only (FCH, SHCV, CCHC, FVRH (FVRH install is almost complete)
- Fleet only chargers (single or dual outlet chargers) at various smaller sites e.g. Health Centres
- The Board has collaborated with Local Authorities and Transport Scotland to install several publicly available EV chargers at various NHS FV sites (these chargers can also be used by NHS FV fleet vehicles)

Issues & Opportunities:
Pool vehicles
- Discussions are ongoing with NHS Fife and the company that supplies vehicles to City Car Clubs to understand if NHS FV could replicate NHS Fife's approach to shifting staff away from a grey fleet approach (i.e. staff using their own vehicles for business travel and claiming expenses) to using pool cars supplied through the City Car Club scheme. This change has delivered environmental, financial and driver safety benefits for NHS Fife. A Business case will be submitted when all the information is available.

Transport – Active Travel
NHS FV works in partnership to deliver active travel options e.g Forth Environment Link have received funding from SEStran to deliver a range of initiatives and activities in partnership with NHS Forth Valley:

- Supporting NHS Staff to access ebikes
- Provision of a pool of dedicated ebikes for NHS FV staff use
- Spring and Summer pop ups and competitions for NHS FV staff
- 2x Dr Bike sessions over the year at FVRH and SHCV
- 4x maintenance classes for staff with tailored availability to meet specific needs
- Led rides and/or cycle buses (not during winter months)
- Promotion through NHS channels of the wider community bike library and couch-to-cycle app

Rheumatology Patient Support
In partnership with the clinical team, work will take place with assigned patients, giving them cycling support and a dedicated ebike with the aim of improving health outcomes. This builds on the 'pre-habilitation' work that was undertaken with patients attending FVRH prior to undergoing bowel surgery (study carried out between 2021 and 2021).

Local Community Connections Pilot (Stenhousemuir)
Active travel initiatives will be used to explore how FVRH can act as an anchor in the local community of Stenhousemuir. Starting with the View Park Practice, the Community Officer will trial initiatives such as a patient bike bus and other engagement activity to increase active travel both to and from the hospital and more broadly in the local area.

Greenspace & Biodiversity

- A significant sum of SG funding was invested at the SHCV site to improve the greenspaces to make them more user-friendly and to encourage biodiversity. Over 40 organisations were involved in the consultation process that saw wildflowers planted to create wildlife corridors forming connected areas of green space. Wildlife habitats have been created and protected and plants that support pollinators have been utilised in growing spaces. Nature-based accessible educational installations (shelters and seating) have been placed around the site. This was a collaborative project with the third sector and the community that delivered on both therapeutic and land management aspects of greenspace and biodiversity. Staff wellbeing facilities were prioritised within the project along with a strong focus on incorporating the vision of partners for use of therapeutic spaces and sustainable community involvement. There has been a marked difference in the numbers of staff, visitors and patients using the outdoor space for personal use. Services including Adult Mental Health, CAMHS, Keep Well, Bellfield and adult psychology within the SHCV site have engaged in various green health activities. Regular green health workshops are offered on site through 3rd sector partnerships. The enhanced outdoor environment has been utilised as a health improvement enabler through various green social prescribing opportunities.
- A comprehensive greenspace mapping exercise (commissioned by NHS Assure) is underway to identify opportunities to improve use of NHS Scotland green spaces, and identify options for collaborative working e.g. wildlife corridor development in partnership with other public sector bodies
- A small gardening space is being created at Stenhousemuir Health Centre – this is the Community Benefits aspect of the energy efficiency project referred to in the Energy section above. In addition to the works being delivered by the energy contractor, a small sum of additional funding was secured to contribute towards this project (to purchase equipment).
- Wilding areas have been identified within the grounds of FVRH where existing grass and hedge cutting arrangements could be adapted to protect and encourage biodiversity. There are currently three types of 'cuts' being carried out at FVRH – first cut, second cut and wild cut. Serco are in the process of mapping where these types of cuts are being carried out, and what could be done differently to develop wildflower meadows.
- A 'No Mow May' pilot was successfully carried out at SHCV, this is now being extended to other sites. The Estates Grounds Team have also reduced the frequency of grass cutting at certain sites (where appropriate) and looking to create new wildflower areas at FCH Admin Building and the CADS areas, as well as at Bonnybridge HC.

Issues & Opportunities:

Following the learning achieved through the partnership working across the SHCV project, a wider multi-disciplinary working group is currently waiting to be established to formally to plan and/or co-ordinate greenspace and biodiversity action across NHS FV.

Areas of action to be considered:
- Staff support and wellbeing
- Increasing and enhancing population health improvement opportunities
- Sustainable Therapeutic Interventions
- Asset Management
- Climate Change Adaptation opportunities
- Supporting Biodiversity

Potential Outcomes include:
- Systems and structures are in place to support effective collaborative working and monitoring of NHS FV greenspace and biodiversity activity.
- NHS FV natural capital assets are being managed through an integrated approach.

- NHS FV Greenspace health improvement activity and therapeutic interventions are mapped, aligned to strategic direction and co-ordinated across acute and community sites.
- NHS FV and HSCP staff have greater awareness of the contribution of nature-based health promotion and interventions to physical and mental health and well-being.
- More people are in contact with nature through NHS FV greenspace.
- Greater public awareness of the benefits & opportunities for contact with nature as part of everyday life.
- More nature-based health promotion and interventions for prevention of ill health, therapeutic treatment and pre/post op care are offered by NHS and HSCPs.
- Nature-based contributions to health are being mainstreamed and funded sustainably.
- Increase in quality NHS FV Greenspace is a valued part of NHS FV, Clackmannanshire and Stirling HSCP and Falkirk HSCP's approach to improving wellbeing.
- Species populations or a particular habitat have been conserved, restored or enhanced.
- The condition of protected areas and sites has been improved.
- Causes of biodiversity loss across Forth Valley have been addressed.

Sustainable Care (inc Green Theatres, Realistic Medicine and Greener GP Practices)

NHS FV has been involved with the NHS Scotland Green Theatres Programme (NGTP) for several years and has successfully delivered associated projects. NHS FV's GPs are involved in a range of activities to reduce environmental impacts through the GP Greener Practice Group – the group currently has in the region of 80 members representing 35 GP practices in Forth Valley. The Sustainable Care Working Group also includes representation from the NHS FV Realistic Medicine Programme.

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

Sustainable Care – update:
- Medical gases –
  - Desflurane – this gas has been removed from all NHS FV stock lists and has not been used by the Board for around two years.
  - Progress is being made with reducing use of Entonox - updated quarterly reports show significant improvement
  - Piped nitrous oxide – manifolds have been decommissioned at FVRH
- Anaesthetic Gas Scavenging System (AGSS) – reviewing options to switch the system off out of hours.
- Roll out of Neptune beyond Urology following a pilot project. Neptune is a liquid waste management system designed to collect, transport and dispose of clinical fluid waste within operating theatres, specifically targeted at reducing the volume of hospital orange (clinical) stream waste sent for processing by up to 40%.
- Theatres ventilation system – work is ongoing with Serco at FVRH to look at adjusting settings and set-points to deliver energy savings.

- Waste segregation/minimisation – various projects are underway and ongoing regarding options to recycle materials from theatres (including non-infectious healthcare plastics) and reduce the number of single-use items currently used.
- Inhalers - now on NHS FV formulary to default to Dry Powder Inhalers where appropriate (rather than MDI which contain gas that is harmful to the environment). The SG have released their respiratory prescribing strategy and work is ongoing to develop an NHS FV Inhaler/CO_2 Strategy.
- Oral Paracetamol vs intravenous – work is ongoing to identify opportunities to reduce associated emissions.
- Seeking opportunities to collaborate with NHS FV Pharmacy – the carbon footprint of medicines is significant, and work is underway at national level to understand more fully the environmental impacts associated with medicines by 2028
- The 'Be Glove Aware' campaign has been promoted with a view to reducing unnecessary glove use

Sustainable Procurement, Supply Chain & Circular Economy
NHS Scotland aims to reduce the impact that use of resources has on the environment through adopting circular economy principles.

Much of what needs to be achieved sits at the National Procurement level and there is a significant amount of work ongoing. Areas of focus include:

- Addressing the significant carbon footprint associated with the manufacture and supply of medicines, chemicals, equipment and other materials used by the NHS
- Engaging NHS Scotland's extensive supply chain in the drive for net-zero (NHS Scotland has around 8,000 suppliers)
- Reviewing the forthcoming single use plastics regulations by reviewing the 8,000 items in NDC (National Distribution Centre) to understand what products can be removed and swapped to reusable or more sustainable products
- Developing and piloting a revised national procurement system that incorporates the NHS Scotland net-zero ambitions. The system includes information for each supplier, where the annual spend is greater than £1M, which can be filtered down to individual board level, demonstrating how these suppliers aim to deliver their own net-zero plans between 2025 to 2035.

At the local NHS FV procurement level (NHS FV has 184 local suppliers), the following initiatives are underway:

- Warpit Project Team formed to re-introduce the system within NHS Forth Valley.
- Community Benefits built into local Tenders. Also reporting any delivered Benefits on local and national contracts.
- CSD Transport/Logistics review underway – this will reduce miles travelled/fuel used and CO_2 emissions.

Issues & Opportunities:
- Progress the National Telematics system for fleet logistics to understand supplier options and costings. A Business case will be submitted when all the information is available.
- Review and understand local options associated with the new national HPA/PPA Category for Energy – this provides Boards with the option to purchase renewable energy from local wind and solar etc arrays/farms.

Sustainable Communities

In response to the climate emergency NHS FV has aligned its role as an anchor institution with the drive for net-zero. A wide range of actions are being driven forward by the NHS FV Anchor Springboard.

The Sustainable Communities Working Group has the following ongoing:
- Logic model – a framework has been developed using a logic model to fully understand the requirements around establishing a collaborative approach to delivery of this area of work (with a particular focus on linking the Sustainable Communities activity with development of greenspace and Public Health).
- An excellent example of the collaborative approach required to successfully deliver shared outcomes is the Greenspace development project at SHCV. Standout learning points include - the challenges and opportunities for inclusion of anchor organisation and community development approaches and aligning NHS FV finance and procurement processes to support community and third sector inclusion.

Partnership working
- LPIP / FortH$_2$O launch – The Local Policy innovation partnership (LPip) - rebranded as FortH$_2$O - secured £5 million funding for research into water-related opportunities in the Forth river basin area, with NHS FV being one of the key partners. The programme of work is being delivered over the next three years. NHS FVB will maximise opportunities to bid for funding/research opportunities for local projects.
- Public Health Scotland - A Public Health Action Team with a focus on sustainability has been set up to develop a framework for climate emergency adaptation. The Public Health Directorate priorities/workplan will be communicated across NHS FV

Challenges & Barriers
Overarching issues/challenges – matters to be addressed

- Senior level commitment – Inclusion as Strategic Corporate Objective and as a core theme in the Whole System Plan and Business Continuity Plan should improve the level of commitment across the organisation but a Board-level Sustainability Champion and Greenspace Champion are also required to reinforce commitment to addressing the climate emergency.
- SG funding and Board Capital - Scottish Government has previously provided funding but more recently availability has reduced, and it has also become more difficult to access (e.g. there is a significant over-subscription to this funding source this financial year which meant the fund was closed to applications). Therefore, there is a gap in funding provision, and this potentially needs to be addressed locally through the Capital Plan.
- PPP/PFI partner buy-in – it is important the partner organisations are fully engaged in the transition to net-zero as these buildings account for a significant proportion of the Board's emissions
- Staff resources – core team/workforce plan. Funding was approved initially for a team of 5 to be in place but there is currently a team of three, therefore, the associated risk control cannot be fully effective. No action can be taken in the current financial climate.
- Staff time – The ability of members of the Response Team to commit to delivery of sustainability outcomes. This is a secondary responsibility for staff; therefore, engagement is dependent on operational pressures.
- Environmental Management System implementation – this is key and will underpin the Board's climate emergency response. However, it will be challenging to implement across all areas of healthcare delivery and will have staff and financial resource implications.
- Communications need to improve to ensure key messages are relayed as appropriate.

- Climate Change Adaptation is an area of focus that has not been resourced appropriately and remains a gap in the Board's climate emergency response.