Delivery Plan 2024/25 to 2027

7 March 2024

Contents

Introduction

The NHS Forth Valley Delivery Plan 2024-2027 reflects the new national guidance issued in December 2023. This is our first 3 year Delivery Plan, with a focus on the detailed actions for year 1 (2024/25), bringing together the previously required Annual Delivery Plan and a three year Medium Term Plan. Our Delivery Plan has been developed noting the Scottish Government's intention to monitor performance differently to previous years, with the expectation performance information will be drawn from existing reporting sources and that Boards will prepare performance trajectories, in conjunction with the Scottish Government, aligned to finance and workforce plans.

Members of the Executive Leadership Team and other senior leaders were involved in completing the draft Delivery Plan, detailing key deliverables linked to the 10 updated national recovery drivers (note the addition of Women and Children's Health and Population Health) in the context of the need to make significant financial savings and the workforce challenges.

- Primary and Community Care
- Urgent and Unscheduled Care
- Mental Health
- Planned Care
- Cancer Care
- Health Inequalities and Population Health
- Women and Children's Health
- Digital Services and Innovation Adoption
- Workforce
- Climate

This aligns delivery in Forth Valley, where appropriate, to the Planning Priorities described in the Scottish Government Guidance. The Delivery Plan also sets out a marker for some medium to longer term objectives and ambitions, building on the more detailed plans for 2024/25. The Delivery Plan has been prepared in collaboration with the two Health and Social Care Partnerships, acknowledging the planning responsibilities of the Integration Joint Boards and delegated operational delivery for significant parts of

this Delivery Plan. The Delivery Plan aligns to the two Integration Joint Boards' Strategic Commissioning Plans, which were developed in 2023, following extensive public and staff engagement and consultation.

The Plan is set in the context of the significant financial and workforce challenges facing NHS Forth Valley, as with all NHS Boards, and the public sector. The Delivery Plan should therefore be read in conjunction with the Board's Financial Plan 2024/2027 and the current Workforce Plan.

The most significant challenges facing the NHS Board in 2024/25 and beyond are financial and workforce. The scale of the financial challenge as is set out in the Board's financial plan is unprecedented and to make the recurring savings needed to achieve financial balance, the Board will need to make significant changes to deliver the levels of savings required. Alongside the impact of the financial situation is the impact of the workforce challenges, identified across many services in Forth Valley. All NHS Boards submitted a report on service sustainability to the SG in January 2024.

The Covid-19 pandemic and its legacy, remains another major challenge which our health and care system has faced and continues to face, alongside the rising demand for healthcare and increasing complexity associated with the ageing population in Forth Valley. The ongoing impact of the pandemic has brought inequalities into focus, which our Anchor Strategic Plan work seeks to address in collaboration with other local Anchor institutions and in our unique 'Partnership' with the University of Stirling and Forth Valley College. The ongoing cost of living crisis and the focus on climate, has informed the Board's continued commitment to sustainability and to reforming the services we provide, to support and promote innovation and improvements in accessing services and to improve the health and wellbeing of the people who live and work in Forth Valley.

Recognising the significant financial and workforce challenges the following planning assumptions have been made and are reflected throughout this draft Delivery Plan:

- Further decisions regarding the plans to achieve financial balance will be made in the coming months by the NHS Board and the impact of these on service capacity and performance will need to be assessed and quantified. This includes understanding the operational plans for and the impact of major cost reduction plans including withdrawing from contingency bed areas, substantial reduction of supplementary staff use in many areas and achieving a significant reduction in sickness absence.
- The service plans and performance levels set out in the Delivery Plan are provisional and will be reviewed and amended, as further financial decisions are made and the full impact of these is understood.

- Given the scale of the financial and workforce challenges, the Board will be unable to provide assurance of delivery against the Scottish government draft Performance Framework Indicators and further work to understand anticipated performance against each of the indicators will be progressed in the months ahead alongside the Scottish Government (page 2 of NHS Board Delivery Plan Guidance 2024/25 – Supplementary Advice: delivery progress reporting).
- NHS Forth Valley relies on tertiary and specialist services from other NHS Boards and this is a significant component of our annual expenditure. Any decisions made by our partner Boards regarding services provided to NHS Forth Valley patients will need to be communicated and assessed, to understand the potential impact on access and performance.
- Financial sustainability is 1 of the 2 highest scoring risks on the NHS Forth Valley Strategic Risks on the Corporate Risk register, alongside Urgent and Unscheduled Care. The impact of the financial plan on all areas will include an assessment of risk, including reviewing and updating current risks, risks scores and status and adding any further risks to the Corporate Risk Register, in terms of service capacity, performance and service provision.
- Any service change plans are expected to be innovative, focused on redesign, and where there is a financial impact, there will need to be an associated funding source through efficiency improvement, redesign or redistribution.
- Changes in the levels or scope of services provided to NHS Forth Valley by the 3rd sector and other strategic partners could have a significant impact on capacity and performance in services where we rely on other providers.

In 2023/24, the Board continued to invest in services to support the redesign of our whole system urgent and unscheduled care including Out of Hours services, planned care, same day medicine and expansion of Hospital @ Home (H@H). Alongside investment in service redesign has been continued investment in our workforce, including recruiting to permanent posts, international recruitment of nurses and midwives, completing the transition of the majority of health care support workers from Band 2 to Band 3, and investing in new and innovative posts. These investments are intended to support the NHS Board's commitment to service and workforce sustainability whilst reducing our supplementary staffing spend.

As we look to the future and prepare our new Population Healthcare Strategy, we will continue our focus on prevention, early intervention, supporting people to keep well and stay well, whilst tackling inequalities. Primary care and staff wellbeing will continue to be at the core of our plans to stabilise and reform services. Our ambitious plans to improve Urgent and Unscheduled Care performance have delivered some improvements and in the coming year, we will continue to implement our transformation programme with a focus on alternative pathways and community services to reduce hospital admissions, improve planning of discharges, develop acute frailty and improved access to professional to professional advice for ambulance crews, community and

primary care teams. However, we have to recognise that scale of change required to achieve recurring financial cost reductions may impact on capacity, services and performance. We will continue to implement new pathways to support scheduling of patients who traditionally present to the Emergency Department, improving prenoon and weekend discharge rates and delays in transfer or discharge, with a focus on reducing our hospital length of stay, as part of a whole system approach to urgency and unscheduled care.

We have had continued success in delivering innovation and digital improvements, with the use of technology within the Board and we will ensure we continue to support the acceleration of digital services and innovation to improve patient outcomes and experiences, support value based care and delver cost improvement, where appropriate.

NHS Forth Valley remains escalated to Stage 4 of the NHS Scotland Escalation Performance Framework, in relation to leadership, culture and governance. Significant progress has been made with implementing the escalation improvement plan for each of these areas, and we look forward to building on this in the year ahead.

The key strategic risks which are considered in the development of this plan are summarised below.

Code	Title	Description	Current Score	Target Score
SRR 002	Urgent & Unscheduled Care	If NHS FV does not take steps to create capacity and address whole system pressures through delivery of the Urgent and Unscheduled Care programme in the longer term, there is a risk that we will be unable to deliver safe levels of unscheduled care, resulting in potential for patient harm.	25	9
SRR 005	Financial Sustainability	If our recurring budget is not sufficient to meet the recurring cost base there is a risk there will be an increasing recurring gap in our finances, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision.	25	9
SRR 009	Workforce Plans	If NHS Forth Valley does not implement effective, fully costed strategic workforce planning based on projected demand there is a risk that we will not have a sustainable workforce that is the right size, with the right skills and competencies, within an affordable budget, resulting in significant pressures on staff health and wellbeing, sub-optimal service delivery to the public and increasing pressure on our financial sustainability.	20	10

SRR 018	Primary Care Sustainability	As a result of significant levels of financial pressure on the public services in Scotland, increasing demand and workforce challenges. There is likely to be an impact in relation to the delivery of Primary Care Services. This is likely to result in a reduction in services and independent contractors across FV and have a negative impact on the health of the population and increased pressure on other services.	20	6
SRR 017	Environmental Sustainability & Climate Change	If NHS Forth Valley does not receive funding and resources, there is a risk that we will be unable to comply with DL38 and delivery actions/meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy, and will not operate in an environmentally sustainable way, resulting in failure to meet objectives and damaging stakeholder/public confidence.	16	16
SRR 004	Scheduled Care	If NHS FV does not consider and plan for current and future changes to population and associated demand/case-mix, there is a risk that the model for delivery of planned care will not meet demand or prioritise effectively, resulting in poorer patient outcomes, avoidable harm, and failure to meet targets.	15	10
SRR 011	Digital & eHealth Infrastructure & Strategy	If NHS FV does not develop and effectively implement a Digital and eHealth strategy which enables transformation and improvement as well as minimising technical vulnerabilities, there is a risk that other key organisational strategies cannot fully deliver the intended benefits, or the IT infrastructure could fail, impacting on long-term sustainability and efficient and effective service delivery.	12	6
SRR 009	Culture & Leadership	If NHS Forth Valley does not foster a cohesive culture with strong leadership, there is a risk that our people will not have a shared sense of purpose and understanding of how their work contributes to achievement of our objectives, negatively impacting our overall performance, ability to deliver on key strategies and effect sustainable change and impacting staff morale and public/stakeholder confidence.	12	8
SRR 016	Out of Hours Service	If NHS Forth Valley is unable to provide a fully staffed OOHS taking an integrated, multidisciplinary approach, there is a risk that the service will not have the resilience and capacity to flex to meet demand, negatively impacting on the patient experience and journey, and ability to deliver care at the right time, right place by the right person.	12	6
TBA	Health Inequalities	There is a risk that health inequalities will not be addressed adequately and that actions to address changes in demand, demographics, workforce ad financial challenges may mean that health inequalities will persist at current levels, or potentially worsen. (This risk is in development)	TBA	TBA

1. Primary Care and Communities

Scottish Government Planning Priorities 2024/25

Board Delivery Plans should set out how they will progress delivery in the following priority areas:

- *Delivery of core primary care services.*
- *Ongoing development of Community Treatment and Care (CTAC) services, supporting more local access to a wider range of services.*
- *Ensuring there is a sustainable GP and Primary Care Out of Hours service, utilising multi-disciplinary teams.*
- *Early detection and improved management of the key cardiovascular risk factor conditions, primarily diabetes, high blood pressure and high cholesterol.*
- *Delivery of sustained and improved equitable national access to NHS dentistry, setting out how they will assess and articulate local oral health needs, and engage with independent dental contractors and bodies corporates to ensure that patients receive the NHS oral health care they are entitled to.*
- *Increasing delivery of hospital-based eyecare into a primary care setting where appropriate.*
- *Provision of non-emergency patient transport services, working with bodies which provide community transport services in the Board area.*

1.1 Delivery of core primary care services

We have fulfilled our Primary Care Improvement Plan (PCIP) plan, as far as resources permit. to embed more than 180 additional multidisciplinary healthcare professional roles, based in local GP practices and supporting our 49 GP practices in the delivery of core primary care services. This work has resulted in the full vaccination service transfer and around 6000 weekly multidisciplinary team (physiotherapy, mental health, occupational therapy (OT), advanced nurse practitioner and phlebotomy) appointments being created.

Within existing resource limits, this will extend to around 7000 weekly appointments if we retain our trainee Advanced Nurse Practitioner (ANP) workforce into available roles. We have recruited and trained around 70 ANPs over the last 5 years, of which around 50% move on to other ANP roles due to the high demand of these practitioners across the wider system and the range of opportunities available to them. We continue to recruit proactively, support training opportunities and review skill mix and, workforce permitting, we hope to achieve 7000 weekly appointments over the course of 2024/25.

We continue to see significant pressures on general practice and a significant focus of our work over 2024/25 will be in relation to its ongoing sustainability in face of the challenges we see in relation to funding, the availability of both the GP and wider multi-disciplinary workforce and increasing demand and complexity. We will develop proposals in relation to new roles in general practice that will support recruitment and retention, and which will support extended practice across the primary and secondary care interface.

Primary care services have now been formally delegated to the two Forth Valley Integration Joint Boards (IJBs). This is hosted by the Falkirk IJB and operationally managed by the Falkirk Health and Social Care Partnership (HSCP). A key focus over 2024/25 is to ensure we harness the positive opportunities within a more integrated model and that, in the face of the significant pressures already mentioned, develop our shared, system vision for the sustainable future of general practice and primary care in Forth Valley. In doing so we will look to learn from both the outcomes of the national demonstrators in delivery of the memorandum of understanding (MOU) and from the recent primary care roundtable discussions jointly led by the National Chief Officers' and the NHS Board Chief Executives' Groups.

We continue to support GP practices in Forth Valley having direct access to mental health nursing service embedded within the practice. This is funded jointly by the PCIP (Primary Care Improvement Plan) and Action 15 (Mental Health and Wellbeing Funding). A test of change extended this successfully to include mental health support for young people and it is proposed that this is now embedded as core practice, pending agreement through our governance processes in early 2024/25.

Plans aligned to the Mental Health and Wellbeing Programme (MHWBP) to ensure every GP practice has access to a link worker are paused due to withdrawal of the funding programme. No further plans to increase mental health resource in primary care can be progressed, existing non-recurring link worker funding is under discussion to secure ongoing delivery of this programme. Other elements of the MHWBP have been wound down including the enhanced psychological practitioner roles which had been developed in partnership with NHS Education Scotland (NES).

The Pharmacotherapy service has 68 pharmacy team members in place from a plan of 70. Following recent successful recruitment, we anticipate that all 70 posts will be filled by Q2 2024. Recruitment and retention have stabilised but workforce availability is still limited. These efforts will not, however, meet the full GP expectations of the 2018 General Medical Services (GMS) contract in relation to pharmacotherapy and we await the learning from the Scottish Government's Primary Care Phased Investment Programme (PCPIP) demonstrator sites on how to fully implement pharmacotherapy services.

Pharmacy services play into several parts of this via community pharmacies in support of our wider ambitions. All community pharmacies in Forth Valley offer 'Pharmacy First' as part of the core national pharmacy contract. This service allows people to access treatment and advice for many common health conditions during hours and in the out of hours setting.

There are also several community pharmacists who are independent prescribers that can prescribe treatment for common clinical conditions which would otherwise require a prescription following a consultation with a GP or other healthcare professional. Several of these pharmacists are available in the out of hours period, predominantly Saturdays.

Community pharmacies also provide a service for specific patients with Chronic Obstructive Pulmonary Disease (COPD) where they can access antibiotics and steroids. This allows quicker access to treatment and contributes to reducing contact with GP / Out of Hours (OOH) services as well as hospital admissions for this group of patients.

Whilst national funding for Community Link Workers has been reduced, both Health and Social Care Partnerships are committed to identifying funding to support the link worker roles. Link workers support people with housing, benefits, food insecurity etc all of which impacts on health and wellbeing.

1.2 Ongoing development of Community Treatment and Care services, supporting more local access to a wider range of services.

Community Treatment and Care (CTAC)

Forth Valley delivers a community wide treatment room service delivering more than 1300 weekly appointments for a range of services including wound care, intra muscular injections, removal of stitches, catheter care, Doppler scans, and ear assessments. Treatment room guidelines are in place and agreed with the GP sub-committee as part of our tri-partite approach to the development of primary care services.

The CTAC phlebotomy service, when staffed to full available resources, will provide around 3200 blood and chronic disease management (CDM) appointments per week. A full transfer in line with GP contract expectations would require at least 3500 appointments per week with general practice total demand being around 4500 appointments per week in Forth Valley. Development of CTAC services is a collaborative process between GPs, Practice Nurse Lead and community nursing. CDM protocols are standardised across Forth Valley to reduce variation and provide a consistent standard of service. If fully funded and staffed, we aim to provide 3200 CTAC phlebotomy and CDM appointments per week however we acknowledge that without full funding for this we will continue to have gaps and will have to prioritise provision going forward.

Given the challenging financial position set out above, we continue to report gaps in the overall provision of some of these services which adds pressure to primary care and the wider provision of core services within GP practices. A key aim in the coming year is to set out which core services can be delivered sustainably within current funding and to agree priorities for any future development, again aligned to available financial and workforce resources.

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

Preventative and Proactive Care

An approach that shifts the focus to include preventative and proactive care is also being considered and will be explored in the medium term. CTACs could become a focal point for the meeting of health and social care to support community-based prevention

and early intervention through local access. We will also incorporate the learning from Keep Well Forth Valley into our approach to implementing CTACs.

A focus on equity, and a system which plans services based around local population needs, drawing across health, social care, third sector and communities' own assets to help shift culture and behaviour towards living well for longer, by giving people more autonomy in how they choose a more preventive and proactive approach, is proposed.

1.3 Ensuring there is a sustainable GP and Primary Care Out of Hours service, utilising multi-disciplinary teams.

NHS Forth Valley developed a GP Out of Hours (OOH) Redesign & Sustainability Improvement Plan in response to the findings and twelve recommendations from the review carried out by Sir Lewis Ritchie in 2022. These have continued to be implemented and reported on over 2023/24. Sir Lewis will meet again with the team in March 2024.

Since last reporting on this area of priority a new Service Manager has been appointed and taken up post and, as with wider Primary Care services, OOHs has now been formally delegated to the Integration Joint Boards and is hosted by the Falkirk IJB. Operational responsibilities now sit within the Falkirk Health and Social Care Partnership (HSCP).

The GP and Primary Out of Hours service continues to work with the wider MDT. This includes a dedicated advice line for Scottish Ambulance Service (SAS), Care Home Assessment and Response Team (CHART), pharmacy, nursing homes, laboratories, police and prisons.

GP and Primary Care Out of Hours Priorities 2024-25

NHS Forth Valley GP and Primary Care Out of Hours (OOH) will work to embed agreed changes and improvements. This will include providing the evidence that appropriate systems and protocols are in place to deliver a high-quality sustainable service in accordance with national guidelines and NHS Forth Valley and Falkirk HSCP strategic objectives.

OOH will seek to establish a GP salary structure that recognises the challenges of working within OOH and provides a work environment that attracts and retains experienced GPs.   This will support us in developing a stable salaried GP team that reduces the reliance on sessional GPs and contributes to the delivery of a sustainable service.

Working in partnership with primary and secondary care colleagues, the service will develop a GP training programme for newly qualified GPs that will enable them to gain the necessary experience, under a single contract in both primary care, OOHs and additional skills in a specialist area.

OOH will complete the process of full integration of the night nurse team into OOH to further develop and build the MDT which provides patients with a full range of services from OOH based on the healthcare need of individual patients.

There will be a focus on performance and data management to evidence continued performance of the service and inform future developments. This will include, working in partnership with data analyst colleagues, expanding the range of data collected and analysed and further development of the performance and activity dashboard.

Patient feedback is crucial for ensuring OOH is meeting patients' needs and expectations. Therefore, OOH will, in partnership with the patient relations team, establish clear processes and pathways to capture, record and use patient feedback for continued service development.

We will develop and implement a staff wellbeing plan aligned to NHS Forth Valley (NHSFORTH VALLEY) and Falkirk HSCP strategic objectives. This will include establishing and embedding a learning culture and environment which adopts a whole team approach.

OOH will complete a review of the staffing model and explore increased use of hybrid roles across nursing and HCSW team. This will include working in partnership with Urgent and Unscheduled Care (UUSC), Rapid Access Care Unit (RACU) and night nurse team, adopting a portfolio approach that provides opportunities for individuals to gain experience across a range of disciplines under one employment contract.

OOH recognises and supports the importance of greater integration across other OOH services and colleagues in HSCPs to enhance the patient experience, ensuring individuals are seen by the right person and receive the right support in the right place.

2025/26:

Looking longer term we see our priorities as being:

- Working as an active partner in the Reimaging Care Closer to Home Programme in Forth Valley to further develop the integration of OOH with other services across NHSFORTH VALLEY and Falkirk HSCP.
- Embed the staff wellbeing strategic plan and utilise the learning from 2024/25 to further develop this.
- Implement the GP training programme.
- In partnership with patient relations team explore a framework for lived experience forums and advisory groups.
- In partnership with NHSFORTH VALLEY HR and professional frameworks explore and devise succession planning strategy.

2026/27:

- Establish and embed programmes and plans from 2024-26.

1.4 Early detection and improved management of the key cardiovascular risk factor conditions, primary diabetes, high blood pressure and high cholesterol.

The CTAC service supports annual review for all patients with cardio-respiratory long-term conditions. This includes protocol-based data collection including bloods, weight, blood pressure which are reported via the GP system for clinical review. There is currently no dedicated respiratory physiotherapy service provision in NHS Forth Valley, although we have specialist respiratory support within our new log covid service. Respiratory and pulmonary physiotherapy and nursing are subject of a recommendations paper.

In 2023, this was extended to include the alcohol brief intervention questionnaire which we will continue to deliver over 2024/25.

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

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

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

Diabetes Prevention

Action plans are in place to deliver the Diabetes Prevention Framework national milestones for children and adults. Plans and progress reports are shared regularly with the Scottish Government Population Health Directorate. Key improvement areas are child healthy weight & adult weight management pathways, antenatal and postnatal gestational diabetes pathways, people with pre-diabetes, type 2 diabetes remission pathway for people with newly diagnosed diabetes, people with established diabetes. We will continue to focus on equity and what matters most to individuals and communities. Services will prioritise user engagement, following the Scottish Approach to Service Design, and collaboration to deliver high quality care across systems to include third sector, local authorities, HSCPs and other NHSFORTH VALLEY teams.

Diabetes prevention for adult's actions include The Healthier Future Team which facilitates health change for adults. Person centred care is enabled through promoting universal and targeted approaches to health improvement. The pre-diabetes work stream is an early adopter of the Human Learning Systems approach and is working with a community at highest risk of multiple deprivation in collaboration with local partners to maximise capacity and better manage the wider determinants of health.

1.5 Delivery of sustained and improved equitable national access to NHS dentistry, setting out how they will assess and articulate local oral health needs, and engage with independent dental contractors and bodies corporates to ensure that patients receive the NHS oral health care they are entitled to.

The Scottish Government's Determination 1 was introduced in November 2023, and we are monitoring the number of General Dental Service (GDS) practices registering NHS patients.

Two applications have been submitted for the Scottish Dental Access Initiative (SDAI), one for a new dental practice and one for an expansion to NHS dental service delivery, to the Health Board for the Scottish Government's SDAI scheme. This scheme financially supports new or expansion of GDS practices to the area, which helps to attract new dentists and practices to NHS Forth Valley or

expand existing practices. The Senior Dental Management Team (SDMT) will monitor the increase in GDS registrations through the SDAI dentists' Annual Reports. This is in addition to monitoring all practices' new patient registration capacity.

The SDMT will continue to encourage GDPs to participate in the vocational training (VT) scheme to increase practice places in NHS Forth Valley and attract new graduates to the area. We currently have 10 VT places in this training year.

The Public Dental Service (PDS) is currently taking responsibility for unscheduled dental care, over and above their core service work. This has been an ongoing necessity in response to workforce shortages and patient backlog from the Covid-19 pandemic in GDS. We will continue to monitor recovery of general dental practice workforce in Forth Valley and look to identify practices which could take on unscheduled patients on weekday mornings when their capacity allows. This could positively impact on the usage of the unscheduled care clinics and allow PDS dentists to work on their registered and referred PDS patients. We will work towards identifying one practice in Falkirk and one in Stirling by December 2025.

1.6 Provision of non-emergency patient transport services, working with bodies which provide community transport services in the Board area.

Non-emergency patient transport services supported by NHS Forth Valley and provided by other bodies for renal dialysis and oncology, set out below. There are no additional services currently planned.

| Renal Dialysis | Home to FORTH VALLEYRH and return | Charity / Volunteer Drivers | Approx. £2.5k per month |
| Oncology | Home to Tertiary centre and return | Charity/ Paid drivers | Approx. £3.2k per month |

The 'dedicated' budget for non-emergency transport is in an overspend position due to the unplanned withdrawal of SAS support to the Renal Dialysis Unit at FORTH VALLEYRH. A recent review identified that 38 renal patients met the SAS Patient Needs Assessment for transport. Currently none of these patients are being supported by the SAS.

NHS Forth Valley works with the South East Regional Transport Patenrship (SESTrans). The SESTrans transport for health priorities for 2024/25 have been identified and will involve the following:
- Meetings with NHS boards to identify opportunities to reduce and reallocate spend on transport for health.
- Working with local authority officers on what is working well.
- Explore healthcare and Active Travel together.

- Consider role of Community Transport across the region in delivery of effective transport for health.
- Make transport for health a theme of the current regional Bus Strategy work.
- Improve SESTrans data and understanding current arrangements.

2. Urgent and Unscheduled Care

Scottish Government Planning Priorities 2024/25

Board Delivery Plans should set out how they will progress delivery in the following priority areas:

- *Improve urgent care pathways in the community and links across primary and secondary care.*

- *Ensuring patients receive the right care in the right place by optimising Flow Navigation Centres, signposting and scheduling of appointments to A&E where possible and increasing the routes for professional to professional advice and guidance with a specific focus on frailty pathways and care home support*

- *Improving access to Hospital at Home services across a range of pathways including Outpatient Parenteral Antimicrobial Therapy (OPAT), Respiratory, Older People, Paediatrics and Heart Failure.*

- *Optimising assessment and care in Emergency Departments by improving access to 'same day' services, the use of early and effective triage, rapid decision-making and streaming to assessment areas.*

- *Reducing the time people need to spend in hospital, increasing 1-3 day admissions and reducing delays over 14 days, by promoting early and effective discharge planning and robust and responsive operational management*

- *Reduce unscheduled admissions and keep people care for closer to home through reconfiguring existing resource to accelerate rapid assessment and evolve to implement Frailty Units*

2.1 Introduction

The proposed service, capacity, activity and performance set out in this Draft Delivery Plan for Urgent and Unscheduled Care (UUSC) Services, across the Whole System in NHS Forth Valley, will be subject to update and amendment once further decisions are made regarding financial sustainability and achieving recurring savings.

The 4-hr Emergency Access Standard (EAS) is a barometer for overall health and care performance and reflects the interrelated dependencies across the whole system. Ensuring all these services are working in harmony will affect the overall 4-hr EAS performance.

For NHS Forth Valley the demand for unscheduled care is about average for mainland Scotland, however 4HR EAS performance remains significantly challenged. Although the Emergency Department (ED) footprint is relatively large the actual occupancy regularly exceeds its physical capacity. Each hour that the ED is over occupancy is associated with a growing backlog of activity, increasing time to first assessment, a rise in ED length of stay and a drop in performance for both admitted and non-admitted patients. This is further impacted by the limited capacity downstream to support flow. The actual number of beds within the system is about average for mainland Scotland although a larger number of beds are occupied by long-stay patients (Length of Stay (LOS)>15days) than is typical elsewhere. This has resulted in an increased use of contingency beds across the acute site. The Board's Financial Plan for 2024/25 is explicit in terms of the need to withdraw from the use of contingency beds and the associated workforce costs.

Key to improving performance is implementing a whole system approach to developing and implementing the work streams set out in our local Urgent and Unscheduled Care Delivery plan. The progress of this plan, alignment of resources and focus will first and foremost aim to improve patient and staff experience, building towards better performance and flow through the whole system. In addition to this, better patient flow will also reduce patient length of stay and reduce the financial spend within the system. A whole system approach to this plan incorporates Health and Social Care Partnerships, Scottish Ambulance Service, primary care, mental health and the third sector, which is essential to success. The plan has been informed by the Discovery Data Report from the Centre for Sustainable Delivery (CfSD) as well as the outcomes of the Forth Valley System Reset Improvement Work. The primary aim of the reset work was to stabilise the system and to provide intelligence and diagnostic data to understand system processes, system constraints, bottlenecks and queue burden which is supporting continued improvement work.

The local Urgent and Unscheduled Care (UUSC) delivery plan aligns with the Scottish Government Planning Priorities set out below.

2.2 Improve urgent care pathways in the community and links across primary and secondary care

Key to this work is establishing a Community Urgent Care Delivery Group with work ongoing to identify priorities for this new work stream. Our ambition is to reduce preventable admission to hospital by refining community falls pathways and increasing opportunities for care at home. To better understand admission activity there are plans to test the use of a 'criteria to admit' tool. This is a similar resource as criteria to reside and as such could provide a significant level of intelligence in relation to admission pathways and in particular alternatives to admission across front door areas.

2.3   Ensuring patients receive the right care in the right place by optimising the Flow Navigation Centre, signposting and scheduling appointments to A&E where possible and increasing the routes for professional to professional advice and guidance with a specific focus on frailty pathways and care home support.

The Flow Navigation Centre model is being reviewed with the need to radically reform current services / pathways to continue to provide person centred care delivered at the right time, in the right place. The link to the 'Care Closer to Home' pathway is being strengthened with a view to establishing an integrated model. Work to explore alternative pathways for admission will include increasing redirection and signposting. There is also work ongoing to develop further pathways for RACU (Rapid Assessment and Care Unit).

To maximise professional-to-professional communication Consultant Connect is being implemented providing immediate access to a senior clinical decision maker. This will reduce avoidable ED attendances by directing patients to the more appropriate urgent care settings. This will increase scheduled urgent appointments to ED/Minor Injury Unit and avoid waits in a busy department.

2.4   Improving access to Hospital at Home services across a range of pathways including OPAT, Respiratory, Older People, Paediatrics and Heart Failure

  ➢ Hospital@Home
    o Work continues as part of the HIS Hospital at Home expansion programme to improve existing processes to optimise capacity using Quality Improvement methodology
    o Near Me test of change ongoing
  ➢ Outpatient Parenteral Antimicrobial Therapy (OPAT)

- o Review of current OPAT service model to understand current demand and capacity and identify areas for improvement using process mapping methodology. Group has been established to take forward this work.
- ➢ Respiratory
  - o Onboarding patients to the InHealth application is ongoing
  - o Review of respiratory pathways in development
- ➢ Heart Failure
  - o Business case in development to build on success of community heart failure service which has demonstrated admission avoidance and bed days saved. Implementation of virtual ward in progress.

2.5 Optimising assessment and care in Emergency Departments by improving access to 'same day' services, the use of early and effective triage, rapid decision-making and streaming to assessment areas

Our urgent and unscheduled care services remain under significant pressure from over occupancy and difficulty discharging patients. As a first step to optimising assessment and care in ED, plans are in place to develop a high-level target operating model. This will define how we should operate to deliver urgent and unscheduled care services going forward.

The implementation of the ED triage model has resulted in effective early triage for patients. Staff are being trained in the Manchester Triage System with relevant support tools being sourced for the team. A test of change to increase consultant cover during the nightshift is also being considered.

Further work is planned to fully embed the redirection policy from ED to Minor Injuries Unit or most appropriate place of care.

2.6 Reducing the time people need to spend in hospital, increasing 1-3 day admissions and reducing delays over 14 days, by promoting early and effective discharge planning and robust and responsive operational management

Over occupancy on the acute site has had a negative impact on discharge planning and has aligned with a sharp rise in >14day data. The Discovery data showed that the number of patients in hospital with a LOS>14days has a significant negative correlation with performance in key metrics. Work to standardise Daily Dynamic Discharge Board rounds and accurate Predicted Day of Discharge recording for every patient has started with the aim of reducing LoS by discharging patients on planned date of discharge. This work is linked with the development of a performance maxtrix to improve patient flow and discharges to increase capacity across the whole system.

The integrated discharge team is essential to support patient discharge. Taking a whole system approach, a group has been established to review and reform the integrated discharge team model for Forth Valley. In a similar way, work has commenced on developing the discharge to assess model with distinct pathways to be established.

2.7   Reduce unscheduled admissions and keep people care for closer to home through reconfiguring existing resource to accelerate rapid assessment and evolve to implement Frailty Units

With an increasing ageing population we continue to experience high demand for acute frailty emergency admissions. To support flow across the site we are refreshing the frailty at the front door model to streamline processes and improve patient safety. A workshop has been held and a group tasked with leading this work which will report in the first instance to the UUSC Board and also aligns with the Care Closer to Home workstream. The formation of an Acute Frailty Unit is key
, and a review is ongoing to identify an appropriate location for this service. A test of change is in development for cohorting in the Acute Assessment Unit as a pre-cursor to moving to a dedicated unit. Links are being made with community colleagues to identify all discharge pathways which will also support an integrated approach to frailty coordination.

2.7 UUSC Medium Term Plan 2024-2027

NHS Forth Valley remains committed to delivering sustainable improvement across the urgent and unscheduled care programme. The focus of these activities is on delivering change and improvement over the next 12 months, however, these actions will also have

longer term benefits in terms of improving sustainability across the whole system and in better managing demand, capacity and flow. Over the next three years the success of the Urgent and Unscheduled Care Programme will be determined by:

- Achieving true whole system collaboration. As a first step weekly whole system meetings have been established with full engagement on the UUSC delivery plan. Investing in a whole system approach over the next few years will embed whole system as the new 'norm' in terms of working practices.
- Redesign of community urgent care which is based on reducing hospital admissions to hospital.
- Strengthening of the Flow Navigation Centre model which incorporates prof-to-prof decision making, pathway development and increased redirection.
- Maximising Hospital at Home capacity including expanding pathways to include OPAT, Community Heart Failure and Community Respiratory.
- The development of a Target Operating Model for front door services which provides the future direction for pathways into and out of acute services.
- Embedding Discharge Without Delay (DWD) processes into whole system working.
- Redesign Integrated Discharge Team model to provide a smooth transition for patients between community and acute services.
- Implementation of whole system escalation tool with associated actions to ensure a responsive system.
- Established frailty model which can flex across the system to improve access and support for older people

In addition to the above the UUSC Programme is evolving to reflect the learning from the CfSD Discovery work and the NHS Forth Valley System Reset. This intelligence is providing a strong foundation to developing a robust programme of work which is targeted to the areas of greatest impact.

3. Mental Health

Scottish Government Planning Priorities 2024/25

Board Delivery Plans should set out how they will progress delivery in the following priority areas:

- *Improving Access to Mental Health services and building capacity to sustainably deliver and maintain the CAMHS and PT 18-week referral to treatment standard.*
- *Tackling inequalities in relation to accessing Mental Health services, strengthening provision in Community Mental Health teams and better supporting those with complex needs and delivering service reforms aimed at supporting more people in the community.*
- *Developing and growing Primary Mental Health teams and integration of the primary care mental health workforce into wider primary care multi-disciplinary teams, community and secondary care.*
- *Delivering a coherent system of forensic mental health services, addressing issues raised by the independent review into such services.*
- *Improving support and developing the Mental Health workforce*
- *Improving the mental health built environment and patient safety*

3.1 Improving Access to Mental Health services and building capacity to sustainably deliver and maintain the CAMHS and PT 18-week referral to treatment standard.

Child & Adolescent Mental Health Services (CAMHS)

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

- Continue with local quality improvement and waiting times monitoring established via assurance reporting.
- The CAMHS Management Team continue to link with Scottish Government assurance work, Mental Health Improvement Team & Performance Team for support and advice.
- Clinical activity will continue to be reviewed at a service, pathway and clinician level to identify fluctuations in demand.
- Continue with job planning process for the Choice and Partnership Approach (CAPA).
- Utilising clinical activity data to continue to enable capacity to be flexed to meet team level demands or pathway bottlenecks.

- Continue to engage with a network of mental health services (including wellbeing services and primary mental health nurses) and provision across the three local council and tiers of service to promote appropriate referrals, signposting and influence wellbeing strategy and commissioning.
- Recruitment of CAPA Clinical Coordinator to oversee the clinical activity and patient flow for high volume pathways (Choice, Core Partnerships).
- Review requirement for additional treatment capacity from planned overtime and an independent provider (Healios)
- Quality improvement project to reduce the requirement for additional treatment capacity provided by overtime and Healios and absorb the learning from these additional pathways into existing services.
- Continue to gather feedback from patient and carer engagement groups around any proposed service changes.

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

- Reviewing workforce development strategy in line with the CAMHS and Neuro Developmental Disorders (NDD) specifications.
- Coordination of workforce development by CAMHS Learning Coordinator in conjunction with NES and CAMHS Management Team.
- The CAMHS Management Team will continue to link with Scottish Government and the CAMHS National Advisor and Ann York (co-creator of CAPA) for support and improvement advice.
- Clinical activity will continue to be reviewed at a service, pathway and clinician level to identify fluctuations in demand.
- Continue with quarterly job plan reviews in line with CAPA cycles to maximize capacity.
- Utilising clinical activity data will continue to enable capacity to be flexed to meet team level demands or pathway bottlenecks.
- Continue review of skill mix to deliver Choice and Partnership Approach (CAPA) and meet waiting times standard and consider new posts (e.g., advanced clinical nurse specialists, clinical pharmacists) where relevant, to meet the specifications.
- Further develop clinician and pathway level data to support management discussions with staff to highlight opportunities for quality improvement and patient flow.
- Increase CAMHS capacity in line with allocated funds by recruiting actively to all vacancies and utilise bank staff where appropriate and available.

- Secure NES funded posts to increase capacity in allocated areas of funding.
- Secure NES funded training opportunities to enhance the skill set of the whole team.
- Take part in recruitment fairs and regional/national teaching to attract newly qualified staff.
- Promote retention of staff through deployment of retire and return policy.
- Coordination of activity in high volume pathways (CHOICE, Core Partnerships) by CAPA Clinical Coordinator.
- Continue the development of group therapy for high volume pathways (partnerships).
- Continue to offer opportunities for flexible working and overtime where budget permits on a temporary basis specifically to target waiting times bottlenecks.
- Continue to establish Steering Groups for all CAPA Patient Treatment Pathways (Partnerships) to audit and review clinical improvements in the delivery of care and flow.
- Participation in meetings and project work aimed at scoping and planning to support the implementation and delivery of the regional aspects of the CAMHS specification.
- Evaluate workforce development plans aimed at skilling staff in high volume pathways (CHOICE and Partnership) as priority induction.
- Focused recruitment to small sub-specialties to maintain capacity (e.g. neuropsychology, systemic therapy).
- Continue with pilot for unscheduled care and home intensive support.
- Review care related documentation and administrative processes completed by clinical staff to reduce any inefficiencies or requirement for unnecessary clinical admin activity.
- Continue to promote awareness of transitions guidance and care planning recommendations across adult mental health and learning disability services.

NHS Forth Valley continues to be actively engaged in the national work to identify how and when the additional data items will be provided by all NHS Boards. NHS Forth Valley Head of Information, Director of Psychology and Clinical lead for Data for Psychology attend the national meetings. A local NHS Forth Valley group is meeting to plan ahead for implementation. Once the national group determines how this data will be collected and what the national timeline will be for achieving this, Forth Valley will be able to finalise an implementation plan and timeline. However, NHS FORTH VALLEY cannot progress this or set any local timelines until the national group determines how the information will be collected and when. NHS FORTH VALLEY is fully committed to Child, Adolescent and

Psychological Therapies National Dataset (CAPTND) database development and already submits all of the data that it is currently feasible to submit and will implement the outcomes of the national work locally once these are determined. Specific actions are summarise below.

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

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

Psychological Therapies

Trajectory modelling, completed in line with national modelling assumptions, indicates the 8-9 Whole Time Equivalent (WTE) additional clinical staff are required in order to timeously and sustainably implement the 18 week referral to treatment standard for Psychological Therapies. To date, additional resource has not been available to recruit these additional staff. Furthermore, the modelling includes the assumption that demand remains relatively steady. However in Forth Valley this has not been the case, with referral demand shifting significantly from below the national average per head of population, to above the national average.

Unfortunately the decision not to fund the Mental Health & Wellbeing in Primary Care work to the expected level will also have an impact on Psychological Services. The Enhanced Psychological Practitioners who had been supported by Forth Valley (while funded by NES) with the intention that they would take up posts in the enhanced Primary Care Mental Health teams, will not have their contracts renewed at the end of the NES funding. Finally, the ongoing uncertainty regarding the Mental Health Outcomes Framework allocation for 2024/25 has resulted in the decision to stop all fixed term extra hours and agency staff within Psychological Services at the end of Q1 2024/25 if the allocation has not been confirmed by that time.

Taking all of these factors in account, delivering sustained improvement in RTT performance in Forth Valley is going to be extremely challenging, and indeed there is the potential for performance to deteriorate in the future. Nevertheless, a comprehensive programme of improvement actions is in place, and will continue to be progressed throughout 2024/25. Key actions include:

- Half day session with the Psychological Services Management Team and the Scottish Government's Psychological Therapies Improvement Team.
- Whole service approach to Quality Improvement (QI), with service-wide QI driver diagram in place and team level QI projects in progress.
- Ongoing data improvements. Areas of focus for 2024/25 include:
    - further analysis of referral patterns to better understand areas of increased demand.
    - analysis of capacity for assessment appointments and for treatment appointments, to ensure optimum balance across Adult Psychological Therapies team.
    - further development of the Psychological Services performance metrics available on the Pentana reporting system.
    - continued engagement with the national programme of work to fully implement the CATPTND.
- Once the HIS tool is available, self-assessment against the Psychological Therapies and Interventions Specification. This will be followed by the development of additional actions to improve those areas highlighted by the self-assessment. It is important to note however that implementation of some requirements of the Specification may be limited due to financial constraints.
- Further development and promotion of digital therapies, including widening access to Silvercloud to the perinatal population, promoting the service to clinical specialties out with adult mental health, and exploring with pharmacy colleagues the potential to add information on self-referral digital options to prescriptions.

In addition, the service will continue to:

- Review clinical activity at service, team, and clinician level.
- Actively recruit to all vacancies, as resourcing allows.
- Build on the good links already established with universities and training courses to aid recruitment through promotion of the service to trainees.
- Promote retention of staff through e.g. deployment of the retire and return policy, utilisation of flexible working arrangements where clinically appropriate.
- Have a strong focus on staff wellbeing and continuing professional development to mitigate the challenge of staff retention.
- Regularly engage with the Scottish Government's Psychological Therapies Enhanced Support Team.
- Continuously review the skill mix and actively upskill staff in high demand areas e.g. complex trauma.

3.2 Tackling inequalities in relation to accessing Mental Health services, including plans to strengthen provision in Community Mental Health Teams, better supporting those with complex needs and delivering service reforms aimed at supporting more people in the community.

In line with the Anchor Institution guidance on service design and delivery, NHS Forth Valley will work to plan and provide services which support equitable access for everyone in society so reach and benefit disadvantaged communities.

With the appointment of a new mental health information analyst, the previously commenced work to improve ethnicity recording and reporting will be progressed in 2024/25.

A proposal for the implementation of Distress Brief Interventions on a Forth Valley wide basis has been developed, and is currently under consideration by both Falkirk and Clackmannanshire & Stirling Health and Social Care Partnerships. However it is important to note that identifying resource for this beyond the initial period of central funding is likely to be challenging in the current financial context.

3.3 Developing and growing Primary Mental Health Teams and integration of the primary care mental health workforce into wider primary care multi-disciplinary teams, community and secondary care.

See Primary Care section of Delivery Plan.

3.4 Delivering a coherent system of forensic mental health services, addressing issues raised by the independent review into such services.

Forth Valley has a well-established multidisciplinary Forensic Community Mental Health Team. There are also mental health services based within each of our three prisons, as well as two inpatient low secure wards, one male and one female, to address the needs of those who require care which cannot be delivered in general inpatient mental health services.   This provides a context to further develop forensic mental health services across our local system, building capacity and capability for forensic mental health interventions.

In the financial year 2024-25 the local governance arrangements will be reviewed, in order to support greater integration of public protection arrangements and strengthen existing relationships. In addition, the Forth Valley forensic inpatient units are part of the wider work to improve the mental health built estate. Within 2024/25, the intention is to bring forward capital plans to enhance the quality of the environment of local low secure inpatient wards. This aligns with the observations of the Barron report that the estate for low secure services requires investment. However, it is important to note that given the likely scale of investment required, these plans may need staged delivery over successive financial years.

NHS Forth Valley is engaged in the national work to refine the delivery of forensic mental health services, particularly within prisons and for women. The opening of HMP Stirling has been a significant milestone in the development of these services and places NHS Forth Valley in a key position for developing work with neighbouring Health Boards to address the findings of the Barron report.

3.5 Improving support and developing the Mental Health workforce.

Key mental health and learning disabilities workforce improvement action for 2024/25 are to:
- Implement and adhere to the Safe Staffing Legislation across all professional groups in mental health and learning disabilities.
- Continue to focus on staff wellbeing as a key component of staff recruitment and retention, as well as of delivering high quality care. This includes a particular focus on investigating options to enhance staff support available within inpatient settings, and monitoring the impact of this on sickness absence.
- Implement E-rostering and alternative shift patterns to both maximise the availability of the nursing workforce and also enhance the staff experience.
- Continue to proactively recruit to all mental health and learning disability professions. By Q4 23/24 there was a slight reduction in nursing, psychology and AHP vacancies in Forth Valley, and it is hoped to be able to maintain and build on this improvement in 24/25 and beyond.

It is also a priority to continue to:

- Monitor the established workforce within all of our mental health & learning disabilities services by the use of validated workforce tools to assess if the current established workforce meets the needs to deliver safe patient care.
- Ensure our workforce has the skills and knowledge to provide safe patient care.
- Develop career development programmes and opportunities within the workforce.
- Promote a culture of continual staff wellbeing within the workforce that supports the needs of the workforce and ensure that this is flexible to support the changing needs of the population.
- Ensure clinical and managerial support is provided to all staff.

3.6 Improving the mental health built environment and patient safety.

The Bellsdyke site provides longer term care and treatment to people over the age of 18 suffering from severe and enduring mental health problems. It is an ageing site, and the make-up and construction of the buildings are not suitable to withstand the regular day to day use. The general condition and maintenance of the buildings on site is becoming increasingly costly as more repairs and upgrade work is required.

Significant improvements to the low secure units on the Bellsdyke Hospital site were completed in 2023/24, including the fitting of safety glass in the windows, improvements to the air lock entrance and improvements to internally secure doors. In addition, essential repair work was completed at the Therapeutic Activities Unit on the site. Work is ongoing to identify the costs of further essential work to the site, including the provision of ensuite facilities. However, it is likely that the cost of this will be substantial. It may therefore be challenging to implement in 2024/25 and require longer term investment and planning.

There is an ongoing programme of work, led by the Medical Director, reviewing and addressing ligature risk across the mental health and learning disability estate. It is anticipated that further improvements will be completed in 2024/25, although again the potential cost is likely to be a significant factor in the rate of implementation.

There are a number of areas within mental health & learning disabilities identifying pressure on clinical space, particularly in terms of safe segregation of staff and patients where appropriate, for example in Substance Use Service delivery, and with meeting the needs of patients attending the Community Mental Health Teams for Older Adults.

4. Planned Care

Planning Priorities for 2024/25

NHS Board plans for 2024/25 should set out how they will progress delivery in the following priority areas:

- *Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology and diagnostics.*
- *Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care.*
- *Maximising capacity to meet local demand trajectories.*
- *Match outstanding demand with available capacity across Scotland through regional and national working*
- *including through the National Treatment Centres (NTCs).*
- *Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.*
- *Implement outcomes of Specialist Delivery Groups including reducing variation.*
- *Undertake regular waiting list validation.*
- *Delivery of Centre for Sustainable Delivery (CfSD) / National Elective Coordination Unit (NECU) waiting times initiatives and productive opportunities.*
- *Optimise theatre utilisation and implement digital solutions.*

4.1 Introduction

For Planned Care, a discrete planning process, as set out by Scottish Government, is proceeding alongside the preparation of Board Delivery Plan. The detailed **Draft Delivery Plan for Planned Care** is attached (appendix 1) and as with other parts of this draft Delivery Plan, the proposed service, capacity, activity and performance set out in the Planned Care Plan are subject to change, once further decisions are made regarding financial sustainability and achieving recurring savings. Key points drawn from the Planned Care Plan are summarised below.

100% of the NRAC allocation for Planned Care had been invested in previous years to provide sustainable substantive staffing. There is a risk that if no additional funding is made available to support inflation rate staffing costs there will be a significant overspend. The

only mitigation available would be to reduce the workforce through natural wastage which will have a negative impact on our ability to deliver the agreed plan. If a 5% efficiency saving is required from the NRAC (Resource Allocation) funding, the trajectories and agreed plan will not be met in 2024/25.

4.2 Planned Care Performance Risks

- Due to winter pressures in unscheduled care there is a risk that planned care performance will not have the same scrutiny and waiting times management due to planned care operational managers supporting the necessary actions required to maintain flow on site for unscheduled care, e.g. from Nov 2023 all operational managers were re-directed to cover unscheduled care systems reset.
- Due to increased demand on unscheduled care beds the protected planned care beds will be used for unscheduled boarding patients. This will impact on planned care ability to maintain access to surgery and at times of extremis might impact on delivery of surgery for cancer patients. In 23/24 has been the first year since the Covid-19 pandemic that Forth Valley has encroached on the elective bed capacity.
- Due to the unscheduled care pressures and reduction in elective bed capacity to accommodate unscheduled care boarders, there is a risk that planned care trajectories for 23/24 may not be met for inpatients and day cases – the number of procedure cancellations has been submitted to Scottish Government in the weekly sitrep report.
- There is a risk that planned care trajectories may not be met in 24/25 due to difficulties in recruitment of specialist consultants in anaesthetics, rheumatology & rehabilitation medicine. Forth Valley has appointed three ENT consultants due to start in August 2024.
- NHS Forth Valley has invested 100% of its NRAC allocation into recruitment of workforce to deliver sustainable services. There is a risk that planned improvement projects may not realise the full benefits if further funding is not available for invest to save initiatives. If a 5% efficiency saving is required the agreed trajectories and plan will not be delivered 6.
- There is a risk that the planned workforce changes to support succession planning through advanced roles and skill mix changes may not be achieved through lack of funding to support training.
- There is a risk that the delay in opening of the new NTC ward in Forth Valley may impact on NHS Forth Valley waiting times for arthroplasty due to core number of beds being allocated to other NHS Boards' patients in order to meet the financial pressures.
- Due to the delay in opening of the new NTC ward, Forth Valley will need to utilise core bed capacity to deliver financial commitments as stipulated by Scottish Government for other NHS Boards' arthroplasty patients, with the risk that this will further increase waiting times for Forth Valley patients.

- If funding is not available for 3rd CT scanner, this will directly impact on NHS Forth Valley ability to meet the cancer pathways and prevent patients breaching the 62-day standard.
- If funding is not available for delivery of the endoscopy sustainability plan, this will directly impact on NHSFORTH VALLEY ability to meet the cancer pathways and prevent patients breaching the 62-day standard.

4.3 Planned Care Plan

NHS Forth Valley is now in the third year of a sustainable workforce plan for planned care. All NRAC funding has been allocated to the appointment of a sustainable workforce; there has been no uplift in this funding since 2021/22. All funding has been used to maximise the potential of all grades of staff throughout the workforce structure. Ongoing improvement work is in place to achieve further efficiency and productivity within the current workforce and resources, however this may be limited due to lack of future investment.

We are working to ensure the consistent delivery of sustainable services which have potential to increase capacity through agile and flexible use of all available core resources.

We will deliver consistent and expanded adoption of CfSD priorities, rigorous application of the Access Policy, we will monitor and develop action plans to address same day cancellations and work to reduce the number of people who did not attend appointments (DNAs), as shown in heatmap submissions. This will be further developed in all services, as appropriate.

We are working to utilise all available funded theatre and outpatient sessions 50 weeks per year, have increased procedure room capacity and continue to support repatriated services. We are looking to optimise job planned Direct Clinical Care(DCC) capacity and ensure that through e-rostering we are delivering all job planned sessions for both medical and non medical staff.

We will continue to develop advanced practitioners from a nursing, operating department practitioners, expanded scope practitioners, pharmacy, radiography and AHP backgrounds to work across scheduled care and will upskill Clinical Support Worker staff to take on work previously performed by registered staff. We will continue working with colleagues from the Quality Team to ensure that all national CfSD pathways have been implemented locally.

4.4 Waiting List Validation

Forth Valley use the National Three Stage Validation Process which includes administration validation, patient validation and clinical validation. This enables us to reduce demand where appropriate and maximise capacity. This is usually targeted to a specialty to yield maximum results e.g. endoscopy. NHSFORTH VALLEY validation processes have been established and already realised the initial high yield of removals, going forward as services undertake validation under business as usual this will yield small annual removal rate.

4.5 High Impact Programmes

We are engaging with all CfSD specialty delivery groups and we are in the process of implementing recommendations from these groups to deliver on our priority heatmap areas of focus. Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) have been implemented across the majority of services with rheumatology and respiratory and gastroenterology to implement PIR robustly in 2024/25. The detailed update and timelines can be found in the heatmap submission.

The Theatre modernisation project has commenced, looking at improvement in theatre flow and maximising efficiency and productivity (booking and scheduling, early adoption of INFIX theatre scheduling system, pre-assessment, day surgery, fallow time, list utilisation, cancellations). NHS Forth Valley has been the early implementer of Hospital within a Hospital model to focus on protecting resources for planned care.

NHS Forth Valley has implemented a number of advance practice roles in theatres, anaesthetics and cancer care. We will evaluate and monitor the impact of these roles on service delivery. Forth Valley also employs extended scope AHP practitioners in a number of specialties e.g. orthopaedics and rheumatology. There are plans to expand the number of advanced roles in other specialties using a multi-professional approach.

4.6 Regional and National Working

INFIX theatre scheduling system is currently being evaluated in NHS Forth Valley. This will support improved theatre scheduling. This will be part of bigger project encompassing all of theatre efficient flow and productivity in 2024/25.

NHS Forth Valley is participating in the national ANIA (Accelerated National Innovation Adoption) project for a digital imaging system for dermatology. This will improve ACRT in dermatology and reduce waiting list size.

Open Eyes collaborative system for ophthalmology is underway and will support more engagement from colleagues in community Ophthalmology. Digital pathology is also underway and will be fully implemented during 2024/25. This will align NHS Forth Valley with other Health Boards to support cross health board working and remote working.

NHS Forth Valley is participating in the national implementation of the new IT system for endoscopy. This will improve the functionality for scheduling and booking, accessing clinical information and reporting to support best practice. NHS Forth Valley is participating in the National Labs Information System procurement with a projected go-live date of October 2025.

A digital outpatient hub for optimised communication with patients is planned with e-Health colleagues for implementation. This will provide easy to access information for patients, offer easy access to change or cancel appointments and will reduce workforce hours and paper use associated with sending out appointment letters.

4.7 Centre for Sustainable Delivery Pathways

We are engaging with all CfSD specialty delivery groups and we are in the process of implementing recommendations from these.. The flagship Urology Hub in NHS Forth Valley is already operational. This provides one-stop access to various urological interventions with plans to continue to develop further services over 2024/25. Dermatology digital imaging will reduce demand and expedite care and treatment for patients with suspicion of cancer.

We are working towards General Surgery GIRFT (Geeting it Right First Time) to increase efficiency and productivity within theatre lists. NHS Forth Valley are already delivering an element of change from general anaesthetic to local anaesthetic procedures and day of surgery discharge, with further work to progress in 2024/25. This will ensure compliance with British Association of Day Surgery (BADS) targets, reduce length of stay and improve patient experience. We are planning for orthopaedics to adopt 4 joint lists and day of surgery discharge for arthroplasties. We are finalising implementation of the ophthalmology blueprint. We have EQUIP (Effective Quality Interventions Pathways) in place for minor operations, varicose veins and haemorrhoidectomy and are working with primary care colleagues to introduce an opt-in pathway for inguinal hernias.

4.8 Capacity maximisation

There are a number of improvement activities which have already commenced in NHS Forth Valley such as:
- Demand Capacity Activity and Queue (DCAQ) exercise to quantify available capacity for the services and identify the manageable queue size.

- NHS Forth Valley has undertaken a collaborative event with range of key stakeholders in December 2023 to identify key areas in development of Endoscopy Sustainability Plan, this dovetails with the national plan and includes green endoscopy.
- We have implemented three stage validation in endoscopy for our new and surveillance waiting lists with the aim of moving towards a sustainable waiting list size for new patients and capacity available to ensure surveillance patients are treated within their clinical tolerance. The adopted improvements will be described in the local Endoscopy Sustainability Plan. We continue to support use of cytoscot and roll out transnasal endoscopy. To optimise clinical pathways, we have adopted the use of a number of pathways e.g. the British Society of Gastroenterology guidelines for cancer and polyp surveillance and we will incorporate the roll-out of the national pathways in the endoscopy sustainability plan. However, it should be noted that resources will be required to implement the Plan.
- NHS Forth Valley Radiology Department has already fully maximised all available capacity i.e. running two CT scanners on 12hr/7day schedule. Following the DCAQ exercise, the capacity deficit is 50% of an additional CT scanner. This would be required to meet local cancer and diagnostic demand. If an investment was made in 3rd CT scanner the remaining 50% of capacity could be offered to support other regional Boards. If no funding for a 3rd scanner is made available, access to a mobile CT van will be required to meet Forth Valley demand otherwise capacity will be unable to meet demand.

4.9 Performance Trajectories

Indicative performance trajectories have been prepared for specialities and diagnostics in the Planned Care Delivery Plan, however it should be noted performance and capacity may be further impacted by critical decisions which will require to be made regarding the Board's Financial Plan and are therefore subject to further review and amendment.

5. Cancer Care

Scottish Government Planning Priorities for 2024/25

NHS Board plans for 2024/25 should set out how they will progress delivery in the following priority areas:

- *Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.*
- *Increasing diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish a Rapid Cancer Diagnostic Service.*
- *Embedding optimal cancer diagnostic pathways and clinical management pathways.*
- *Delivering single point of contact services for cancer patients.*
- *Configuring services in line with national guidance and frameworks on effective cancer management; Rehabilitation; and psychological therapies and support*
- *Supporting the oncology transformation programme, including through sharing data and advice, and developing services and clinical practice in line with its nationally recommendations.*

5.1 Introduction

For cancer care, a discrete planning process, as set out by Scottish Government, is proceeding alongside the preparation of the Board Delivery Plan. The detailed Draft Delivery Plan for Planned Care, which includes cancer care, is attached (appendix 2) and as with other parts of this draft Delivery Plan, the proposed service, capacity, activity and performance set out for cancer care in the Planned Care Plan are subject to change once further decisions are made regarding financial sustainability and achieving recurring savings. Key points drawn from the cancer care sections of the Planned Care Plan are summarised below. Provisional plans for improved performance, and to utilise productive opportunities for each cancer type and the overarching cancer services, are set out in more detail in the cancer sections of the Planned Care Delivery Plan.

5.2 Framework for Effective Cancer Management

The Framework is being reviewed at regular intervals, and each action point in the Framework has been designated to a service or clinical lead, responsible for taking that aspect forward and updating the framework.

Work continues to review the clinical pathways concentrating on prostate, lung, head & neck and colorectal/ bowel screening initially, as these are the pathways where there are the highest rates of patients breaching the cancer performance targets.

The MDT Fit programme of work has been completed and action plans are being taken forward.

5.3 Implementation of National Regrading Guidance

The Lead Cancer Clinician and the Lead Cancer GP are working with the tumour site leads to implement guidance regarding communication surrounding re-prioritisation of Urgency Suspicion of Cancer referrals. Further work will continue into 24/25 to embed this guidance. Financial support to roll out qFIT (Quantitative Faecal Immunochemical Test) will provide an adjunct to clinical care.

5.4 Implementation of National Effective Breach Analysis Guidance

The Cancer Team has reviewed the process for reporting breach analysis and started incorporating the national guidance from January 2023. The documentation now includes the visual pathway diagram. The Breach analysis process is in place in Forth Valley and Breach reports are circulated to the services for review prior to each monthly and quarterly submission. Monthly meetings are held with relevant operational managers and clinical leads, whilst active tracking has improved through a revision of the escalation processes.

5.5 Optimal Diagnostic Pathways

NHS Forth Valley has secured funding for Project Management support to assist with the implementation of both the lung and head and Neck optimal pathways. This has ensured a focused project management approach to delivery of the plans.

5.6 CfSD Peer Review Recommendations

Active Clinical Referral Triage (ACRT)	ACRT is implemented and continues to be developed across all services.
Discharge Patient Initiated Reviews (PiR)	Introduction of PIR across majority of services will provide opportunities for cancer review within the outpatient model, this will ensure cancer patients will remain priority for access to outpatient appointments.
Colon Capsule Endoscopy (CCE/ ScotCap)	In line with a number of Health Boards, NHS Forth Valley has withdrawn from the CCE programme at present.
Cytosponge	The change of supplier from Cytosponge to Cytoscot has caused a pause in the service. We are awaiting confirmation of central funding to re-establish this.
Workforce Programmes	NHS Forth Valley continues to support development of advanced roles across cancer pathways.
Breast Pain Pathway	Breast pain pathway has been implemented with clinics in place which are facilitated by an ANP.
qFIT	A pilot has been carried out for validation of a large cohort of patients which has seen good outcomes for patients. Intention is to roll it out in the endoscopy service however funding is required to support this.
Haematuria Pathway	This national criteria is largely based on the work undertaken in NHS Forth Valley and has been implemented for some time.
Theatre Scheduling	Cancer patients remain priority for theatre scheduling and will continue to be identified and listed appropriately.
Endoscopy optimisation	Cancer patients remain priority for endoscopy service and will continue to be identified and listed appropriately.

5.7 Performance

Oncology capacity continues to be a challenge for all boards. Forth Valley has designated some of the NRAC money to introduce specialty doctors in oncology to assist the visiting Beatson Oncologists and allow the team to ensure the right patients can be seen by the right person as quickly as possible. Forth Valley is also reviewing the Non-Medical Prescribing (NMP) clinics to identify what other drugs can be given through these clinics to increase NMP capacity. With the NRAC money we have expanded the cancer nurse specialist workforce, and once they are fully trained, they will be able to undertake NMP clinics.

Improvement programmes are taking place within theatres and endoscopy to review their service and ensure they are working efficiently. The Cancer Team meet regularly with the different services to review their pathways and demand.

5.8 Performance Trajectories

Indicative performance trajectories by cancer type been prepared in the cancer sections of the Planned Care Delivery Plan however it should be noted performance and capacity may be impacted by critical decisions which will require to be made regarding the Board's Financial Plan and are therefore subject to further review and amendment.

6. Health Inequalities and Population Health

Scottish Government Planning Priorities 2024/25

Board Delivery Plans should set out how they will progress delivery in the following priority areas:

- *Tackling local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment.*
- *Working with partners to support the National Mission on Drugs to reduce death and improve lives, including the implementation of Medication Assisted Treatment (MAT) Standards, delivery of the treatment target and increasing access to residential rehabilitation.*
- *Supporting improved population health, with particular reference to smoking cessation and weight management.*
- *How they will redirect wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their "Anchors Strategic Plan".*
- *Commitment and contributions (leadership, funds, staffing and other resources) to Community Planning Partnerships (CPPs) to improve local outcomes agreed in Local Outcome Improvement Plans and Locality Plans.*
- *Improving custody healthcare through participation in the Executive Leads network and ensuring that the deaths in custody toolkit is implemented.*

6.1 Introduction

NHS Forth Valley's strategic aim is to move fully to being a population health organisation. It seeks to improve the health and wellbeing of the entire population which it serves. NHS Forth Valley will use its unique assets to focus on improving population health outcomes and tackling inequalities, and will partner with local agencies, and local government in new ways to progress this agenda.

6.2 Enabling change – working in a world class population health system

- We will develop data on inequalities that we routinely monitor in Forth Valley.
- We will develop a clear understanding of current investment in prevention across the system, both nationally and locally, and develop clarity of understanding of the aim of prevention spend. We will develop an aspiration about what the percentage of total spend should be to improve health and reduce health inequalities.

- We will monitor and evaluate data and activity and embed core datasets for health inequalities and prevention activities whilst developing accountability and incentives within the system to focus on these outcomes and thereby the prevention activity that will improve them.
- We will aim to make further progress with embedding population health and prevention outcomes and programmes/services in community planning themes across the three community planning partnerships
- As part of the Forth Valley University College NHS partnership, we will be in a positive position to progress innovation and research programmes which focus on prevention.
- Governance around prevention and inequalities activity to be developed alongside the proposal for prevention and inequalities to be a workstream of each of the NHS Forth Valley Programme Boards.
- We will work to embed prevention, early intervention and self-management in HSCP Locality Plans and the work of the Community Planning Partnerships.

As well as these commitments, NHS Forth Valley will also work to tackle healthcare inequalities by

- developing collaborative and inclusive systems leadership and accountability on healthcare inequalities.
- using data to identify inequities, inform planning and prioritisation, and track progress.
- committing to delivery models that work for underserved communities, are culturally competent services, and mitigate risks at interfaces of care, in collaboration with Health and Social Care Partnerships and other strategic partners.

6.3 Tackling local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment

The NHS Forth Valley healthcare strategy is currently being refreshed. The new strategy will be a population health strategy which will focus on prevention, tackling health inequalities and healthcare which meets the needs of the population. In line with Anchor Institution plans, the strategy will highlight the development of service design and delivery which reach and benefit disadvantaged communities.

The four priorities for the refreshed population health/healthcare strategy will be –

- better health
- better care

- better staff experience and wellbeing
- better value

The refreshed strategy takes cognisance of the Health & Social Care Partnerships' strategic needs assessments as well as data from community planning partnership locality action plans and primary care and acute services surveys. A child health and poverty needs assessment is currently being progressed and this will also shape the development of the strategy.

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

The Clackmannanshire & Stirling, and Falkirk Alcohol & Drug Partnerships (ADP) continue to interface with a range of local and national strategic and operational organisations as well as facilitating effective and swift communication between partners, stakeholders, and commissioned services. The ADPs report on several aspects of work to Scottish Government and Integration Authorities as well as local partnerships and leadership teams within the HSCP. The ADP is also a key partner in the councils' various Public Protection groups and Licencing Forums. Broadly, ADPs are responsible for delivering national and local priorities identified and published in strategy documents such as:
- Rights, Respect & Recovery (2019)
- Alcohol Framework (2019)
- Partnership Delivery Framework (2019)
- National Drug Mission Plan (2021)
- Local Outcomes Improvement Plans

Forth Valley's ADPs are making progress against 7 national ADP outcomes:
- Health: People are healthier and experience fewer risks as a result of alcohol and drug use.
- Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.
- Recovery: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.
- Families: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances.

- Community Safety: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour
- Local Environment: People live in positive, health-promoting local environments where alcohol and drugs are less readily available.
- Services: Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.

We will continue to review all drug related deaths, both on an NHS basis and more importantly on a partnership basis across Forth Valley. In common with other areas of Scotland we have made progress against implementation of the Medication Assisted Treatment (MAT) standards, but there is still a way to go to full implementation, and the work will continue this year. Whilst the MAT standards represent an advance on a single treatment approach to care, they fall short of a fully holistic, person-centred approach. To this aim we are working through the Clackmannanshire and Stirling HSCP Commissioning Consortium to deliver a Forth Valley wide complement of services for people with substance use issues. Similarly, the needs assessment work led by Falkirk this coming year will inform delivery across the whole of Forth Valley.

Work has begun on a dialogue around residential rehabilitation, with the aim of producing a definite way forward into the coming year.

The deliverables we are working to relate to the above. In addition outcomes of commissioned services are monitored through Key Performance Indicators.

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

Our overall approach is to embed prevention into everything the NHS does in Forth Valley - a major theme of the healthcare strategy currently being refreshed.

The Forth Valley Healthier Future Group will continue to co-ordinate the delivery of adult and child healthy weight programmes and early detection and prevention of diabetes, implementation of the outputs of whole systems approach work to physical activity, and community food work. In particular, meeting the requirements of the Good Food Nation Act will be a focus for this year.

This year the Forth Valley Tobacco Action Group will lead on communications on smoking cessation services, application of the whole systems approach (good partnership working) and begin to develop a tobacco action plan for Forth Valley.

A major challenge for the delivery of smoking cessation and weight management programmes is that Scottish Government funding has not increased in line with salary increases in the relevant staff groups.

The Maternal and Infant Nutrition Framework aims to support women to breastfeed for longer plus decrease the drop off in breastfeeding rates by 10% at first visit at 6 -8 weeks by 2025. In 2024/25 we will aim to:

- Continue progress around UNICEF's Baby Friendly Initiative (BFI) through reaccreditation of neonatal unit and Community for BFI.
- Take forward achieving the BFI sustainability with a plan for accreditation in early 2025/26.
- Completion of Baby Steps project and develop plans to build into business as usual.
- Maintenance of peer support mothers within Forth Valley Royal Hospital.
- Widen Best Start vitamin scheme for children up to age three.
- Develop a proposal with third sector for the funding to support community based peer support for mothers.
- Increase the number of places and organisations who sign up to the national Breastfeeding Friendly Scheme by 5%.

Our ambition for the period 2025-2027 is to

- Maintain BFI Sustainability and progress to achieving gold by end of 2026/27.
- Increase uptake of Best Start Vitamins with a continues focus on working with partners in the third sector to support distribution of vitamin D drops to vulnerable families.
- Maintenance of peer support for mothers within Forth Valley Royal Hospital, subject to ongoing Scottish government funding.
- Maintain the number of places and organisations who sign up to the national Breastfeeding Friendly Scheme and increase by 5%.
- Establish more robust community mothers peer support in conjunction with the third sector.

6.6 Redirection of wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their "Anchors Strategic Plan"

As set out in the NHS Forth Valley Strategic Anchor Plan 2023 – 2026, NHS Forth Valley is committed to improving the health of the population of Forth Valley and decreasing inequalities by using the resources of NHS Forth Valley. This will initially be achieved by supporting the development of a local wellbeing economy across Forth Valley where more wealth is generated, circulated and retained within local communities. NHS Forth Valley will procure more locally and for social benefit, use buildings and space to

support communities and widen access to good quality work and work experience as well as designing and delivering services which reach and benefit disadvantaged communities.

In 2024/25, an NHS Forth Valley employability action plan will be produced and delivered, building on the work of the Forth Valley College University NHS partnership and the Youth Academy work with NES.

Year on year, NHS Forth Valley will increase the proportion of budgets spent procuring goods from local services.

As agreed by the NHS Forth Valley Anchor Board, NHS Forth Valley will work with community planning partners to develop a shared asset register for local buildings and other facilities.

Please see Appendix II: Baseline and proposed Anchor scores for NHS Forth Valley measured using the Public Health Scotland Harnessing The Power of Anchor Institutions Framework for baseline Anchor measurement and for Anchor trajectories up to 2027.

NHS Forth Valley will continue to be committed to improving the health of the population and addressing inequalities within the area over the next 3 years. Anchor delivery will include –

- Further delivery of the NHS Forth Valley employability action plan.
- An increase in the proportion of NHS Forth Valley budgets spent procuring goods from local services.
- Development of a shared asset register with community planning partners.

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

An NHS Forth Valley Advancing Community Planning Group is to be established in 2024/25. The proposed purposes of the Advancing Community Planning Group are as follows –

- To develop organisational plans for community planning partnerships.
- To define and monitor community planning resources offered to the three community planning partnerships.
- To monitor improvements to local outcomes in LOIPs and Locality Plans.
- To collate information required for reporting, such as for Annual Delivery Plan returns and reports for the Performance & Resources Committee on community planning and Anchor progress.

- To provide a governance group for community planning for the Board.
- To develop a Board community planning communications plan.

The Advancing Community Planning Group will develop robust measurements of the contributions of NHS Forth Valley to community planning.

6.8 Improving custody healthcare through participation in the Executive Leads network and ensuring that the deaths in custody toolkit is implemented.

Police Scotland procure healthcare in Forth Valley from NHS Lothian. The Falkirk IJB Chief Officer is the Executive Lead for custody healthcare for NHS Forth Valley.

6.9 Prison Healthcare

NHS Forth Valley has consistently strived to deliver healthcare services based on a primary care model in the three local prisons, supported by enhanced care delivery in addictions and mental health. This is no longer sustainable, and a more intensive and bespoke healthcare service model is now required in response to national policy initiatives and external reviews of care within the prison environment as well as the increasing rise in population numbers, the wide range of primary and secondary health care needs and increases in the numbers of complex patient needs including the need for trauma informed models of care.

Having in place a suitably trauma informed and responsive workforce will support people affected by trauma and adversity, be able to respond in ways that prevent further harm and support recovery. We are committed to improving healthcare for those in our care and in line with any recommendations made. We will implement actions in collaboration with our partner agencies.

The priority areas and actions for 2024/25 are set out below:

Recruitment, retention and development of a healthcare team with the essential skills and experience allows consistent delivery of an enhanced psychologically trauma informed model of care to meet the required standards, recommendations and national policy initiatives. A workforce which complies with Safe Staffing legislation, who is supported to develop these skills will enable a more holistic, recovery and outcome focussed, and individualised approach.

Recruitment of experienced clinicians is challenging and this is in line with the national picture. In addition, retention of staff is challenging due to staff moving to promoted posts within our prison teams or externally.

Strengthen delivery of safe, effective and equitable healthcare services to this vulnerable population.
There are dental clinics in all three prisons in Forth Valley providing emergency dental care for any prisoner with urgent needs, and routine treatment for those in prison for longer than 6 months. Public Dental Services provide dental care for our prison population.

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

NHS Forth Valley is engaged with national colleagues and a Prison Project working Group regarding plans to implement MAT standards in prison. We have a project delivery plan which details local milestones and timelines. Prescribing guidelines for Addictions will be taken through our governance processes and, once approved will be embedded. As the MAT Standards are implemented this will develop into the creation of a NHS Forth Valley Clinical Guidelines document which will support standardisation of practice..

All three NHS Forth Valley prisons have established recovery cafes. Topics for discussion are prisoner led e.g. individual recovery, challenges faced, relapse prevention. Change, Grow, Live (CGL) is training their staff to deliver specific groups. This has initially been rolled out in HMP YOI Polmont but will be facilitated in the other two Forth Valley establishments as CGL workers complete their training.

The Mental Health Team operates within all three sites and a local Quality Network for Prison Mental Health Services group has responsibility for implementation of the standards. All patients with a mental health diagnosis, who are identified as appropriate, will have an allocated named mental health nurse who undertakes meaningful one to one work with patient with a trauma informed approach. Other interventions which may be appropriate are engagement in decider skills and psycho education.

Primary Care
Funding has been secured for two improvement projects to develop a frailty screening and support programme and to develop a bereavement pathway.

The Long Term Conditions Nurse supports the delivery of chronic health conditions management and promotes healthy living. Given the increase in the number of patients being admitted to custody with social care & mobility needs, rehabilitation support and specialist equipment are provided.

Skills and practical cooking classes will be supported initially by NHS dietician, alongside SPS but the aim is an SPS /peer educator model combined delivery.

Specialists providing assessment, screening, prevention, treatment and care in the prisons including sexual health nurses, clinical psychologists, mental health occupational therapist and speech and language therapists.

Finance
While we remain committed to the delivery of the priority areas of action set out above, we also recognise the financial and resource challenges we face in continuing to provide fair and equitable services to a growing prison population with increasingly complex healthcare needs. NHS Forth Valley will continue to engage with Scottish Government in relation to the known financial pressures in this area.

7. Women and Children's Health

Scottish Government Planning Priorities 2024/25

Board Delivery Plans should set out how they will progress delivery in the following priority areas:

- *Maternity and neonatal services, and in particular continuing delivery of 'Best Start; policy, with ongoing focus on delivery of continuity of carer and the new model of neonatal care, and that that all eligible families are offered child health reviews at 13-15 months, 27-30 months and 4-5 years.*
- *Taking forward the relevant actions set out in the Women's Health Plan.*
- *Setting out how they will work with their local authorities to take forward the actions in their Local Child Poverty Action Report.*
- *Delivering high quality paediatric audiology services, taking into account the emerging actions arising from the Independent Review of Audiology and associated DG-HSC letter of 23 February 2023.*

7.1 Introduction

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

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

Actions to maintain services to support urgent care pathways:
- Recruited to advanced nursing roles and clinical nurse specialist roles to support nurse led clinics within the gynaecology outpatient departments.
- Secured funding for substantive consultant to facilitate moving inpatient work to outpatients which will support known challenges for current long waiters and pressured subspecialties within gynaecology. Estimated start date June 2024.
- Successful test of change to support the unscheduled care pathway: right place right time. Secured funding for equipment for a more long term sustainable model. Estimated start time May 2024.
- Development of advanced nursing roles to support nurse led clinics & Emergency Department pathway.
- Service redesign by initiation of nursing posts into community paediatrics to support nurse led clinics.

- It is acknowledged that the primary care response is interdependent on unscheduled care presentations therefore collaborative work with our Primary Care colleagues is currently ongoing in relation to the Scottish Government's Women's Health plan, with a focus on sexual health, including contraception and termination of pregnancy, as well as menopause and menstrual health.
- Supporting the new primary mental health posts with general practice will reduce referrals and enable appropriate young people to be manged in the community.

7.2 Women's Health Plan

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

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

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

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

There is a focus as per the Women's Health Plan regarding postnatal contraception. Early discussion within the antenatal period is now 'business as usual' with extended choice contraception within the acute inpatient areas.
We have secured training for clinicians, nurses, and midwives for Long Acting Reversible Contraception (LARC) with the objective of preventing unwanted pregnancies. This will also support the reduction in termination of pregnancy waiting times. This work continues into 2024.

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

7.3 Active Clinical Referral Triage

With regard to Active Clinical Referral Triage (ACRT), we will work collaboratively with primary care colleagues to facilitate appropriate pathways ensuring patients are seen in the right place at the right time for gynaecology, paediatrics and CAMHS. We will increase the ACRT footprint on review of consultants' job plans over the next three months (February-May 2024). This will also include team service plans reviewing gynaecology sub-specialties with long waits.

7.4 Best Start Maternity and Neonatal Plan

Local recommendations are to be implemented by mid-2024, with the exception of continuity of carer which is to be achieved by Mid 2026 in line with updated national and local recommendations. A summary of our approach is below.

- We will continue with the project management delivery tool to support the implementation of recommendations.
- We will review and implement access to perinatal mental health services.
- We will signpost healthcare professionals and women to third sector support organisations.
- We have extended the range of pain relief provided to women including TENS and aromatherapy.
- We have and will continue to support clinicians with biomechanics study days to support using methods to enhance our SVD (spontaneous vaginal delivery) rate.
- We will continue to train and embed trauma informed care in Maternity and neonatal services.

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

7.5 Every child has the best start in life

- Provide preconception health advice for women and men.
- Provide support to pregnant women and their partners who smoke, drink alcohol or take substances to stop or change behaviours from as early in the pregnancy as possible to reduce the impact on children.
- Throughout the year deliver smoking cessation to women attending maternity clinics and their partners.
- Ensure families who are experiencing financial challenge and hardship receive the support they require to maximise their household income through the work of midwives and health visitors referring to community based financial services.
- Deliver a suite of health improvement programmes to improve infant and child health including maternal and infant nutrition programmes, immunisations and early intervention activities to promote overall child and family wellbeing.
- Tackling poverty – offering income maximisation, tackling child poverty, and delivering dignified access to food programmes.
- Deliver child and adult healthy weight programmes in line with Scottish Government requirements.
- Sustain the delivery of all Universal Health Visiting Pathway visits, working inter-professionally to address any identified need in order to ensure each child's health and wellbeing is optimised, irrespective of social and family circumstance.

By end of 2023/24 we will have completed first group of NHS child poverty demonstrator programme placements with local authority employment services.

7.6 Audiology

Newborn screening is provided by trained hearing assessors within the Women and Children's Service. Babies are referred to the Audiology service following the initial screening test, should this be necessary. The risk associated with ABR (Auditory Brainstem Response) testing of newborns in the Audiology Service is recorded on the corporate Risk Register.

Forth Valley has an Audiology Services Action Plan, which includes paediatrics. The highest risks still remain in place, due to Audiology Services workforce, which includes vacancies, maternity leave and long-term sickness absence. Where possible, staff are working additional hours to cover some of the gaps.

8. Workforce

Scottish Government Planning Priorities 2024/25

The Workforce Strategy Implementation Programme will continue to take forward key workforce reform in 24/25 designed to enhance staff and patient safety, improve working cultures, optimise workforce planning and staff deployment, and deliver sustainable improvement in conditions of service.

As spend on staffing continues to rise as a proportion of total portfolio expenditure, Boards are asked to set out plans to:
- *Achieve further reductions in agency staffing use and to optimise staff bank arrangements.*
- *Achieve reductions in medical locum spend.*
- *Deliver a clear reduction in sickness absence by end of 24/25*

The NHS Scotland Planning and Delivery Board is considering the requirement for a national-level business services transformation. As part of this, Boards will be expected to establish clear trajectories for increasing efficiencies across administrative and support services.

In addition, all territorial NHS Boards have signed up to the national eRostering contract, is a key enabler for Health Boards when complying with and reporting on the duties in the Health and Care (Staffing) (Scotland) Act 2019. In readiness for reporting by April 2025, Boards will have received access to eRostering and will have 6 rosters built by November 2024/ Boards are asked to set out in their 3 Year Delivery Plan:

- *An implementation plan for eRostering in 24/25 with a view to implementing across all services and professions by 31st March 2026.*

Board specific improvement plans and targets will be developed and issued via the Planning and Delivery Board and progress will be monitored through, inter alia, quarterly returns.

8.1 Achieve further reductions in agency staffing use and to optimise staff bank arrangements.

NHS Forth Valley is working closely with the Scottish Government's short life working group on agency use, and Forth Valley has managed to move away from all nursing off framework use from October 2023 and is working to maintain this.

NHS Forth Valley has commenced a reduction in framework agency use for nursing Health Care Support Worker (HCSW) which commenced in February 2024 and a reduction of 50% has been achieved in the first 2 weeks.

NHS Forth Valley is working with the short life working group to reduce framework agency use by October 2024. A Board wide escalation process is in place with sign off at Executive Board Director level. This will be achieved if other works on reducing contingency beds is successful and recruitment is maximised.

With regards to maximising staff bank arrangements, NHS Forth Valley has a staff bank covering all staff groups and recruits throughout the year to all job families, including health care students at local colleges and universities.

In early 2024, NHS Forth Valley is attending four university job fairs to recruit newly qualified nurses graduating this year and also offering fixed term 11.5 hour contracts or bank work to all students.

8.2 Achieve reductions in medical locum spend

Until April 2024, NHS Forth Valley has been part of the West of Scotland medical collaboration for medical agency via Retinue. This contract will be coming to an end and NHS Forth Valley is moving to an in-house medical agency provision with the use of Direct Engagement (DE) to maximise savings.

From April 2024, all new medical agency workers will be secured from the NP500 framework and DE will be promoted as the payment method of choice.

NHS Forth Valley is represented on the Scottish Government Medical Agency Short Life Working Croup, which will plan further medical locum spend management enablers to work towards a reduction in spend.

8.3 Reduction in Sickness Absence

NHS Forth Valley developed an Attendance Management Action Plan in June 2023 and a number of actions were delivered including focus on areas with 10% and above absence, review of Attendance Management Training and review of wellbeing support services for staff. The primary focus of current interventions is to improve governance processes around ongoing absence management, to support local leadership to address issues and to implement and promote significant supports for staff's mental health and wellbeing.

A revised Action Plan for 2024/25 has been developed in partnership with staff-side colleagues with the following actions have been agreed:

- Develop KPIs to ensure fair and consistent application of policy and reporting.
- Consider implementation of a Temporary Placement Programme which may enhance an effective return to work for staff who can return to an alternative work placement.
- Implement Return to Work recording on eESS (national HR) system within two days of return.
- Policy Application - establish if there is a direct link between absence from work and involvement in other parallel employment relations processes.
- Attendance Case Review Audits to ensure consistent application of policy.
- Establish an Attendance Management Oversight Group which will oversee all activities associated with the Attendance Management Action Plan 2024/25.

Moving forward to 2025 – 27 NHS Forth Valley will be working towards a sustained and continued improvement to promote attendance at work. We will continue to monitor progress across all areas as part of the Performance Review Activity. We will continue to focus on staff health and wellbeing. A staff health and wellbeing managers' toolkit, which covers topics such as making well-being a priority, supporting emotional, mental, physical, social, and financial wellbeing, will continue to be developed, and in response to staff feedback, we will be focussing upon basic needs at work.   An Occupational Health Service pilot project will progress with a stepped approach to mental health including peer support, this will enhance Occupational Health support for staff.

Improved reporting, using the Pentana system, will ensure managers have access to attendance management information.

The Culture Change and Compassionate Leadership Programme, which was launched in April 2023, will progress during 2024 and aims to be as collaborative and inclusive as possible to ensure staff have the opportunity to put forward their ideas and suggestions for improvement.

8.4 In addition, all territorial NHS Boards have signed up to the national eRostering contract, is a key enabler for Health Boards when complying with and reporting on the duties in the Health and Care (Staffing) (Scotland) Act 2019. In readiness for reporting by April 2025, Boards will have received access to eRostering and will have 6 rosters built by November 2024/ Boards are asked to set out in their 3 Year Delivery Plan:

An implementation plan is in place for eRostering in 2024/2025 with a view to implementing this across all services and professions by 31st March 2026.

NHS Forth Valley have successfully rostered the acute services division including mental health areas and have rolled out safe care to these areas. In total, 75 areas involving 2052 staff, have been fully implemented and are using safe care.

In adopting a safe care roll out within nursing, it has benefitted the reporting work around the Safe Staffing Act. Community hospitals, some support service and AHPs have also been included.

A project plan is in place and there are 7 staff employed within the team, who are working towards having all staff rostered by April 2025, where these staff groups are covered by the Health and Care Safe Staffing Act and are on track to have fully completed the implementation by March 2026 across all areas.

In 2024/25 our implementation plan continues including health visiting, women and children's services, IT services, AHPs and medical staff.

8.5 NHS Forth Valley will review Administrative and Support Services to ensure increased efficiencies across these areas.

As part of our work on workforce sustainability, we are reviewing all aspects of our current service design to ensure we have the capacity and capability to deliver our services in an efficient and effective way. This work has already commenced and will be a feature of our Financial Sustainability programme of work. We are aiming to work proactively to identify opportunities for redesign of work roles to reflect opportunities for agile working, blending our digital and people strategy aspirations. This work will embrace opportunities for transformational change and supports our aims to make NHS Forth Valley a great place to work for our staff. We are in active discussions about regional working opportunities and will also be guided by national programmes of work which will influence the direction of travel in relation to design of administrative and support services.

9. Digital Services and Innovation Adoption

Scottish Government Planning Priorities 2024/25

Board Delivery Plans should set out how they will progress delivery in the following priority areas:

- *Adoption and implementation of the national digital programmes.*
- *Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework.*
- *Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce.*
- *Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway.*

9.1 Optimise Microsoft 365

- The M365 Cross-Organisation Collaboration project has been established to maximise collaboration and communication opportunities available to organisations using the M365 platform.
- Phase 1 (Calendar Sharing) of the M365 Collaboration work with Falkirk is has been complete. The national team is waiting for Stirling and Clackmannan Councils to engage and commence the work required for Phase 1.
- NHS Forth Valley is not one of the territorial boards taking part in the pilot for Phase 2 (Document Sharing) so no work is expected to take place during 2024/25.
- With regards to M365 and all its associated products, plans for 2024/25 have been set out to demonstrate how NHS Forth Valley will start utilising these and in order of priority. Our main objective remains for the removal of Office 2007 from all devices.
- The first priority is the implementation of the Microsoft Defend for Cloud Application Security (MCAS) as this is a pre-requisite for transitioning over to SharePoint Online (SPO) and One Drive.

- To facilitate the move to SPO and OneDrive, NHS Forth Valley is working on creating a SMART Hub for all users to access as a collaboration platform, therefore, maximising the benefits of efficiency, increased collaboration, improved record keeping and security of information.
- Tools in current use are Excel, Word, PowerPoint, Outlook, OneNote. Teams is widely used across the organisation and forms the basis of the main business tool deployed.
- Viva Engage is being used for a small number of pre-approved specific sites which are governed by the Communications Department. Any new sites being created are tightly controlled until the completion of the core M365 products (MCAS, SPO and OneDrive).
- For all other M365 application and functions, such as Power BI and Power Automate, NHS Forth Valley have suspended the use of these until a full security assessment has been carried out.
- NHS Forth Valley is still operating on the licence allocation detailed below, based on an 80%: 20% split. and this will remain until the new licencing arrangements have been agreed between Microsoft and the national team.
- A weekly and monthly review of licences is conducted to enable the management of licences utilising the national dashboard and local information from Active Directory. Our Joiners-Movers-Leavers process is now built into Service Now (Service desk system) to manage the licences from start to finish.

Licence Type	Allocated Licences	User Type	Included in Licence
E5s	2119	Knowledge workers	E5 licence with 100Gb mailbox, unlimited OneDrive storage, Office client install.
F3s & AFE	61	Frontline worker	F3 licence with 2Gb mailbox, 1Tb OneDrive storage and Office client install.
F3	8233	Frontline worker	Standard 2Gb mailbox & 2Gb OneDrive storage; Office Online

- Communications around the introduction of M365 SPO and OneDrive will ramp up to local users to inform them of the changes coming and help guide them through the process.   There will be ongoing training, guides, and facilitation from the eHealth

department to keep staff updated of any changes and assist with change management.   This will assist staff to use the M365 suite of products both current and future ones.

- The local benefits of deploying M365 have been identified and these will be monitored to ensure they are realised through the M365 Project monthly, which is held monthly.

9.2 National digital programmes

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

- **Community Health Index (CHI)**: The implementation of the CHI system replacement was successful, and all project objectives were achieved. The new system went live on 1st November 2023.
- **Child Health**: Participating in product testing and implementation, planned for 2024/25 – in line with National Programme timescales.
- **GP IT:** NHS Forth Valley signed their Direct Award with Cagedim on the 30 January 2024, ahead of the national deadline.
- The first practice is due to commence their 18-week migration in May 2024 with the remainder of practices starting from September 2024 right through to December 2025. There have been some issues identified with the Stallis migration tool, which may impact NHS Lanarkshire's timelines and push NHS Forth Valley's plans back.
- **eRostering:** NHS Forth Valley has engaged fully with this project as one of the early adopter NHS Boards. The project is largely complete with some requirements for continuing eHealth training.
- **Laboratory Information Management System (LIMS)**: Proposed go live for NHS Forth Valley is October 2025. Preparation work is underway locally and national to recruit essential staff for implementation, create the data migration strategy (aligning with Lothian) and configuration workshops to complete standardised design specifications for the national build.
- **HEPMA**: Work with the Pharmacy Team to upgrade to the latest version of the electronic prescribing and medication system. No date set.
- **M365**: See section 9.1.
- **Endoscopy reporting system:** It is anticipated the system will go live in NHS Forth Valley early in Q1 2024/25, delayed from February 2024.

- **Diagnostics (PACS)** - Participating in product testing and implementation, planned for 2024/25, in line with National Programme timescales.
- **Connect Me**: Forth Valley currently has eight active pathways, with two further pathways planned for 2024. These all support people to self-manage their health needs from home or wherever is convenient for them.
- **Scottish Vaccination Immunisation Programme (SVIP)**: There was an initiative examining the business case for a West of Scotland Unified Care Record however this project has now been put on hold. Further clarity is being sought.
- **Heartflow**: Trialling the use of Heartflow technology for patients with evidence of coronary disease on CT imaging. Sending images safely to the Heartflow company with appropriate speed of return of the report. Document the outcomes for patients in terms of the need for further investigations including stress echo and invasive angiography as well as admissions and clinical events. Evaluation in progress to inform next steps. 56 successful Heartflow scans have been performed.
- **Opera heart failure**: A digital Heart Failure application to support standardised and more efficient clinical care of people referred from the community in NHS Forth Valley for investigation of suspected new Heart Failure. Now live. Forth Valley has been piloting OPERA and capturing the impact of the platform alongside NHS Greater Glasgow and Clyde. A value case is being developed with CfSD for submission in June. If approved this will be added to the Accelerated National Innovation Adoption pathway.
- **Digital Dermatology Pathway (**ANIA**):** Forth Valley and the Dermatology Consortium worked closely with CfSD and the ANIA team to initially build the value case which was approved at IDA in 2023. The aim of the project is to capture triage quality images of a patient's skin concern at the point of referral within primary care. Forth Valley is one of the initial test boards.
- **Eye health:** Trial remote vision apps (IBIS and OPTONET). Clinical Validation continues, impact data captured. Initial results submitted to ANIA for consideration.
- **Theatre Scheduling:** Forth Valley is evaluating a theatre scheduling system that will digitise theatre lists, potentially improving theatre utilisation**.** Three specialities are testing this solution. Qualitative and quantitative data is being collected to support evaluation of the system. Forth Valley is supporting the national procurement process which is being led by Digital & Health Care.

9.3 Digital Maturity

Digital Maturity Assessment was completed, and a report was published in December 2023. Recommendation by Scottish Government is for a process locally to be established to provide continual assessment. This has yet to be determined and planned for NHS Forth Valley.

9.4 Leadership in digital

- NHS Forth Valley has executive support and commitment to how we are optimising use of digital & data technologies in the delivery of health services. Furthermore, we have ongoing commitment to developing and maintaining digital skills across the whole workforce. Our refreshed digital health and care strategy 2023-27 was approved by the NHS Board in January 2024 and governance is maintained via our Digital & eHealth programme board reporting to our Performance and Resources committee as well as our Executive Leadership Team.

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

- From 2023/24 a Senior Digital and eHealth Manager is currently part of the National Digital Health and Care Transformational Leaders Programme, which is funded by Scottish Government for two years, studying data science for health and social care (Postgraduate Diploma in Professional Development). This is sponsored and mentored by the Facilities and Infrastructure Directorate / eHealth Lead and has executive support. Learning will be shared through various forums, reports, and committees.

- Integration of acute, health and social care and local authority data to enable population health data to be considered alongside acute service data. As health inequalities is being considered as a corporate risk, greater understanding is required on access and service usage. Develop dataset to assess healthcare generated health inequalities. For example, use vision in primary care to increase understanding of access to healthcare and health inequalities. We will continue to work through Community Planning Partnerships to deliver on digital inclusion for all (R100), which is key to access.

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

- During 2023/24 NHS Forth Valley developed and approved a Cyber Resilience Framework called 'Shaping the Future: a Supporting Cyber Resilience Sub-Strategy for NHS Forth Valley 2022-25'. This follows the national guidance as well as linkages to Coud Centre of Excellence and set out how the Board will comply with NIS regulations and the national audit programme. The Cyber Resilience Sub-Strategy was also enhanced by the Digital Health & Care Strategy (2023-2027).
- As evidenced at prior Network and Information Systems audits 2020-2023, the Health Board will aim to continue to improve compliance year on year with the Cyber Resilience Framework through the audit process. The Health Board has adopted the new evidence template and has implemented this as part of internal progress monitoring. Significant recurring investment has been made in the cyber team during 2023/24 underlying the NHS Board's commitment to this important area.
- The NHS Board has been engaged with the Cloud Centre of Excellence (CCoE) since its inception and has close working relationships with members of the centre which help support incident response, monitoring, and reporting.
- NHS Forth Valley founded the national NIS Leads Team which is focused on cross-board collaboration inclusive of the CCoE and Competent Authority to encourage and support continuous improvement of NIS compliance.

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

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

We have identified potential ANIA projects within the E-health Delivery Plan, to support us to be able to prioritise resource required to adopt and scale. NHS Forth Valley has a dedicated Innovation Team with expertise in project and change management to adopt and scale ANIA innovations. We have recruited a Project Officer to support us with implementation to support the ANIA pipeline. Forth Valley has been key in working with CfSD and the ANIA team to evaluate three potential solutions and develop the Value Cases for submission to IDA (Innovation Design Authority). We are also one of the first Boards to test the Digital Dermatology Pathway. However, we will need to understand how all IDA approved ANIA pathways align with our local priorities with a plan to ensure we

have the appropriate governance routes. The Digital & eHealth Delivery Plan and ICT Teams include a digital project support resource to scope and plan. However, each ANIA solution to be adopted will require an assessment of digital, technical and other resource requirements, depending on our existing systems, technologies and specialist capacity.

Reprioritisation of Digital and eHealth delivery will require appropriate change management, local business cases (or proposals) will be taken through existing governance structures.

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

Our approach to fast tracking adoption of proven innovations in 2024/25 includes:

- Delivered as a local Test Bed and worked in partnership with CfSD, ANIA Team and Chief Scientist's Office on three ANIA pipeline innovations (see below).
- Continued leadership and management of two national innovation consortia and hosting of SBRI/catalyst challenges, to improve innovation development and implementation locally.
- Achieved whole system visibility and understanding of performance challenges and priorities through directorate performance meetings and HSCP transformation boards.
- Continuous review of timelines for innovations being progressed through the ANIA pipeline, so as to be aware of potential need for adoption.
- Digital and eHealth Delivery Plan 24/25 incorporating programme outcomes and milestones, based on existing ehealth, innovation, Information Governance, Medical {hysics, and change management resource approved.
- Ongoing joint review of eHealth and digital project requests.
- Innovation Governance Group and process embedded into both the corporate and clinical governance structures and aligned to the Digital and eHealth Delivery Plan.

- Forth Valley Quality Portfolio includes R&D, Innovation, Clinical Governance and Quality Improvement, allowing interdependencies to be identified and awareness of potential demand for change management.

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

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

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

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

We will continue to lead and manage two national innovation consortia i.e., Dermatology AI Consortium and Eye Health Consortium and the delivery of associated innovation programmes with agreed milestones for 2024/25 and beyond. The consortia have members from academia, health and social care, industry partners, Scottish Government, National Services Scotland Innovation Procurement, Healthcare Improvement Scotland – Scottish Health Technologies Group, CfSD, ANIA.

We are one of two Boards selected for Phase 1 of the CfSD/ANIA led digital dermatology pathway implementation the value case to which we contributed change package, blueprint material and other information. We will be learning from and with NES colleagues in changes in workflow and training and in use of the National Digital Service to support the recently procured software.

We will continue to meet regularly with Chief Scientist's Office – Scottish Health and Industry Partnership to support these consortia and other innovations that NHS Forth Valley has been asked to test, share progress, learning and challenges including accessing Artificial Intelligence and technical architecture expertise. NHS Forth Valley also contributes to the national Digital and eHealth, Information Governance, Procurement and Innovation Regulation lead groups and our Deputy Medical Director is Clinical Lead for CfSD.

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

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

10. Climate Emergency and Environment

Scottish Government Planning Priorities 2024/25

NHS Board plans for 2024/25 set out how they will progress delivery in the following priority areas:

- *Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide.*
- *Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards.*
- *The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme within NHS Boards.*
- *The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation.*
- *Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate.*
- *Reducing the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and the adoption of the sustainability in quality improvement approach.*

10.1 NHS Forth Valley Board Delivery Plan 2024/25 – Climate

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

A Climate Emergency Response & Sustainability Team has also been established. This group informed the NHS Forth Valley Climate Emergency & Sustainability Strategy and is responsible for delivery of outcomes within the Action Plan. An extensive amount of work is carried out by the working groups which have been set up by NHS Forth Valley to respond to the climate emergency. The activities that will be delivered by each working group in 2024/25 are summarised below.

10.2 Energy in buildings & Facilities Management

Building on the work that has already been carried out to improve the energy performance of the Board's property portfolio, in 2024/25, the focus will be on:

- Monitoring and verification of savings achieved through implementation of a range of energy conservation measures (ECMs) delivered as part of the 2022/23 Green Public Sector Estate Decarbonisation Scheme (GPSEDS) project. These savings are guaranteed by the main contractor (Vital Energi) and independently verified over the 12 months post-completion.
- In the non-PPP/PFI (Public Private Partnership / Private Finance Initiative) estate, implement an Energy Management Plan that will focus on the 10 most energy intensive sites and the 10 worst performers in terms of energy consumed/m^2.
- In the PPP/PFI estate, shift the focus of existing Joint Utilities Management Groups (JUMGs), that form part of the contractual arrangements at the Board's PPP/PFI sites, onto energy conservation and utilities management that will achieve maximum efficiency. The Board's three PPP/PFI sites are: Forth Valley Royal Hospital (which alone accounts for 50% of the Board's total energy consumption), Stirling Health & Care Village (SHCV) and Clackmannanshire Community Healthcare Centre. In addition to identifying and implementing operational efficiencies, this approach will seek to maximise lifecycle planning and investment at these sites to drive efficiency and carbon reduction.
- Build on the GPSEDS-funded energy efficiency and de-steaming feasibility study carried out Falkirk Community Hospital (FCH) in 2022/23 to shift viable options to implementation, funding dependent. FCH is the Board's last remaining steam site and a real challenge in the shift to net-zero.
- Develop and progress, with the Board's Building Management System (BMS) contractor, opportunities to improve building performance by optimising BMSs e.g. adjusting set-points and run times etc.
- Work with Scottish Government (SG) and NHS Assure to develop the opportunities identified as part of the Net-zero Route Mapping exercise, with a particular focus on Forth Valley Royal Hospital). The SG is commissioning follow-up feasibility work in 2024/25 to understand the viability of the options that have been identified.
- Prepare and submit a GPSEDS bid to fund implementation of Environmental Change Model opportunities – the focus is likely to be on electric boiler installations in conjunction with solar arrays that will generate power on-site and reduce demand for electricity from the grid to power the new equipment. This will also reduce the revenue burden that is attached to using electricity for heating in place of gas (in 2024/25 gas will cost circa 6p/kWh compared with electricity that will cost circa 32p/kWh).
- The NHS Forth Valley Grounds Maintenance Team will continue to identify options to shift away from petrol driven equipment in favour of electric variants.

NHS Forth Valley has appointed an Energy and Sustainability Manager in 2023/24 to provide a dedicated resource that will focus on reducing impacts associated with the Board's buildings portfolio.

10.3 Greenspace & Biodiversity

- Work will continue to monitor, evaluate and improve upon the wellbeing and biodiversity etc benefits of the extensive greenspace improvements implemented at Stirling Health and Care Village (SHCV) in 2022/23.
- The NHS Scotland Greenspace Mapping exercise, commissioned by NHS Assure, will conclude and options identification and feasibility will get underway.
- Additional opportunities to improve use of available greenspace and protect and increase biodiversity at NHS FORTH VALLEY sites will be identified using the SHCV project as a model.
- A Greenspace Champion will be identified to drive forward the NHS FORTH VALLEY greenspace and biodiversity opportunities.
- Partnership opportunities to develop collaborative greenspace and linked biodiversity 'corridor' options will be explored e.g. with local authorities and/or other public and private sector organisations.
- The 'No Mow May' approach that was piloted at SHCV in 2022/23 will be rolled out to other sites where appropriate. This will be aligned with the new Grassland Management Guidance that has been prepared by NHS Assure/Short Life Working Group members.

10.4 Fleet Operations

- Implementation of the NHS Forth Valley Electric Vehicle (EV) Strategy is ongoing. The fleet operations emissions targets in the NHS Forth Valley EV Strategy are also reflected in the NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan.
- In addition to shifting the NHS FORTH VALLEY fleet to EVs, 'hub and spoke' arrangements for fleet electric vehicle charging infrastructure have been installed at key sites. Fleet only hubs with multiple charging outlets have been established at our large sites, with single or dual charging posts installed at the smaller/more remote/rural sites.
- NHS Forth Valley is on track to achieve the Scottish Government's targets to decarbonise the fleet (where technology allows) by 2025: currently, 54% of the core fleet has been shifted to electric and planned replacements at end of lease will see the remaining fleet vehicles shift to EV (where possible and funding dependent).

10.5 Active Travel

- A wide range of healthy living activities are delivered by the Board on an ongoing/annual basis – many of these are linked to encouraging more active travel which also offers health and wellbeing benefits. This programme of work will continue in 2024/25.
- In addition, cycling facilities will be improved at NHS Forth Valley sites and the three-month free e-bike loans will continue to be offered to NHS Forth Valley staff on the basis that they use the e-bike to cycle to work.
- Increased uptake by NHS Forth Valley staff of the NHS Forth Valley Cyclescheme is expected to continue in 2024/25 (there has been significant spike in interest since 2023 when the funding limit was increased from £2,000 to £2,500 and the payback period increased from 12 months to 18 months for all eligible staff).

10.6 Waste

- The focus in 2022/23 and 2023/24 has been on addressing operational issues. With a new NHS Scotland waste management contract in place in 2024/25, it is expected that opportunities to further improve waste management will be taken forward to reduce waste to landfill and increase recycling.
- Work will continue with FM staff, domestics/supervisors and waste contractors to establish a consistent approach to waste disposal/management across all sites, with a view to reducing waste arisings and increasing recycling.

10.7 Sustainable Care

- The NHS Forth Valley Sustainable Care Working Group has 7 priority areas of activity: respiratory inhalers, medical gases, other green theatres projects, Realistic Medicine, care pathways (including 'green/active' alternatives), medicines and supporting Primary Care.
- The Board's theatre staff have engaged with NHS Scotland Green Theatres Programme (NGTP) since its inception and have been involved in successful delivery of associated projects for several years. The NGTP targets are included in the NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan and a separate delivery plan has been developed and agreed with NGTP for implementation in 2024/25. The Sustainable Care Working Group will continue to implement initiatives - the aim is to achieve six out of the seven 'Bundle A' targets set by the NGTP.
- Work will also continue with Serco (the Facilities Management Provider at FORTH VALLEYRH) and external agencies, via a Short Life Working Group, to reduce 'wasted' Entonox and to increase pipeline supply efficiency
- The NHS FORTH VALLEY Greener GP Practices Group has agreed a way forward that will reduce impacts associated with respiratory inhalers. This work is ongoing in 2024/25 with support from the Board's Pharmacy.

10.8 Sustainable Procurement and Circular Economy

- The NHS Forth Valley Sustainable Procurement & Circular Economy Working Group will continue to support the national drive to reduce impacts associated with NHS Scotland procurement. It will also work with local suppliers to make purchasing that is controlled by the Board more sustainable. In 2024/25, this work will include but not be limited to the undernoted.
- Develop a supplier engagement programme to communicate sustainability commitments and expectations to suppliers. Key suppliers to the Board have committed to support the NHS Forth Valley climate response and will submit details of savings and initiatives on an ongoing basis.
- The aim (nationally) will be to have either contacted or will have a plan to contact all of the NHS Scotland contracted product suppliers on all National Procurement (NP) contracts to understand and gauge their net zero ambitions.
- Relaunch the NHS Forth Valley Warp-it reuse scheme.
- Ensure that key NHS Forth Valley suppliers are aware of their vulnerability to climate change disruptions and have resilience and contingency arrangements in place to minimise disruption resulting from extreme weather.
- Work with National Procurement to understand local impacts and opportunities etc. of single use plastics regulations by reviewing the 8,000 items in NDC (National Distribution Centre) firstly to understand what products can be removed and swapped to reusable or more sustainable products.
- Build on existing cardboard reuse initiative (within the Board's Central Supplies Depot) by rolling out to other sites.

10.9 Sustainable Communities

- The NHS Forth Valley Sustainable Communities Working Group is aligned directly with the NHS Forth Valley Anchor Springboard, which has a robust measurement framework in place to monitor progress. The synergies with the Board's climate emergency response have been acknowledged within the NHS Forth Valley Anchor Strategic Plan that covers the period 2023 – 2026.
- The shared vision is to improve the health of the population of Forth Valley and decrease inequalities by using the resources of NHS Forth Valley effectively.
- The NHS Forth Valley Anchor Plan sets out our current position, our vision, our strategic priorities for the next three years and how we plan to deliver the actions.
- Milestones for all five anchor pillars: employment, procurement, land, assets and environment, service delivery and being an exemplar anchor have been developed.

- This will initially be achieved by supporting the development of a resilient local wellbeing economy across Forth Valley where more wealth is generated, circulated and retained within local communities. The Health Board will procure more locally and for social benefit; use its buildings and space to support communities and widen access to good quality employment opportunities.

10.10 Environmental Management System (EMS)

NHS Forth Valley has engaged as far as practicable with limited resources with the NHS Scotland EMS User Group. The Board acknowledges that there is much work to be done to embed an effective EMS across the whole organisation and steps have been taken to include this as a key risk within the NHS Forth Valley Strategic Risk Register.

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

10.11 Climate Change Adaptation

The NHS Scotland Climate Change Risk Assessment (CCRA) Toolkit has been used by NHS Forth Valley to assess the risks facing the organisation. Colleagues from a range of departments and services attended an initial workshop to inform the NHS Forth Valley CCRA and identify the key risks. This was followed by another workshop, attended by representatives from the NHS Board's Risk Management, Resilience and Contingency Teams – the risks initially identified were revisited and the scores etc verified.

NHS Forth Valley acknowledges the importance of adapting to a changing climate; and when resources permit will ramp up efforts to finalise the Adaptation Plan.

10.12 Responding to the Climate Emergency

NHS Forth Valley has acknowledged that significant and long-term changes to the way care is delivered will be required to ensure this NHS Board makes an effective contribution to the national/global drive to limit the impacts of climate change.

The NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan 2023 – 2026 was approved by the Board's Executive Leadership Team in June 2023 and adopted by the NHS Board in July 2023.

Significant challenges remain, however, if the NHS Board is to achieve its own targets and in doing so, contribute towards achieving NHS Scotland's net-zero ambitions. The risk of not achieving what is required is recognised in the NHS Board's Strategic Risk Register, and in particular the resources required to build and sustain a climate change and sustainability team commensurate with the challenge.

This NHS Board is conscious of the significant financial pressures that are affecting NHS Scotland and must stress that budget availability is highly likely to impact on our ability to achieve targets and deliver outcomes. It must also be acknowledged that the current financial pressures are likely to affect NHS Scotland's climate emergency response.
Key challenges in the years ahead for NHS Forth Valley, in terms of responding to the climate emergency, include:

- Funding for energy efficiency and carbon reduction projects is likely to become increasingly difficult to secure in 2024/25 (and beyond)
- Whilst efforts are ongoing at NHS Forth Valley to build a core team to support the Board's climate emergency response, the recurring funding required for two new posts has still to be confirmed for 2024/25 (and beyond).
- The postholder that would assume responsibility for implementation of the NHS Scotland Environmental Management System (EMS), that will underpin the Board's climate emergency response, has still to be recruited.
- Effective climate emergency response and sustainability information and reporting are also dependent on recurring funding for the additional staff resources being in place.

10.13 Climate Change Reporting

NHS Scotland Boards report progress annually in regard to climate change and sustainability to the Scottish Government (SG): as a Statutory requirement of the Public Bodies Climate Change Duties (PBCCD) and more recently to demonstrate compliance with the NHS Scotland Climate Emergency & Sustainable Development Policy, DL (2021) 38 (DL38). Annual performance is currently reported in November for the previous financial year. These are retrospective submissions that cover the preceding Financial Year, which does not align with the quarterly reporting requirements associated with the Board Delivery Plans.

10.14 NHS Forth Valley Board Delivery Plan 2023 - 2026

NHS Forth Valley has a comprehensive Climate Emergency & Sustainability Strategy and Action Plan, outlining what will be delivered between 2023 – 2026 N.B. 2027 is not included within the scope of the Board's current strategy and action plan. The NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan sets out details of the actions this Board will take between 2023 and 2026 to respond to the climate emergency. The Action/Delivery Plan that accompanies the strategy will be updated each year to

reflect progress and shifting priorities. The NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan 2023 – 2026, which can be accessed here.

Appendix 1

Draft Planned Care Delivery Plan (spreadsheet template document)

Appendix 2:

NHS Forth Valley Anchor Institution Benchmarking Scores 2024 – 2027

PHS Framework theme	Current 23/24	In-between by March 25	Goal by March 27	Key points from baseline assessment
Employer	3.2	3.5	3.9	Data used to analyse workforce plans. Need action plan to target recruitment and retention. Social media used to promote posts on request. Employability events and careers events. Clinical and care simulation projects. Support Modern Apprenticeships. Systematic promotion, support for and implementation of apprenticeships. Member of Disability Confident Employer Scheme. Project Search NOLB funded Mentorship project with FORTH VALLEYC planned. NHS Demonstrator Project for single parents underway with three Local Authorities. Flexible working policy in place supporting work-life balance. Have Disability Scheme in place. Know numbers of workforce with long term conditions and, or registered disabled. Review national PIN policy. Promotion of staff wellbeing programme. Financial Wellbeing site. Work with Credit Union and Citizen Advice. Inclusive strategy for personal and professional development in place to attract and retain talent with delivery via a range of solutions including via unions.
Procurement	2.3	3	3.3	Limited by national procurement contracts/frameworks and FCH Masterplan and Primary Care Premises Plan paused on capital spend. Analysis of local spend, as % of total spend/year using Spikes Cavell tool and loaded into Procurement Annual Report. Procurement Annual Report includes payments to suppliers. Analysis identifies all local suppliers spend and supply chain gaps. Supplier engagement with larger/top 8 suppliers. Benchmarking of community benefits portal and feedback from TSIs. Appendix 2: Key points from self-assessment against PHS Framework 16 Have built Fair Work practices into all tenders since 2022.

Environment and Assets	2.2	2.6	3.2	Climate Emergency & Sustainability Strategy and Action Plan approved by Board in July 2023. Need to plan training in waste management and disposal, as part of wider action plan. e bike loan scheme for key workers, cargo bikes, Active Travel ambassadors, over 50% of fleet vehicles fully electric. Large project focusing on energy matters - windows, insulation, LED lighting, solar PV, BMS controls, wall cavity insulation. All projects take account of the environment and how building and estate performance can be improved. Greenspace Group. Funded project in Stirling Care Village. Sustainable design, local involvement/consultation in developments Engagement with Local Authorities and other public sector organisations directly and as Participant in East Central Hub Territory.
Service Design and Delivery	1.8	2.3	2.8	Whole System Leadership Team workshop session. Strong Forth Valley University College NHS Partnership with focus on education and skills, career pathways and workforce development, research, and innovation. Strong NHS Youth Academy FORTH VALLEY Huddle. Data and community need driven place-based projects in Alloa and Grangemouth. Exploring with Stirling. Look to strengthen contribution of expertise to local communities. Health improvement well embedded in community planning. Need to review existing delivery against health inequality impact and data. Data being used to inform access planning. Clacks and Stirling Locality Planning explaining inequalities approaches and why.