

A meeting of the **Forth Valley NHS Board** will be held on **Tuesday 28 January 2024** at **9.30am** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW**.

**Neena Mahal**  
Chair

**AGENDA**

1.	<b>Welcome, Apologies and Confirmation of Quorum</b>		<b>9.30</b>
2.	<b>Declaration(s) of Interest(s)</b>		
3.	<a href="#"><u>Minute of Forth Valley NHS Board meeting held on 26 November 2024</u></a>	For Ratification Pages 4 to 19	
4.	<a href="#"><u>Matters Arising from the Minute / Action Log</u></a>	For Approval Pages 20 to 22	<b>9.35</b>
5.	<b>Chair's Report</b> (Verbal update by Ms Neena Mahal, Board Chair)	For Noting	<b>9.40</b>
6.	<a href="#"><u>Board Executive Team Report</u></a> (Paper presented by Professor Ross McGuffie, Chief Executive)	For Information Pages 23 to 27	
7.	<a href="#"><u>Strategic Risk Update – October – January 2025</u></a> (Paper presented by Ms Vicky Webb, Corporate Risk Manager)	For Approval Pages 28 to 42	
8.	<a href="#"><u>Strategic Planning, Performance &amp; Resources Committee – Terms of Reference</u></a> (Paper presented by Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance)	For Approval Pages 43 to 48	
<b>9. COMMITTEE MINUTES AND AN OPPORTUNITY FOR COMMITTEE CHAIRS TO HIGHLIGHT MATERIAL ISSUES TO THE BOARD</b>			
<b>Governance Committee Minutes</b>			<b>10.00</b>
9.1	<a href="#"><u>Verbal Update from meeting of Audit &amp; Risk Committee – 24 January 2025</u></a> (Verbal update by Cllr Fiona Collie, Committee Chair)	For Noting	
9.2	<a href="#"><u>Clinical Governance Committee – 12 November 2024 and Verbal Update from meeting of 7 January 2025</u></a> (Paper presented by Dr Michele McClung, Committee Chair)	For Noting Pages 49 to 60	
9.3	<a href="#"><u>Staff Governance Committee – Verbal Update from the meeting of 13 December 2024</u></a> (Verbal update by Mr Allan Rennie, Committee Chair)	For Noting	
9.4	<a href="#"><u>Strategic Planning, Performance &amp; Resources Committee – 17 December 2024</u></a> (Paper presented by Ms Neena Mahal, Committee Chair)	For Noting Pages 61 to 74	

<b>Advisory Committee Minutes</b>			
9.5	<a href="#"><u>Area Clinical Forum – Verbal Update from meeting of 15 January 2025</u></a> (Verbal update by Ms Kirstin Cassells, ACF Chair)	For Noting	
9.6	<a href="#"><u>Area Partnership Forum Minute – 22 October 2024 and Verbal Update from meeting of 17 December 2024</u></a> (Paper presented by Mr Robert Clark, APF Co-Chair)	For Noting Pages 75 to 81	
<b>QUALITY &amp; SAFETY</b>			
10.	<a href="#"><u>Patient/Staff Story – Clinical Simulation Centre NHS Forth Valley a Patient Safety and Cultural Transformational Service</u></a> (Paper presented by Ms Julie Mardon, Clinical Director Scottish Centre Simulation and Clinical Human Factors)	For Assurance Pages 82 to 98	<b>10.20</b>
11.	<b>Update on Safety:</b> <b>(a) <a href="#"><u>Quality Assurance and Improvement Report</u></a></b> (Paper presented by Mr Andrew Murray, Medical Director; and Professor Frances Dodd, Executive Nursing Director) <b>(b) <a href="#"><u>Healthcare Associated Infection (HAI) Reporting Template December 2024</u></a></b> (Paper presented by Mr Jonathan Horwood, Area Infection Control Manager)	For Assurance Pages 99 to 119  Pages 120 to 149	<b>10.40</b>
12.	<a href="#"><u>Whistleblowing Standards and Activity Report</u></a> (Paper presented by Professor Frances Dodd, Nursing Director)	For Assurance Pages 150 to 161	<b>11.00</b>
<b>13. INTEGRATION JOINT BOARD MINUTES &amp; HSCP UPDATES</b>			<b>11.10</b>
13.1	<a href="#"><u>Minute of Clackmannanshire &amp; Stirling Integration Joint Board – 2 October 2024</u></a> (Paper presented by Cllr David Wilson, Clackmannanshire & Stirling Integration Joint Board Chair)	For Noting Pages 162 to 173	
13.2	<a href="#"><u>Proposed Integration of Children’s and Justice Social Work Services into the Falkirk Health and Social Care Partnership</u></a> (Paper presented by Ms Gail Woodcock, Chief Officer, Falkirk IJB)	For Endorsement Pages 174 to 185	
13.3	<b><a href="#"><u>Integration Schemes:</u></a></b> <b><a href="#"><u>Falkirk Clackmannanshire &amp; Stirling</u></a></b> (Paper presented by Mrs Jillian Thomson, Deputy Director of Finance)	For Approval Pages 186 to 276	
13.4	<a href="#"><u>IJB Directions</u></a> (Paper presented by Mr Scott Urquhart, Director of Finance)	For Noting Pages 277 to 281	
<b>BREAK</b>			<b>11.30</b>
13.5	<a href="#"><u>Joint Inspection of Adult Services: Improvement Action Plan</u></a> (Paper presented by Ms Joanna MacDonald, Interim Chief Officer Clackmannanshire & Stirling HSCP)	For Approval Pages 282 to 299	<b>11.45</b>
<b>STRATEGY AND PERFORMANCE UPDATES</b>			
14.	<a href="#"><u>Population Health &amp; Care Strategy 2025 – 2035 Development</u></a> (Paper presented by Mrs Janette Fraser, Head of Strategic Planning)	For Approval Pages 300 to 308	<b>11.55</b>

15.	<a href="#"><u>Finance Report</u></a> (Paper presented by Mr Scott Urquhart, Director of Finance)	For Noting Pages 309 to 325	12.15
16.	<a href="#"><u>Capital Business Continuity Plan Submission 2025/26</u></a> (Paper presented by Mrs Morag Farquhar, Director of Facilities)	For Approval Pages 326 to 349	12.35
17.	<a href="#"><u>Radiology Information System Business Case</u></a> (Paper presented by Mr Scott Jaffray, Director of Digital)	For Approval Pages 350 to 385	12.45
18.	<a href="#"><u>Culture Change &amp; Compassionate Leadership Programme Update</u></a> (Paper presented by Mr Kevin Reith, Director of People)	For Assurance Pages 386 to 400	12.50
19.	<a href="#"><u>Performance Report</u></a> (Paper presented by Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance)	For Assurance Pages 401 to 419	1.10
<b>20. ANY OTHER COMPETENT BUSINESS</b>			<b>1.25</b>
<b>21. RISKS AND REFLECTIONS</b>			
22.	<b>Date and Time of Next Meeting</b> Tuesday 25 March, 9.30am	For Noting	

## FORTH VALLEY NHS BOARD

### 3. Minute of the Forth Valley NHS Board Meeting held on Tuesday 26 November 2024 For: Ratification

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#### Minute of the Forth Valley NHS Board Meeting held on Tuesday 26 November 2024 at 9.30am in the Boardroom, Carseview House.

- Present:**
- Ms Neena Mahal (Board Chair)
  - Mr Robert Clark (Non-Executive Director)
  - Professor Frances Dodd (Executive Nurse Director)
  - Mr Martin Fairbairn (Non-Executive Director)
  - Mr Gordon Johnston (Non-Executive Director)
  - Mr Stephen McAllister (Non-Executive Director) joined at Item 7
  - Dr Michele McClung (Non-Executive Director)
  - Professor Ross McGuffie (Chief Executive)
  - Mr Andrew Murray (Medical Director)
  - Mr Allan Rennie (Board Vice Chair)
  - Mr John Stuart (Non-Executive Director)
  - Mr Scott Urquhart (Director of Finance)
  - Cllr David Wilson (Non-Executive Director)
- In Attendance:**
- Mrs Beth Allan (Corporate Services Assistant) Minute
  - Ms Elsbeth Campbell (Head of Communications)
  - Dr Jennifer Champion (Acting Director of Public Health)
  - Mr Garry Fraser (Director of Acute Services)
  - Mr Jack Frawley (Board Secretary)
  - Ms Stacey Gourlay (Disability Liaison Officer) Item 7
  - Mr Jonathan Horwood (Area Infection Control Manager)
  - Mr Scott Jaffray (Director of Digital)
  - Ms Kerry Mackenzie (Acting Director of Strategic Planning & Performance)
  - Ms Jackie McEwan (Corporate Business Manager)
  - Mr Kevin Reith (Director of People)
  - Ms Rachel Tardito (Equality, Diversity & Wellbeing Lead) Item 7
  - Mr David Williams (Interim Chief Officer, Clackmannanshire & Stirling HSCP) from Item 9.4
  - Ms Gail Woodcock (Chief Officer, Falkirk HSCP)
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#### 1. **Welcome, Apologies for Absence and Confirmation of Quorum**

The Chair welcomed all present to the meeting. She extended a welcome to Cllr David Wilson, Non-Executive Stakeholder Board Member, Stirling Council and Professor Ross McGuffie, Chief Executive, to their first meeting as members. She also led the Board in congratulating Mr Kevin Reith on his appointment as Director of People.

Apologies had been received from Ms Kirstin Cassells, Cllr Fiona Collie and Cllr Wendy Hamilton. The Board meeting was quorate.

#### 2. **Declarations of Interest**

There were no declarations of interest.

**3. Minute of Forth Valley NHS Board Meeting held on Tuesday 24 September 2024**

The minute of the meeting held on 24 September 2024, subject to previous electronic circulation and Board member approval, was **confirmed** as a correct record.

**4. Matters Arising from the Minute / Action Log**

The Action Log was **reviewed** by the Board Chair and consideration was given to the actions still in progress. Board Members noted all updates and timeframes for actions 015, 039, 048, 049 and 050.

Board members noted that all other actions, 021, 041, 042, 046, 047, 050, 051 and 052, were now marked as complete and would be removed from the Action Log.

**The Forth Valley NHS Board noted the Action Log.**

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

The Board Chair highlighted the following:

- (a) She had undertaken a number of visits across the system to meet with staff. This included the Acute Huddle, Glenochil Prison, the Falkirk Health and Social Care Partnership Management Team Session, Clackmannanshire Community Health Centre and with the Chief Executive, Hospital at Home and Stirling Community Hospital.
- (b) The Chair referenced recent Board Seminars which had taken place, 8 October 2024 on Finance; 5 November 2024 on the Review of the Integration Schemes, and 19 November 2024 on the potential integration of Children's Social Work and Justice Services in Falkirk and Value Based Health & Care. The upcoming Seminar on 3 December 2024 would focus on Active Governance.
- (c) Meetings with the Chief Executive had been undertaken with Forth Valley College, Stirling University and the Leader and Chief Executive of Clackmannanshire Council. Further meetings with partners were scheduled to consider opportunities for strengthened partnership working and wider collaboration.
- (d) An MSP/MP briefing meeting had been held on Friday 1 November 2024. Going forward these meetings would take place Quarterly.
- (e) The Annual Review was being held on Thursday 28 November 2024 with the Public Session taking place from 1:00 – 2:00pm in the Boardroom, Carseview House, Stirling. All Board Members/Senior Leadership Team colleagues were encouraged to attend.
- (f) An update was given on Non-Executive Recruitment. Recruitment would be for three non-executives, and it was hoped that a start date of 1 April 2025 would be achieved. The adverts would be live before Christmas.
- (g) Options to hold a one-day Board Development Session on Value Based Health & Care were being explored for early 2025.

**The Forth Valley NHS Board noted the update from the Board Chair.**

**6. Board Executive Team Report**

The Forth Valley NHS Board considered a new standing item Board report, presented by Professor McGuffie, which provided an update on service areas celebrating success, key areas of activity by the Senior Leadership Team, and upcoming issues. Professor McGuffie also highlighted his priorities as the new Chief Executive including enhanced visibility of the leadership team; a focus on performance particularly

unscheduled care; the Culture change and Compassionate Leadership Programme; the development of the Population Healthcare Strategy and Value Based Health and Care.

Key messages in the report included:

- (i) A number of areas of success including at the Scotland's Health Awards, the Adult Diabetes Team won Project of the year, with NHS Forth Valley having four finalists. Both the Acute and Community Pharmacy Teams were finalists at the NHS Awards, with the Community Pharmacy Team winning the award.
- (ii) The Joint Inspection of Adult Services Integration and Outcomes – focus on people living with mental illness – Clackmannanshire and Stirling Health and Social Care Partnership final report was due for publication on 26 November 2024. An improvement plan was being developed and would be submitted by the deadline of 28 January 2025.
- (iii) The Quarter 2 Finance review meeting had been held with Scottish Government on 5 November. Discussion was on the current year financial position and challenges, mitigation measures in place, and longer-term financial planning. Feedback on performance highlighted significant improvement on nurse agency spend with further measures being put in place.
- (iv) The Population Health Strategy Task and Finish Group would play a key role in acting as a sounding board in the development of NHS Forth Valley's strategy and ambition to become a population health organisation. The Task Group would feed into Board Governance structures as appropriate.

The following points were made in discussion: -

- (i) A question was asked on the governance route for the Joint Inspection Report Improvement Plan. Professor McGuffie advised that it was good practice for each partner to endorse the Plan. The NHS Forth Valley Board would consider the Plan at its meeting on 28 January 2025. The Chair asked that the Joint Inspection Report be circulated to Board members on publication and the Improvement Plan is added to the January Board agenda.
- (ii) An update on Patient Hub was sought, Mr Jaffray advised that planning was underway now. It was anticipated that 12 services would be live by the end of March 2025. The work would be evolutionary and enhance patient experience. In response to a follow up question on patient focussed booking and the need to consider digital exclusion, Mr Jaffray confirmed that would be implemented in time but not from day one. Equalities considerations were important to this work with digital inclusion/exclusion being part of all project work. Ms Tardito noted that she was working with the Patient Centred Team on how to take forward patient focussed booking and was liaising with Scottish Government on when the national EQIA would be available to inform our local approach.
- (iii) Comments on the format of the paper included that the detail was helpful and provided an informative overview of activity but that it was important items were still reported separately in other reports where appropriate.

**The Forth Valley NHS Board noted the updates contained within the report.**

**Action:**

- (1) circulate the Joint Inspection of Adult Services to Board members and add the Improvement Plan to the Board agenda for January.** Jack Frawley

Stephen McAllister joined the meeting during consideration of the following item.

## 7. Patient/Staff Story – British Sign Language Plan (BSLP) – John’s Story

The Forth Valley NHS Board considered a report for assurance, presented by Mr Reith, Ms Tardito and Ms Gourlay which provided an update on the British Sign Language Plan 2023-2029.

The Board received a video which highlighted the personal story of John, an NHS Forth Valley Patient, who is a member of the Deaf Community, the difficulties he had encountered in accessing services and how the BSLP would support patients in similar circumstances. The Board thanked those involved in the video for their work and recognised that the Plan had been developed in partnership with Falkirk Council.

The following points were made in discussion:

- (i) The Board Seminar in February 2025 would be on the topic of Equality, Diversity and Inclusion to enable Board Members to better understand the issues and their responsibilities in terms of decision making and delivery of appropriate services.
- (ii) Board members raised that Mainstreaming equalities was important in designing services to meet the needs of all people. Decision making would be more robust through effective use of EQIAs and that the organisation needed to make improvements in this area.
- (iii) In response to a question on the number of BSL exclusive users in Forth Valley, Ms Gourlay advised that the information would be provided after the meeting.
- (iv) The benefits of having such a plan and the need for appropriate training was highlighted as a key issue.

### The Forth Valley NHS Board:

- (1) **noted the collaborative and extensive development work carried out to create the Plan, working closely with community members and stakeholders;**
- (2) **acknowledged the issues raised and the impact on individuals accessing services, and**
- (3) **supported promotion of the key points of the BSL Plan and fostering of partnership efforts to adopt practices that made services easier to access and more inclusive for the D/deaf community.**

### Action:

- (1) **data on the number of individuals in Forth Valley who use BSL exclusively to be provided.** Stacey Gourlay

## 8. Committee Minutes

### 8.1 Audit & Risk Committee – 25 October 2024

The Forth Valley NHS Board received the Audit & Risk Committee Minute of the meeting held on 25 October 2024. The minute was commended to the Board for noting.

In the absence of the Committee Chair, Mr Urquhart provided an update and noted that the Internal Audit Plan had been approved and there was a revised protocol in place for Governance Committees to be sighted on Audit reports and actions.

The following points were made in discussion:

- (i) Following a comment that it was perhaps too early for Internal Audit to add value in relation to the Population Health Strategy, Mr Urquhart acknowledged that the timeline for the Strategy development had moved and

confirmed that the matter would be discussed further to feed into the January meeting of the Committee.

**The Forth Valley NHS Board noted the key issues highlighted from the Audit & Risk Committee meeting of 25 October 2024.**

**Action:**

- (1) The Audit & Risk Committee to consider the appropriateness of an Internal Audit on the Population Health Strategy.**

Scott Urquhart  
& Cllr Collie

**8.2 Clinical Governance Committee - 10 September 2024**

The Forth Valley NHS Board received the Clinical Governance Committee Minute of the meeting held on 10 September 2024. The minute was commended to the Board for noting.

The Chair of the Committee, Dr McClung, advised that a further meeting had taken place on 12 November 2024 which included the Medical Education Annual Report, an update on cancer services and Person-Centred Care Update including outstanding issues with SAERS and complaints.

The following points were made in discussion:

- (i) Discussion highlighted the importance of the SAER process and that key themes were picked up despite the delays. Assurance was given to the Board that this was done at Committee with SAERs also woven through the reporting on a variety of items. It was agreed that the Person Centred and SAER reports from the Clinical Governance meeting should be circulated to Board members.
- (ii) Following a question on extant SAERs from previous years, Professor Dodd advised that learning was taken on locally immediately and did not wait for the formal closure. Although the process could take longer than desired, Forth Valley took a rigid approach to the Healthcare Improvement Scotland framework which produced comprehensive reviews rather than quick resolution against timescales for completion. However, it was acknowledged that the length of delays was not acceptable, and the Chair requested further consideration of how the Board could be better sighted on the progress of current SAERs and actions to support resolution of the delays in process.

**The Forth Valley NHS Board noted the key issues highlighted from the Clinical Governance Committee meeting of 10 September 2024 and the verbal update on the meeting of 12 November 2024.**

**Actions:**

- (1) circulation of Clinical Governance Committee papers to Board members, and**
- (2) consideration of further assurance around SAER processes and reporting to the Board.**

Jack Frawley

Frances Dodd

**8.3 Performance & Resources Committee - 29 October 2024**

The Forth Valley NHS Board received the Performance & Resources Committee Minute of the meeting held on 29 October 2024. The minute was commended to the Board for noting.



The Chair of the Committee, Mr Fairbairn, confirmed that this had been the final meeting as the Performance and Resources Committee. The December meeting would be of the newly constituted Strategic Planning, Performance, Resources Committee. The Committee had considered Urgent & Unscheduled Care noting that there were process improvements but that these had not yet generated performance improvement. The Committee had considered the Winter Plan which was commended to the Board for approval at Item 14 of the Board agenda. The Committee had considered how to bridge the financial gap and in light of many options being unacceptable in terms of service impact, noted that fixed costs gave little room for manoeuvre. On the National Treatment Centre, the Committee was assured the specific matters requiring resolution were being taken forward appropriately. The Committee also considered the purchase of the Killin Practice premises and commended this to the Board for approval at Item 13 of the Board agenda.

**The Forth Valley NHS Board noted the key issues highlighted from the Performance & Resources Committee meeting of 29 October 2024.**

#### **8.4 Staff Governance Committee - 13 September 2024**

The Forth Valley NHS Board received the Staff Governance Committee Minute of the meeting held on 13 September 2024. The minute was commended to the Board for noting.

The Chair of the Committee, Mr Rennie, advised that the Committee assigned the Primary Care Sustainability Plan limited assurance in terms of the controls noted and had sought further assurance on their effectiveness. On the Culture Change and Compassionate Leadership Programme, the Committee had asked for further detail and clarity on the implementation and outcomes which would be presented at the next Committee meeting.

Mr Rennie also highlighted learning from his attendance at the Staff Governance Committee at NHS Lothian.

**The Forth Valley NHS Board noted the key issues highlighted from the Staff Governance Committee meeting of 13 September 2024 and that Primary Care would be considered more fully at the March 2025 Board meeting.**

**Advisory Committee Minutes:**

#### **8.5 Area Clinical Forum (ACF) - 12 September 2024**

The Forth Valley NHS Board received the Area Clinical Forum Minute of the meeting held on 12 September 2024.

**The Forth Valley NHS Board noted the key issues contained in the minute of the Area Clinical Forum meeting of 12 September 2024.**

#### **8.6 Area Partnership Forum - 17 September 2024**

The Forth Valley NHS Board received the Area Partnership Forum Minute of the meeting held on 17 September 2024. The minute was commended to the Board for noting.

The Chair of the Committee, Mr Clark, gave a verbal update on the meeting of 22 October 2024. The Committee had considered non-financial aspects of the pay award, the work of the promoting attendance group and set a date for the refresh of the Partnership Agreement.

The following points were made in discussion:

- (i) In response to a question about SERCO, Mr Clark intimated that it was not anticipated that the reduced working week arrangements would be implemented by 30 November.

**The Forth Valley NHS Board noted the key issues highlighted from the Area Partnership Forum meeting of 17 September 2024 and the verbal update on the meeting of 22 October 2024.**

## **9. Integration Joint Board Minutes & HSCP Updates:**

### **9.1 Clackmannanshire & Stirling Integration Joint Board - 7 August 2024**

The Forth Valley NHS Board received the Clackmannanshire & Stirling Integration Joint Board Minute of the meeting held on 7 August 2024.

**The Forth Valley NHS Board noted the Minute of meeting of the Clackmannanshire & Stirling Integration Joint Board held on 7 August 2024.**

### **9.2 Falkirk Integration Joint Board - 28 June 2024**

The Forth Valley NHS Board received the Falkirk Integration Joint Board Minute of the meeting held on 28 June 2024.

**The Forth Valley NHS Board noted the Minute of meeting of the Falkirk Integration Joint Board held on 28 June 2024.**

### **9.3 Falkirk Health & Social Care Partnership Assurance Report**

The Forth Valley NHS Board considered a report for assurance, presented by Ms Gail Woodcock, which provided information on the arrangements in place to scrutinise the performance of the Falkirk Health and Social Care Partnership (HSCP). The report covered progress since the last update to the Forth Valley NHS Board on 28 May 2024.

Key messages in the report included:

- (i) that the unaudited accounts had been approved;
- (ii) the Falkirk IJB had a projected budget gap of c.£18m over the next three years;
- (iii) Care Opinion had been launched in the Partnership and Falkirk was rated the Best Place to Grow Old, and
- (iv) provided as appendices to the report were the:
  - Annual Assurance Statements 2023/24 Falkirk IJB 2023/24 Annual Audited Accounts
  - HSCP Annual Performance Report 2023/24
  - Local Government Benchmarking Framework 2022/23
  - Complaints and Feedback Q1 2024.

The following points were made in discussion:

- (i) Board Members considered the future reporting arrangements for HSCPs to the NHS Board. Professor McGuffie noted that this was being worked through. These matters would be picked up in work to present the Board Assurance Framework to NHS Forth Valley Board in March 2025.

**The NHS Forth Valley Board noted the report and progress by the HSCP in meeting its priorities in the IJB Strategic Plan.**

**Action:**

- (1) The Board requested further consideration be given to the reporting and assurance of HSCP delivery to the Board as part of its new performance framework.**

Ross McGuffie

The Chair then varied the order of business to enable Mr Williams to be in attendance to present item 9.4. The following items are recorded in the order in which they were considered at the meeting.

**10. Strategic Risk Update – July-September 2024**

The Forth Valley NHS Board considered a report for approval, presented by Ms Mackenzie, which set out an update to the Strategic Risk Register for the period July to September 2024.

Key messages in the report included:

- i) Four focused reviews had been undertaken with oversight provided by the Performance & Resources Committee
- ii) In the period three risks had increased in score
- iii) A new Strategic Risk had been added to the risk register regarding Health Inequalities (SRR020)

Key messages in discussion included:

- i) A question was asked around the new Health Inequalities risk within NHS Forth Valley Board Members control and if a table with further controls could be implemented.
- ii) Questions were asked about the proposed new Strategic Risk Health Inequalities (SRR020) and whether further controls were deliverable. Dr Champion advised that there was a lot to do in terms of Health Inequalities and that actions would take a long time to bed in. As a follow up question Board members sought clarity that the risk was not about health inequalities per se but rather about not working with partners. It was stated that the risk register required to be clear as it helped in the commissioning of internal audit work.
- iii) The Forth Valley NHS Board noted that the Strategic Risk Updates for Health Inequalities would now report to the Strategic Planning, Performance & Resources Committee (SPPR).
- iv) In response to a question about progress of the Frailty Unit, it was agreed that further details would be provided in the report on Urgent and Unscheduled Care.
- v) Members also discussed the need to have clear timelines and assurances about progress of overdue actions.

**The Forth Valley NHS Board:**

- (1) approved the changes and amendments to the Strategic Risk Register for the period July – September 2024, an increase in risk score of:**
  - (i) SRR017 (Environmental Sustainability & Climate Change)**
  - (ii) SRR011 (Digital & eHealth Infrastructure & Strategy)**
  - (iii) SRR019 (Culture & Leadership)**
- (2) approved the addition of SRR020 (Health Inequalities) to the Strategic Risk Register, and**
- (3) noted the progress of the mitigating actions identified in the report.**

**Actions:**

- (1) clear timelines to be set against overdue actions, with these to be added and followed through to Committee workplans.**

Vicky Webb

#### **9.4 Clackmannanshire & Stirling IJB Annual Performance Report 2023/2024**

The Forth Valley NHS Board considered a report for assurance, presented by Mr Williams, which highlighted the Strategic Plan for 2023/2024 and highlighted IJB performance, with improvements in place in relation to the National Care Indicators.

**The Forth Valley NHS Board noted the Annual Performance Report 2023/2024 and as discussed with the Falkirk HSCP report remitted to the Chief Executive, further consideration of the reporting of HSCPs to the NHS Forth Valley Board.**

#### **11. Governance Reports:**

##### **(a) Strengthening Governance: Review of Governance Committees, Non-Executive Director Portfolios and Committee Membership**

The Forth Valley NHS Board considered a report for approval, presented by Ms Mahal, which provided the outcome of a review of Governance Committees and the portfolio assignments of Non-Executive Directors conducted by the Board Chair.

The key messages in the report included:

- (i) The Board Chair had developed a skills matrix in collaboration with Board members.
- (ii) The standing down of the Ethical Issues Committee, set up during Covid, with work being subsumed by the Clinical Governance Committee.
- (iii) The establishment of a short life Population Health Task and Finish Group to support the development of the Population Healthcare Strategy.
- (iv) Changes to membership of Board Governance Committees, the Falkirk IJB and Chairing arrangements for Board Committees and the Falkirk IJB.
- (v) Confirmation of the Board Chair, Chief Executive and Acting Director of Public Health as the Health Board nominees for all 3 Community Planning Partnerships

The following points were made in discussion:

- (i) Following a question regarding the competing commitments of Non-Executives, Professor McGuffie advised that a Corporate Calendar was being implemented which would include all NHS meeting dates and IJB commitments.

**The Forth Valley NHS Board:**

- (1) approved the establishment of the Population Task and Finish Group to support the development of the Population Health and Care Strategy;**
- (2) approved the standing down of the Ethical Issues Committee and noted that its work would be subsumed under the Clinical Governance Committee;**
- (3) approved the revised portfolios and Committee memberships as set out in the appendices to the report effective from 1 February 2025 (unless specifically indicated otherwise);**
- (4) agreed that Mr Gordon Johnston was appointed as Vice-Chair of the Falkirk Integration Joint Board, effective 1 January 2025, and subsequently as the Chair of the Falkirk Integration Joint Board from 1 April 2025, and**
- (5) noted the indicative membership of the Endowments Sub-Committee, to be approved separately by the Trustees of the Endowments Trust.**

**(b) Meeting Dates 2025 & 2026**

The Forth Valley NHS Board considered a report for approval, presented by Ms Mahal, which set out proposed Board and Governance Committee dates for 2025 and 2026.

The key messages in the report included:

- (i) Draft meeting dates for Forth Valley NHS Board and its Governance Committees were presented for 2025 and 2026.
- (ii) Board Seminar dates were included for noting.
- (iii) Dates for meetings of the Remuneration Committee and the Population Health Task and Finish Group were to be confirmed in due course.
- (iv) Meeting dates of the Endowments Trustees and Sub-Committee would be subject to separate consideration and decision by the Trustees.

**The Forth Valley NHS Board:**

- (1) approved the dates for Board Meetings and Governance Committees for 2025 and 2026;**
- (2) noted the confirmed Board seminar dates and timings, and**
- (3) noted the indicative dates for meeting of the Endowments Trust**

**Strategy and Performance Updates**

**12. Update on Level 3 Escalation**

The Forth Valley NHS Board received a verbal update from Professor McGuffie and Ms Mahal which provided an update on Level 3 Escalation.

The key messages in the update included:

- (i) An update on NHS Forth Valley moving from Level 4 to Level 3 on 1 October 2024.
- (ii) There had been progress made with the Cultural Change and Leadership Programme.
- (iii) There would be a report to the Board meeting in March 2025 which set out progress against the actions from the Governance Blueprint Self-Assessment.

The following points were made in discussion:

- (i) The Board Chair made reference to the discussion between Scottish Government colleagues, and noted a meeting was in place with colleagues to support the ongoing work required as the Board was still on level 3 of escalation.

**The Forth Valley NHS Board noted the verbal update.**

**13. Purchase of Killin Medical Practice Premises**

The Forth Valley NHS Board considered a report for approval, presented by Mrs Farquhar, which sought the off-market purchase of the Killin Medical Practice premises. This situation had arisen as the premises were owned by a 3rd party who now wished to sell the premises. Unless the Health Board was willing to purchase the premises, there was a risk that as no other suitable premises were available, the Killin Practice would not be able to continue to operate within this rural area.

Key messages in the report included:

- (i) Details of the purchase price and due diligence undertaken to assess the risk and availability of other suitable premises.
- (ii) Updates on matters requested by the Performance and Resources Committee at its meeting of 29 October 2024 including whether strategically, purchasing

the premises would fit with the Health Board's strategy for Primary Care Services in the area.

- (iii) Financial implications, including that the property required capital expenditure of between £150,000 to £200,000 to bring the premises up to modern standards compliant with current healthcare standards.

The following points were made in discussion:

- (i) Board members sought clarity on how many GP premises in the area were owned by Forth Valley NHS. This information would be included in a future Primary Care paper.
- (ii) A question was asked around the requirement for Public Engagement. Mr Urquhart confirmed that in terms of the Property Handbook, requirements had been followed.
- (iii) Mr Murray responded to a question to confirm that if the purchase was approved the Practice would not change operation and that this purchase and continuation of services within these premises met with the Board's strategic vision around Primary Care Services in the area.
- (iv) Members sought clarity around the opportunity to implement renewable energies. Mr Urquhart would provide the information after the meeting.

**The Forth Valley NHS Board:**

- (1) noted the position in relation to the Medical Practice's premises and the need to ensure stability of provision of GMS and other services to the local community;**
- (2) noted that the Performance & Resources Committee had considered the proposal in relation to compliance thus far with the requirements of the Property Transactions Handbook and recommended that the Forth Valley NHS Board approval the purchase, and**
- (3) approved the off-market purchase of Killin Medical Practice.**

**Actions:**

- (1) confirmation on the number of GP Premises owned by NHS Forth Valley to be included in the paper to the March Board on Primary Care.** Scott Urquhart / Gail Woodcock
- (2) consideration to be given to the opportunities for renewable energy as part of the upgrading work required.** Morag Farquhar

The Forth Valley NHS Board adjourned at 11.20am and reconvened at 11.35am with all members present as per the attendance list.

**14. Forth Valley Whole System Winter Plan 2024/25**

The Forth Valley NHS Board considered a report for approval, presented by Ms Fraser, which provided the draft Whole System Winter Plan for 2024/25.

Key messages in the report included:

- (i) The Whole System Winter Plan was an operational plan for internal use within the Forth Valley area, was dynamic, recognised the evolving nature of changes being implemented and responses made throughout the winter period.
- (ii) The Scottish Government had issued a winter preparedness checklist, which all health and care systems were required to complete. NHS Forth Valley submitted its response on 16 October 2024.

The following points were made in discussion:

- (i) A question was asked around the checklist outputs. Professor Dodd confirmed that the Winter Plan was comprehensive and Whole System. Professor McGuffie advised that the Winter Plan was a live plan and would be updated during the period.
- (ii) Mr Fraser, Director of Acute Services, referred to the OPEL (Operational, Performance, Escalation Level) Tool and how this tool demonstrated real time evidence about the level of pressures within the system.
- (iii) Professor Dodd updated Members on the Winter Vaccination Targets in relation to Staff and Patients. Discussion took place around encouraging uptake of vaccinations by staff. Professor Dodd assured Members that this was being monitored and 4 weeks previous was nearing 60% uptake. There was a degree of vaccination fatigue in the staff cohort and activities to encourage uptake would continue.
- (iv) Mr Fraser responded to questions on identified pressures throughout the system. Staff were shared across the acute site to help deal with demand and respond to areas with greatest need. There was no additional Winter Funding this year.

**The Forth Valley NHS Board:**

- (1) approved the Forth Valley Whole System Winter Plan 2024/25;**
- (2) noted that the Whole System Winter Plan would continue to evolve throughout the winter period, and**
- (3) noted that the Whole System Winter Plan and Winter Preparedness Checklist would be updated on receipt of response from Scottish Government.**

## **15. Performance Report**

### **(a) Urgent and Unscheduled Care Update and Action Plan**

The Forth Valley NHS Board considered a report for assurance, presented by Mr Fraser, which provided an update on Urgent and Unscheduled Care performance and provided as an appendix the Urgent & Unscheduled Care and Delayed Discharge Plan.

The key messages in the report included:

- (i) The 4-hour performance remained c.46.5% for the year to date as currently recorded. There would be a 10 to 11% improvement in performance when the method of calculation was changed to include Stirling Minor Injuries Unit, but the ED performance remained an area of challenge.
- (ii) The Winter Plan focused on data which had been aligned to seasonal meetings.
- (iii) The review by Centre for Sustainable Delivery supported the overall plan with ambitious time scales dependent on the work to reduce delays at FVRH.
- (iv) A meeting had taken place with John Burns, Chief Operating Officer, with positive comments made on how NHS Forth Valley was working as a Whole System.
- (v) Ms Woodcock provided information on the test of change around the Discharge to Assess model and Mr Williams provided an update on the impact of removing 26 unfunded beds.

The following points were made in discussion:

- (i) Members commented that strong leadership was needed to deal with the risk around delivery. Professor McGuffie highlighted that working in partnership was key. There would be a focus on how to deliver change with encouraging frontline staff ownership to make this sustainable.

- (ii) A question was asked on why Forth Valley were outliers in terms of Scottish Ambulance Service (SAS) and NHS 24 conversion rates and what could be done about that. Mr Fraser noted that there was joint working with SAS and learning from Tayside. Work was being undertaken to get buy in from Forth Valley SAS staff around the benefits and this had been escalated with SAS.
- (iii) Members discussed actions related to changes required in behaviours, culture and different ways of working and requested more information in future reports on this aspect of the plan.
- (iv) Mr Fraser also reported that he had met with 60 staff to discuss the pressures and hoped the introduction of Consultant Connect would also make a difference.

**The Forth Valley NHS Board noted:**

- (1) that whole system working was being applied to reduce harm, improve patient experience and performance, in urgent and unscheduled care;**
- (2) the factors affecting the 4-hour ED performance through the whole system;**
- (3) the work streams underway designed to improve the 4-hour EAS;**
- (4) the work being undertaken across the whole system to reduce the number of people delayed in their discharge from hospital;**
- (5) the work undertaken to bring together all the work underway to inform one whole system plan, and**
- (6) the interrelatedness of various key performance indicators and improvement actions.**

**Actions:**

- (1) Future progress reports on the Unscheduled and Urgent Care Action Plan to include details on the culture work underway.**

Garry Fraser

**(b) Performance Report**

The Forth Valley NHS Board considered a report for assurance, presented by Ms McKenzie, which provided key performance information to support effective monitoring of system-wide performance.

Key messages in the report included:

- (i) Unscheduled Care and Delayed Discharge.
- (ii) Scheduled Care
- (iii) Did Not Attend rates.
- (iv) Psychological Therapies, and Child & Adolescent Mental Health Services (CAMHS).
- (v) Workforce Absence.

The following points were made in discussion:

- (i) Members acknowledged the challenges in performance particularly around unscheduled care and also recognised the good areas of performance in relation to Cancer performance and CAMHS.
- (ii) Following a question on sickness absence being above the national 12-month average, Mr Reith highlighted the focussed work ongoing including the Director of Acute Services chairing the Tackling Sickness Absence Group. He acknowledged that this was an area of concern and assured Board members that this was a priority area and would be given further focus at the Staff Governance Committee. Discussion also took place on the wellbeing of staff and the support available to staff as part of the process to support a reduction in sickness absence.



**The Forth Valley NHS Board noted the:**

- (1) current key performance issues, and**
- (2) detail within the Performance Report.**

## **16. Finance Report**

The Forth Valley NHS Board considered a report for noting, presented by Mr Urquhart, which provided an update on the 2024/25 financial position.

Key messages in the report included:

- (i) the significant level of financial pressures.
- (ii) A projected overspend of £30 million.
- (iii) At the Quarter 2 meeting with Government the following actions to be taken forward were discussed:
  - Escalated vacancy control panel
  - Unfunded beds
  - Focus on how to use maximised budget based on Value Based Health and Care.
- (iv) The work on the Financial Plan moving forward and that this would be reported to the Strategic, Planning, Performance & Resources Committee in December 2024.

The following points were made in discussion: -

- (i) Questions were asked on the Financial Challenges, the financial benefits of Value Based Healthcare and the implications of not meeting financial balance and being in deficit. Mr Urquhart confirmed that the ethos of Value Based Health and Care would mean changing models of service to be sustainable within the available resource envelope whilst also improving outcomes for the population. In a deficit position there would need to be negotiations with Scottish Government around brokerage. All actions would be considered to avoid this.
- (ii) Clarification was sought around what was meant by the review of unfunded services. Mr Urquhart confirmed that certain services such as the Flow Navigation Centre had been previously funded but were now still operational without the continuation of additional funding.
- (iii) Board Members acknowledged the work which had been undertaken to reduce nurse agency spend and sought assurance that a similar focus was being given to medical staffing.
- (iv) Mr Urquhart also confirmed, in response to a question about income generation identified on the savings plan, that ideas put forward at that stage had now been discounted as not being viable.

**The Forth Valley NHS Board noted:**

- (1) the significant level of ongoing financial pressure across our services with a range of ongoing positive actions continuing to be applied to reduce expenditure;**
- (2) a £30m deficit was projected for 2024/25, reflecting an improved position on previously reported forecasts, and**
- (3) that initial financial planning estimates for 2025/26 would be presented to the SPPR Committee at its next meeting on 17 December 2024.**

## 17. Update on Safety

### (a) Safety & Quality Report

The Forth Valley NHS Board considered a report for assurance, presented by Professor Dodd, which provided an update on the quality assurance position, progress with key quality improvements, use of evidence to plan for quality and implementation of the NHS Forth Valley Board Quality Strategy.

Key messages in the report included:

- (i) The use of data and measurement.
- (ii) Setting standards of care.
- (iii) The work of the Safer Together Collaborative.
- (iv) Pressure Ulcers information and other safety information.

The following points were made in discussion:

- (i) Clarification was sought on enhanced observations. Professor Dodd confirmed there had been a significant decrease. A challenge remained around contingency beds which would require a focussed piece of work.
- (ii) Members discussed the setting of targets for the Safety Collaborative. Professor Dodd advised that ambitious stretch targets were set with teams to provide challenge.
- (iii) Members also raised concerns about the rise in pressure ulcer rates. Professor Dodd assured Members that this was a focus of attention and was also due to improved reporting.

**The Forth Valley NHS Board:**

- (1) noted overall delivery of quality assurance, quality improvement and the use of evidence to plan for quality;**
- (2) noted the current quality assurance position and quality improvements being made in relation to specific quality measures and compliance with national safety standards and targets, and**
- (3) supported the progress and further development of the quality management system.**

**Action:**

- (1) ensure that when information was presented in graphs that this was able to be easily read and interpreted.**

Andrew  
Murray/Frances  
Dodd

### (b) Healthcare Associated Infection (HAI) Reporting Template October 2024

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

Key messages in the report included:

- (i) Total SABS remained within control limits. There was one hospital acquired SAB in October.
- (ii) Total DABs remained within control limits. There were six hospital acquired DABs in October.
- (iii) Total CDIs remained within control limits. There were two hospital acquired CDIs in October.
- (iv) Total ECBs remained within control limits. There were five hospital acquired ECBs in October.
- (v) There had been no deaths with MRSA or C.difficile recorded on the death certificate.
- (vi) There was one mandatory surgical site infection in October.
- (vii) There were no outbreaks reported in October.

The following points were made in discussion:

- (i) A question was asked on monitoring of subsequent infections associated with outpatient operations. Mr Horwood confirmed that Forth Valley monitoring now went beyond the national requirement. The Service would evaluate data to identify whether patients should have gone back to specialist services or their GP. Professor Dodd advised that there was a desire locally to ensure that any surgical related infections were being picked up on.
- (ii) Board members discussed performance around hand hygiene. It was suggested that more could be done on communication to emphasise good hand hygiene practice. Professor Dodd noted that local reporting was now done by the delivery unit and fed into clinical governance systems. There had been a significant shift in compliance, but she acknowledged that more needed to be done.

**The Forth Valley NHS Board noted the:**

- (1) HAIRT report;**
- (2) performance in respect of SABs, DABs, CDIs and ECBs, and**
- (3) detailed activity in support of the prevention and control of Health Associated Infection.**

**18. Any Other Competent Business**  
**Valedictory**

The Board Chair congratulated David Williams, Interim Chief Officer Clackmannanshire & Stirling IJB on his upcoming retirement and thanked him for his hard work during his time in post. The Board joined the Chair in wishing David well for the future.

**19. Risks and Reflections**

The Forth Valley NHS Board did not resolve to recommend any further items for consideration for inclusion on the Risk Register.

**20. Date and Time of Next Meeting: Tuesday 25 March 2025 at 9.30am.**

**4. Action Log**  
**Forth Valley NHS Board – 28 January 2025**

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
015	26.03.24	Population Health and Care Strategy Revised Timeline	The Population Health & Care Strategy timeline to be reviewed.	Andrew Murray		The timeline for the Population Health & Care Strategy is set out in a report on today's agenda at item 12.	Complete
039	30.07.24	Strategic Risk Register Update	An update on Primary Care Sustainability to be provided to the Staff Governance Committee and the Board meeting of 26 November 2024.	David Williams/Gail Woodcock	January 2025	The Update on Primary Care Sustainability will be provided to the Board meeting of 25 March 2025.	In progress
048	24.09.24	Update on Level 4 Escalation	That the alignment of Committees monitoring actions against the Assurance and Improvement Plan is recirculated and committee workplans reviewed accordingly.	Kerry Mackenzie & Jack Frawley	25 March 2025	The Assurance & Improvement Plan was recirculated as requested.  Committee workplans will be reviewed and take account of thematic actions. This work will be aligned with the review of committee Terms of	In progress

049	24.09.24	Realistic Medicine and Value Based Health & Care Update	That information on how Realistic Medicine will be embedded in all aspects of reporting is provided to a future meeting.	Andrew Murray & Jack Frawley	25 March 2025	Consideration of how to embed Realistic Medicine in reporting to Governance Committees and Board will be part of the review of Report template.	In progress
053	26.11.24	Board Executive Team Report	Circulate the Joint Inspection of Adult Services to Board members and add the Improvement Plan to the Board agenda for January.	Jack Frawley	January 2025	The Joint Inspection was circulated to Board Members. The Improvement Plan will be presented to the January meeting of the FV NHS Board.	Complete
054	26.11.24	British Sign Language Plan	Data on the number of individuals in Forth Valley who use BSL exclusively to be provided.	Stacey Gourlay	January 2025	The information was circulated to Board members in January.	Complete
055	26.11.24	Audit & Risk Committee Minute	The Audit & Risk Committee to consider the appropriateness of an Internal Audit on the Population Health Strategy.	Scott Urquhart & Cllr Collie	25 March 2025	An update is being provided to the FV NHS Board in January.	In Progress
056	26.11.24	Clinical Governance Committee Minute	Circulate Clinical Governance Committee papers to Board members.	Jack Frawley	January 2025	The papers were circulated.	Complete
057	26.11.24	Clinical Governance Committee Minute	Consider further assurance around SAER processes and reporting to the Board.	Frances Dodd	January 2025	Information on SAER processes is considered in detail by the Clinical Governance Committee and is being provided to the January Board in the Quality and Safety Report.	Complete

058	26.11.24	Falkirk Health & Social Care Partnership Assurance Report	Consideration of the reporting and assurance of HSCP delivery to the Board as part of its new performance framework.	Ross McGuffie	25 March 2025	Work is ongoing by the Chief Executive to review this.	In Progress
059	26.11.24	Strategic Risk Update – July-September 2024	Clear timelines to be set against overdue actions, with these to be added and followed through to Committee workplans.	Vicky Webb	25 March 2025	The detail requested will be added to the Board Report for March 2025 Meeting. An interim update will be provided at the Board in January 2025.	In Progress
060	26.11.24	Purchase of Killin Medical Practice Premises	Confirmation on the number of GP Premises owned by NHS Forth Valley to be included in the paper to the March Board on Primary Care.	Scott Urquhart/Gail Woodcock	25 March 2025	The detail requested will be provided in the March 2025 Board report.	In Progress
061	26.11.24	Purchase of Killin Medical Practice Premises	Consideration to be given to the opportunities for renewable energy as part of the upgrading work required.	Morag Farquhar	January 2025	Any opportunities to include renewable energy as part of the upgrading work has been considered and will remain a focus in any future works.	Complete
062	26.11.24	Urgent and Unscheduled Care Update and Action Plan	Future progress reports on the Unscheduled and Urgent Care Action Plan to include details on the culture work underway.	Garry Fraser	January 2025	Information on culture work will be included in future progress reports relating to the Unscheduled and Urgent Care Action Plan.	Complete
063	26.11.24	Safety & Quality Report	Ensure that when information is presented in graphs that this can be easily read and interpreted.	Frances Dodd/Andrew Murray	January 2025	The information has been included in the Quality and Safety Report	Complete

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

## FORTH VALLEY NHS BOARD

Tuesday 28 January 2025

### 6. Board Executive Team Report

For: Information

**Executive Sponsor:** Professor Ross McGuffie, Chief Executive

**Author:** Mr Jack Frawley, Board Secretary

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#### 1. Executive Summary

1.1 This report provides an opportunity to deliver a wide update from the Board's Executive Team, covering celebrating success; general updates; inspection activity; visible leadership; and horizon scanning.

#### 2. Recommendation

2.1 The Forth Valley NHS Board is asked to **note** the report.

#### 3. Key Issues to be Considered

##### 3.1 Celebrating Success

3.1.1 Celebrating success is an essential part of reinforcing positive outcomes, enhancing staff morale and strengthening commitment to our organisational values. Recognising the great achievements of our dedicated workforce helps foster a positive culture, encourage collaboration and remind both staff and Board Members of the great impact we have on the population of Forth Valley.

3.1.2 Since the last Board meeting, there have been a number of positive areas of success, including:

- **New Outpatient Did Not Attend Rates** – Forth Valley's DNA rate for New Outpatients was reported by Public Health Scotland as 4.3% for Q2 of 2024/25. This was the lowest in Scotland, with the exception of NHS Highland who do a lot of appointments remotely. Improvement work, such as validation of waiting lists and the introduction of Patient Focused Booking has reduced Forth Valley's New Outpatient DNA rate to 4.3% which is the lowest and best performance locally in 10 years.
- **Visit of First Minister** – Staff at Forth Valley Royal Hospital facilitated a successful visit by the First Minister with Mr Swinney meeting staff and touring the ambulatory care centre on 2 December 2024. Feedback from Scottish Government officials was very positive and Mr Swinney personally wrote to thank all the staff involved for a very enjoyable visit.
- **Hospital Pharmacy Team of the Year** – NHS Forth Valley's Community Hospital Pharmacy Team won the prestigious 'Hospital Pharmacy Team of the Year' award at the 2024 Scottish Healthcare Awards. The team was shortlisted for helping to improve and enhance pharmaceutical care, leading to positive outcomes for local patients, reduced costs and greater collaboration with pharmacy colleagues from other hospitals.

- **Diabetes Team win Project of the Year Award** – The Adult Diabetes Team also won the ‘Diabetes Project of the Year’ award at the Scottish Healthcare Awards. The team was nominated for a project to change diabetes practice and ensure all patients have the opportunity to receive the essential 9 processes of care every year with the overall aim of reducing diabetes complications in the future.
- **Complaints AI bid** – The patient relations team was confirmed as a national winner at the first-ever Public Sector AI Challenge, run by Futurescot in partnership with Storm ID, for plans to use technology to better manage and learn from complaints information. The aim is to support the triage of complaints as they come in, speeding up the process of identifying the concerns being raised and the departments involved. This should free up Patient Relation staff time and capacity to improve compliance with standards and the quality of responses.
- **Recruitment of Next Generation of Nursing Students** - University of Stirling student nurses officially marked the end of their studies at the end of last year and more than half have already been recruited by NHS Forth Valley. Close to 220 student nurses graduated at the University’s winter graduation ceremonies, after successfully completing their degrees. They were joined by NHS Forth Valley’s Executive Nurse Director, Professor Frances Dodd and Director of Nursing, Professor Karen Goudie.
- **NMAHP Development Day** – this event was held on 27<sup>th</sup> November in FVRH focused on succession planning, emotional intelligence, learning from feedback and events, clinical supervision, Safer Together Collaborative, transforming roles (specialist nursing), AHP education development framework, and Care Assurance. Around 120 NMAHPs attended the day, which was a great success.
- **Practice Assessors and Practice Supervisors** – a presentation ceremony was held for all our practice assessors and practice supervisors who has been acknowledged for their excellence by undergraduate student nurses. This event celebrated the work our registered staff do to support our undergraduate students and the contribution of individuals who go above and beyond for their students, and it was a truly heartening afternoon.
- Caroline Watson from our Practice Development Team described our Healthcare Support Worker Workstreams, specifically the **HCSW Academy**, to teams across Scotland. This generated a lot of discussion amongst our national colleagues, with many Boards now making contact for support and advice in developing their own work.
- The full **Nursing Workforce Review** for all inpatient areas has now been completed, with the removal of Nurse Agency usage and targeted reduction in Nurse Bank, aligned with the strategic direction of over-recruitment to fill vacancies and future vacancies through turnover. The work has received national recognition and was used by Scottish Government as an area of best practice in a recent production around progress of the ‘15 box grid’.
- **Christmas at FVRH** – Throughout December, there was a great festive feeling on the acute site, with a departmental Christmas tree competition, Christmas quizzes and even Christmas sing-alongs before the morning huddles! It was a great way to boost morale and bring staff together at what is always a busy time of year.
- **Triplets** – for the second time in 2024, our maternity unit delivered triplets on 16<sup>th</sup> December. A total of 21 staff were involved in the delivery of the triplets who were born at just over 30 weeks gestation. It was a huge team effort with everyone coming together to ensure sufficient staffing was in place for both the delivery and follow up care in the neonatal unit. It was a lovely Christmas present for the family and staff alike!



## 3.2 General Updates

3.2.1 Since the last Board meeting, there have been a number of developments of note:

- With both influenza and RSV at extraordinary levels from mid-December, we have seen significant **winter pressures** across NHSFV. With around 1 in 6 inpatient beds being used for flu patients, capacity and flow has been seriously impacted at FVRH. Similarly, primary care and community services have been heavily hit with increased demands. Staff have gone above and beyond throughout the festive period, and I'd like to place on record my sincere thanks to all for steering us through what has been an incredibly challenging period.
- An opportunity has arisen for Forth Valley to join the national **Discharge Without Delay Collaborative**. The collaborative is led by colleagues in Tayside and provides a strong framework for improving whole system flow and unscheduled care performance. Four key areas will be explored – integrated discharge planning; home first approaches; community bed model; and frailty at the front door. These components will be built into the UC/DD Improvement Plan and for each of the four workstreams, we will be paired with another Board to support development.
- Due to the extraordinary flu levels, the **vaccination team** have been providing a wide range of additional drop-in clinics to help vaccinate local staff, school pupils, care home residents and other vulnerable groups throughout the winter period.
- The Board held its **Non-Ministerial Annual Review** on 28<sup>th</sup> November, providing a positive opportunity to engage with key stakeholder groups and demonstrate the progress made over the last year.
- The latest round of **Community Planning Partnership** meetings took place in December, supporting positive discussion around a range of topics including the upcoming Mental Health and Wellbeing Strategy, Child Poverty, developing our Population Health strategy and Local Outcome Improvement Plans.
- Positive dialogue has continued between the Senior Leadership team and the **Ethnic Diversity Network**, with the aim of supporting the network to continue to expand and develop. One of the key areas of focus is the development of the Board's anti-racism plan. A joint communication from the Chief Executive and the Chair of the Network will be issued in January to re-launch the network and kick off the process of developing the new strategy.
- **Public Health Scotland** visited in December and provided great feedback around the work of our childhood and schools vaccination programmes, noting the flexibility on offer; the identification of permanent immunisation locations; having dedicated, skilled, and flexible workforce; creating opportunity and time for service development, lessons learned and quality improvement; adopting a patient centred approach; working in partnership; and having dedicated administrative support and data analyst time to mention a few.
- A report on the **prevention of falls** was concluded in December by our Public Health Department, with the aim of understanding the spend and service provision in relation to hip fracture and identifying which evidence based preventative activity we could adopt to prevent falls and reduce downstream service demand. This is an early example of the principles of a 'Population Health Organisation' bringing focus on moving services to prevention and community.
- The **Cabinet Secretary for Health and Social Care** is visiting NHS Forth Valley on 23<sup>rd</sup> January to speak to staff within the Emergency Department, to hear about winter pressures and our plans for the future.
- On 17<sup>th</sup> January, we hosted a visit from Professor Dame Anna Dominiczak, Chief Scientist (health), Christine McLaughlan, Co-Director of Population Health and David Thompson, Head of Innovation Adoption to NHS Forth Valley to hear more about the **innovation and research** work underway across the organisation.

### 3.3 Inspection Activity

3.3.1 Since the last Board meeting, there has been ongoing activity around:

- Preparation for the mental health and maternity **Safe Delivery of Care** inspections continues, with the expectation that HIS will be inspecting the service in early 2025.
- The **Joint Inspection of Adult Services** report was published on 26<sup>th</sup> November 2024. A whole system working group has been developing an improvement plan which is on the Board agenda for approval prior to submission.
- On 14<sup>th</sup> January, the **Mental Welfare Commission** attended ward 4, as part of their schedule of planned visits. We will share feedback once received.

### 3.4 Visible Leadership

3.4.1 In line with the Board's culture programme, the Executive Team are programming regular walk rounds and visits to provide an opportunity for positive engagement with staff. This programme aims to make it easier for staff to raise concerns or ideas with senior staff, foster a culture of collaboration and allow leaders to set a positive example, demonstrating commitment to our organisational goals and values.

3.4.2 Since the last Board meeting the following visits have taken place:

- A Patient Safety Conversation Visit to IBD Nurse Specialists took place on 21 November.
- The Chief Executive and Director of Acute Services undertook a walk round of the FVRH site on Christmas Eve to thank staff for their efforts ahead of the busy festive period.
- The Chief Executive attended the Falkirk HSCP Extended SLT development day in December.
- The Executive Nurse Director undertook a clinical shift in Glenochil Prison, supporting medication rounds, spending time with the triage nurse and sexual health nurses. This gave significant insight into the challenges and opportunities of providing nursing care in a custodial environment.
- The Executive Nurse Director attended the graduation for Nursing Students from Stirling University on 22 November 2024 and the NMAHP Leadership Event on 27 November 2024. The Executive Nurse Director also completed a clinical shift at Glenochil on 5 December 2024.
- The Interim Chief Officer, Clackmannanshire & Stirling HSCP has been physically working in Clackmannanshire, Stirling & NHS locations since taking up post and is shifting the balance of meetings toward in person rather than on MS Teams. Alongside this she has been meeting with as many staff as possible.
- A visit was undertaken to Out of Hours services on 9<sup>th</sup> December. A patient story will be developed to bring to the March Board to highlight the great progress within the service.
- A Patient Safety Conversation Visit to Paediatric Diabetes took place on 13<sup>th</sup> January.
- A visit took place to the Quality Team on 16<sup>th</sup> January, which highlighted the great work and collaboration across the Quality, Clinical Governance, Research and Development and Innovation teams.

### 3.5 Horizon scanning

3.5.1 Moving forward, Board members can anticipate further updates around the following areas of activity:

- The development of the Draft Financial Plan for 2025/26.
- The outcome of the review of the Board's Corporate Governance documentation.
- The development of the Digital Plan.

#### **4. Implications**

##### **4.1 Financial Implications**

There are no financial implications within this update report.

##### **4.2 Workforce Implications**

The report details a range of positive development for staff wellbeing, including celebrating success, staff engagement and visible senior leadership.

##### **4.3 Infrastructure Implications including Digital**

There are no infrastructure implications within this update report.

##### **4.4 Sustainability Implications**

There are no sustainability implications within this update report.

##### **4.5 Sustainability Declaration**

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

Yes

N/A

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

##### **4.6 Quality / Patient Care Implications**

This report outlines inspection activity currently underway within the Board but has no implications around quality of care.

##### **4.7 Information Governance Implications**

There are no information governance implications within this update report.

##### **4.8 Risk Assessment / Management**

No risk assessment has been undertaken on this update report.

##### **4.9 Relevance to Strategic Priorities**

This update report demonstrates coherence with our organisational goals and values, highlighting staff engagement, celebrating success and providing transparency around inspection activity and future developments.

##### **4.10 Equality Declaration**

*The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process. Further to an evaluation it is noted that: (please tick relevant box)*

Paper is not relevant to Equality and Diversity

Screening completed - no discrimination noted

Full Equality Impact Assessment completed – report available on request

##### **4.11 Communication, involvement, engagement and consultation**

There has been no engagement activity around the completion of this update report, though it does outline ongoing walk rounds and staff engagement.

**FORTH VALLEY NHS BOARD**

Tuesday 28 January 2025

**7. Strategic Risk Update – October – January 2025**

**For:** Approval

**Executive Sponsor:** Mr Scott Urquhart, Finance Director

**Author:** Miss Vicky Webb, Corporate Risk Manager

**Executive Summary**

The enclosed report presents an update to the Strategic Risk Register for the period of October 2024 through to January 2025.


**Recommendations**

The NHS FV Board is asked to: -

- **approve** the changes to the Strategic Risk Register for this reporting period (October 2024 – January 2025).
- **approve** the closure of SRR014 (Healthcare Strategy) and SRR 016 (Out of Hours) from the Strategic Risk Register.
- **note** the progression of the mitigating actions identified.

**Assurance**

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

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

It should be noted that this assurance assessment relates solely to the risk management processes for strategic risks.

**Key Issues to be Considered**

Over this reporting period for the strategic risks (October 2024 – January 2025) all the strategic risks have remained static. Within this reporting period, the following strategic risks have also been endorsed for closure from the Strategic Risk Register – SRR014 (Healthcare Strategy) and SRR016 (Out of Hours). Details on these have been included in appendix 1.

To coincide with the standard review process, two Focused Reviews have been conducted in this quarter. Section five of appendix one highlights specific details around:

- SRR009: Workforce Planning
- SRR010: Estates & Supporting Infrastructure

**Financial Implications**

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

### **Workforce Implications**

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

### **Infrastructure Implications including Digital**

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

### **Sustainability Implications**

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

### **Sustainability Declaration**

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

- Yes
- N/A

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

### **Quality / Patient Care Implications**

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

### **Information Governance Implications**

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

### **Risk Assessment / Management**

Risk is the subject of the paper.

### **Relevance to Strategic Priorities**

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

### **Equality Declaration**

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

Further to an evaluation it is noted that:

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

### **Communication, involvement, engagement and consultation**

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

Staff Governance Committee – 13 December 2024

Clinical Governance Committee – 12 November 2024, 7 January 2025

Performance and Resources Committee– 29 October 2024

Strategic Planning Performance & Resources Committee - 17 December 2024.

**Additional Information**

N/A

**Appendices**

Attach where relevant:

- Appendix 1: Strategic Risk Register Update – October 2024 - January 2025.
- Appendix 2: Strategic Risk Register.

# Appendix 1 - Strategic Risk Review – October'24-January'25

## Contents

1. Summary and Key Messages
2. Strategic Risks in Focus
  - 2.1 Strategic Risk Dashboard
  - 2.2 Strategic Risk for Closure
3. Risk Controls Progress Update
4. Risk Trend Analysis
5. Strategic Risk Deep Dives

## 1.Summary and Key Messages

During this reporting period, all of the strategic risks remain static at review. It is being proposed the following risks are closed from the Strategic Risk Register – SRR014 (Healthcare Strategy), and SRR016 (Out of Hours). Further detail on this is included in section two of this report.

To coincide with the standard review process, two Focused Reviews have been conducted in this quarter. Section five of appendix one highlights specific details around:

- SRR009: Workforce Planning
- SRR010: Estates & Supporting Infrastructure

Over the last quarter, there has been no change to the appetite profile of the Strategic Risk Register. Further details can be found in section 4 of this report.

Emerging Risks/Hotspots:

The reporting process for strategic risks will change within the next year to facilitate timely reporting to the NHS FV Board. Specifically, instead of a quarterly report discussed at the NHS FV Board after endorsement by the Audit & Risk Committee, an update report on the strategic risk position will be submitted to every Board meeting with the Audit & Risk Committee continuing to receive a quarterly report on the progress of the strategic risk register.

## 2.Strategic Risks in Focus

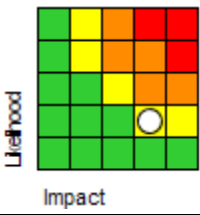
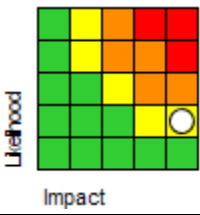
### 2.1 Strategic Risk Dashboard

Ref	Risk Title	Untreated Risk Score	Current Risk Score	Date Assessed	History Risk Score	Risk Trend	Target Risk Score	Governance Group	Lead Impact Category
SRR 002	Urgent & Unscheduled Care	25	25	30-Dec-2024	25; 25; 25		10	Performance and Resources Committee	Patient Harm
SRR 005	Financial Sustainability	25	25	06-Dec-2024	25; 25; 25		15	Performance and Resources Committee	Financial
SRR 009	Workforce Plans	25	20	06-Dec-2024	20; 20; 20		10	Staff Governance Committee	Financial
SRR 015	Cyber Resilience	25	20	09-Dec-2024	20; 20; 20		16	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 017	Environmental Sustainability & Climate Change	25	20	06-Dec-2024	20; 20; 16		15	Performance and Resources Committee	Environmental Sustainability/Climate Change
SRR 020	Health Inequalities	25	20	06-Dec-2024	20; 25; 20		10	Performance and Resources Committee	Health Inequalities
SRR 010	Estates & Supporting Infrastructure	25	16	06-Dec-2024	16; 16; 16		6	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 004	Scheduled Care	20	15	20-Dec-2024	15; 15; 15		5	Performance and Resources Committee	Patient Experience
SRR 011	Digital & eHealth - Infrastructure & Strategy	16	15	16-Aug-2024	15; 15; 12		6	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 018	Primary Care Sustainability	20	15	06-Dec-2024	15; 15; 15		10	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 019	Culture & Leadership	25	15	05-Dec-2024	15; 15; 12		10	Staff Governance Committee	Inspection/Audit
SRR 003	Information Governance	20	12	09-Dec-2024	12; 12; 12		8	Performance and Resources Committee	Inspection/Audit
SRR 014	Healthcare Strategy	16	8	06-Dec-2024	8; 8; 9		10	Performance and Resources Committee	Financial
SRR 016	Out of Hours Service (OOHS)	20	6	06-Nov-2024	6; 6; 6		6	Clinical Governance Committee	Service Delivery/Business Interruption



## 2.2 Strategic Risks Proposed for Closure

The following two risks are proposed for closure from the Strategic Risk Register – SRR014 & SRR016. Both risks have been reviewed over the past few years by the Standing Assurance Committees who have overseen the mitigation put in place to reduce the risk exposure in these areas. SRR014 was endorsed for closure by the Strategic Planning, Performance & Resources Committee in December 2024 and SRR016 has been endorsed for closure by the Clinical Governance Committee in January 2025.

SRR 014 Healthcare Strategy		Owners		Assurance Committee
<b>Risk Description</b>	If the new NHS Forth Valley Population Health & Care Strategy does not address population health and does not align with government policy and / or Integration Authorities Strategic Commissioning Plans there is a risk the Board's vision, corporate objectives and key priorities will not meet the needs of the population, resulting in inability to reduce health inequalities and an inability to reduce pressures on services, workforce and finance.	Ross Mcguffie	Janette Fraser	Performance and Resources Committee
<b>Current Score</b>	<b>Target Score</b>	<b>Appetite Level</b>	<b>Tolerance Level</b>	
		Cautious (8-10)	Moderate (12-16)	
<b>Latest Update</b>				
As per previous discussions regarding the new Health Inequalities risk, this risk is being proposed to the Strategic Planning, Performance & Resources Committee for closure as the Healthcare Strategy (now called the Population Health & Care Strategy) is a key mitigation of this risk. All remaining actions will be picked up in the new Health Inequalities strategic risk.				
<b>Further Controls Required</b>		<b>Action Owner</b>	<b>Due Date</b>	<b>Progress</b>
Development of Population Health & Care Strategy.		Janette Fraser	31-Dec-2024	<div style="border: 1px solid black; padding: 2px; width: 100px;"> <div style="background-color: #4f81bd; color: white; padding: 2px;">75%</div> </div>

SRR 016 Out of Hours Service (OOHS)		Owners		Assurance Committee
<b>Risk Description</b>	If the Forth Valley Health & Care system is unable to provide a fully staffed OOHS, taking an integrated, multidisciplinary approach whilst ensuring an appropriate skills mix, there is a risk that we will experience delays in the service to provide the appropriate clinical intervention to our patients, resulting in an inability to deliver care at the right time, right place by the right person.	Gail Woodcock	Andrew Mccall	Clinical Governance Committee
<b>Current Score</b>	<b>Target Score</b>	<b>Appetite Level</b>	<b>Tolerance Level</b>	
		Averse (1-6)	Cautious (8-10)	
<b>Latest Update</b>				
This risk has been reviewed and there is no change to the position of this risk. As this risk is within the Boards appetite and tolerance and has been for a number of reviews, it is being recommended that this risk be closed from the Strategic Risk Register. The Committee is being asked to endorse the closure of this risk, for final approval at NHS FV Board.				
<b>Further Controls Required</b>		<b>Action Owner</b>	<b>Due Date</b>	<b>Progress</b>

### 3.Risk Controls Progress Update



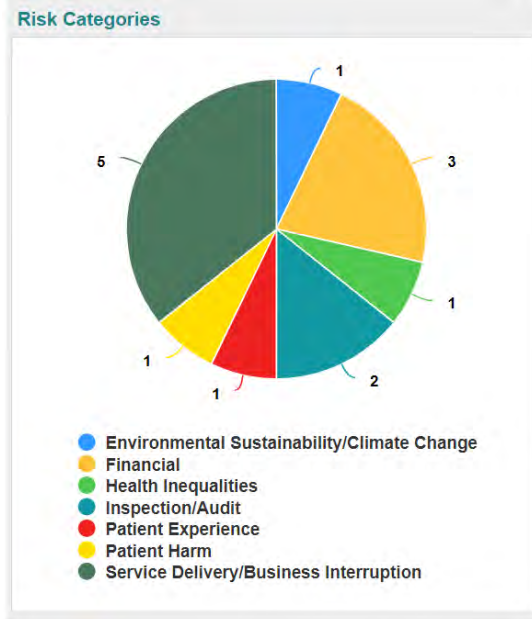
In this reporting period, there were 8 actions completed to mitigate the strategic risk profile. At the end of this period there are 10 overdue actions reported. These span over a number of risks (SRR002 & SRR018), and it is expected that these will be picked up in the next reviews for the risk. Detail on these controls is included in the below table. There are 22 controls which are due to be completed in Quarter 4 24/25.

Action Code	Action Title	Due Date	Status	Update
SRR003	Assess presence of Business Continuity Plans within DPA and SSA process. Include in recommendations as required.	31-Dec-2024	Overdue	These actions are currently being worked through as part of the SRR003 Focused Review.
SRR003	Co-ordinate SLWG to review and develop mechanisms to assess information governance compliance within supplier management processes.	31-Dec-2024	Overdue	These actions are currently being worked through as part of the SRR003 Focused Review.
SRR003	Develop a process for registering 'shadow IT' within the Information Asset Register.	31-Dec-2024	Overdue	These actions are currently being worked through as part of the SRR003 Focused Review.
SRR003	Develop arrangements to assure accuracy of joiners, movers, leavers data across the organisation.	31-Dec-2024	Overdue	These actions are currently being worked through as part of the SRR003 Focused Review.
SRR003	Develop mechanisms to support routine testing of back-ups as part of business-as-usual arrangements.	31-Dec-2024	Overdue	These actions are currently being worked through as part of the SRR003 Focused Review.
SRR003	Develop processes to proactively monitor completion of Safe Information Handling module to enable targeted training requirements to be identified and followed up.	31-Oct-2024	Overdue	These actions are currently being worked through as part of the SRR003 Focused Review.
SRR003	Introduce and embed routine assurance audit process to test compliance with DPA and SSA actions.	31-Dec-2024	Overdue	These actions are currently being worked through as part of the SRR003 Focused Review.

Action Code	Action Title	Due Date	Status	Update
SRR003	Review frequency of mandatory information governance training, and mechanisms for delivery.	31-Dec-2024	Overdue	These actions are currently being worked through as part of the SRR003 Focused Review.
SRR003	Test use of Business Classification Scheme as structure for use within SharePoint pilots (eHealth, AHPs), with a view to incorporation within SharePoint roll-out.	31-Oct-2024	Overdue	These actions are currently being worked through as part of the SRR003 Focused Review.
SRR018.05	Development of new/innovative portfolio roles and career pathways, and a focus on ways of supporting practice workload. Further investment in PCIP and roles proved of most value – e.g. mental health nurses, advance physiotherapists and ANPs.	31-Dec-2023	Overdue	This action is being discussed as part of the new focused work conducted on SRR018.

## 4. Risk Trend Analysis

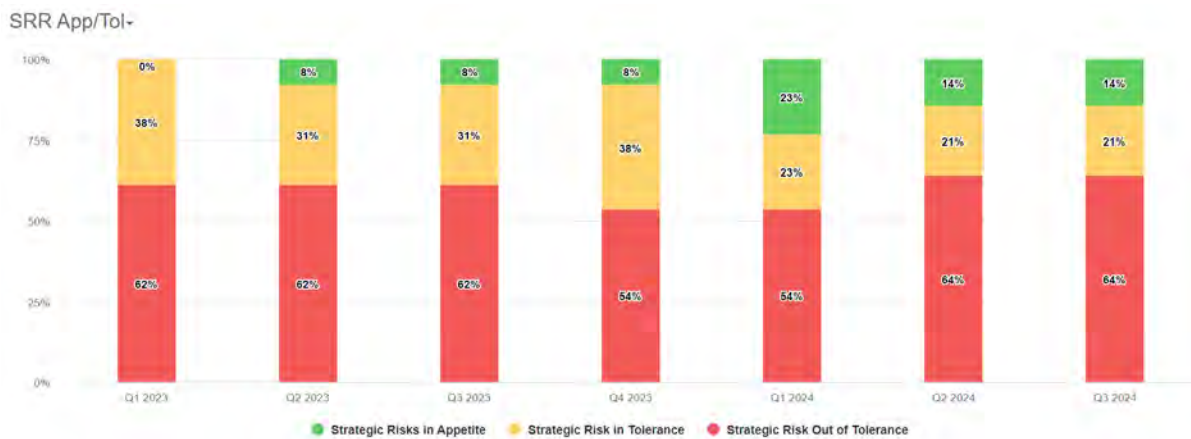
Table 4.1 Strategic Risk Categories



When risks are assessed, a lead impact category is selected, which sets the appetite/tolerance level for the risk. The chart to the left shows that Service Interruption is the most common category, followed by Finance.

The remaining risks are split between Patient Experience, Patient Harm, Inspection/Audit, Public Confidence, Environmental Sustainability and Climate Change and Health Inequalities.

Table 4.2 Strategic Appetite and Tolerance



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

- Quarter 2 (24/25) is starting to show a deterioration in the risks that are highlighted as out with appetite and tolerance for the Board. This will have increased to 64% from 54%.
- Quarter 3 (24/25) remains static with 14% of strategic risks within appetite, 21% within tolerance and 64% of risks out with appetite and tolerance.

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

## 5. Strategic Risk Assurance Deep Dives

During this period, two Focused Reviews were conducted on:

- **SRR009: Workforce Plans** – This was presented to the December 2024 Staff Governance Committee, with an approved assurance level of **Limited Assurance**.
- **SRR010: Estates & Supporting Infrastructure** - This was presented to the October 2024 Performance & Resources Committee, with an approved assurance level of **Reasonable Assurance**.

### SRR009: Workforce Plans

#### Commentary

During the focused review process, there was no change to the overall description of the risk and the current score remains static. A review of the current and further controls was undertaken and highlighted a variety of criticality across these controls. Four of the identified current controls were given a rating of red & amber which prompted a gap analysis. The below graph highlights the amount of assurance activity applied to the current control environment mitigating the strategic risk. As depicted, there are six first line bodies delivering on the implementation of these controls with numerous bodies monitoring these controls within and out with the organisation.

The final assurance assessment was assessed as limited as there was gaps in the control environment and the assurance map. Specifically, it was found that there is a gap in the monitoring of workforce planning throughout the organisation and this is being addressed by the creation of a strategic workforce group which is still in development.

Reference	Risk Description	Current Score	Controls	1st Line	1B Line	2nd Line	3rd Line	Overall Assurance
<b>BETTER WORKFORCE</b>								
<b>6. Value and develop our people</b>								
SRR009	<b>Workforce Plans</b> 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, reduced service delivery to the public and increasing pressure on our financial sustainability.	20	Overarching Workforce Plan	X		X	X	Limited
			Demographic Profiling	X		X	X	
			Directorate/Service Workforce Plans	X			X	
			Wellbeing Controls	X	X	X		
			E-Rostering Solution	X	X	X	X	
			Sustainable Workforce Initiatives	X	X	X		
			Attendance Management Action Plan	X	X	X	X	
			Nursing, Midwifery & Allied Health Professional (NMHAP) Workforce Tools	X		X		
			Safe Staffing Legislation	X	X	X	X	

### SRR010: Estates & Supporting Infrastructure

#### Commentary

During this focused review process, there was no change to the overall description of the risk, and the overall risk score remains the same – at 16.

A review of the current and further controls was conducted, highlighting that across all mitigation measures, there is a variety of criticality. Within the current controls, four controls were given an overall status of amber, prompting a gap analysis. The below graph highlights the amount of assurance activity applied to the current control environment mitigating the strategic risk. Overall, there are four first line bodies implementing these controls with numerous bodies monitoring these controls within and out with the organisation. The final assurance assessment was assessed as reasonable.

Reference	Risk Description	Current Score	Controls	1st Line	1B Line	2nd Line	3rd Line	Overall Assurance
<b>BETTER VALUE</b>								
<b>5. Demonstrate best value using our resources</b>								
SRR010	<b>Estates &amp; Supporting Infrastructure</b> If a whole system, multidisciplinary approach is not applied, there is a risk that we will not make best use of available capital and revenue funding, via prioritisation and allocation, to fully proceed with existing Estates and Infrastructure plans, make new development plans, or maintain and enhance the existing estate. This will result in an inability to maintain and develop a suitable environment for modern and sustainable services.	16	NHS Capital Plan	X		X	X	Reasonable
			Strategic Asset Management System	X				
			Rolling Estate Survey Programme Carried out Within 5-year cycle	X				
			Planned Preventative Maintenance	X	X	X		
			Prioritise Revenue and Capital Budget	X		X	X	
			Horizon Scanning	X				
			Statutory Compliance Audit & Risk Tool (SCART)	X	X	X		
			Estates and Capital Planning Service Delivery (links to workforce delivery plan).	X		X		
			Facilities Management Tool.	X	X	X		



Risk ID	Risk Category	Risk Description	Risk Category Description	Current Likelihood	Current Impact	Current Score	Current Risk Trend	Current Score	Current Risk Trend	Further Controls Required	Lead Action/Author	Original Due Date	Further Controls Target Date	Progress	Target Likelihood	Target Impact	Target Score	Last Review Date	Review Notes	Risk Owner	Risk Lead
SRR 002	Operational Resilience	Operational Resilience - Risk Description: If we do not have enough services in place to meet the demand for services, there is a risk that we will be unable to deliver safe, effective and person-centred care, resulting in a loss of trust in our services, resulting in a loss of ability to deliver our mission through sustainable plans, and a negative impact on patient and staff experience.	Operational Resilience	5	5	25	Red	5	Red	Historical data Fire Risk Register Fire Door Workflows Disinfectant Flow Workflows Continuation of Finance Services to identify any actions to improve performance Continuation of Finance Services to improve LSC performance Continuation of Finance Services to reduce and mitigate risk of patient harm The Finance Dept Strategy developed to document our highest priorities for LSC	Paul Murray James McDonald, David Wainwright, Gal Woodcock Frances Murray Frances Murray Frances Murray	31-Jan-24 31-Mar-24 31-Mar-24 31-Dec-24	31-Mar-25 31-Mar-25 31-Mar-25 31-Mar-25	25% 80% 25%	2	5	10	09-Dec-24	This risk has been included in a review of the Corporate Strategy and Finance and it has been included in the risk register for the year. The risk is a strategic risk and is being managed through the Strategic Planning, Performance & Resource Committee. The risk is being managed through the Corporate Strategy and Finance Committee.	Gary Fraser	John Murray
SRR 005	Financial Sustainability	Financial Sustainability - Risk Description: If our recurring budget is not sufficient to meet the increasing costs there is a risk that we will not be able to meet our financial obligations, resulting in a loss of trust in our services, resulting in a loss of ability to deliver our mission through sustainable plans, and a negative impact on patient and staff experience.	Financial	5	5	25	Red	5	Red	Completion of the Financial Sustainability Action Plan Medium Term: Develop a plan which allows services to design viable revenue models Completion of the Population Health & Care Strategy	Scott Ughurst Kerry Mackenzie	31-Mar-25 30-Jun-25 31-Mar-25	31-Mar-25 30-Jun-25 31-Jun-25	20% 0% 0%	3	5	15	09-Dec-24	This risk has been reviewed by Scott Ughurst and John Murray. There has been no change to the underlying risk position through the year. The risk is a strategic risk and is being managed through the Strategic Planning, Performance & Resource Committee. The risk is being managed through the Corporate Strategy and Finance Committee. The risk is being managed through the Corporate Strategy and Finance Committee. The risk is being managed through the Corporate Strategy and Finance Committee.	Scott Ughurst	John Thomson
SRR 009	Workforce Plans	Workforce Plans - Risk Description: If NHS Forth Valley does not implement effective workforce planning, there is a risk that we will not be able to meet our financial obligations, resulting in a loss of trust in our services, resulting in a loss of ability to deliver our mission through sustainable plans, and a negative impact on patient and staff experience.	Financial	5	5	25	Red	4	Red	Increasing transparency through Auditor Institution visit, including the Value Analysis and Governance College Health Partnership workstreams Evaluation of Workforce Solutions, such as the Medical Resilience Partnership Role Action Plan which will include delivery and governance actions to address identified staffing gaps, with development of the performance plan, and the delivery of the performance plan - to be updated on a yearly basis during the course of the financial year. The action plan will be developed in conjunction with HCCPs and based on integrated working Completion of the workforce actions in relation to the financial sustainability plan. Reviewing established and identifying potential workforce profiles which will feed into the actions to deliver our overarching organisational workforce plan.	Margaret Kerr Keani Beath Linda Robertson	31-Mar-25 31-Mar-25 31-Mar-24	31-Mar-25 31-Mar-25 31-Mar-25	40% 30% 20%	2	5	10	09-Dec-24	This risk has been subject of a focused review. There has been no change to the underlying risk position through the year. The risk is a strategic risk and is being managed through the Strategic Planning, Performance & Resource Committee. The risk is being managed through the Corporate Strategy and Finance Committee. The risk is being managed through the Corporate Strategy and Finance Committee. The risk is being managed through the Corporate Strategy and Finance Committee.	Keani Beath	Carrie Bell, Linda Robertson
SRR 015	Cyber Resilience	Cyber Resilience - Risk Description: If NHS Forth Valley does not maintain the resilience of our IT systems, there is a risk that we will not be able to meet our financial obligations, resulting in a loss of trust in our services, resulting in a loss of ability to deliver our mission through sustainable plans, and a negative impact on patient and staff experience.	Service Delivery/Business Interruption	5	5	25	Red	4	Red	IMPORTANT, PREVENTATIVE - Cyber Security Awareness and Training - Cyber Security Awareness and Training - Cyber Security Awareness and Training - Cyber Security Awareness and Training ABSOLUTELY CRITICAL, PREVENTATIVE CONTROL - Our reliance on suppliers in tender procurement with a degree of assurance especially around our critical suppliers processes, policies and practices ABSOLUTELY CRITICAL, PREVENTATIVE CONTROL - Business Continuity Plan - Business Continuity Plan - Business Continuity Plan - Business Continuity Plan VERY IMPORTANT, PREVENTATIVE - Business Continuity Plan - Business Continuity Plan - Business Continuity Plan - Business Continuity Plan	Douglas Grant, Sarah Hughes-Jones, Scott Jeffrey Douglas Grant, Sarah Hughes-Jones, Scott Jeffrey Douglas Grant, Sarah Hughes-Jones, Scott Jeffrey Scott Jeffrey	31-Dec-23 31-Mar-24 31-Mar-24 31-Mar-24	31-Jan-25 31-Jan-25 29-Jan-25 31-Mar-25	60% 40% 75% 20%	4	4	16	09-Dec-24	This risk has been reviewed by Scott Jeffrey and Andrew Murray. There has been no change to the underlying risk position through the year. The risk is a strategic risk and is being managed through the Strategic Planning, Performance & Resource Committee. The risk is being managed through the Corporate Strategy and Finance Committee. The risk is being managed through the Corporate Strategy and Finance Committee. The risk is being managed through the Corporate Strategy and Finance Committee.	Andrew Murray	Douglas Grant, Sarah Hughes-Jones, Scott Jeffrey
SRR 017	Environmental Sustainability/Climate Change	Environmental Sustainability/Climate Change - Risk Description: If NHS Forth Valley does not meet our environmental obligations, there is a risk that we will not be able to meet our financial obligations, resulting in a loss of trust in our services, resulting in a loss of ability to deliver our mission through sustainable plans, and a negative impact on patient and staff experience.	Environmental Sustainability/Climate Change	5	5	25	Red	4	Red	Increased implementation of the Environmental Management System - To reduce environmental impact and ensure that compliance, e.g. with the Environmental Protection Act, is met, we will continue to work with our suppliers, contractors and other stakeholders to ensure that compliance is met and that the risk is managed. Communication Strategy and action plan to be developed - Both public facing and internal staff	Devin Jarvis Devin Jarvis	30-Mar-24 31-Mar-22	31-Mar-25 30-Apr-25	10% 60%	3	5	15	16-Aug-24	This risk has been reviewed as part of the Financial Review and there has been no change to the underlying risk position through the year. The risk is a strategic risk and is being managed through the Strategic Planning, Performance & Resource Committee. The risk is being managed through the Corporate Strategy and Finance Committee. The risk is being managed through the Corporate Strategy and Finance Committee. The risk is being managed through the Corporate Strategy and Finance Committee.	Margie Fetherston	Devin Jarvis









## FORTH VALLEY NHS BOARD

Tuesday 28 January 2025

### 8. Strategic Planning, Performance & Resources Committee – Terms of Reference

For: Approval

**Executive Sponsor:** Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance

**Author:** Mr Jack Frawley, Board Secretary

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#### 1. Executive Summary

- 1.1 This report presents, as an appendix, the draft Terms of Reference of the Strategic Planning, Performance & Resources (SPPR) Committee to Forth Valley NHS Board for approval.

#### 2. Recommendation

- 2.1 The Forth Valley NHS Board is asked to **approve** the Strategic Planning, Performance & Resources Committee Terms of Reference as appended to this report.

#### 3. Key Issues to be Considered

- 3.1 The Board agreed to establish the SPPR Committee at its meeting of 24 September 2024. The SPPR Committee's first meeting took place on 17 December 2024. At this meeting the Committee considered draft Terms of Reference. Comments were invited in advance and subsequent to the meeting. Feedback received has been considered and where appropriate incorporated into the draft Terms of Reference presented to Board at this meeting.

#### 4. Implications

##### 4.1 Financial Implications

There are no financial implications arising from the recommendations of this report.

##### 4.2 Workforce Implications

There are no workforce implications arising from the recommendations of this report.

##### 4.3 Infrastructure Implications including Digital

There are no infrastructure implications arising from the recommendations of this report.

##### 4.4 Sustainability Implications

There are no sustainability implications arising from the recommendations of this report.

##### 4.5 Sustainability Declaration

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

Yes

N/A

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

#### **4.6 Quality / Patient Care Implications**

There are no quality/patient care implications arising from the recommendations of this report.

#### **4.7 Information Governance Implications**

There are no information governance implications arising from the recommendations of this report.

#### **4.8 Risk Assessment / Management**

No risk assessment has been undertaken during the preparation of this report.

#### **4.9 Relevance to Strategic Priorities**

The recommendations of this report support the effective functioning of the Board's Corporate Governance function which facilitates delivery against all strategic priorities.

#### **4.10 Equality Declaration**

*The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process. Further to an evaluation it is noted that: (please tick relevant box)*

*Paper is not relevant to Equality and Diversity*

*Screening completed - no discrimination noted*

*Full Equality Impact Assessment completed – report available on request*

#### **4.11 Communication, involvement, engagement and consultation**

There has been no engagement activity around the completion of this report.

#### **Appendices**

Appendix 1 – Strategic Planning, Performance & Resources Committee – Terms of Reference.

## **STRATEGIC PLANNING, PERFORMANCE AND RESOURCES COMMITTEE**

### **TERMS OF REFERENCE**

#### **1. Purpose of the Committee**

The Strategic Planning, Performance and Resources Committee will:

- influence, scrutinise and oversee the development of the strategic direction of the NHS Board, including the setting of the Board's vision and corporate objectives.
- scrutinise and oversee the planning and development of corporate policies and strategies for onward referral to the NHS Board for decision.
- oversee the planning and performance of areas related to Integration arrangements.
- scrutinise and oversee the implementation of service redesign and transformation change programmes taking a Values Based Health and Care approach.
- act as the oversight Committee for the development of NHS Forth Valley as a Population Health Organisation.
- act as the Performance Management Committee of the NHS Board with specific scrutiny of Financial and Operational performance.

#### **2. Remit of the Committee:**

The Committee will provide assurance to the NHS Board on the areas below and as appropriate refer them to the Board for decision. It will operate within the principles of The Blueprint for Good Governance – Second Edition, **to ensure effective management, improved performance and ultimately good outcomes for all stakeholders:**

The Committee's remit will include:

- Finance and Efficiency: Financial and capital plans, allocation of resources, financial performance including the setting and delivery of savings plans and efficiencies, review of Initial Agreements and Business Cases, oversight of the delivery of the Digital and eHealth Plan.
- Whole system delivery of performance against targets and key priorities, except areas that are specifically in the remit of other Board committees such as detailed workforce and patient safety metrics.
- Strategy development, endorsing and referring them to the NHS Board for approval.
- Population Health: supporting NHS Forth Valley to embed a value-based health and care approach to delivery; oversight and performance monitoring of progress and outcomes against key social determinants of health; prioritisation of prevention; early

intervention; reducing inequalities; development, implementation and monitoring of Population Health & Care Strategy; support partnership working arrangements between NHS Forth Valley and the Community Planning Partnerships and other stakeholders.

- Climate Emergency and Sustainability and the delivery of key objectives in line with the agreed strategy.
- Infrastructure, Property and Asset Management and the progression of the Whole System Infrastructure Planning approach in line with Scottish Government Guidance.
- Information Governance and the delivery of NHS Forth Valley's statutory obligation to comply with information governance, Network Information Systems Regulations (including Cyber Security) and General Data Protection Regulation (GDPR).
- Risks aligned to the remit of this Committee providing scrutiny of Risk Assurance and Mitigation Plans for those risks escalated to the Strategic Risk Register.
- Horizon scanning to detect early signs of potentially important developments e.g., the impact of technology, demographic changes and climate change.

### **3. Composition of the Committee**

#### **3.1 Membership**

Membership of the Strategic Planning, Performance and Resources Committee, will include all Non-Executive Directors.

In the event that the Chair of the Committee is unable to attend, another non-executive director will be designated as Chair for the meeting. Normally the Chair of the Committee would arrange this in advance.

Attendees will be invited at the discretion of the Committee Chair.

The Committee may co-opt additional members for a period not exceeding a year to provide specialist skills, knowledge and experience.

#### **3.2 Executive Lead**

The Director of Strategic Planning and Performance shall serve as the Lead Executive Officer to the Committee.

The Executive Lead will oversee the development of an annual workplan for the Committee which reflects its remit and the need to provide appropriate assurance at the year end for both the Committee and the NHS Board.

#### **3.3 Attendees**

All Executive Directors and Senior Leadership Team members shall normally attend meetings.

The Committee can request the attendance of any officer of NHS Forth Valley at its meetings and shall have the right to invite, as required, external experts to attend meetings.

## **4. Meetings**

### **4.1 Frequency**

To fulfil its remit the Strategic Planning, Performance and Resource Committee will normally meet no less than six times in a year but may elect to have additional meetings, at the discretion of the Chair. The Committee will conduct its meetings in line with the Standing Orders of the Board.

### **4.2 Agenda and Papers**

The Executive Lead will set the agenda in conjunction with the Chair and Board Secretary.

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

All papers require to be completed on the approved covering paper template, clearly state the agenda reference, the author, the purpose of the paper and the action the Committee is asked to consider.

### **4.3 Quorum**

No business shall be transacted unless a minimum of one third of the Committee members are present.

### **4.4 Minutes**

Formal minutes shall be taken of the proceedings of the Committee. Draft Minutes shall be distributed for consideration and review to the Chair of the meeting within 2 weeks of the meeting except in exceptional circumstances.

The draft minutes will be circulated electronically to Committee Members for review and approval within the following 10 working days.

Minutes will be included for noting in subsequent Board Meeting papers following approval by the Committee.

## **5. Reporting Arrangements**

- 5.1** The Committee will report to the Board and commend decisions to the Board, by submitting its approved minutes to the Board.
- 5.2** The Committee Chair will provide an annual report on the Committee's activities to the NHS Board, to inform the preparation and review of the Board's Governance Statement.
- 5.3** The Committee will regularly review the annual workplan including identifying any slippage of timescales or tasks including agreeing any mitigation actions (if required) to ensure the full delivery of the Committee's remit.
- 5.4** The Committee will scrutinise the Strategic Risks aligned to the Committee on a bi-monthly basis.

## **6. Review of Terms of Reference**

- 6.1** The Terms of Reference will be reviewed annually by the Committee for submission to the Board for the Board's consideration and approval.

Version number	Date Issued	Date of Committee Approval	Date of Board Approval
Version 1.7	09/01/2025		

DRAFT



**CLINICAL GOVERNANCE COMMITTEE**  
TUESDAY 7 JANUARY 2025

**RATIFIED Minute of the Clinical Governance Committee** meeting held on Tuesday 12 November 2024 at 9.10am in the First Floor Boardroom, Carseview House and via MS Teams.

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

<b>In Attendance:</b>	Ms Karen Bonnar (Item 8.4)	Prof Ross McGuffie
	Miss Jennifer Brisbane (Minute)	Dr Oliver Milling-Smith (Item 8.4)
	Mr Ashley Calvert	Mr Andrew Murray
	Dr Jennifer Champion	Dr Kate Patrick (Item 6.1)
	Prof Frances Dodd	Mr Calum Robertson (Item 9.1)
	Mr Jack Frawley	Mr David Watson (Item 8.1)
	Mr Jonathan Horwood	Miss Vicky Webb
	Mr Andrew McCall (Item 7.1)	

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

The Chair led committee members to welcome Mr Ashley Calvert to the committee as the Head of Clinical Governance.

Apologies were received on behalf of Ms Margo Biggs, Ms Laura Byrne and Mr Kevin Reith. Committee members were informed of Ms Margo Biggs resignation from the Clinical Governance Committee and noted thanks for her support.

The Chair confirmed that the meeting was quorate.

### 2. Declaration of Interest

There were no declarations of interest.

### 3. Draft Minute of Clinical Governance Committee meeting held on 10 September 2024

The draft minute of Clinical Governance Committee meeting held on Tuesday 10 September 2024 was approved as an accurate record.

### 4. Matters Arising from the Minute/Action Log

The Clinical Governance Committee noted the complete actions, and below updates from the action log:

- Action 33: It was agreed that the action would be deferred to allow the Acting Director of Public Health and NHS Forth Valley Board Chair to discuss how to incorporate Child Poverty into a NHS Forth Valley Board agenda.
- Actions 26, 27, 28, 29, 32, 34 and 35 were noted as complete.

## 5. Clinical Governance Committee Planner

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

Committee members were advised that an 'Internal Audit Actions Follow Up' would be added to the planner as a standing item from the 7 January 2025 meeting. In addition, it was noted that all of the elements of the Scottish Patient Safety Programme section would be combined into a singular Safety Collaborative Update.

## 6. For Approval

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### 6.1 Medical Education Annual Report

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

The purpose of the paper was to provide an overview of the academic year, the challenges faced within Forth Valley Royal Hospital and the effect on the quality of experience when training.

Key points considered:

- The findings of the Postgraduate and Undergraduate Medical Education reports were discussed. Previously there were 6 records of excellence, where training departments were categorised within the top 2% in Scotland. As a result of staffing issues and pressures experienced within the hospital teaching environment, excellence had not been sustained. However, reassurance was provided that NHS Education Scotland (NES) issued 9 good practice letters across 8 training areas within Primary and Secondary Care.
- NHS Forth Valley remained under review by the NES Quality Management Team however it was noted that all SMART objectives had been met therefore highlighting a significant improvement. Assurance was provided that the General Medical Council (GMC) had not undertaken enhanced monitoring.
- Reassurance was provided that despite significant pressures experienced within emergency medicine, the Deanery noted satisfaction with work undertaken to maintain the training standards, and concluded that all actions had been completed.
- Significant levels of trainee sickness absence were experienced, and it was noted that the mitigation of rota gaps was impaired due to a lack of agreed policy and operative processes with the management of short-term gaps.
- Committee members were informed that the NHS Forth Valley Health Board had engaged with the Medical Education Team in relation to the maintenance of the Falkirk accommodation facilities for medical students, and funding from Additional Cost of Teaching (ACT) of undergraduates was likely to be agreed. Further clarity was provided on undergraduate accommodation where it was noted that potential funding could be obtained from Service Level Agreements (SLAs), and collaboration with external partners would be undertaken to maximise opportunities.
- Following discussion, it was agreed that a reasonable level of assurance would be noted, following the completion of the SMART objectives and reassurance provided after submission of the report to the committee.
- Committee members sought further detail on the challenges experienced by the directorate and were informed of the increasing demand on the surgical department. Reassurance was provided that additional foundation doctors were placed within the department to address surgical footprint concerns.

**The Clinical Governance Committee:**

- ***noted the key issues raised within the Medical Education Annual Report.***
- ***approved a reasonable level of assurance.***

Item 8.4 was taken at this point in the agenda.

#### **8.4 Cancer Update**

The Clinical Governance Committee received the 'Cancer Update'.

The purpose of the paper was to provide an update on NHS Forth Valley Cancer Services.

Key points considered:

- Committee members were advised that the Cancer Operational Manager attended weekly meetings with the Scottish Government to share waiting time data. The 31-day cancer target was regularly met by NHS Forth Valley however it was advised that the 62-day target was unmet nationally.
- Continued work with Lung and Colorectal & Bowel screening saw an improvement with the 62-day target however it was noted that Urology remained an issue nationally.
- Assurance was provided that Quality Performance Indicator data continued to be submitted on schedule, and the Clinical Governance process was amended to ensure the discussion of the published report would be undertaken at the Acute Services Directorate Clinical Governance group.
- The development of optimal cancer diagnostic pathways was ongoing to improve the timeliness and efficiency of the diagnostic pathway, enabling accelerated access to treatment for those with a cancer diagnosis. The cancer team were working closely with the National Optimal Pathway for Lung Cancer and Head & Neck Cancer which saw improvements in performance. Committee members were advised that if non-recurring funding could be secured as hoped, the next pathway considered would be Colorectal.
- NHS Forth Valley was successful in obtaining non-recurring funding to implement and trial a Rapid Cancer Diagnostic Centre (RCDC). In order to provide primary care with a new fast-track diagnostic pathway for patients with non-specific symptoms that did not meet existing Scottish Referral Guidelines for Suspected Cancer. As a result, approximately 20 patients were seen per week, and 15 to 20% of those patients resulted in an early cancer diagnosis. Recruitment for a Clinical Lead was ongoing, and a Project Manager had been identified. Following discussion, it was agreed that RCDC data would be included in future reports to the committee.
- Concern was raised over the demand on the Oncology service due to increased survivorship and treatments available. Committee members were advised that with the use additional funding NHS Forth Valley recruited 0.6 Whole Time Equivalent (WTE) Speciality Doctors to support Breast, Colorectal and Urology Services. As a result of additional resources and capacity to run supplementary clinics, it was noted that the Oncology Unit was struggling with space therefore work was required expand the footprint within the acute site.
- The procurement of a third CT scanner had been approved.
- Following discussion, reassurance was provided that work was ongoing to review Forth Valley Royal Hospital's estate to maximise space available for the Oncology Unit.
- It was agreed that future reports would incorporate deprivation data which was collated by the team but not referred to as a quality performance indicator.
- Committee members were advised that fixed term positions within the Oncology department were due to the non-recurring funding provided by the Scottish Government. It was agreed that a workforce recommendation paper would be provided at a future meeting.
- Assurance was provided that the Executive Medical Director was an attendee of the Scottish Cancer Network and therefore was involved national cancer strategy discussions.

#### ***The Clinical Governance Committee:***

- ***noted that work was required to highlight to all levels within the organisation that cancer was a priority due to competing demands.***
- ***supported the implementation of the optimal cancer pathways and Rapid Cancer Diagnostic Centre.***
- ***supported the Oncology Unit review.***
- ***supported creating a sustainable workforce.***

Actions:

- Include deprivation and RCDC data within future cancer update reports.
- Provide an Oncology workforce recommendation paper at a future meeting.

## **7. In Our Services, Is Care Safe Today?**

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### **7.1 Escalation Update**

The Clinical Governance Committee received the 'Escalation Update'.

The purpose of the paper was to provide an update on the aspects of escalation that were relevant within Clinical Governance Committee's responsibility for governance.

Key points considered:

- NHS Forth Valley had been moved to Level 3 of the Support and Escalation Framework from 1 October 2024.
- The workstream of Safe Delivery of Care concluded with an improved HIS inspection report, with only the GP Out of Hours (OOHs) Improvement Plan workstream remaining which continued to demonstrate progress.
- Committee members were provided an overview of Appendix 1, which outlined the OOHs progress achieved, ongoing work undertaken and planned for 2024/25.
  - The service consistently achieved above 90% rota fill from August to October. An increase in GP input to the rota fill saw a decrease to only 2 events of escalation in September due to high demand on the service.
  - The use of sessional GPs had significantly decreased due to the shift to salaried posts.
  - Significant improvements were seen in the OOHs improvement plan with 1 of the 3 actions noted as complete. Assurance was provided that the remaining 2 actions had progressed well and would remain ongoing.
- Work was ongoing to upskill Community Pharmacists to facilitate Sunday pharmaceutical community support which would mitigate mistakes made through verbal referrals and reduce pressures on the OOHs.
- Following discussion, assurance was provided that the Public Health Directorate were undertaking work to analyse the relationship between access to GPs and deprived areas.
- Reassurance was provided that plans were in place to meet the demands on the OOHs service over the winter period.
- Following discussion, it was proposed that the OOHs strategic risk would not be de-escalated until a formal letter outlining Sir Lewis Ritchie's confirmation of agreement to deescalate NHS Forth Valley's OOHs service was received.
- Committee members agreed that OOHs updates were no longer required, and were assured that concerns would be captured in the Emerging Clinical Issues standing item. However, discussion was required to gain further clarity on where the OOHs Improvement Plan would be reported for assurance.

**The Clinical Governance Committee:**

- ***noted the GP OOHs update.***

Actions:

- Liaise with Sir Lewis Ritchie regarding a formal letter outlining confirmation of agreement to deescalate the OOHs service. (AM)
- Discuss the reporting arrangements of the OOHs Improvement Plan.

### **7.2 Emerging Clinical Issues**

The Clinical Governance Committee received the 'Emerging Clinical Issues' paper.

The purpose of the update was to describe the extent of the incident and response from NHS Forth Valley to date.

Key points considered:

- On 12 September 2024, NHS Forth Valley's Radiology Clinical Lead was notified by the Scottish National Radiology Reporting Service (SNRRS), of an issue with the quality of specific CT reports from SNRRS where a higher incidence of clinical discrepancies of an individual reporter than deemed acceptable.
- SNRRS Clinical Directors identified relevant reports for each Health Board and instigated a full review of any examinations where a follow-up examination by an alternative Consultant Radiologist was not undertaken. The NHS Forth Valley radiology administrative team were informed that the health board may receive 'alert/flag notifications for older examinations dating back to 2021'.
- A short life working group was commissioned by the Executive Medical Director and was being led by the Associate Medical Director for Radiology.
- Of the 141 patients' images that were reviewed to date, 4 patients had a significant finding reported resulting in a misdiagnosis, of which 2 were likely missed cancer diagnoses.
- Assurance was provided that the Associate Medical Director had:
  - Communicated to the entire consultant group to raise awareness.
  - Liaised with the Patient Relations Team to agree engagement with the affected patients.
  - Linked with the Head of Clinical Governance to prepare Duty of Candour responses, and with the Head of Communication to prepare for media enquiries.
- A final report completed by SNRRS was expected in November 2024, which would review all affected images and detail each Health Board's outcomes for their cohort of patients involved.
- Following discussion, it was advised that national communication would be provided by the Golden Jubilee as host, and committee members were informed that there may have been Forth Valley patients that were affected as a result of being reviewed at the Golden Jubilee.
- Assurance was provided that patients affected would be contacted within the week.
- It was agreed that further discussions would be undertaken to review commissioning arrangements to mitigate similar risks reoccurring.

**The Clinical Governance Committee:**

- ***noted the extent of the incident and response from NHS Forth Valley.***

Action: Undertake discussions to review future commissioning arrangements to mitigate similar risks reoccurring.

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

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### **8.1 Acute Safety and Assurance Report**

The Clinical Governance Committee received the 'Acute Safety and Assurance Report'.

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

Key points considered:

- Hospital Standardised Mortality Rate (HSMR) remained stable at 0.94, with a fifth consecutive reported period below 1.
- Adult Cardiac Arrest rate from July to August 2024 was 1.79 per 1,000 admissions which saw an increase from the previous report of 1.17. Despite the increase in rates, assurance was provided that the position remained positive in comparison to previous years.
- Overall Stroke Bundle compliance increased to 67% in July 2024, from previous 42% in May 2024, following improvements with targeted education on swallow screening and ring fencing thrombectomy beds for admissions.

- Hospital Acquired Pressure Ulcers (HAPU) had decreased from the previous month of 1.10 to 0.70 per 1000 occupied bed days for Grades 2 to 4. Work was ongoing to identify key learning by using improved HAPU reporting on Safeguard.
- Committee members were advised that the Clinical Governance Working Group were not assured with pressure area care and improvement actions due to spikes in pressure ulcers. However, it was noted that significant progress had been undertaken to mitigate risk to patient safety.
- Concern was raised regarding the 10.6% survival to discharge rate in comparison to 25.1% for all hospitals participating in the National Cardiac Arrest Audit. Assurance was provided that work was ongoing to undertake Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) conversations at an earlier stage. In order to provide further context, it was agreed that national data would be incorporated into future reports to provide benchmarking.
- Following discussion, committee members sought evidence of anticipatory care planning in future reports, however were informed that due to the paper nature of recording, it would be complex to evidence. It was agreed that data would be incorporated from the Electronic Observation System (eObs).

***The Clinical Governance Committee:***

- ***noted the current position, challenges, and quality improvements being made in relation to the specific Scottish Patient Safety Programme (SPSP) measures and compliance with national targets.***

**Actions:**

- Incorporate National Cardiac Arrest data into future reports to provide benchmarking.
- Include anticipatory care planning evidence into future reports.

## **8.2 Whole System Assurance Report**

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

The purpose of the report was to provide assurance that the clinical governance processes within each of the directorates was working as intended.

**Key points considered:**

- Assurance was provided that work was ongoing to review the purpose of the report and liaise with all directorates to align data, and ensure triangulation to risk and person centred care by utilising the Pentana System.
- Following discussion, it was noted that the consideration of Value Based Health Care within the assurance reporting templates was required however caution was raised regarding the appropriateness in reference to clinical governance assurance.
- Committee members sought further refinement of the directorate reports in order to focus on clinical governance.
- Concern was raised over the 64% of overdue clinical guidelines referenced within the acute services assurance report, however it was noted that work was ongoing to develop a clinical guideline key workstream and an organisational risk was captured within the Strategic Risk Register.

***The Clinical Governance Committee:***

- ***noted the quality improvement activities being undertaken within the Mental Health service in NHS Forth Valley.***
- ***accepted a reasonable level of assurance.***

Action: Discuss and consider the incorporation of Value Based Health Care within the assurance reporting templates.

### 8.3 Healthcare Associated Infection Quarterly Report

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

The purpose of the report was to provide oversight of the HAI targets, Staph aureus bacteraemias (SABs), Clostridioides difficile infections (CDIs), device associated bacteraemias (DABs), incidents and outbreaks and all other HAI activities across NHS Forth Valley.

Key issues considered:

- It was advised that the Annual Operational Plan (AOP) targets were to be established by the Scottish Government and was expected to be provided by early 2025.
- Total SABs, DABs, CDIs and ECBs reported cases remained within controlled limits.
- Within the reported quarter of July to September 2024, there were:
  - 8 hospital acquired SABs.
  - 8 hospital acquired DABs.
  - 4 hospital acquired CDIs.
  - 21 hospital acquired ECBs. It was noted that complications arising from urinary catheter infections were one of the most common causes of ECB. However, work was ongoing to review appropriate use of catheters, and committee members were advised that patient management of the device was also a factor.
  - No MRSA or C.difficile recorded deaths.
  - 4 surgical site infections. Following a local review of surgical site infection surveillance and national mandatory reporting, NHS Forth Valley's surveillance period was extended for hip and knee arthroplasties and C-sections from September 2024 to capture additional infections. It was advised that an upward trajectory was anticipated due to the change in surveillance.
  - 1 Covid-19 outbreak. Assurance was provided that work was ongoing to closely monitor influenza rates due to the anticipated increase in cases.
- Falkirk Community Hospital (FCH) and Bellsdyke Hospital estates compliance and domestic cleaning scores had improved within the quarter, with Falkirk Community Hospital reaching 90% compliance.

***The Clinical Governance Committee:***

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

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

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### 9.1 Public Health Update

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

The purpose of the paper was to provide assurance on actions relating to Child Poverty.

Key points considered:

- Assurance was provided that the principles and standards of clinical governance continued to be applied to the Public Health Directorate.
- The committee noted the deep dive on governance of the Immunisation Service.
- The delivery of vaccination services within Forth Valley sat within the health board following the transfer of the vaccination service from primary care as part of the Vaccination Transformation Programme. A partnership with Public Health Scotland, NHS Health Boards, and the Scottish Government resulted in the Scottish Vaccination Immunisation Programme which provided national leadership, coordination and support for the delivery of vaccinations in Scotland.

- Reasonable assurance was provided that the Immunisation Services had an established governance framework which was aligned to the Vincent Framework, and a plan was devised to enhance immunisation governance with a structured governance procedure reporting to the immunisation executive lead. The Forth Valley Area Immunisation Steering Group, chaired by the Director of Public Health, was to seek assurance of good clinical governance from departments involved in vaccine delivery, and would be supported by the standardised Women & Children Service structure. Committee members were advised that the group was in its infancy however work would be undertaken to capture Scottish Index of Multiple Deprivations patterns (SIMD) and set priorities.

***The Clinical Governance Committee:***

- ***noted current and planned governance processes for immunisation delivery.***

## **9.2 Strategic Risk Register**

The Clinical Governance Committee received the paper ‘Strategic Risk Register- Update to Clinical Governance Risks’.

The purpose of the paper was to provide assurance in support of the committee’s role in maintaining an overview of the strategic risks aligned to the Clinical Governance Committee and agreeing appropriate escalation to the Board.

Key points considered:

- All three strategic risks aligned to the Clinical Governance Committee were reviewed and it was noted that there was no change to the scoring of the Strategic Risk Profile.
- Within the reported period:
  - There were 26 controls mitigating the strategic risks.
  - 5 actions identified to mitigate the strategic risk profile.
  - There were no overdue risks.
- NHS Forth Valley’s Board appetite profile saw deterioration in the risks out with the Board’s appetite from 54% to 64%.
- The wider Strategic Risk Profile had increased due to the new proposed risk related to Health Inequalities however it was noted that approval from the NHS Forth Valley Board was required.
- An update on SRR016 (Out of Hours) focussed review was provided in appendix 2, and committee members were asked to consider the removal of SRR016 from the Strategic Risk Register as controls were identified as fully or effective.
- Following discussion, it was agreed that SRR016 would not be removed until a formal letter was received from Sir Lewis Ritchie outlining a confirmation of agreement to deescalate NHS Forth Valley’s Out of Hours (OOHs) service. Assurance was provided that an Urgent & Unscheduled Care deep dive was scheduled for the March 2025 committee meeting which would therefore highlight any concerns within the Out of Hours service.

***The Clinical Governance Committee:***

- ***noted and approved the assurance provided in relation to effective management and escalation of risks aligned to the Clinical Governance Committee.***
- ***endorsed the Clinical Governance Strategic Risks for October to November 2024 for onward reporting to the NHS Forth Valley Board.***
- ***endorsed the closure of SRR016 from the Strategic Risk Register for approval at the NHS Forth Valley Board, subject to the receipt of formal from Sir Lewis Ritchie.***

## **10. Is Our Care Person Centred?**

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### **10.1 Person Centred Care Report**

The Clinical Governance Committee received the ‘Person Centred Care Report’.



The purpose of the report was to assess feedback mechanisms in place across NHS Forth Valley and performance in line with national key indicators.

Key points considered:

- Data demonstrated a reduction in complaints received, however it was advised that an increasing trend was experienced since the reporting period and work was being undertaken to monitor such increases.
- Combined performance across the organisation remained between 60 to 70% within the financial year, which saw a 10% increase in comparison to 2023/2024 data.
- Key improvements were noted with a significant reduction in time taken to respond to stage 2 complaints. However a back log remained with some cases taking in excess of 100 days to be resolved, which was outwith an acceptable tolerance. The continued back log presented a risk of slippage in performance however assurance was provided that mitigations were in place to reduce the risks using the current workforce.
- The RAG status was identified as Amber due to the average response times being within 20 to 28 days, however it was noted that this was due to the focus on new closures, and sustained ongoing effort was required to address back logs outwith the acceptable risk tolerance.
- Following feedback from previous reports, the report had an increased focus on learning. Assurance was provided that no concerning trends were highlighted and local and organisational level learning reports were circulated to all clinical governance forums through triumvirates and service leads.
- Reassurance was provided that a national meeting was scheduled to discuss complaints waiting times across Scotland.
- Committee members were advised of the mitigations in place to address risks:
  - New processes were embedded and progressed through a Plan, Do, Study & Act (PDSA) cycle.
  - New sign off processes were implemented within acute.
  - Staff recruitment was undertaken to employ 2 WTE band 5 staff members within the patient relations team.
  - Local discussions were underway with services to support internal drafting of job descriptions in acute.
  - Clearer structures for escalation were developed.
  - In order to reduce the risk of recurrence, following a bid by FutureScot as part of a grant programme to consider how AI could support the organisation to improve performance and triangulate learning. NHS Forth Valley was listed to proceed to the final three submissions, where an outcome was expected on 27 November 2024.
- Reassurance was provided that a band 7 staff member was incorporated into the patient relation team to support staff managing difficult complainants. However, committee members were advised that staff within the team felt responsible for addressing complaints within a timely manner therefore work was being undertaken to support staff and balance pressures.
- Concern was raised over General Surgery being identified as one of the highest prevalent complaint areas due to the potential patient safety risks. However, assurance was provided that it was likely to be in relation to issues experienced with service waiting times. It was agreed that the Executive Nurse Director would liaise with the Head of Person Centred Care and Chief of Acute Nursing to provide further detail on the nature of General Surgery complaints.
- Following discussion in relation to complaints waiting times, reassurance was provided that a national approach was being developed by the National Complaints Handling Team to signpost complainants to the appropriate resources.

#### **The Clinical Governance Committee:**

- ***noted the ongoing organisational risk associated with the current position.***
- ***noted the mitigation steps undertaken and improvements demonstrated.***
- ***noted the variance in demand and capacity within patient relations.***
- ***endorsed ongoing performance monitoring with escalation through clinical governance groups.***

Action: Provide further detail on the nature of General Surgery complaints.

## 11. Are We Learning and Improving?

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### 11.1 Significant Adverse Event Report

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

The purpose of the report was to provide the Clinical Governance Committee with information on Significant Adverse Events (SAEs) in relation to the requirements specified by the Scottish Government.

Key points considered:

- Limited assurance was provided due to concerns regarding performance and SAE Review (SAER) timescales however reassurance was provided that work would be undertaken to review implementation and evaluation of learning data.
- The below updates were provided on the SAERs commissioned from 2022 to 2024.
  - From 1 January to 30 September 2024, 14 SAERs were commissioned:
    - 5 were at an initial stage.
    - 8 were in progress.
    - 1 was to commence.
  - From 2023, of the 28 SAERs:
    - 17 were in progress.
    - 11 were complete.
  - From 2022, all commissioned SAERs were noted as complete.
- Committee members were advised that in addition to the volume of SAERs received, challenges regarding the Healthcare Inspection Scotland (HIS) Framework requirements not being met were noted, which subsequently resulted in delay in identification of organisational learning.
  - The adverse events process was not firmly embedded in standard practices within the directorates resulting in delays of recording an initial event on Safeguard, subsequently experiencing a delay in escalation processes.
  - Safeguard was not being utilised to its full potential consequently challenging the quality of data.
  - Incomplete non-integrated briefing notes required further information to support the decision-making process.
- The 90-day submission target was being met, however it was noted that the 30-day target of final approval from submission date was not being achieved. Assurance was provided that final approvals were marginally over the 30 working days target.
- Committee members were informed of the review of processes and actions that were ongoing to improve the SAER compliance.
- Following discussion, it was highlighted that the capacity of the Clinical Governance team and lead reviewers contributed to commissioning delays in SAERs however assurance was provided that a detailed measurement plan was being developed to review the processes. Furthermore, committee members were informed that national work was ongoing to agree on a universal approach to interpreting SAER data.
- Reassurance was provided that despite challenges experienced, NHS Forth Valley's lead reviewers had been trained in compassionate communication to facilitate discussions with families, and therefore resulted in high quality reviews. Emphasis was placed on the importance of maintaining investment in Lead Reviewers and recording positive learning and outcomes from such processes.
- Further assurance was provided on delayed SAER timescales, noting that local teams had actions in place and gained learning prior to the commencement of an SAER.

**The Clinical Governance Committee:**

- ***noted NHS Forth Valley's position on current SAERs with specific regard to compliance of the commissioning, completion, acceptance of SAERs and development of an improvement plan, within the timescales of the national framework.***

- ***endorsed the continued review of SAER processes.***

Action: Provide further detail on the timescales and progress of SAERs in future reports.

## **11.2 Patient Safety Conversation Visits Bi-annual Report**

The Clinical Governance Committee received the 'Patient Safety Conversation Bi-annual Report'.

The purpose of the report was to provide an update on the Patient Safety Conversation Visits (PSCV) from 1 April to 30 September 2024.

Key points considered:

- From 1 April to 30 September 2024 there were:
  - 11 initial visits.
  - 3 return visits.
  - 7 visits postponed.
- All Board members and staff involved within the programme were offered the opportunity to provide feedback on their visits experience, where it was found that visits were extremely beneficial.
- The visits identified 5 patient safety concerns that required improvements:
  - Staffing/ Skill Mix
  - Environmental Issues
  - Service Development
  - Recruitment
  - IT System Issues
- Committee members were advised of the changes implemented to the PSCV programme following discussions with the NHS Forth Valley Board Chair, where it was noted that work was being undertaken to identify availability of Board members to reduce cancellation of visits.
- Further clarity was sought on the ambition and purpose of the programme to ensure that visits felt supportive. Therefore, it was agreed that work was required to find a cohesive balance of high tariff areas and those with innovation schemes.
- It was agreed that further discussion regarding guidance in relation to concerns captured at PSCVs could be incorporated into the Strategic Risk Register would be undertaken.

***The Clinical Governance Committee:***

- ***noted the recommendations and actions taken.***

Action: Discuss capturing concerns from PSCVs within Strategic Risk Register.

## **12. Are Our Systems Reliable?**

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### **12.1 Professional Assurance Framework Update**

The Clinical Governance Committee received the 'Professional Assurance Framework Update' paper.

The purpose of the report was to outline the progress being made in the development of a robust NHS Forth Valley Professional Assurance Framework.

Key points considered:

- Committee members were advised that the Professional Assurance Framework would be deferred to the 7 January 2025 Clinical Governance Committee following sign off by professional leads, and review by the Clinical Governance Working Group and partnership colleagues.
- Following discussion, it was agreed that the framework would be shared with the Senior Leadership Team to ensure partnership engagement.

**The Clinical Governance Committee:**

- **noted the progress to date and the revised timeline for delivery.**

**13. For Noting**

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

**13.1.1** Clinical Governance Working Group Minute 150824

**13.1.2** NHS Forth Valley Infection Control Committee Minute 200824

It was proposed that work was undertaken to develop a paper which summarised key notes from the Clinical Governance Working Group for noting at the Clinical Governance Committee in order to strengthen governance processes.

**The Clinical Governance Committee:**

- **approved the proposal to receive explanatory reports to the Clinical Governance Committee.**

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

**13.2.1** June 2024

**13.2.2** July 2024

**13.2.3** August 2024

**13.3** The Clinical Governance Committee **noted** the below Scottish National Audit Programmes.

**13.3.1** Scottish Multiple Sclerosis Register

**13.3.2** Scottish Trauma Audit Group

**13.3.3** Scottish Hip Fracture Audit

**14. Any Other Competent Business**

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Following governance discussions, committee members were advised that the Ethical Sub Committee would be stood down and used on an ad hoc basis to address issues raised by the Clinical Governance Committee.

Due to changes in the governance of NHS Forth Valley Board committees, it was agreed that the Clinical Governance Committee Terms of Reference would be taken to the 7 January 2025 meeting for approval.

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

Action: Add Clinical Governance Committee Terms of Reference to 7 January 2025 agenda for approval.

**15. Date of Next Meeting**

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Tuesday 7 January 2025 at 9:00am, in the Boardroom, Carseview House.

**FORTH VALLEY NHS BOARD**

**9.4. Minute of the Strategic Planning, Performance & Resources Committee Meeting held on Tuesday 17 December 2024**

For: Noting

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**Minute of the Strategic Planning, Performance & Resources Committee Meeting held on Tuesday 17 December 2024 at 9.30am in the Boardroom, Carseview House.**

**Present:** Ms Neena Mahal (Board Chair)  
 Mrs Kirstin Cassells (Non-Executive Director)  
 Mr Robert Clark (Non-Executive Director)  
 Mr Martin Fairbairn (Non-Executive Director)  
 Mr Gordon Johnston (Non-Executive Director)  
 Dr Michele McClung (Non-Executive Director)  
 Mr Allan Rennie (Non-Executive Director)  
 Mr John Stuart (Non-Executive Director)  
 Mr David Wilson (Non-Executive Director)

**In Attendance:** Miss Jennifer Brisbane (Corporate Services Assistant) Minute  
 Ms Elsbeth Campbell (Head of Communications)  
 Dr Jennifer Champion (Acting Director of Public Health)  
 Prof Frances Dodd (Executive Nurse Director)  
 Mrs Morag Farquhar (Director of Facilities)  
 Mr Garry Fraser (Director of Acute Services)  
 Mrs Janette Fraser (Head of Strategic Planning)  
 Mr Jack Frawley (Board Secretary)  
 Ms Claire Giddings (Corporate Performance Manager)  
 Ms Laura Henderson (Senior Performance Management Officer)  
 Mr Scott Jaffray (Director of Digital)  
 Ms Kerry Mackenzie (Acting Director of Strategic Planning & Performance)  
 Mr Chris McCreath (Programme Management Coordinator) Item 12a  
 Ms Gayle McIntyre (Senior Service Manager) Item 12a  
 Ms Jackie McEwan (Corporate Business Manager)  
 Prof Ross McGuffie (Chief Executive)  
 Mr Andrew Murray (Executive Medical Director)  
 Mr Kevin Reith (Director of People)  
 Mr Martin Thom (Head of Specialist Services) Item 12a  
 Mr Scott Urquhart (Director of Finance)  
 Miss Vicky Webb (Corporate Risk Manager)  
 Ms Gail Woodcock (Director of Falkirk Health & Social Care Partnership)

- 
- 1. Welcome, Apologies for Absence and Confirmation of Quorum**  
 Apologies were noted on behalf of Cllr Fiona Collie, Cllr Wendy Hamilton, and Mr Stephen McAllister. The Chair confirmed the meeting was quorate.
  - 2. Declarations of Interest**  
 There were no declarations of interest.
  - 3. Minute of Performance & Resources Committee Meeting held 29 October 2024**  
 The minute of the meeting held on 29 October 2024, subject to previous electronic circulation and committee member approval, was **confirmed** as an accurate record.

#### **4. Matters Arising from the Minute / Action Log**

The Strategic Planning, Performance & Resources Committee reviewed the action log and noted all actions that were complete. Following discussion, it was agreed that timescales for actions 77 and 78 would be provided at the 25 February 2025 meeting.

**The Strategic Planning, Performance & Resources Committee noted the Action Log.**

#### **5. Strategic Planning, Performance & Resources Committee Terms of Reference**

The Strategic Planning, Performance & Resources Committee received the committee Terms of Reference (ToR) presented by the Chair.

Following discussion, it was agreed that committee members would provide comments to the Board Secretary to allow the circulation of a further iteration prior to approval at the 28 January 2025 NHS Forth Valley Board.

**The Strategic Planning, Performance & Resources Committee noted the Terms of Reference and actions agreed.**

##### **Action:**

- (1) Committee members to provide comments to the Board Secretary and a further iteration of the ToR to be circulated prior to the 28 January 2025 NHS Forth Valley Board meeting.**

#### **6. Strategic Planning, Performance & Resources Committee Planner**

The Strategic Planning, Performance & Resources Committee noted the Committee Planner.

Members were advised that the Committee Planner would be amended to align with the updated Terms of Reference and were informed of the potential requirement to provide two separate annual reports for the Performance & Resources Committee which had now been replaced by the Strategic Planning, Performance & Resources Committee.

The following points were made in discussion: -

- (i) It was agreed that the Acting Director of Strategic Planning and Performance would liaise with Internal Auditors to discuss the need for separate annual reports.
- (ii) The Committee's agenda would have a standing item on the Population Health and Care Strategy.
- (iii) Escalation could be taken off the work plan.
- (iv) Members sought consideration of additional assurance around Urgent & Unscheduled Care updates due to the profile and pressures experienced by the Directorate. Professor McGuffie acknowledged the request and indicated that he was reviewing performance reporting for all Directorates and key targets with the intention of bringing a revised performance framework to the March meeting of the NHS Board.

**The Strategic Planning, Performance & Resources Committee noted the Committee Planner.**

##### **Actions: -**

- (1) The Acting Director of Strategic Planning and Performance to liaise with Internal Auditors to gain clarity on the potential requirement for separate annual reports for the Performance & Resources** Kerry Mackenzie

**Committee and the Strategic Planning, Performance & Resources Committee.**

- (2) Add Population Health and Care Strategy Progress Updates as a standing item to the Committee workplan and agendas.**

Jennifer Brisbane

**7. Forward Look**

The Strategic Planning, Performance & Resources Committee received a verbal update from the Chief Executive.

The Chair informed committee members of the purpose of the Forward Look, noting that it was an opportunity for the Chief Executive to provide updates on emerging strategic areas of work, horizon scanning and highlight the direction of travel for the organisation.

Key messages in the verbal report included:-

- (i) The Population Health & Care Strategy had an anticipated completion date of July 2025.
- (ii) An all-day NHS Forth Valley Board Seminar had been scheduled for 6 February 2025 to focus on Value Based Health & Care.
- (iii) Work was ongoing to redevelop the Mental Health & Wellbeing Strategy. Committee members were assured that oversight of the strategy redesign and an opportunity to provide comment would be provided at a future committee meeting.
- (iv) Collaborative work had commenced with the Clackmannanshire and Stirling Integration Joint Board to develop a Palliative Care Strategy, which would also be brought to the Committee in due course.
- (v) A Communications Plan was being devised for 2025 in addition to the development of a Participation and Engagement Strategy.
- (vi) It was indicated that there was potential for additional Primary Care funding which would support further developments and that a report on Primary Care was scheduled for the March NHS Forth Valley Board meeting.
- (vii) The Annual Delivery Plan process was underway with key timescales intimated to the Committee for oversight in February and April 2025 with approval to be sought from the NHS Forth Valley Board in May 2025.
- (viii) Mr Scott Jaffray advised members that the GP IT supplier, Vision, had gone into administration and system support was to end in June 2026. Assurance was provided that national management groups were in place for short term support however, work was required to provide a new system. It was noted that the Prison service was the only service within NHS Forth Valley using Vision and minimal impacts would be anticipated due to national continuity support and the fact that all GP Practices in Forth Valley used the EMIS IT system. It was agreed that the issue would be raised and a further update provided at the NHS Forth Valley January Board meeting.

**The Strategic Planning, Performance & Resources Committee noted the update from the Chief Executive.**

**Action: -**

- (1) Raise the issue of the administration of the Vision system to the NHS Forth Valley Board 28 January 2025 meeting and provide an update on continuity plans.**

Neena Mahal

**8. Internal Audit Actions Follow Up**

The Strategic Planning, Performance & Resources Committee received the 'Internal Audit Follow Up Report' presented by Ms Kerry Mackenzie.

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

Key messages in the report included: -

- (i) Of the previously reported 11 audit actions aligned to the Strategic Planning, Performance & Resources Committee, there were:
  - 2 overdue actions:
    - Cyber Resilience Ref 4.
    - Environmental Strategy Recommendation 1b: Committee members were advised that due to an issue with resources, a discussion was required with the Auditor to discuss the recommendation.
  - 2 with a deadline of March 2025:
    - Cyber Resilience Ref 2.
    - Cyber Resilience Ref 3.
- (ii) Committee members were advised that the Cyber Resilience Manager was leaving their position at the end of 2024, and that a Cyber Security & Control deep dive paper was scheduled for the 25 February 2025 committee meeting which would provide a more detailed update on actions and risks.

The following points were made in discussion: -

- (i) In response to a question regarding resilience in managing cyber-attacks in GP services, assurance was provided that NHS Forth Valley had 2 GP offline systems to support services if a cyber-attack were to occur.
- (ii) Committee members queried the appropriateness of the Population Health & Care Strategy governance audit action referenced in Strategic Planning Ref 1, given that the strategy was still in early stages of development and the recent arrangement of governance structures. Kerry Mackenzie suggested that she could work with Jennifer Champion to review audit follow up actions in relation to Strategic Planning and the development of the Population Health & Care Strategy then discuss any changes with Internal Audit.
- (iii) Following discussion, it was agreed discussions would be undertaken with Internal Auditors to review the appropriateness of actions, recognising that the NHS Forth Valley Board was within the process of confirmation of the timelines and governance of the strategy.

**The Strategic Planning, Performance & Resources Committee:**

- (1) noted the status of the current audit follow up actions aligned to the Strategic Planning, Performance & Resources Committee.**
- (2) considered the overdue actions and the progress update provided.**
- (3) considered the proposed level of assurance.**

## **9. Strategic Risk Register Update**

The Strategic Planning, Performance & Resources Committee received the 'Strategic Risk Register Update' presented by Miss Vicky Webb.

The purpose of the report was to provide an update to the Strategic Risk Register with a focus on risks aligned to the Strategic Planning, Performance and Resources Committee.

Key messages in the report included: -

- (i) All 8 risks aligned to the Strategic Planning, Performance & Resources Committees were reviewed and remained static throughout the reporting period.
- (ii) At the 26 November NHS Forth Valley Board meeting, SRR020: Health Inequalities Strategic Risk was approved for the addition to the Strategic Risk



- Register, and was therefore added to the report for the Strategic Planning, Performance & Resources Committee.
- (iii) The closure of SRR014: Healthcare Strategy was proposed following the recent addition of SRR020 due to the Population Health & Care Strategy, previously known as the Healthcare Strategy, being one of the main mitigations listed against SRR020.

The following points were made in discussion: -

- (i) In relation to SRR014, a question was raised regarding the appropriateness of actions and committee members queried potential realignment of risks to the relevant committees. However, assurance was provided that work was ongoing to gain clarity on the committee's role and alignment to Strategic Risks.

**The Strategic Planning, Performance & Resources Committee: -**

- (1) noted the assurance provided regarding the effective management and escalation of risks aligned to the committee.**
- (2) endorsed the risks from the period the November to December 2024 for onward reporting to the Audit & Risk Committee and NHS Forth Valley Board.**

## **10. Population Health & Care Strategy Development**

The Strategic Planning, Performance & Resources Committee received the paper regarding the development of the Population Health and Care Strategy 2025-2035 presented by Dr Jennifer Champion.

The purpose of the paper was to outline the proposed plan and timeline for developing the Population Health & Care Strategy, including proposed arrangements for engagement.

Key messages in the report included: -

- (i) A Strategy Steering Group had been established to lead work to develop the Population Health and Care Strategy, and prepare a draft strategy for consideration by the Strategic Planning, Performance & Resources Committee, aligned to the national strategy.
- (ii) Work was ongoing to convene a Population Health and Care Task and Finish Group, comprising Non-Executive Directors and chaired by Mr Allan Rennie, to support the shaping and development of the Population Health & Care Strategy.
- (iii) A Strategy Development and Engagement Timeline was shared, where it was noted that the 6-week engagement would be undertaken in Spring 2025, comprising of 3 questions, aligned to the national engagement plan.

The following points were made in discussion: -

- (i) Committee members sought further consideration on how population health would be explained and communicated to ensure that members of the public would understand and recognise the value in such engagement. Furthermore, it was requested that further exploration should take place on what actions were required to provide feedback on engagement taken to date to members of the public and further thought should be given to the proposed questions.
- (ii) Committee members asked for the below areas to be incorporated into the draft strategy:
- Rationale for change.
  - Further detail on previous engagement undertaken.
  - Provide an equalities impact assessment.

- (iii) It was proposed that an Area Clinical Forum representative should be included within the Strategy Steering Group to provide further input from an advisory committee.
- (iv) In response to a question on staff engagement, reassurance was provided that staff engagement processes would be accessed through the staff intranet and circulated as a single issue to increase participation.
- (v) A question was raised in relation to how the strategic plan would align with the national direction and the Health & Social Care Partnerships and assurance was given that this was the case.
- (vi) Committee members sought further detail on the memberships of the Steering and Task and Finish Group. It was agreed that such detail would be incorporated into the report prior to being presented to the NHS Forth Valley Board.
- (vii) Following discussion, it was also agreed that work was required to review and provide further consideration of the implications outlined within the paper, with a specific focus on Infrastructure and Sustainability as enablers.

**The Strategic Planning, Performance & Resources Committee:**

- (1) considered the proposed plan and timeline for developing and publishing the Population Health Care Strategy.**
- (2) considered the proposed engagement arrangements, noting the significant engagement undertaken to date.**
- (3) endorsed the target completion date of July 2025 however noted that priority tasks would be undertaken prior to the completion date.**

**Actions: -**

- (1) Consider actions for communication with members of the public to ensure that population health is understood, how to feedback on engagement undertaken to date and consider further the questions proposed for future engagement.**
- (2) Consider separate communication for staff and bring forward a clearer communications engagement plan.**
- (3) Consider extending the Steering Group membership to include an Area Clinical Forum Representative.**
- (4) Incorporate further detail on the memberships of the Steering Group and Task and Finish Group within the report, prior to presentation at the NHS Forth Valley Board.**
- (5) Review and provide further consideration of the implications outlined within the paper, including equality impact assessment, Fairer Scotland Duty, finance and sustainability.**

Janette Fraser

**11. Communications Plan Priorities**

The Strategic Planning, Performance & Resources Committee received the 'Communications Plan Priorities' paper and presentation by Ms Elsbeth Campbell.

The purpose of the paper was to provide an update on the key communication plans and priorities over the remaining months of the financial year.

Key messages in the report included: -

- (i) The 2024/2025 key priorities were outlined.
- (ii) Assurance was provided that the Communications Plan for 2025/2026 would be aligned to the Communications Framework 2023-2028 and would be presented at a future Strategic Planning, Performance & Resources Committee and NHS Forth Valley Board.

The following points were made in discussion: -

- (i) The Chair raised how the actions around communicating with stakeholders from the Board's self-assessment plan, which asked for more information on who were the Board's stakeholders and how to effectively engage with them, was being addressed. It was agreed that the Board's Engagement and Participation strategy would be presented to the 25 February 2025 committee meeting, prior to approval at the 25 March 2025 NHS Forth Valley Board.
- (ii) An explanation was sought for the Pharmacy First pilot in Bridge of Allan and Doune, where committee members were advised that the pilot resulted in the avoidance of 30 patients attending the Emergency Department in one day. Following discussion, it was agreed that work was required to support public education on the appropriateness of the need for prescription drugs and the sustainability of the Healthcare Service.
- (iii) Questions were raised regarding the resources to deliver hard hitting messages in relation to the demands on Urgent and Unscheduled Care (UUSC). It was agreed that such detail would be discussed further at a Senior Leadership Team meeting.
- (iv) Following discussion, it was agreed that ongoing Public Enquiries and learning from them would be incorporated into the 2025/2026 Communications Plan.
- (v) Committee members recognised the demand on the Communications Team and noted thanks for their continued work.

**The Strategic Planning, Performance & Resources Committee noted the key plans and priorities outlined within the paper.**

**Actions: -**

- (1) Develop an Engagement and Participation strategy to be presented at the 25 February 2025 committee meeting, prior to approval at 25 March 2025 NHS Forth Valley Board.** Elsbeth Campbell
- (2) Devise a plan to support public education on the sustainability of the healthcare service and the appropriateness of the need for prescription drugs.**
- (3) Discuss further communications and resources for UUSC at a Senior Leadership Team meeting.**
- (4) Incorporate Public Enquiries into the 2025/2026 Communications Plan.**

## **12. Integration**

### **(a) Integration of Children's and Justice Social Work Services**

The Strategic Planning, Performance & Resources Committee received the Proposed Integration of Children's and Justice Social Work Services into the Falkirk Health and Social Care Partnership' paper presented by Ms Gail Woodcock, Mr Chris McCreath, Ms Gayle Martin and Mr Martin Thom.

The purpose of the paper was to provide an update on actions taken following Falkirk Council's decision to progress with consultation and engagement with a view to implement integration with the Health & Social Care Partnership (HSCP), supported by Falkirk Integration Joint Board (IJB) and considered at the 19 November 2024 NHS Forth Valley Board Seminar.

Key messages in the report included: -

- (i) Consideration had been given to changes to the integration scheme required by the proposed move of Children's and Justice Social Work Services, therefore amendments would need to be made to the Council's Standing Orders to reflect a shift in governance of services to the Integration Joint Board. Risks and benefits of such a move were also described within the paper

- (ii) Committee members were advised of the national variance in transitions of Social Work Children Services to Health & Social Care Partnerships, and it was indicated that there was no preference nationally and left to local decision making.

The following points were made in discussion: -

- (i) Clarity was sought on the budget implications and it was advised that the baseline budget to be transferred was estimated to equate to the current recurring budget in addition to the 2025/2026 pay award assumed at 3%, and previously identified efficiency target of £0.6m.
- (ii) Committee members questioned the oversight of such services, cost of transition and financial implications. It was advised that a Children's and Justice Services Integration Programme Board was established to oversee and support progress with the integration of services, and assurance was provided that in order to have sight of potential financial risks, the Children Service's budget would be outlined within the integrated budget
- (iii) In response to questions regarding staff engagement and clarity on trade union issues identified by the Workforce Sub-Group, it was agreed that work would be undertaken to develop communication with staff, providing reassurance and key information, in particular for NHS staff who would not be affected by this change. Assurance was provided that employee concerns raised within the Workforce Sub-Group had been resolved.
- (iv) Following clarity being sought, it was agreed that detail on the role of the Chief Officer of Social Work would be outlined within the updated report, prior to submission to the NHS Forth Valley Board.
- (v) Some committee members raised concerns regarding the potential change and required a clearer analysis of the advantages and disadvantages of the proposal. Committee members were advised that if any committee members had outstanding queries over the purpose and desired outcomes of the transition, they should liaise with the Chair or Chief Executive so that further clarity could be provided outwith the meeting.

**The Strategic Planning, Performance & Resources Committee noted:**

- (1) the progress made and next steps undertaken to consider the integration of Falkirk Council's Children's and Justice Social Work with the Falkirk HSCP;**
- (2) that a report would be presented to Falkirk Council and the NHS Forth Valley Board in January 2025, seeking agreement on the revised Falkirk Integration Scheme.**

**Actions: -**

- (1) Develop clearer communication for NHS staff to provide key information and reassurance that the proposal would not affect the Health Board's Children's Services.**
- (2) Provide further information on the points raised within the discussion, prior to the NHS Forth Valley Board.**
- (3) Committee members with outstanding queries in relation to the proposal were to liaise with the Chair or Chief Executive for further clarity.**

Gail Woodcock

**b) Review of Integration Schemes- Risk Share**

The Strategic Planning, Performance & Resources Committee received the 'Review of Integration Schemes- Risk Share' paper presented by Mr Scott Urquhart.

The purpose of the paper was to provide an update on progress including confirmation of the alternative proposals on Set Aside and financial risk share arrangements.

Key messages in the report included: -

- (i) Committee members were advised of the key changes within the finance section of each integration scheme being subject to significant rewrite in relation to financial governance arrangements as a result of discussion at the Board Seminar on the review of the Integration Schemes.
- (ii) Risk sharing was noted as the most significantly challenging area to secure agreement between parties, where it was advised that previously net overspend against the Set Aside budget was managed exclusively by NHS Forth Valley.

The following points were made in discussion: -

- (i) Committee members recognised the work undertaken by the Deputy Finance Director to progress with a review of the Set Aside Budget and risk sharing arrangement in response to risks raised by committee members.
- (ii) In response to a question regarding the transfer of the inpatient mental health budget, reassurance was provided that such changes would not impact members of staff, and the purpose was to align the budget with the service's operational management.
- (iii) Committee members were supportive of the revised Set Aside and financial risk sharing arrangements being incorporated into the final paper for consideration by the 28 January 2025 NHS Forth Valley Board.

**The Strategic Planning, Performance & Resources Committee noted the:**

- (1) progress to date and alternative proposals in respect of Set Aside and financial risk share arrangements, and**
- (2) suggested timeline for the remaining work to fully complete the review of the schemes including dates for formal approval by the NHS Forth Valley Board and Councils.**

The Committee adjourned at 11.55am and reconvened at 12.05pm with all members present as per the attendance list.

### **13. National Treatment Centre Update**

The Strategic Planning, Performance & Resources Committee received the 'National Treatment Centre (NTC) Update' paper presented by Mr Scott Urquhart.

The purpose of the paper was to provide an update on the progress to deliver the Forth Valley NTC facility and build on previous updates presented.

Key messages in the report included: -

- (i) An update was provided on the compliance issues experienced with the NTC. Work continued to address the building design technical compliance issues relating to fire safety and smoke containment where feedback was required from the Falkirk Council Building Standards on responses to proposals submitted in November 2024.
- (ii) The NHS Forth Valley project team and wider teams were working towards a final submission of the 22 outstanding Key Stage Assurance Review (KSAR) action, from the initial 216 actions.

The following points were made in discussion: -

- (i) Clarity was sought on the role of NHS Scotland Assure (NHSSA) and assurance was provided that regular advice and support was provided to the NHS Forth Valley project team.

- (ii) A question was raised on the implications of the delay to the opening of the NTC. Assurance was provided that despite the delay in the opening of the NTC, a virtual NTC pathway was ongoing within Forth Valley Royal Hospital, and the workforce were prepared to move once final approval was achieved.
- (iii) Committee members sought further clarity on the decision-making processes required prior to NHS Forth Valley Board's final approval of the NTC. It was agreed that such detail would be included in future NTC reports.

**The Strategic Planning, Performance & Resources Committee noted:**

- (1) the NTC progress update and reasonable level of assurance;**
- (2) the status of NHSSA actions;**
- (3) the timeline for Ward completion and associated Commissioning and Handover KSAR processes is not confirmed and would require resolution of outstanding compliance issues as advised by NHSSA.**

**Actions: -**

- (1) Provide further detail on the decision-making processes and governance required in future NTC updates prior to any final approval by the NHS Forth Valley Board.** Scott Urquhart

#### **14. Performance Report**

The Strategic Planning, Performance & Resources Committee received the 'Performance Report' presented by Ms Kerry Mackenzie.

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

Key messages in the report included: -

- (i) Challenges were noted within Urgent & Unscheduled Care (UUSC), with a 4-hour emergency access standard (EAS) compliance of 43.4%.
- (ii) Scheduled Care compliance had continued to progress well, with 113% of the predicted activity for the end of the second quarter 2 against the 2024/25 annual delivery plan.
- (iii) The new outpatient Did Not Attend (DNA) rate across acute services in November 2024 was noted as 4.4% which saw an improvement from the previous year of 6%. The return outpatient DNA rate within acute services was noted as 5.3%.
- (iv) Improvements were reported within diagnostics.
- (v) In October 2024:
  - 97.7% of Children & Adolescent Mental Health Services (CAMHS) patients started treatment within 18 weeks of referral.
  - 76.3% of Psychological Therapies patients started treatment within 18 weeks of referral.
  - The position for the July to September 2024 was that 84% of patients were treated within 62 days of referral with a suspicion of cancer.
- (vi) The position for the July to September 2024 was that 84% of patients were treated within 62 days of referral with a suspicion of cancer.

The following points were made in discussion: -

- (i) In response to a question regarding the uptake of vaccinations, assurance was provided that there had been an increase in vaccinations which would support the mitigation of flu admissions.

- (ii) It was acknowledged that challenges were ongoing in Urgent and Unscheduled Care and that the action plan was under implementation.

**The Strategic Planning, Performance & Resources Committee noted:**

- (1) the current key performance issues.**
- (2) noted a reasonable level of assurance.**

**15. Finance**

**(a) Finance Report**

The Strategic Planning, Performance & Resources Committee received the 'Finance Report' presented by Mr Scott Urquhart.

The purpose of the report was to provide an update on NHS Forth Valley's 2024/25 financial position.

Key messages in the report included: -

- (i) A range of cost improvement plans and efficiency initiatives were developed to mitigate the £58.4m gap, with total targeted savings for 2024/25 estimated at £43.8m, resulting in a residual deficit of £14.5m. At time of reporting, the current forecast deficit in the region of £30m.
- (ii) Work was ongoing to prepare a new 3-year financial plan based on the indicative funding settlement following the draft Scottish Budget, underpinned by a set of key assumptions and risks.
- (iii) A 3% uplift was announced for the NHS Board to cover expected costs of the 2025/26 pay deal and non-pay inflationary pressures.
- (iv) It was noted that there would be a recurring deficit of £42.8m brought forward from 2024/25, with an estimated net capital budget of £9.5m.
- (v) A 1 to 3 year Value Based Health and Care programme plan was being developed, aligned to the Annual Delivery Plan.

The following points were made in discussion: -

- (i) In response to a question regarding a further opportunity to consider the detail of the financial plan, Committee members were advised that sufficient time would be built into the 25 February 2025 committee meeting to undertake discussion and gain further detail.

**The Strategic Planning, Performance & Resources Committee noted that:**

- (1) the 2024/25 year-end projected deficit remains at c£30m, and a further in-depth review would be carried out to reassess the forecast following receipt of the December financial results;**
- (2) the financial planning process was underway for 2025/26 to 2027/28, with initial calculations indicating an opening 2025/26 budget gap in the region of £50m to £60m;**
- (3) delivering the requirements of the 3-year financial plan would require a series of difficult choices on resources, including prioritisation and disinvestment decisions, with impact aligned to the NHS Board's performance delivery plan.**

**(b) Financial Sustainability Oversight**

The Strategic Planning, Performance & Resources Committee received the 'Financial Sustainability Oversight' report presented by Mr Scott Urquhart.

The purpose of the report was to provide a progress update on the work of the Financial Sustainability Oversight Board (FSOB) during November to early December 2024 and summarise the savings progress reports reviewed.

Key messages in the report included: -

- (i) Following the impact of recurring pressures and unachieved recurring savings carried forward from 2023/24, an initial funding gap of £58.4m had been identified for 2024/25.
- (ii) The Financial Sustainability Action Plan included a £43.8m of savings targets across 8 key workstreams which was 49% of the savings targeted on a recurring basis.
- (iii) Assurance was provided that work continued to progress, however the overall level of risk in relation to the plan and service delivery remained high, and further credible plans were required to be established going forward.

The following points were made in discussion: -

- (i) Committee members sought further understanding of the Strategic Prioritisation Review & Implementation Group (SPRIG) process in relation to financial savings and investment/ disinvestment decisions and it was agreed that further detail would be provided at a future committee meeting.

**The Strategic Planning, Performance & Resources Committee:**

**(1) noted the contents of the report.**

**Action:**

- (1) Provide further detail on the SPRIG process in relation to financial savings and investment/ disinvestment decisions.** Jennifer Champion

**16. Radiology Information System (RIS) Business Case**

The Committee considered a report, presented by Mr Scott Jaffray, which set out the Business Case for a replacement Radiology Information System.

Key messages in the report included: -

- (i) An End of Service notice had been served by the provider of the current RIS system. The system would be unsupported from December 2025.
- (ii) An options appraisal had been undertaken, with the preferred option (option 4 – procure a new RIS without Cloud) being identified.

The following points were made in discussion: -

- (i) Following discussion, clarity was provided on option 5 (option 4 plus Cloud system). It was noted that the cloud-based system was identified as the national solution but was unavailable at the time of consideration. It was agreed that further detail would be incorporated into the paper to reference the unavailability of this option, prior to consideration at the January 2025 Board meeting.
- (ii) Points were made regarding the level of financial risk associated with this business case particularly if additional funding was not secured.
- (iii) Committee members queried if there was regular horizon scanning for any systems which would reach end of life in the near future to ensure they are dealt with in good time. Mr Jaffray confirmed that all key services and systems were subject to an annual review exercise.



- (iv) Committee members acknowledged that if the proposal was accepted, the capital plan may need to be reprioritised.
- (v) The Chair asked committee members to send Mr Jaffray any other additional questions on the proposal outwith the meeting.

**The Strategic Planning, Performance & Resources Committee recommended approval of the Radiology Information System Replacement to the NHS Forth Valley Board at its January meeting, noting that further work was required regarding capital and revenue funding sources.**

**Action: -**

- (1) Amend RIS Business Case paper to provide further detail to reference the unavailability of the RIS business case option 5.**

Scott Jaffray

## **17. Business Continuity**

### **(a) Capital Business Continuity Plan Submission 2025/2026**

The Committee considered a report, presented by Mrs Farquhar, which set out the draft Capital Business Continuity Plan Submission for 2025/26.

Key messages in the report included:

- (i) Director's Letter (DL (2024) 02) introduced a new approach to strategic infrastructure planning and investment across NHS Scotland which required each NHS Board to submit to Scottish Government, a Programme Initial Agreement which set out whole system service and infrastructure change plans for the next 20-30 years.
- (ii) The submission was primarily maintenance-only based on a risk-based assessment of the Board's existing infrastructure.
- (iii) There was no guarantee that all or any funding requested would be forthcoming.
- (iv) A summary of the submission, including risk ratings, was set out as an appendix to the report.

The following points were made in discussion: -

- (i) The financial implications would be revised to £8.652m due to the purchase of Killin Medical Practice premises, which had been approved at the meeting of Forth Valley NHS Board of 26 November 2024.
- (ii) Professor McGuffie noted that a Health & Safety Executive Improvement Notice had been received in relation to anti-ligature windows. There was an estimated cost of £1m to address the required improvements. Following Members raising concerns over any delay in addressing this matter due to the timing of funding award, Professor McGuffie advised that a phased plan had been developed to implement other mitigations. Professor Dodd noted that patients were individually risk assessed, and other mitigations included enhanced observations.
- (iii) In response to a question on the funding calculation, Mrs Farquhar advised that Boards were planning on the basis of current capital allocation plus one third. The Scottish Government would assess submissions received before any additional funding was confirmed.

**The Strategic Planning, Performance & Resources Committee: -**

- (1) noted the proposed Business Continuity Plan submission and the proposed investment set out;**

- (2) endorsed the Business Continuity Plan to Forth Valley NHS Board for approval prior to submission to Scottish Government, and
- (3) noted the reasonable level of assurance.

**(b) IT Infrastructure Business Continuity Plan**

The Committee considered a report, presented by Mr Jaffray, which sought to provide assurance that regular testing of backups and the Business Continuity Operational Level Agreements were in place for key digital systems and associated infrastructure.

Key messages in the report included: -

- (i) Business Continuity Operational Level Agreements had been approved for all core critical systems, where appropriate.
- (ii) In regard to Restore Testing, the appendix to the report set out details of what systems had had a successful data restore test and the dates in the next year for the remaining key systems.
- (iii) In terms of Service Business Continuity Planning, in line with the BC OLAs, services required to review their own Business Continuity plans to ensure that they were able to record data while systems were unavailable, this would ensure end to end plans that were able to provide appropriate full recovery of systems.

**The Strategic Planning, Performance & Resources Committee noted the:**

- (1) reasonable level of assurance;
- (2) information in the appendix to the report regarding approved BC OLAs;
- (3) information in the appendix to the report regarding testing of backups for individual systems and associated infrastructure;
- (4) risk around capacity of clinical services to test system restores, and
- (5) risk relating to capacity of core Digital Infrastructure teams to deliver testing.

**18. Minutes**

**Emergency Planning & Resilience Group**

The Strategic Planning, Performance & Resources Committee noted the Emergency Planning & Resources Group Minute.

**19. Any Other Competent Business**

Further to its consideration during Item 7, Forward Look, the committee noted an update from Mr Scott Jaffray that the GP IT Risk would be updated to take account for the situation with the Vision System.

**20. Risks, Reflection & Areas to Highlight to the NHS Forth Valley Board**

The Chair proposed, in light of the volume of business for the next meeting, that it would be held from 9.30am to 1.30pm. The Chair noted that the committee's workplan would be revised further to include early sight of areas of work which would require consideration before being commended to the NHS Board for decision.

**21. Date and Time of Next Meeting**

Tuesday 25 February 2025 at 9:30am, in the Boardroom, Carseview House.

**Ratified** Minute of the Area Partnership Forum meeting held on Tuesday 22 October 2024 at 2 pm, within the Boardroom, Carseview and via MS Teams.

**Present:** Robert Clark, Employee Director (Chair)  
Ross McGuffie, Chief Executive (Joint Chair)  
Elaine Bell, Associate Director of HR  
Elaine Macdonald, HR Service Manager  
Frances Dodd, Executive Nurse Director  
Garry Fraser, Director of Acute  
Janet Sneddon, Royal College of Midwives  
Karen Goudie, Associate Nurse Di  
Karren Morrison, Branch Secretary, Unison  
Kevin Bye, Royal College of Nursing  
Kevin Reith, Director of People  
Laura Byrne, Director of Pharmacy  
Linda McGovern, Associate Director of HR  
Nick Hill, GMB Representative  
Sacha Brown, CFC Steward  
Scott Urquhart, Director of Pharmacy  
Yvonne Mylar, Royal College of Podiatry

**In Attendance:** Chloe Archer, PA to Director of People (observer)  
Kirstin Cassells, Lead Pharmacist: Community Pharmacy, Public Health and Integrated Services (Item 7.1)  
Hazel Jamieson, Operational Services Manager – Pharmacy Acute (Item 7.1)  
Scott Jaffray, Director of Digital (Item 10.1)  
Tom Cowan, Interim Head of Primary Care, Falkirk HSCP (for Gail Woodcock, Chief Officer, Falkirk HSCP)

Minute was compiled from MS Teams recording by Sarah Smith, Corporate Services

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

Robert Clark and Kevin welcomed Ross McGuffie to the meeting by Robertas the new Chief Executive and Joint Chair of the APF.

Apologies for absence were noted on behalf of: Carole Murray; Emma Small; Gillian Morton; Julie McIlwaine; Lorna Dougans; Morag Farquhar; Lindsay Walker; Michael Brown and Tom French.

Congratulations were extended to Kevin Reith who had been substantively appointed to the role of Director of People.

### **2. Declaration(s) of Interest(s)**

There were no declarations of interest made.

### **3. Draft Minute of Area Partnership Forum meeting held on 27 August 2024**

The note of the meeting held on 27 August 2024 was approved as an accurate record subject to the following amendment.

- Janet Sneddon's role to be amended to Royal College of Midwives

#### 4. Action Log

The action log was reviewed and would be updated as follows:

- 44 **Delegated authority for Dismissal Hearings** - A separate meeting would be organised to conclude this item. Kevin Reith to make contact with Karren Morrison.
- 47 COMPLETE
- 49 **Job Evaluation figures** – update to December meeting.
- 51 **B2/3 enhanced observations** - A detailed discussion took place around next steps, recognising ongoing work. Further discussion would take place with Nursing and staff side colleagues outwith the meeting.
- 53 **International Recruits through Job Train** - Professor Dodd provided reassurance that a meeting had taken place with Care Home staff. Charlie McCarthy had been unable to attend due to technical difficulties but had been updated around the output from the meeting. A piece of work was being undertaken focussing on racial inequalities and language issues experienced by international recruits. The positive work was recognised by the Forum and it was agreed the action would be closed. It was agreed Julie McIlwaine would be included in discussions, to reflect the language work being undertaken around International Doctors.  
COMPLETE
- 54 **Annex 21** - Action remained current and it was agreed Kevin Reith would liaise with the People/HR team.
- 55 **Agenda for Change – split posts** - Due to level of ongoing work it was agreed this action would be taken off the log.
- 57 **Reduced working week** - Paper would be brought to December meeting.
- 61 **Staff side rep** - Emma Small identified as rep. Action was now COMPLETE
- 63 **Partnership page on Intranet** - This item was ongoing noting need to formalise Partnership agreement.
- 64 **APF Session on Partnership working** This item was ongoing with timescales to be finalised.
- 66 **Protected Learning** - Item to be taken off log.
- 68 **Employee Director Group Update** - Item to be taken off log.
- 69 **Once for Scotland Policies** - To be discussed under AOCB.

#### 5. Matters arising from the minute/action log

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

#### 6. Assurance & Improvement Plan Escalation Update

A verbal update was provided by Mr Kevin Reith, Director of People. It was confirmed NHS Forth Valley had been de-escalated to Level 3, with a formal letter received from Director of NHS Scotland and Director General of NHS Scotland. As a result of this change, the Assurance Board had been stood down. Liaison was ongoing with Fiona Hogg, Chief People Officer for Scottish Government and improvement work would continue.

This update was welcomed by the Forum, with recognition of the significant work undertaken. The continued journey required around the areas of Culture, Governance and Leadership were recognised.

Kevin Reith confirmed updates would continue to be provided to the Area Partnership Forum.

#### 7. FOR APPROVAL

## **7.1 Vaccine Holding Centre On-Call Business Case**

The Area Partnership Forum received a paper presented by Mrs Kirstin Cassells, Lead Pharmacist: Community Pharmacy, Public Health and Integrated Services and Ms Hazel Jamieson, Operational Services Manager – Pharmacy Acute.

Mrs Cassells outlined the role and function of the Vaccine Holding Centre in managing the ordering, storage and distribution of all vaccines within the Vaccine Transformation Programme. Cold room storage was in place, however due to the impact of any failures, a trial on-call rota had been proposed and established in October 2023. This was separate from the Pharmacy on-call and utilised Pharmacy support staff and technicians.

The Forum was provided with detail of the engagement undertaken confirming full support of staff in establishing and participating in the on-call rota. The Agenda for Change process had been a central consideration throughout the process. Geographical considerations had also been incorporated and recurring funding was in place.

The paper outlined several call-outs that had occurred since the on-call rota had been established and the feedback confirmed the process had operated well. Regular learning was undertaken with improvements made as required. This included the proposal to undertake a drill on a 6 monthly basis.

The Area Partnership Forum were being asked to endorse the rota being made permanent. Detail was provided around the Governance route undertake and assurance was provided around staff involvement with positive feedback and support provided for the proposal.

Pharmacy was praised for the work undertaken to support and listen to staff, with recognition of the innovative nature of this on-call programme. As a result of the good partnership working, Ms Karren Morrison advised an approach had been made to the Quality Improvement Team to ascertain any learning from the Pharmacy Partnership Forum model. This was being seen as an exemplar within the organisation.

The Forth Valley Area Partnership Forum:

- Supported the implementation of an on-call service for the VHC on a permanent basis following a trial period since October 2023.

## **7.2 Job Evaluation Annual Performance Report 2023/24**

The Area Partnership Forum received a paper presented by Mr Kevin Reith, Director of People.

An annual evaluation required to be submitted to STAC which would outline the organisation's performance and enable an assessment to be undertaken. This was attached to the paper as an appendix.

Mr Reith outlined a positive reduction in the number of outstanding Job Evaluations, noting there were now 110 outstanding. There was discussion around how to further reduce this figure, with confirmation around the number with indicative banding and confirmation sought from managers. If any of these posts became vacant, prioritisation would be given with additional panels established, if required. The timeline for processing was noted as 6 weeks for 'business as usual' jobs. The process was outlined, noting streamlining undertaken where possible.

Detail was provided around the additional work undertaken to further improve the position, noting an additional staff member to assist with the Band 5 to 6 review. However, staff were requested to be mindful of resources, particularly admin staff who were already at full capacity.

Karren Morrison confirmed that the Job Evaluation system in NHS Forth Valley was one of the best in Scotland, with other Board's making approaches for learning. The positive example of partnership working was noted in achieving this position.

Consideration of succession planning was highlighted with potential shadowing opportunities for Leads noted.

The Area Partnership Forum thereafter:

- Approved the completed template for submission to STAC by the deadline date of 31 October 2024.

### **7.3 Christmas & New Year Pay Arrangements**

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

It was confirmed that proposed pay date of 19 December 2024 and 30 January 2025 had been circulated and provided with virtual approval. Presentation was being made to this meeting to ensure the outcome was recorded within the minute.

The Area Partnership Forum:

- Approved the following payments dates for December 2024 and January 2025 payrolls.

## **8. BETTER VALUE**

### **8.1 Finance Report**

The Area Partnership Forum received a paper and presentation led by Mr Scott Urquhart, Director of Finance.

Mr Urquhart confirmed the Board continued to face an exceptionally challenged position, which was reflected Nationally. A predicted overspend of £37.5m was noted which equated to 4.3% of the annual budget. A month 6 review was currently underway. Issues around unfunded beds and unfunded posts remained with work ongoing to address. High absence rates were also a key driver of spend though staffing costs, with ongoing monitoring and action being taken through the Staff Governance Committee. Fixed costs were also outlined noting minimum opportunity to influence.

Actions taken to address pressures were outlined, noting a clear set of savings plans and actions. Escalated financial controls have also been implemented, with discretionary spend minimised. Engagement and Comms was a key focus area.

Some positive opportunities were detailed, with short/medium and longer term proposals. Linkage was required with strategic workforce plan and service delivery plans, with a focus on both service improvement as well as financial sustainability.

Mr Ross McGuffie, Chief Executive, noted the organisations positive focus around Value Based Health and Care with individual outcomes being a cornerstone. The need for a whole system approach was recognised to ensure services were restructured to provide the biggest impact within the existing resources. The supportive role of the Population Health Strategy was noted in aiding a move towards a more preventative approach.

In terms of communications for the workforce, a plan was being developed to ensure improvements were led by individual services and a 'top down' approach was avoided. This would commence at the Whole System Leadership Team in November 2024 with wider engagement work undertaken thereafter.

Concern was highlighted around potential impact on Acute from bed numbers being reduced in other areas, such as within Health and Social Care Partnerships. Assurance was provided that a whole system approach was being taken with liaison ongoing with Chief Finance Officers to ensure avoidance of unintentional impact.

Following discussion, the Area Partnership Forum noted the update and requested:

- Information to be provided on Vacancy Management and how this was working.
- Presentation to be requested on Value Based Health & Care

## **9. BETTER WORKFORCE**

### **9.1 Agenda for Change Pay Review – Update (taken first on the Agenda)**

The Area Partnership Forum received a paper presented by Ms Elaine Bell, Associate Director of People.

Detail was provided around the current figures, noting 83% implementation of the reduced working week as of 1 October 2024. Targeted monitoring had been undertaken and improvement was anticipated following receipt of further feedback. Information had been shared with all Directors and Chief Officers with confirmation sought around whether full implementation would be achieved by 30 November 2024 and if not, an expected date or reasons for non-compliance would be sought.

The test of change led by Ross Cheape was discussed at the Oversight Group in September, but agreement had not been reached to take this forward. Ross and colleagues would attend a further meeting to undertake a 'deep dive' into some of the suggestions made. This was in line with the original DL to work in partnership to find solutions.

Discussions had taken place with Serco colleagues and all contractual issues resolved, therefore there was an expectation of progression around implementation.

The National and local Reference and Networking Groups had both been stood down and the Oversight Group would now meet monthly. Ongoing discussions were taking place with colleagues which confirmed NHS Forth Valley was in a similar position with other Boards.

Ms Bell confirmed there had been no additional National information around the further reduction to 36 hours. The Forum recognised the additional challenge this would create for managers.

Ms Morrison raised concerns around the fact that 25% of staff on the Acute site have not had their working week reduced. The financial risk to the organisation was recognised. Garry Fraser confirmed correspondence had been sent to the Acute staff to encourage implementation with additional attention to be allocated. The challenge around shift patterns was recognised.

Clarity was provided that the £200m allocated was on a national basis, with the Forth Valley allocation being around £10m and based on the implementation of the three Agenda for Change strands. The current overtime spend on the 30 minute reduction was outlined, with a reduction being seen month on month. Focus would be on minimising this as far as possible.

Due to the varying factors identified in the paper, a Limited Assurance was provided.

The Area Partnership Forum then:

- noted and discuss the content of the paper and appendices.
- noted change to the Level of Assurance as it relates to the November backstop date.
- noted the latest position reported on the implementation of the RWW.
- noted the current priorities.

## **9.2 Protected Learning Time**

The Area Partnership Forum received a paper presented by Ms Linda McGovern, Associate Director of HR.

The paper outlined the progress of the Protected Learning Time Circular and priorities that were being taken forward. The role of the local Short Life Working Group was noted. The National Group continued to meet to consider the Mandatory and Statutory Learning on a Once for Scotland basis and detail from the National Group had been added as an appendix.

Challenges in the process were outlined, which included the utilisation of 2 separate systems (SSTS and eRostering) with this issue also being experienced by other Boards in Scotland.

Detail was provided around proposed actions which included the introduction of short bite size sessions. A presentation was included within the paper that laid out the proposed content. Feedback was welcomed from the Area Partnership Forum.

A communication had also been compiled and this would be circulated to the Forum.

**Action: Linda McGovern**

Potential learning from the Culture and Leadership Programme was noted, with visits being made to key areas to provide support and learning. This had identified the need for Managers to be encouraged to cease local recording and ensure all training was recording centrally.

The Area Partnership Forum then:

- *Noted* the contents of this update and receive future updates on these and other areas.
- Commented on the proposals and actions as detailed
- Approved the communication to go out to all Managers on introduction of PLT (Appendix 3)
- Approved the establishment of the Bite Size Sessions for Managers
- Considered the future reporting of the PLT and its implementation for all staff
- Noted further updates would be reported to APF regarding the National recommendation for Mandatory and Statutory Learning.

## **10. FOR NOTING**

### **10.1 Carseview update**

The Area Partnership Forum received a presentation on the Carseview Relocation Project led by Mr Scott Jaffray, Director of Digital.

The key project objectives were outlined with dates noted. Part of the change was the introduction of a flexible desk policy, recognising the change in culture which started during the Covid epidemic. This was in line with other areas, noting Falkirk Council were aiming for a 40% occupation across all their sites.

Engagement sessions were being undertaken with all services and Question and Answer sessions had been arranged for Carseview and other impacted staff. Weekly communications were continuing with the significant pace of movement recognised.

Ms Karren Morrison recognised this process had a cultural impact noting the need for an individual approach to be taken around home working, recognising that this may not be suitable or preferable for all staff.

Mr Jaffray provided assurance that part of the engagement sessions would be to identify and address any individual circumstances raised within teams. It was highlighted that the Carseview changes would be Phase 1 with the broader workforce review being undertaken in Phase 2. The cultural change was recognised with a need for a change in approach to working.

It was highlighted by the Chair, that this was a group of staff who were being asked to relocate to another area. This was a clear organisational change with the required process to be followed.

Mr McGuffie recognised the opportunity to provide a positive shared working environment. The aim to provide a different way of working was noted with feedback from staff being key in expanding the approach throughout the organisation. It was recognised that benefit had been experienced by organisations that had undertaken this process well.

### **10.2 Circulars and Policies**

The Circulars and Policies were noted as presented.

## **11. ANY OTHER COMPETENT BUSINESS**



**Absence** - Linda Robertson provided a verbal update on absence, advising that for September, the overall Board position was 7.79%. The full absence information would be circulated following the meeting. **Action: Linda Robertson**

Ms Morrison highlighted the positive position within Pharmacy, with an absence reduction from 7% to 5%. Potential learning from the Pharmacy Partnership Forum was suggested. Ms Laura Bryne, Director of Pharmacy, outlined some of the focus areas with acknowledgement of HR support provided.

Professor Dodd highlighted that the absence rate within the Prisons was currently 2% and correspondence had been forwarded to praise staff for their efforts.

Mr Garry Fraser advised that he had met with Ms Elaine Macdonald to review the actions from the Absence Management Review Group. This would be returned to a future meeting for assurance. **Action: Garry Fraser** Key focus areas being taken forward by the group were outlined which included signposting for staff to help with any issues that may require them to go off sick. Mr Reith outlined work around return to work contacts, with a potential option being explored within eESS. A small test of change was being undertaken within Acute. If successful, it was proposed this could be targeted at areas of low completion, through the Absence Management Group.

**Staff Benefits** – Linda McGovern outlined a company Liaison Workforce that she has met with who could provide staff with easy access to employee benefits available through staff salary sacrifice. This was done alongside other partners, with no cost to the organisation. Local NHS Forth Valley benefits could also be incorporated and discussions were ongoing with Payroll. Additional benefits were also available around mental health, physical and financial wellbeing. Ms Morrison requested information be provided to Trade Unions, with caution required around staff salary information. Mr Urquhart noted a positive relationship with the company, outlining that they ran VAT Liaison over a number of years. Assurance was provided that the appropriate Clinical Governance route would require to be followed. Robert Clark highlighted consideration required around financial liability for staff that have left the organisation. A meeting with key representatives was proposed.

A letter had been received from Scottish Government dated 15 October 2024 outlining the soft launch of the **NHS Scotland Workforce Policies Phase 2.2**. There were 8 policies and these were detailed. Information would be circulated by Kevin Reith and brought to a future Area Partnership Forum.

**Action: Kevin Reith**

Ms Morrison outlined the **Band 5 to 6 review**, noting 15 had been received. Work had been undertaken on the Acute site which highlighted a lack of knowledge and cultural challenges. The most significant issue had been around time required to complete. A myth buster had been undertaken to provide assurance and information and further clinics and visits would be undertaken by Trade Unions. Detail was provided around the HR response, noting a presentation had been compiled in partnership with staff side colleagues. Awareness sessions had also been arranged.

In response to the barriers around time, consideration was requested around an organisational response with 7.5 hours allocated for staff to complete. This would either be on the Ward or for staff to take back as TOIL and had proved successful within other areas. It was noted that a deadline had been discussed by Scottish Government. It was agreed the figures would continue to be monitored routinely through the APF and the request could be re-assessed if required.

The challenge in audio during the meeting was recognised and liaison would be undertaken to change location to the first floor Boardroom for future meetings.

## 12. DATE OF NEXT MEETING

**Tuesday 17 December 2024 @ 2 pm, via MS Teams/Boardroom, Carseview**  
**Tuesday 25 February 2025 @ 2 pm, via MS Teams only**

**FORTH VALLEY NHS BOARD**

Tuesday 28 January 2025

**10. Clinical Simulation Centre NHS Forth Valley a Patient Safety and Cultural Transformational Service**

**For:** Assurance

**Executive Sponsor:** Mr Andrew Murray Executive Medical Director

**Author:** Julie Mardon Clinical Director Scottish Centre Simulation and Clinical Human Factors

**Executive Summary**

Simulation has traditionally been used as an effective tool for educational purposes and shown to be highly effective as a technique to enable teams to work safely together and fostering excellence in other behavioural skills in the clinical workplace.

Recently simulation has been shown to be effective in the transformational space especially in the roles of cultural development and patient safety. It has been shown to be a tool to transform health & care through collective understanding, insight, and learning.

In this video we ask a range of staff involved in transformational simulation the impact that Transformational Simulation has had on their roles, the role of their teams and the impact on patient care.


**Recommendation**

The Forth Valley NHS Board is asked to:

- **note** and **celebrate** the innovative work of transformational simulation.
- **note** the vast number and quality of peer reviewed publications originating from the simulation centre.
- **commend** the local national and international reputation of the Forth Valley simulation centre especially with regards to transformative simulation.
- **consider** visiting the simulation centre.
- **continue support** of transformative simulation programme to enable board strategic priorities and enable sustainability and spread.

**Assurance**

*Proposed assurance level:*

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

**Key Issues to be Considered**

In Forth Valley we have developed a transformative simulation service which allows real time responsiveness to patient safety, service design and developmental needs across the whole of Forth Valley.

We also work collaboratively with NES, HIS and all the other Scottish boards. Within the last year we have had visitors from Czech Republic, Netherlands, New Zealand, Kenya and the four nations to learn from our work. Our programme sits within the quality programme board governance structure and feeds into and collaborates with other strategic priorities of the health board such as the cultural transformation programme, value-based health, and care, safer together and population health strategy.

We have had thirty-eight contemporary peer reviewed publications from authors working within the simulation centre.

We have an effective team who are delivering a world leading service and continuing to improve the safety and quality of care for the population of Forth Valley.

Our work crosses traditional working boundaries and enables whole system working in a way that traditionally can be challenging. Examples of this include.

1. ordering small pieces of equipment in the home care setting saving 175 years of waiting in the first year of the project,
2. supporting international graduates in a successful transition into the NHS allowing early integration into full shift patterns (in the last two year we have had full participation in out of hours rotas saving a huge amount in locum fees).
3. working collaboratively with our education authorities, councils, and the national youth academy to bring values-based simulation into our local schools to aid with recruitment into social care.

Please see Appendix 1 for more detail of our workstreams.

### **Financial Implications**

No financial implications of this paper

### **Workforce Implications**

The transformative simulation work has a massive impact on staff wellbeing and feeds into and complement other similar programs e.g. culture work, civility saves lives, integration of international graduates into the NHS.

### **Infrastructure Implications including Digital.**

None.

### **Sustainability Implications**

Working closely alongside the values-based health and care with have ongoing benefits for sustainable care withing forth valley.

### **Sustainability Declaration**

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

Yes

N/A

### **Quality / Patient Care Implications**

Massive impact on multiple services across forth valley from clinical services on the acute site to influence on value-based recruitment within the social care sector.

**Information Governance Implications**

None.

**Risk Assessment / Management**

No risks to the organisation.

**Relevance to Strategic Priorities**

Relevant to and impactful on all board strategic priorities.

**Equality Declaration**

*The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process. Further to an evaluation it is noted that: (please tick relevant box)*

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

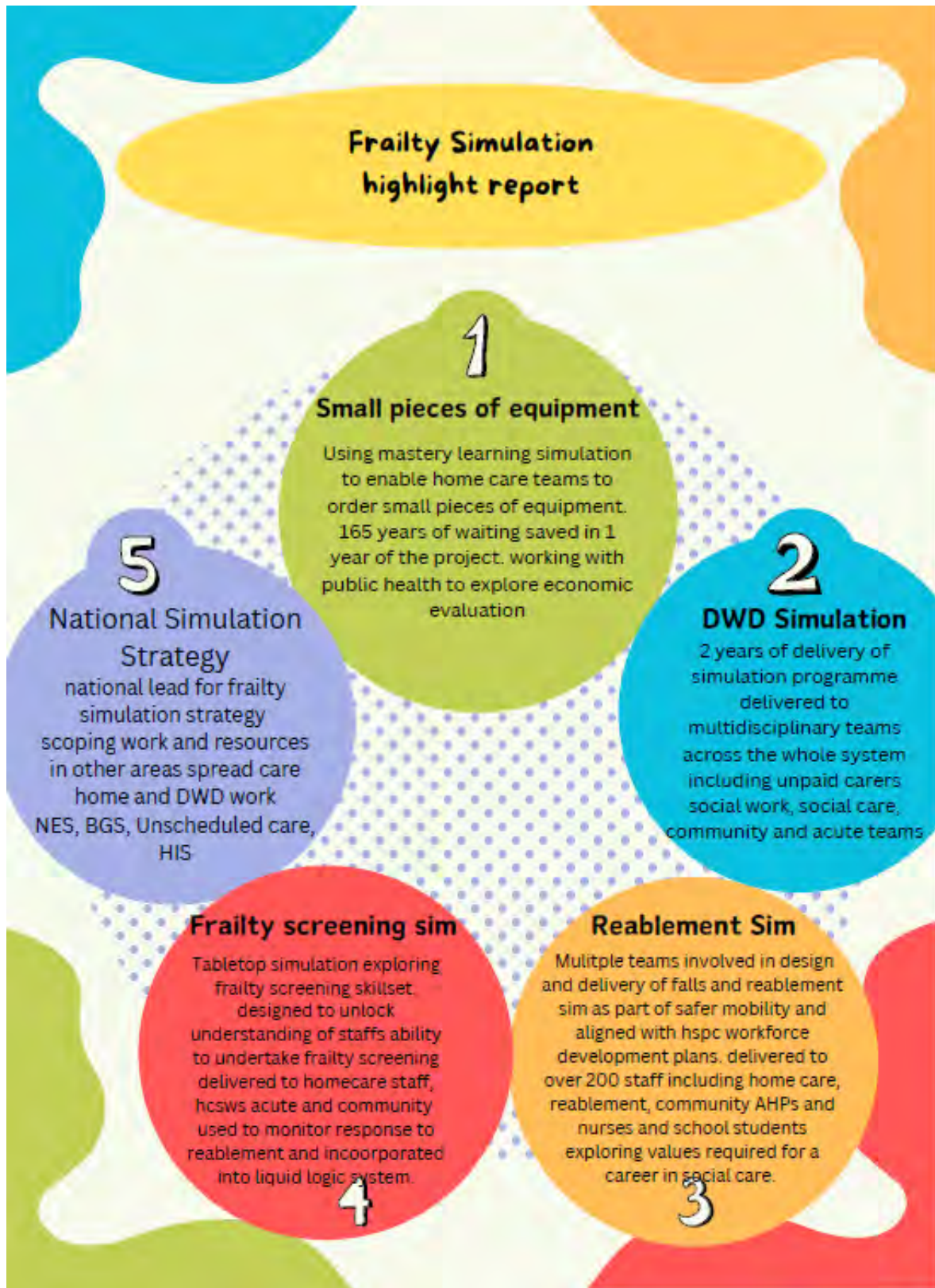
**Communication, involvement, engagement, and consultation**

Ongoing and extensive stakeholder engagement both within Forth Valley and national and international stakeholders are previously described.

**Appendices**

- Appendix 1: examples of output and impact of work within the sim centre
- Appendix 2: list of publications from the last 5 years

## Appendix 1





# RESEARCH OUTPUT

## SCSCHf

### Supervision of IMT Sim Research

Supervision of 10 peer reviewed publications and PhD by publication relating to IMT simulation strategy

### Simulation for Refugee Doctors

International collaboration led by SCSCHf resulting in five peer reviewed publications, two international presentations and a podcast



### Research-based Conference Workshops

Five research methodology workshops run at national and international simulation conferences

### Interprofessional Research Partnerships

Research collaboration with NES pharmacy directors resulting in five peer reviewed publications, a published behavioural marker system for pharmacists, and collaboration with the University of Western Australia

### Developing the Research Community

'Getting Started in Simulation Based Research Course' run face-to-face and online eight times in the last three years, with over 100 participants

Vicky Tallentire, SCSCHf lead for research





# RESEARCH OUTPUT (THE DETAIL)

## SCSChf



### Supervision of IMT Sim Research

**Peer reviewed publications:**  
Scotland's Internal Medicine Simulation Strategy: A Five-year Journey. *Future Healthcare Journal* 2024;10(1)92.

Training as imagined? A critical realist analysis of Scotland's internal medicine simulation programme. *Advances in Simulation* 2024;9(1):1-12.

The Rubik's cube of doing and being: Factors influencing professional identity transition to the medical registrar. *Clinical Teacher* 2023;(August):1-11.

'Ego Massaging That Helps': A Framework Analysis Study of Internal Medicine Trainees. *Medical Education Online* 2023; 28 (1): 2243694.

'Just pretending': Narratives of professional identity transitions in internal medicine. *Medical Education* 2022; (October):1-10.

'Us versus them': A social identity perspective of internal medicine trainees. *Perspectives on Medical Education* 2022; 34:1-9.

Assessing team behaviours and time to defibrillation during simulated cardiac arrest: A pilot study of internal medicine trainees. *International Journal of Healthcare Simulation - Advances in Theory & Practice* 2022; 1-17.

The impact of simulation-based mastery learning, booster session timing and clinical exposure on confidence in intercostal drain insertion: a survey of internal medicine trainees in Scotland. *BMC Medical Education* 2022; 22(62):1-9.

Transfer of training from an internal medicine boot camp to the workplace: Enhancing and hindering factors. *BMC Medical Education* 2021; 21:485.

Exploring the impact of the COVID-19 pandemic on doctors' core workplace needs: a qualitative study of internal medicine trainees in Scotland. *BMJ Open* 2021; 11:e03506.

### Simulation for Refugee Doctors

**Peer reviewed publications:**  
Co-creating a simulation curriculum for refugee doctors with diverse learner needs. *Journal of Healthcare Simulation* [in press]

Reclaiming identities: Exploring the influence of simulation on refugee doctors' workforce integration. *Advances in Simulation* 2024;(9):37

Snakes and ladders: An integrative literature review of refugee doctors' workforce integration needs. *Medical Education* 2023; 58(7): 782-796.

Cup of tea? *Academic Medicine*. Published online ahead of print, Oct 2024.

Simulation for social integration. *International Journal of Healthcare Simulation* 2023. May 20: 1-9.

**International presentations:**  
No more wasted talent: Exploring the impact of a simulation programme on refugee doctors' workforce integration Society for Simulation in Europe (SESAM) June 2024, Prague

Developing a simulation curriculum for refugee doctors Society for Simulation in Europe (SESAM) June 2023, Lisbon

**Podcast:**  
Simulcast 175: Simulation for Social Integration

### Research-based Conference Workshops

An Introduction to Qualitative Research in Simulation: Laying Down Solid Foundations  
Association for Simulation Practice in Healthcare (ASPH) Nov 2024, Edinburgh

Enrichen you Qualitative Sata: Research interview elicitation techniques for simulation-based researchers  
Association for Simulation Practice in Healthcare (ASPH) Nov 2024, Edinburgh

Enchanted Inquiry: Using folklore to Unlock Key Concepts Within Qualitative Simulation-Based Research  
Society for Simulation in Europe (SESAM) June 2024, Prague

Getting Started in Simulation-Based Research,  
The Scottish SIMposium - Learn, practice perform. Sept 2023, Dundee

Getting Started in Simulation-Based Research,  
Society for Simulation in Europe (SESAM) June 2023, Lisbon

### Research Prizes

Association for Simulation Practice in Healthcare (ASPH) Nov 2024, Edinburgh Best Oral Presentation - Delivery dilemmas: Adapting to deliver Shadowbox Simulation in response to internal medicine trainee national feedback

Society for Simulation in Europe (SESAM) June 2024, Prague Best Scientific Abstract - Training as imagined? Unpacking the black box of training as done for a national internal medicine simulation programme

NHS Education for Scotland Medical Directorate Award for Scholarship and Research in Medical Education 2023



### Interprofessional Research Partnerships

Normalising and exploring mistakes through simulation-based education. *International Journal of Pharmacy Practice* 2024, 32(5), 420-422.

The development of a marker system for Pharmacists' Behavioural Skills (PhABS). *International Journal of Pharmacy Practice*, October 2023, 31 (5): 520-527.

Investigating how an interprofessional simulation influences tolerance of ambiguity. *Currents in Pharmacy Teaching and Learning* 2022; 14(12): 1506-11.

Exploring the impact of interprofessional simulation on the professional relationships of trainee pharmacists and medical students: A constructivist interview study. *International Journal of Healthcare Simulation - Advances in Theory & Practice* 2022; 1-11.

Exploring transformative learning for trainee pharmacists through interprofessional simulation: A constructivist interview study. *Advances in Simulation* 2021; 6(1): 31.

### Developing the Research Community

'Getting Started in Simulation Based Research Course' with numbers of participants:  
Pilot course - 22nd January 2021 - 7  
7th May 2021 - 10  
18th February 2022 - 9  
20th September 2022 - 10  
29th November 2022 - 5  
21st March 2023 (online) - 17  
7th November 2023 - 9  
5th December 2023 (online) - 21  
30th April 2024 - 9  
13th August 2024 (online) - 18  
10th September 2024 - 6  
22nd November 2024 (online) - 13  
TOTAL 134 participants over 12 courses

Vicky Tallentire, SCSChf lead for research

# SCSChf Interprofessional Work

## Additional Placement Area/ SSC

We are proud to announce that we have recently completed extensive training and successfully passed a thorough inspection, earning recognition as an Additional Placement Area for the University of Stirling's Undergraduate Nursing Programme. We are also a Specially Selected Component placement for Glasgow University's Medical School. Having both Nursing and Medical Students on placement simultaneously, provides an opportunity for them to collaborate and gain insights from each other.

## Additional Placement Area Feedback

To date, 20 Undergraduate Nurses have completed additional learning placements at SCSChf, all rating it as an 'excellent' experience. They highlighted the benefits of working alongside other professional groups, the welcoming environment, knowledgeable and approachable staff, and the diverse opportunities that will benefit their future careers.

## Interprofessional Day

During Interprofessional Simulation sessions, final year Nursing and Medical students worked together whilst assessing and managing deteriorating patients and also addressing communication challenges. Feedback was overwhelmingly positive, with many finding the debriefing sessions particularly beneficial for sharing insights and familiarising themselves with each other's skills. This collaboration enhanced their learning and boosted their confidence in interdisciplinary communication.

## In-Situ ODP Sim

In situ simulations for Operating Department Practitioners have recently commenced in theatres. We have successfully conducted one session thus far, and the feedback has been overwhelmingly positive. Given the demand and positive response, we will be implementing these sessions regularly, featuring a variety of scenarios. As this progresses we are keen to add in other professional groups to provide an opportunity for interprofessional working.

## International Nurses and Radiographers

We have been delivering supportive and bespoke 1-1 sessions for international nurses and radiographers, focusing on their specific learning needs. Additionally, we've collaborated with the International Nurse Lead to deliver simulation sessions, assisting international recruits in preparing for their OSCEs and facilitating their transition into the NHS.

## Future plans

We are in the process of developing an Interprofessional Day tailored for Occupational Therapy, Nursing, and Medical students. Our aim is to establish connections with additional professional groups to enhance the accessibility and utilisation of the Scottish Centre for Simulation and Clinical Human factors across various disciplines and provide further opportunities for interprofessional education.



## IRI Scenario design for Undergraduates

1

### IR1 system access

During the initial stages of the project, we coordinated closely with the Safeguard team to obtain access to NHS Forth Valley's Adverse Event Reporting System (safeguard). This collaboration was essential to ensure we received all relevant data on incidents (IR1s).

2

### Data Collection

Since February 2022, we have been conducting ongoing rolling data collection, enabling us to identify the most common adverse events within our organisation.

5

### Future Plans

We will continue collecting IR1 data to ensure our scenarios accurately reflect common incidents. Additionally, we plan to utilise the questionnaire feedback to inform an error workshop, which will be conducted in collaboration with our Clinical Psychologist.

### Questionnaire's

In collaboration with our Clinical Psychologist, we are gathering data from undergraduates to understand their perceptions of errors, the incidents they find most concerning, their confidence in responding to errors, and the extent of their training on this topic.

4

### Scenario Design

We have developed a series of undergraduate simulation scenarios that reflect the most common incidents identified in IR1 reports. These scenarios focus on critical themes such as medication errors related to prescribing and diagnosis failures or delays.

3

## FACULTY DEVELOPMENT

# Developing simulation faculty across Scotland

### Multiple courses

8-10 courses run each year at SCSCHF, but also yearly courses in Fife, to support their faculty development.  
Additional 4-5 Mobile skills unit (MSU) faculty development courses in conjunction with CSMEN team

### Widening faculty & participants

- Faculty for the course from backgrounds in medicine, nursing and pharmacy
- Pharmacy SimStart programme has helped embed with pharmacy teams locally

### Topics covered

- Educational theory
- Design of scenarios
- Running a scenario
- Debriefing theory & demonstrations
- All groups deliver, debrief and metadebrief scenarios

### Course updates

- Role of embedded professional led by simulation technicians now key component
- Regular meeting of faculty to update content
- Planned transformational simulation specific course in 2025

### Mobile skills unit

- 4-5 courses per year run with CSMEN on mobile skills unit.
- Allows faculty to be able to run courses when MSU visits
- MSU trips to Shetland, Barra in last 18 months to support local communities







### Bridges - SCSCHF Collaboration

- Successful NHS Workforce Integration
- 6 cohorts refugee doctors
- 4 years experience

Research showing profound impact on social integration and identity

"I was feeling quite outside to be honest, and I don't know anyone and I don't know what to do, but with this coming to the simulation centre now I can say that... I'm feeling inside now."

6 monthly 4-day induction  
 NHS Tayside - 18 months  
 NHS FV - 12 months



Unprecedented **100%**

IMGs fully on rotas post-induction

IMG Sim Enhanced Induction

'career-changing training'

IMG, Feb 2024 cohort

## IMG Sim Strategy Scottish Centre for Simulation

### IMG Sim Club

Monthly sim sessions  
 NHS FV - 18 months  
 NHS Tayside - 12 months



'I've got my confidence back'  
- IMG

'Transformative for the trainees...a framework for putting in the support that they need.'  
-DME

Bespoke sessions  
 10 International Graduates supported past 3 years

[Trainee demonstrated] 'enhanced team performance in critical care crisis'  
-Educational Supervisor

wellbeing scores  
 ↑ Resilience  
 ↑ Energy levels  
 ↑ Sense of purpose



1 pilot completed June 2024

### IMG Educational Supervisor Sim

Participants and Stakeholders from multiple health boards

Overwhelmingly positive feedback

'Excellent course with a relevant focus on IMGs that I think was lacking so far from the course options for supervisors of IMGs'

'I think that there will be an interest to run this for primary and secondary care alike in the future to increase understanding and awareness of the needs of IMGs coming to work in Scotland.'

### Interprofessional Work



Bespoke simulation sessions run for two International Nursing Graduates past year



Supporting nursing educator to set up ING sim programme - 2 pilot sessions run 2024







Plan to integrate IMG and ING workstreams in enhanced induction 2025



**Demonstrates transformative impact of Refugee Doctors simulation programme on NHS workforce integration, identity and belonging**



-  **Co-creation with refugee doctors**
-  **International collaboration**
-  **5 peer-reviewed publications**
-  **4 International and National Presentations**

## Research

*Co-creating a simulation curriculum for refugee doctors with diverse learner needs. Journal of Healthcare Simulation [in press]*

*Reclaiming identities: Exploring the influence of simulation on refugee doctors' workforce integration. Advances in Simulation 2024;(9):37*

*Snakes and ladders: An integrative literature review of refugee doctors' workforce integration needs. Medical Education 2023; 58(7): 782-796.*

*Cup of tea? Academic Medicine, Published online ahead of print, Oct 2024.*

*Simulation for social integration. International Journal of Healthcare Simulation 2023, May 20: 1-9.*

## IMG Sim Strategy Scottish Centre for Simulation




**IMG Sim Faculty Development**

'I would like to thank the whole team for the 2 fantastic days of the Simulation Faculty Course. It was well organized with lots of take home messages which has opened a channel to reflect and enhance my teaching skills. A very helpful step in my journey to becoming an academician.'

*IMG sim programme participant, completed SCSCHF Faculty Development Course 2023*

  
**Expand and share faculty across Scotland**

  
**Plan to run bespoke pilot course 2025**

  
**Established SCSCHF metadebriefing club**





**Jemma Pringle**

Faculty Development Lead for  
The NHS Scotland Academy

### **NHS Scotland Academy**

The NHS Scotland Academy is an exciting partnership between NHS Golden Jubilee and NHS Education for Scotland to offer accelerated training for a wide range of health and social care roles and professions. Simulation plays a significant role in this. My role is to enhance collaboration between the SCFSCbF and the NHSSA, as well as to share the significant experience of simulation that the SCFSCbF has with the new NHSSA.

### **Formal Training**

I oversee and participate in delivery of the two day faculty development course 'Introduction to Simulation - Making it Work' for educators within the NHSSA and GJH who are new to developing and delivering simulation.

### **Bespoke Support**

I support educators within the NHSSA one to one, however this is required. This includes developing or refining training courses as well as in person support and feedback on training delivery.

### **Sim Tech Support**

With the creation of the new skills and simulation center at the NHSSA, two simulation technicians have employed. I took part in their recruitment and continue to assist in their training and development. I also provide technical expertise on the audio-visual or simulation equipment when required.

### **Sim Club**

I established and facilitate 'sim club', an on-line forum where we share ideas and learning. This is aimed at enhancing professional development for educators within the NHSSA as well as team building within a group that is newly established and often remotely located.



November 2024

## Appendix 2

### Simulation Centre Publications 2019-present

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**FORTH VALLEY NHS BOARD**

Tuesday 28 January 2025

**11(a). Quality Assurance and Improvement Report**

**For:** Assurance

**Executive Sponsors:** Mr Andrew Murray, Medical Director; Professor Frances Dodd, Executive Nurse Director.

**Authors:** Mrs Susan Bishop, Head of Efficiency, Improvement, and Innovation; Mr Ashley Calvert, Head of Clinical Governance; Mrs Eilidh Gallagher, Head of Person-Centred Care.

**Executive Summary**

The purpose of this paper is to describe the Board's quality assurance position, give an update on progress with key quality improvements across NHS Forth Valley and use of evidence to plan for quality. In doing so, it also provides an update on implementation of the NHS Forth Valley Board Quality Strategy (QS) and the way that we manage quality.


**Recommendations**

The Forth Valley NHS Board is asked to:

- **note** overall delivery of quality assurance, quality improvement and using evidence to plan for quality.
- **note** the current quality assurance position and quality improvements being made in relation to specific quality measures and compliance with national safety standards and targets.
- **support** the progress and further development of the quality management system.

**Assurance**

*Proposed assurance level: Reasonable*

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

- There is evidence that effective implementation of an organisational quality strategy, a quality management system and a consistent improvement approach will contribute to better performance.
- If NHS Forth Valley and the Health and Social Care Partnerships' culture, resources, structures, and systems are not aligned to managing quality, through quality planning, quality control and assurance and quality improvement, there is a risk that performance across the six dimensions of quality will be negatively affected.
- A reasonable level of assurance has been reported on the basis that the report highlights the key quality improvement initiatives supporting harms reduction and patient safety.
- This includes the ongoing work of the Safer Together (ST) improvement collaborative to achieve agreed high-level outcomes and clearly defined actions to demonstrate progress over time.

## **Key Issues to be Considered.**

### **1. Introduction**

Our vision for quality is 'To improve the experiences of health & care for the people of Forth Valley by working together to deliver quality care and support that is recognisable and meaningful'.

Progress with implementation of the QS is monitored, reported, and reviewed at the NHS Forth Valley Quality Programme Board. see Appendix 1.

The delivery of the Clinical Governance Strategic Implementation Plan is a key objective of the QS and progress on the implementation of this is reported to the Clinical Governance Working Group and Clinical Governance Committee.

### **2. Assurance of Quality**

#### **2.1 Data and measurement**

The Clinical Governance Working Group on 15th August approved recommendations for updated Safeguard reporting, operational definitions for the key measures and moving cardiac arrest reporting to Safeguard, in preparation for robust use of data as part of the ST Collaborative.

The necessary improvements were identified through the NMAHP Quality Management Board and during initial work to develop a Safer Together Dashboard and baseline data to inform improvement.

A significant level of work to improve use of data and maximise use of existing data systems, Safeguard in particular, is continuing. Data quality review, risk identification and redesign of use of data continues via the Quality Strategy Using Data Effectively Group, the NMAHP Quality Management Board and the Safer Together Dashboard project group.

This includes the use of the QI Data Visualisation and Interpretation Guide V1, run chart and statistical process control tools and upskilling of the QI Team and Information Services colleagues.

Work continues to go into having good quality data for assurance of quality, as well as for improvement. The Nursing, Midwifery and Allied Health Professions (NMAHP) Quality Management Board has focussed on improving NMAHP data quality and standards and is developing an assurance measurement framework.

Work on improving the use of the Safeguard adverse event reporting and risk management system for adverse events continues.

This is alongside producing updated guidance, developing standardised adverse event (AE) escalation pathways within all Directorates, and developing a measurement plan to provide greater assurance for the Board in relation to NHS Forth Valley's compliance with the timescales set out within the Healthcare Improvement Scotland (HIS) Framework for Adverse Events and Significant Adverse Event Review management.

Reviewing and ensuring alignment to national dataset requirements of the AE category and subcategory lists within the Safeguard system is an ongoing piece of work.

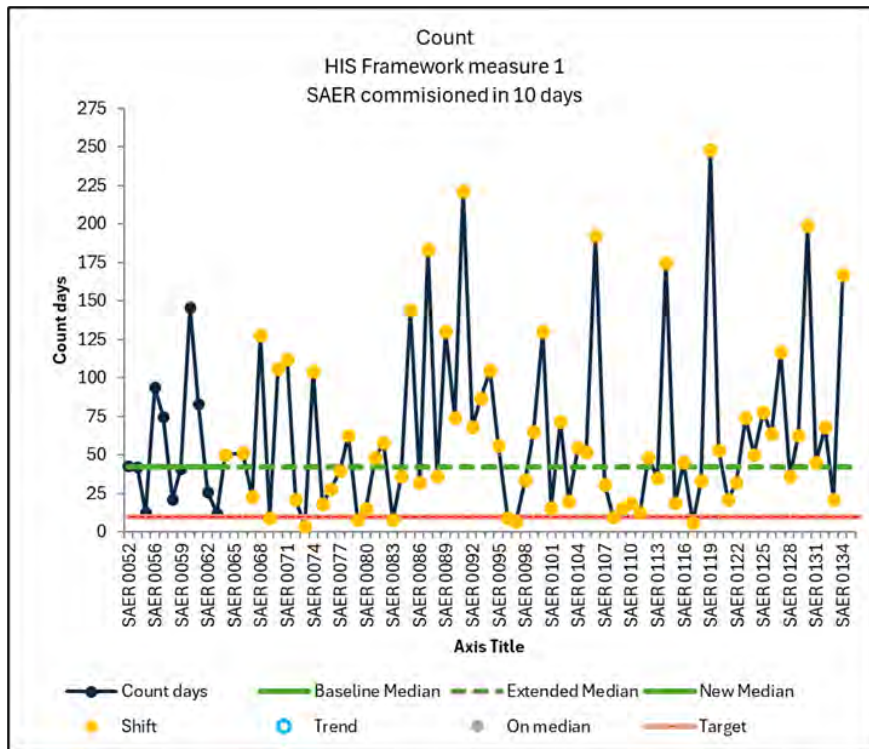
There are key performance indicators (KPI) within the framework for completing the reviews:

- Time to Commissioning the SAER - 10 working days from reporting on incident management System.
- SAER report submission due 90 working days from date SAE was commissioned.
- Final approval of SAER report no later than 30 working days from report submission.

- Develop an improvement plan within 10 working days from report being approved.

A review of current performance in relation to each of these measures has been undertaken, and an improvement plan and supporting measures drafted for implementation.

Chart 1: HIS Framework process measure 1: Time to Commissioning the SAER - 10 working days from reporting on incident management System.



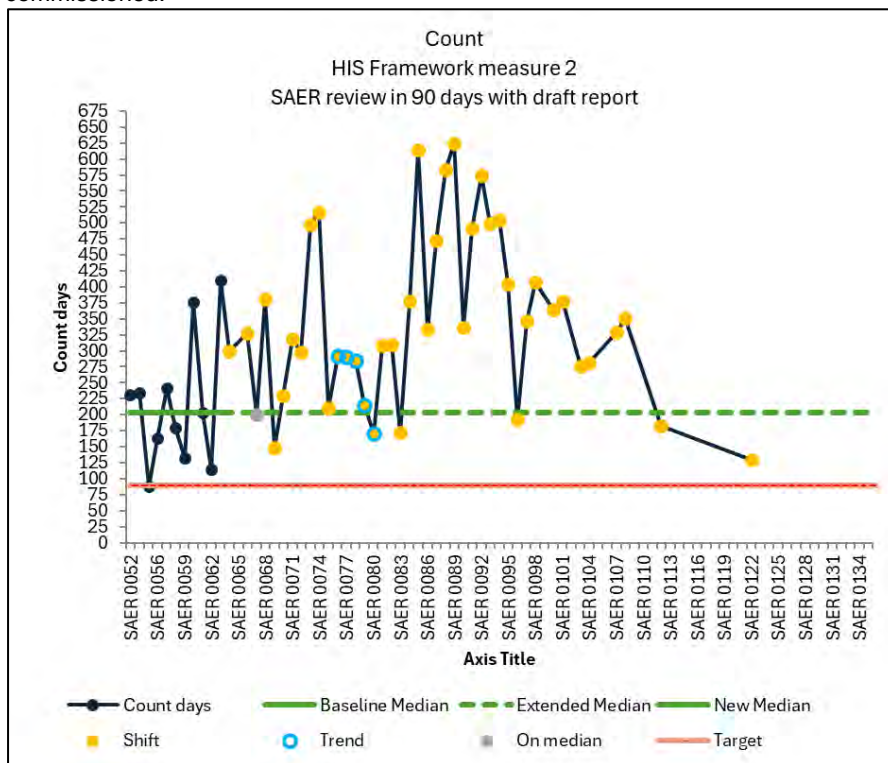
From the data reviewed from all SAER commissioned from 2020-2024, the current NHSFV commissioning average = 42 days.

The initial improvement aim is to reduce commissioning days average by 50% by December 2025.

The improvement plan developed to support NHSFV improve our performance against the HIS framework details a number of changes that are felt will have a beneficial impact on reducing this average.

This includes changes to the Safeguard system itself including a new categorisation matrix (aligned to the national 1-5 ratings), improvements and amendments to the notification process for adverse events from Safeguard to relevant managers and triumvirates, incorporation of the briefing note used to escalate adverse events within Safeguard, this will support earlier submission to the review groups within the Directorates, thus allowing for more timely submission to the commissioning group for NHSFV and review of the agility in meeting of the review groups within the Directorates/Partnership and the commissioning group.

Chart 2: HIS Framework process measure 2: SAER report submission due -90 working days from date SAE was commissioned.



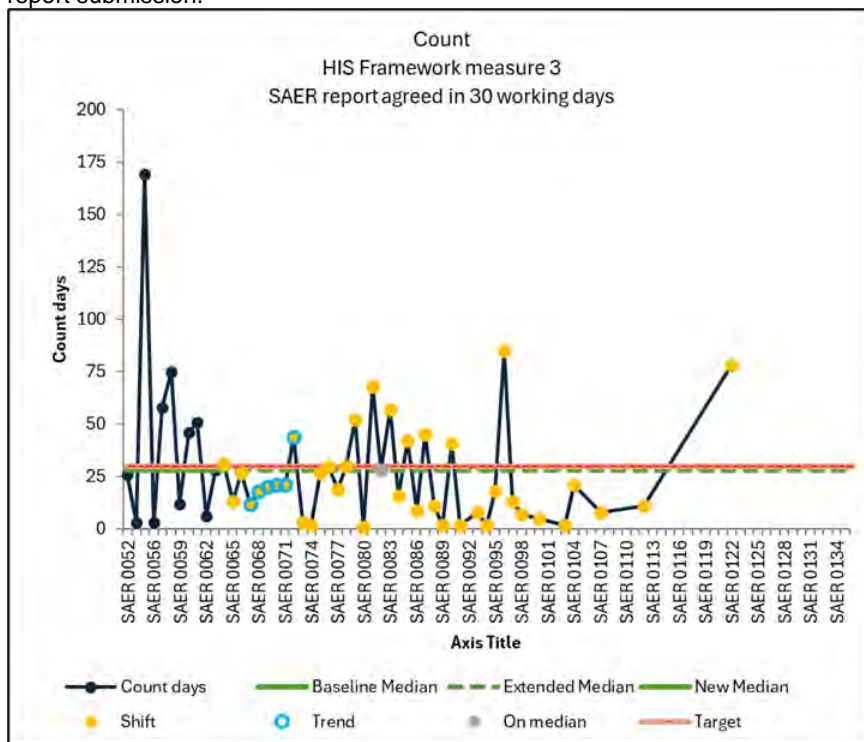
From the data reviewed from all SAERs commissioned from 2020-2024, the current NHSFV draft report submission average = 203 days, this is well out with the timeframe of 90 days.

The improvement plan developed to support NHSFV improve our performance against the HIS framework details a number of changes that are felt will have a beneficial impact on reducing this average.

The initial improvement aim is to reduce SAER draft report submission average by 50% by December 2025, with the full aim of meeting 90-day process by December 2026.

This includes supporting early panel formation by delivering more training to increase the number of lead reviewers available to NHSFV for SAER, working with the Directorates/Partnerships to ensure timely panel membership identification, changes within specific roles by the corporate CG team to increase the pool of SAER facilitators available, along with CG team administration staff being used to support SAER organisation at the earliest opportunity, and the use of a review tool to evaluate SAER reports to assure quality.

Chart 3. HIS Framework process measure 3: Final approval of SAER report -no later than 30 working days from report submission.



From the data reviewed from all SAER commissioned from 2020-2024, the current NHSFV report agreed days = 28 days.

NHSFV currently meet this HIS timeframe.

The improvement plan developed to support NHSFV improve our performance against the HIS framework details a number of changes that are felt will have a beneficial impact on ensuring we maintain and where possible improve this average.

This includes the use of the review tool to evaluate SAER reports to assure quality at the point of submission for approval, and greater emphasis on ensuring all recommendations meet the SMART (Specific, Measurable, Aligned, Realistic and Timebound) standard.

HIS Framework process measure 4: Develop an improvement plan within 10 working days from report being approved.

Unable to provide meaningful data at present. This measure has not historically been recorded in NHSFV and will be a new measure as part of the devised improvement plan.

The improvement plan developed to support NHSFV improve our performance against the HIS framework details a number of changes that are felt will have a beneficial impact on ensuring we are in position to measure this element of the HIS framework.

This includes greater emphasis on ensuring all recommendations meet the SMART (Specific, Measurable, Aligned, Realistic and Timebound) standard, working with the Directorates/Partnerships and designated CG manager roles within them, to ensure agility of the review process, and identifying an overarching improvement plan owner who will be the liaison point for the development of the improvement plan and ensuring tracking of implementation within their Directorate/Partnership.

See appendix 3 and appendix 4 for measurement plan and high-level driver diagram relating to SAER process.

A further measurement plan for adverse event management will be submitted to the CGWG in April 2025 as part of the ongoing AE improvement work stream.

Detailed workplans for Adverse events management and SAER management have been developed by the corporate CG team and will be tracked and monitored through the CGWG, with the assurance route being provided to CGC.

## **2.2. Setting standards of care**

The delivery of the ST collaborative will contribute to higher quality care and support quality assurance.

## **3. Quality Improvement**

### **3.1 Safer Together Collaborative (ST)**

Reducing preventable harm requires a concerted, persistent, coordinated effort by all stakeholders, and a total systems approach to safety. Total systems safety requires coordination at many levels, which in turn necessitates robust team working among all stakeholders.

The aim of the ST collaborative is to improve patient safety across several areas through implementing evidence-based practice using improvement science methodology, standard setting through clinical policy review, coordination of improvement support and improvement of data and measurement processes.

There is a focus on identifying and addressing key areas of patient safety concern, such as data quality and system reporting capability, pressure ulcers incidence, safer mobility and falls risk reduction, cardiac arrest and deteriorating patient, catheter care and ageing & frailty. The first of four learning sessions took place on the 20<sup>th</sup> of November, where Faculty, work stream leads and test team representatives shared best practice, their change packages and measurement plans and any early progress against their improvement plans. The measurement plans include outcome, process and balancing measures aligned to the improvement aims.

Data and measurement support is crucial to the ST collaborative and a working group is overseeing and guiding the Safer Together dashboard development.

112 delegates participated in learning session one, held in the Learning Centre in Forth Valley Royal Hospital with a welcome and introduction from our Chief Executive and closure by our Board Chair.

Workstream leads, improvement advisors and faculty members led the learning session.

The learning sessions are about bringing teams together to learn from each other with action learning periods in between, creating the conditions for innovation, sharing of best practice, improvement, lessons learned and highlighting success to spread and sustain best practice.

57 teams across the whole system are signed up to participate in the Safer Together breakthrough series collaborative.

Many of the harms have defined measures through national programmes such as Essentials of Safe Care and the wider SPSP Acute Adult programme.



The STC high level aims with align current evidence-based standards, national improvement programmes and are mapped to our local priorities.

***Reduce grade 2-4 pressure ulcers by 30% by Nov 2025***

***Reduce total falls and falls with Harm (moderate to severe) by 30% by Nov 2025***

***Reduce enhanced observations by 50% by May 2025 (including a 50% reduction in cost by May 2025)***

***Reduce Cardiac Arrest rate by 40% by Nov 2025 (NCAA) while improving cardiac arrest reporting via safeguard. (National Cardiac Arrest Audit)***

***Reduce Catheter Usage by 30% by Nov 2025.***

See appendix 2: high level driver diagram

### **3.2 Knowledge, skills and capacity for improvement**

Overall work to build knowledge, skills and capacity for improvement across NHS Forth Valley and the Health and Social Care Partnerships continues as part of the QS implementation.

This involves delivering quality improvement training to meet identified needs, learning opportunities and a coaching plan.

Having effective and compassionate leadership for quality improvement is essential to empower and enable staff to make change. The ST Collaborative will contribute to building improvement skills, confidence and competence.

### **3.3 Key metrics progress**

#### **3.3.1 Pressure Ulcer**

Pressure ulcers cause significant discomfort, pain, impact on mobility, infection, and life-threatening complications.

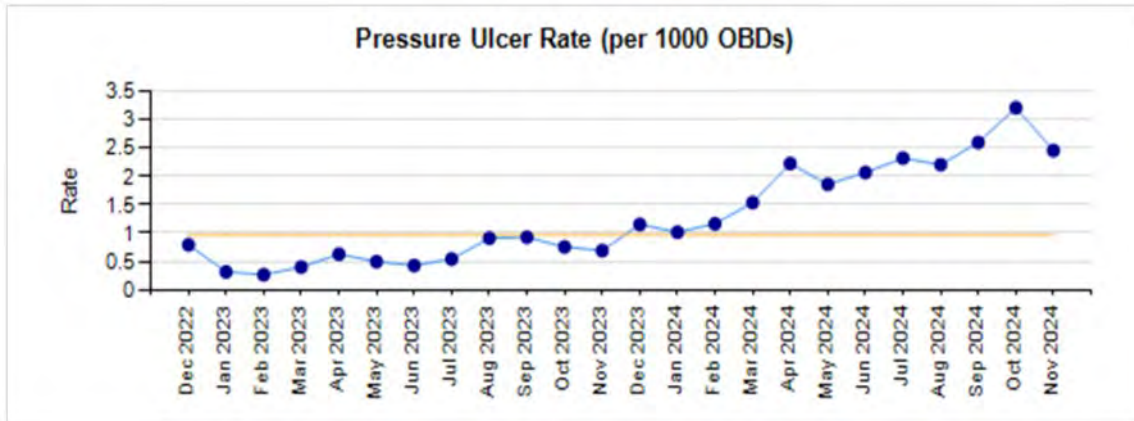
Pressure ulcers are considered a preventable adverse event in healthcare. By reducing the occurrence, the experience for people improves, length of stay in hospital setting reduces, and significant savings are realised across the system.

NHS Forth Valley data is demonstrating a deterioration in pressure ulcer incidence with 10 data points above the median, with a slight improvement noted for November 2024 in relation to rate reported. It is important to note to Board members that there has been a concerted focus on the reporting of pressure ulcer incidence, it is therefore difficult to ascribe this data as a deterioration in care, but an improvement in reporting recognising the more accurate level of harm, with improvement programmes in place to drive improvements in safety.

Improvement efforts are based on Healthcare Improvement Scotland's pressure ulcer standards, improvement change package and measurement plan.

The updated NHS Forth Valley Pressure Ulcer Policy was approved at the December Clinical Governance Working Group (CGWG).

Chart 1: Rate per one thousand occupied bed days



### 3.3.2 Falls

Falls in hospitals are a frequent occurrence, causing pain, injury, increased length of stay, and in a number of cases, death.

They are estimated to cost the NHS more than £2.3 billion a year. About 30 per cent of people aged 65 or older have a fall each year, increasing to 50 per cent in people 80 or older.

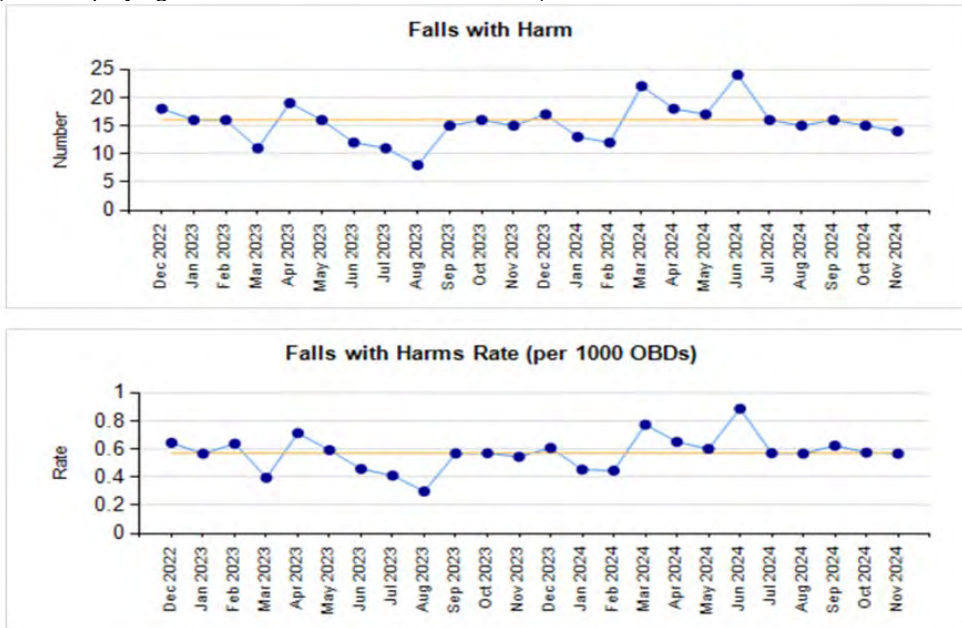
Our current Falls rate is 0.57 per 1000 occupied bed days (number of falls with harm 14) with a static rate since April 22.

The NMAHP Quality Management Board subgroups are currently reviewing and redesigning the front-end reporting mechanism of Safeguard to support data extraction to provide harm intelligence and support improvement planning. Measurement will reflect the national SPSP falls change package.

NHS Forth Valley, Falls data. Data source Information Service Reports.

Chart 1: All falls count. Chart 2: Rate per one thousand occupied bed days.

(Data displaying random variation Nov 22 – Nov 24)



### 3.3.3 Enhanced Observation

Requests for enhanced observation saw a sharp rise through 23/24 of 122%. This is where additional nursing support resources are employed to provide additional attention and support to patients with cognitive challenges or safety awareness challenges.

Requests for enhanced observations are captured on the staff bank system under Code 4 indicator. The below chart demonstrates the staff bank code 4 requests over the last 12 months.

Improvement activity has already commenced through the Nursing Workforce review project to look at the appropriate guidance for patient support, as well as appropriate resource allocation.

### Safeguard Measurement of enhanced observations.

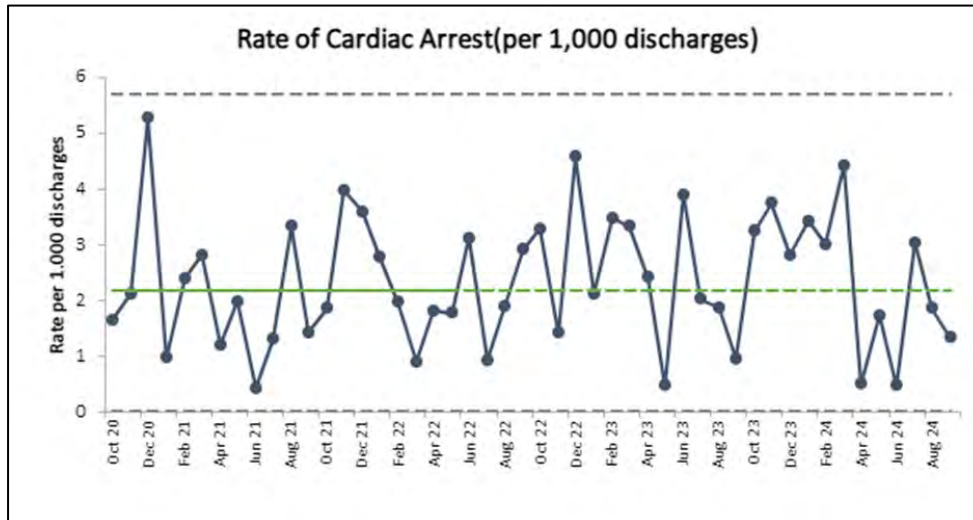


As part of the work to improve the use of resources to support enhanced observations, we have been tracking any balancing measures because of this change e.g. patient falls, and

we have not seen any deterioration in these, which provides assurance that the level of care and support is appropriate to patient needs.

### 3.3.4 Cardiac Arrest

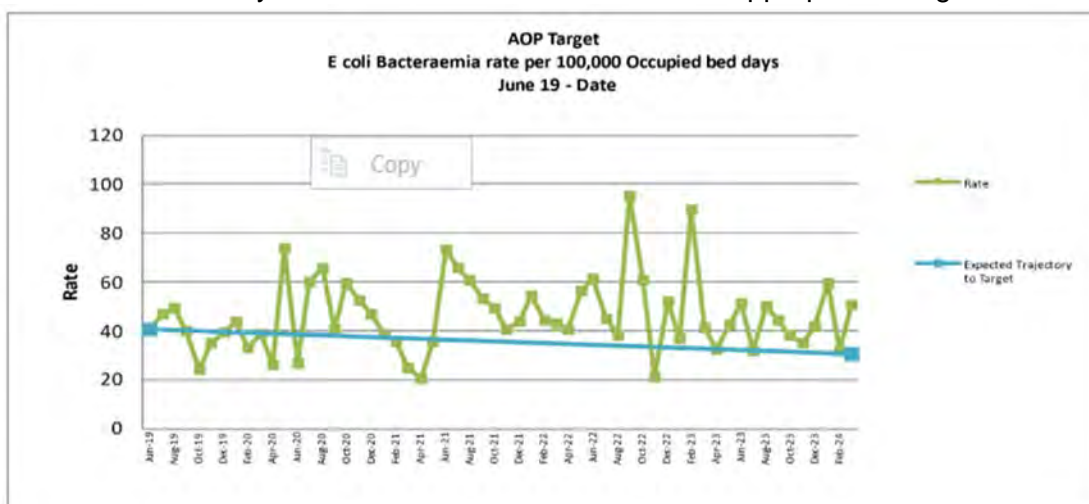
Cardiac arrest per one thousand occupied bed days



The improvement work scheduled will look at all aspects of cardiac arrest, including treatment escalation processes, introduction of e-Observations to identify deterioration at an earlier stage, as well as the use of DNACPR to support early decision making.

### 3.3.5 Catheter Associated Urinary Tract Infection (CAUTI)

Catheter Associated Urinary Tract Infection (CAUTI) leads to complications such as sepsis, prolonged hospital stays, increased healthcare cost and associated with increased morbidity. Improving CAUTI prevention measures reduces patient harm and enhance patient safety. The safety collaborative will focus on catheter usage and care across Forth Valley to understand usage and potential for process improvement where opportunities exist to enhance the delivery evidence-based catheter care and appropriate usage.



## 4. Quality planning

### 4.1.1 Clinical guidelines review

The development of a new Clinical Policy and Guidelines Group will ensure greater assurance of standardised and aligned processes for the development, review and approval of clinical policies and guidelines within the Board, along with a strategic risk having been developed to further enhance visibility and mitigation.

### 4.1.2. Learning from feedback and complaints

There has been a sustained increase in the volume of complaints received which is reflective of the increase in healthcare interactions that have, and continue to, taken place across the organisation. The volume of complaints is reflective of a ratio of 0.21% per interaction.



Waiting times, clinical care provision and issues relating to medicines administration remain predominant complaint themes.

2024/2025 – Categories with over 15% upheld ratio (either fully or partially) where the volume of closed complaints >1.

Row Labels	Fully Upheld	Not Upheld	Partly Upheld	Combined Upheld	Combined Upheld%
Wrong Treatment Given	2		1	3	100%
Poor Communication Between Clinicians	2	1		2	67%
Treatment Cancelled		2	2	2	50%
Treatment Postponed	1	1		1	50%
Patient/Family Not Kept Updated	2	4	1	3	43%
Wrong Diagnosis	2	4	1	3	43%
Clinical Records Other	2	3		2	40%
PT/Carers Not Fully Involved	2	8	3	5	38%
Insensitive Communication	1	4	1	2	33%
Accuracy of Records	1	2		1	33%
Availability of Beds		2	1	1	33%
Availability of Items		2	1	1	33%
Waiting for Referral	2	9	2	4	31%
Lack of Clear Explanation	1	7	2	3	30%
Lack of Discharge Arrangements	1	7	2	3	30%
Wait to See Doctor/Nurse Once	2	7	1	3	30%
Delay in Medication	4	19	3	7	27%
Waiting Too Long for Test Results	6	17		6	26%

Lack of Communication/Explanation	3	33	8	11	25%
Cancellation of Appointment	4	15	1	5	25%
Treatment Options Not Fully Explained	2	15	3	5	25%
Appt Date Rescheduled Again	1	3		1	25%
Co-ordination of Clinical Treatment	1	3		1	25%
Delay in Scan/Test Results	1	7	1	2	22%
Error with Prescription	1	8	1	2	20%
Diagnosis Not Fully Explained		4	1	1	20%
Treatment Not Available	1	4		1	20%
Lack of Care Planning	1	5		1	17%
Poor Nursing Care Other	2	37	5	7	16%

A deep dive exercise is undertaken bi-monthly in relation to categories with a high prevalence of upheld complaints with feedback shared with local services to enable learning.

A new risk matrix was introduced in October 2024 which has enabled rapid escalation and review of critical cases. Furthermore, cases indicative of a significant level of harm are progressed through the briefing note process in line with the adverse event pathway as appropriate. The process has highlighted incidences of retrospective recognition of patient harms, monitoring is ongoing in relation to organisational culture of risk stratification and recognition to improve the practice regarding the reporting of patient harms.

It is reassuring that the highest prevalence of cases, since the introduction of the matrix, have been of lower severity (1 & 2) and are not indicative of a significant level of patient harm.

Work is ongoing to enable complaint avoidance practices through the development of robust learning environments with collaborative working between the business units.

### **Financial Implications**

There are no direct financial implications arising from the recommendations of this paper other than the time commitment of the faculty and the test teams in the delivery of the collaborative as part of the Board's approach to patient safety and quality improvement.

### **Workforce Implications**

There are no direct workforce implications arising from the recommendations of this paper, except the opportunity to support staff to participate in the faculty and the test teams to strengthen care provision and improve outcomes for patients.

### **Infrastructure Implications including Digital**

There are no immediate infrastructure implications arising from this paper.

### **Sustainability Implications**

There are no immediate sustainability implications arising from this paper.

### **Sustainability Declaration**

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

Yes

N/A

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

### **Participation, leadership, and support**

The Executive Director of Nursing and the Medical Director are the executive sponsors for the STC. The STC will contribute to building improvement and clinical and care knowledge, skills, and practice and to workforce development.

Patient, service users and family representatives and Third Sector colleagues will be invited to contribute to and participate in the STC.

Forth Valley Quality's Innovation Lead will be a member of STC Faculty to lead and support identification of other innovation opportunities as part of implementation of NHS Forth Valley's Innovation Plan.

### **Demonstrating impact**

A measurement plan for the programme has been developed to outline outcome, process and balancing measures aligned to improvement aims. Data and measurement support is crucial to the STC to be able to deliver a standard of reporting that drives improvement, through intelligence and data that measures and accurately reflects harms and the impact that implementation of tested change ideas produces.

An evaluation plan is being developed, including scoping of economic evaluation and collaboration with the University of Stirling via our University College NHS Partnership.

A knowledge management plan is also being developed via the FVQ team to contribute to learning throughout the STC and to wider learning within the organisation and with partners and other external bodies such as Healthcare Improvement Scotland.

### **Information Governance Implications**

There are no immediate information governance implications arising from this paper.

### **Risk Assessment / Management**

Each risk either explicitly or implicitly identified within this paper is reviewed by the corporate risk manager and head of clinical governance to ensure it is captured on the appropriate risk register (if applicable) and mitigations are in place.

### **Relevance to Strategic Priorities**

- The Forth Valley Board Quality Strategy.
- NHS Forth Valley Clinical Governance Implementation plan
- Leadership: Develop individual and collective responsibility to enable a collaborative approach to system leadership.
- Culture: Model behaviours and a culture where staff and patients feel valued, safe, and empowered
- Transformational Change: Reimagine and redesign the way we work to improve the health of the population of Forth Valley.
- Performance: Progress incremental and sustainable improvements in our system wide performance.

### **Equality Declaration**

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

Further to an evaluation it is noted that:

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

### **Communication, involvement, engagement, and consultation**

- Safer Mobility Leadership Group,
- Deteriorating Patient Leadership Group
- Pressure Ulcer Improvement Group
- NHS Forth Valley Directorate Level Clinical Governance meetings
- Clinical Governance Working Group
- Clinical Governance Committee
- NHS Forth Valley Safer Together Collaborative

### **Appendices**

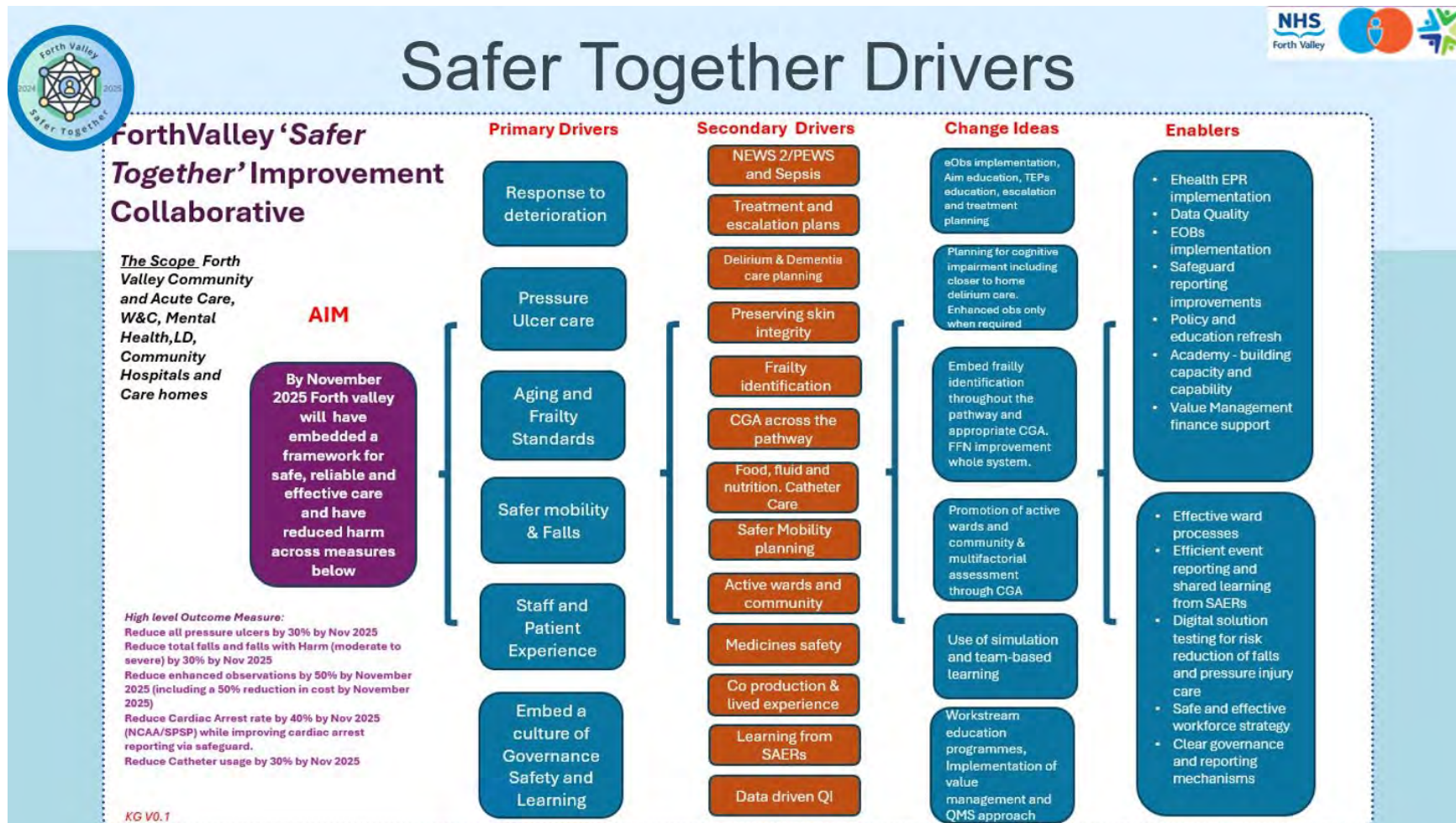
- Appendix 1: Quality Management System Overview
- Appendix 2: STC high level driver diagram
- Appendix 3: high level driver diagram SAER process
- Appendix 4: Measurement plan SAER process



Appendix 1: Quality Management System Overview

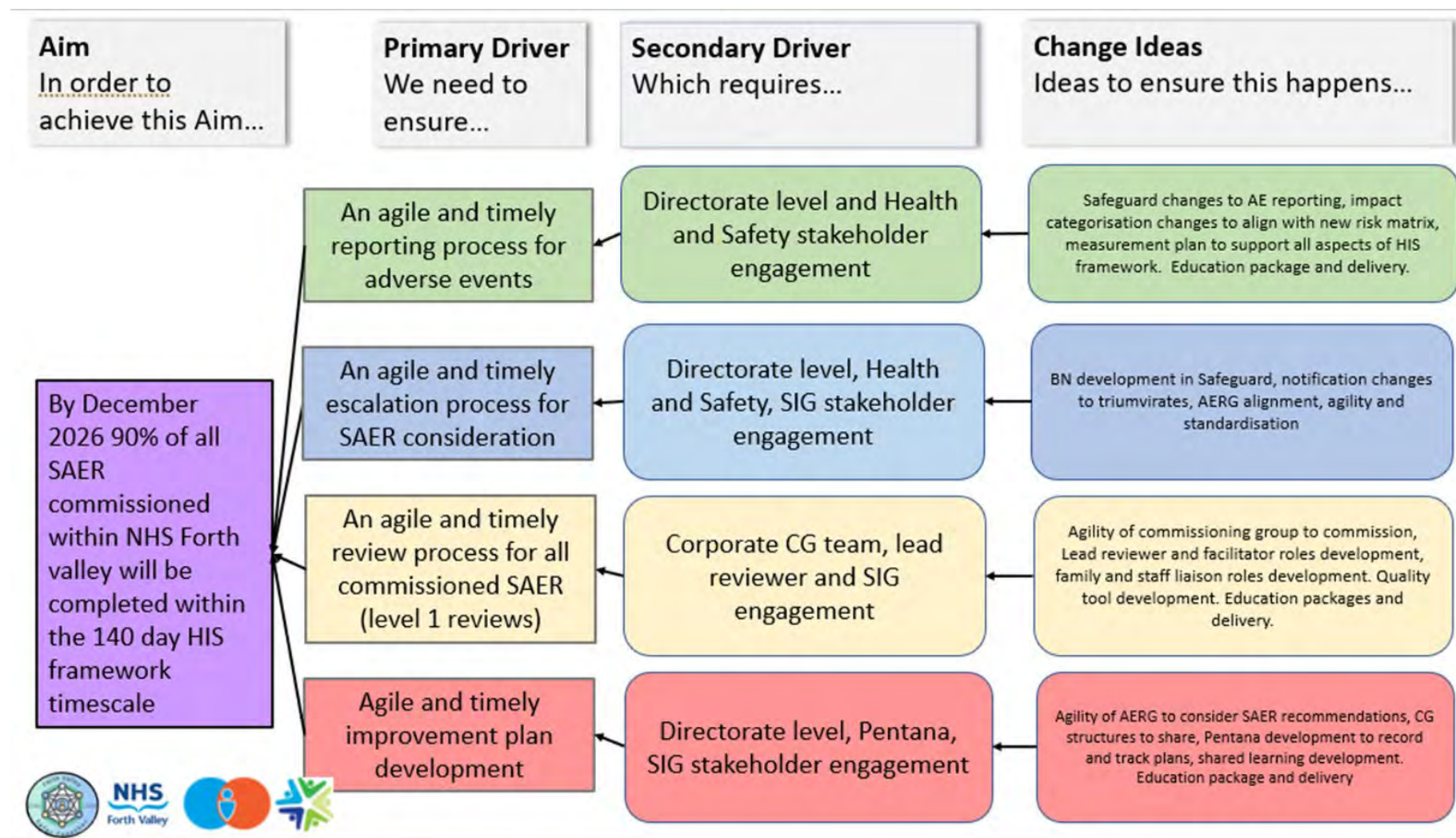


Appendix 2: STC Driver Diagram (High level)





Appendix 3: Driver diagram SAER process



Appendix 4: Measurement plan SAER process

<p><b>Name of measure</b> Specify type of measure (e.g., percentage / count / rate / variable (e.g. time, volume etc) / days or cases between) and what you are measuring.</p> <p>Indicate underneath whether it is an Outcome (O), Process (P) or Balancing (B) measure</p>	<p><b>Concept being measured and why it is important to look at this.</b> What is the purpose of this measure? i.e., what questions do you want answered in relation to your improvement efforts? What goals are you trying to achieve?</p>	<p><b>Operational definition</b> Clear, precise definition of the measure and how it is calculated. Include numerator and denominator if it is a % or rate. What / who is included or excluded?</p>	<p><b>Data collection</b> Who is collecting it? How often and when? Where is the data coming from? What is the sampling method and sample size (if used)?</p>	<p><b>What type of Shewhart (control) chart will you use?</b> (when enough data points become available)</p>
<p><b>HIS SAER 1</b> <b>Count</b> of SAER commissioned within 10-day commissioning timescale</p> <p>Process C measure</p> <p>Then calculate percentage for reports over a specified time period.</p>	<p>To ensure a timely commissioning process is taking place on all relevant AE.</p>	<p>Determine the numerator: the total number of adverse events that are commissioned for SAER within 10 working days from the date reported on Safeguard</p> <p>1. Determine the numerator: the total number of adverse events that are commissioned for SAER within 10 working days from the date reported on Safeguard 2. Determine the denominator: the total number of SAER in your sample for the time period 3. Calculate the actual percent of SAER commissioned within timescale by dividing the numerator by the denominator and then multiplying the resulting proportion by 100</p>	<p>Safeguard system- record adverse event reported date and commissioning date.</p> <p>Report per SAER</p> <p>Report per time period (IE 50% of SAER were commissioned within 10 working days for time period...)</p>	<p>Run chart initially, then move to SPC C chart (once 24 data points to establish baseline mean)</p>

<p><b>HIS SAER 2</b>  <b>Count</b> of SAER reports at draft submission stage within 90 working days</p> <p>Process C measure</p> <p>Then calculate percentage for reports over a specified time period</p> <p>Process P measure</p>	<p>To ensure timely SAER review and draft report process is in place</p>	<p>Determine the numerator: the total number of SAER reports submitted to SIG for approval within 90 working days from reported date on safeguard</p> <p>1. Determine the numerator: the total number of SAER reports submitted to SIG for approval within 90 working days from date reported on safeguard</p> <p>2. Determine the denominator: the total number of SAER commissioned for time period</p> <p>3. Calculate the actual percent of reports submitted for approval within 90 working days by dividing the numerator by the denominator and then multiplying the resulting proportion by 100</p>	<p>Safeguard system- record adverse event reported date and draft report submitted to SIG for approval (1<sup>st</sup> draft submission) date.</p> <p>Report per SAER</p> <p>Report per time period (IE 50% of SAER reviews were completed to draft report stage within 90 working days for time period...)</p>	<p>Run chart initially, then move to SPC C chart (once 24 data points to establish baseline mean)</p>
<p><b>HIS SAER 3</b>  <b>Count</b> of SAER reports approved at commissioning body (SIG) within 30 working days</p> <p>Process C measure</p> <p>Then calculate percentage for reports over a specified time period</p> <p>Process P measure</p>	<p>To ensure timely report acceptance and to allow timely improvement plan formation.</p>	<p>Determine the numerator: the total number of SAER reports accepted within 30 working days from date event reported on safeguard</p> <p>1. Determine the numerator: the total number of SAER reports accepted within 30 working days from date event reported on safeguard</p> <p>2. Determine the denominator: the total number of SAER reports submitted to SIG for approval</p> <p>3. Calculate the actual percent of SAER reports accepted within 30 working days by dividing the numerator by the</p>	<p>Safeguard system- record adverse event reported date and date SIG approves report.</p> <p>Report per SAER</p> <p>Report per time period (IE 50% of SAER reports were approved within 30 working days for time period...)</p>	<p>Run chart initially, then move to SPC C chart (once 24 data points to establish baseline mean)</p>

		denominator and then multiplying the resulting proportion by 100		
<p><b>HIS SAER 4</b>  <b>Count</b> of SAER improvement plans developed within 10 working days</p> <p>Process C measure</p> <p>Then calculate percentage for reports over a specified time period</p> <p>Process P measure</p>	To ensure timely action/improvement plan development	<p>Determine the numerator: the total number of SAER reports with a fully developed action plan on Pentana within 10 working days from accepted report date</p> <ol style="list-style-type: none"> <li>Determine the numerator: the total number of SAER reports with a fully developed action plan on Pentana within 10 working days from accepted report date</li> <li>Determine the denominator: the total number of SAER reports submitted to the relevant AERG</li> <li>Calculate the actual percent of SAER improvement plans developed within 10 working days by dividing the numerator by the denominator and then multiplying the resulting proportion by 100</li> </ol>	<p>Safeguard system- record SAER report approval date and improvement plan on Pentana date (recorded in Safeguard)</p> <p>Report per SAER  Report per time period (IE 50% of completed SAER (with a final accepted report) had an improvement plan developed within 10 working days for time period...)</p>	Run chart initially, then move to SPC C chart (once 24 data points to establish baseline mean)
<p><b>HIS SAER 5</b>  <b>Count</b> of SAER completed within 140-day process</p> <p>Count O measure</p> <p>Then calculate percentage for reports over a specified time period</p> <p>O measure percentage</p>	To ensure timely SAER process in line with HIS Framework	<p>Determine the numerator: the total number of SAER with an improvement plan recorded on Pentana within 140 working days from adverse event date to developed improvement plan date</p> <ol style="list-style-type: none"> <li>Determine the numerator: the total number of SAER with an improvement plan recorded on Pentana within 140 working days from adverse event date to developed improvement plan date</li> </ol>	<p>Safeguard system- record adverse event reported date and improvement plan on Pentana date (recorded in Safeguard)</p> <p>Report per SAER  Report per time period (IE 50% of SAER were fully completed within 140 working days for time period...)</p>	Run chart initially, then move to SPC C chart (once 24 data points to establish baseline mean)

		<p>2. Determine the denominator: the total number of SAER commissioned from reported date for original AE</p> <p>3. Calculate the actual percent of SAER completed within 140 working days by dividing the numerator by the denominator and then multiplying the resulting proportion by 100</p>		
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**11(b). Healthcare Associated Infection (HAI) Reporting Template December 2024**

**For:** Assurance

**Executive Sponsor:** Professor Frances Dodd, HAI Executive Lead

**Author:** Mr Jonathan Horwood, Infection Control Manager & Clinical Lead

**Executive Summary**


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

**Recommendations**

The Forth Valley NHS Board is asked to: -

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

**Assurance**

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

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

**Key Issues to be Considered**

- Total SABs remain within control limits. There were two hospital acquired SABs in December.
- Total DABs remain within control limits. There was one hospital acquired DAB in December.
- Total CDIs remain within control limits. There were two hospital acquired CDIs in December.
- Total ECBs remain within control limits. There were 8 hospital acquired ECBs in December.
- There have been no deaths with MRSA or *C.difficile* recorded on the death certificate.
- There were three mandatory surgical site infections in December. There was one breast SSI recorded out with the mandatory surveillance period.
- There were no outbreaks reported in December.
- Influenza cases increased significantly in December.

**Implications**

**Financial Implications**

None.



### **Workforce Implications**

None.

### **Infrastructure Implications including Digital**

None.

### **Sustainability Implications**

None.

### ***Sustainability Declaration***

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

- Yes
- N/A

### **Quality / Patient Care Implications**

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

### **Information Governance Implications**

None.

### **Risk Assessment / Management**

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

### **Relevance to Strategic Priorities**

AOP Standards in respect of SABs, ECBs & CDIs.

- No targets have been set currently although it is anticipated interim targets will be set later this year.

### **Equality Declaration**

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

Further to an evaluation it is noted that: *(please tick relevant box)*

- Paper is not relevant to Equality and Diversity

### **Communication, involvement, engagement and consultation**

Infection Prevention & Control Team, Infection Control Committee and Clinical Governance Committee

### **Additional Information**

- None.

### **Appendices**

Appendix 1 – HAIRT – December 2024



# Healthcare Associated Infection Reporting Template (HAIRT)

## December 2024

**NHS Forth Valley**



**Infection Prevention  
& Control Team**

## ***Glossary of abbreviations***

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

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

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

### **Definition of a bacteraemia**

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

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

### **Cause definitions for *Staph aureus* and device associated bacteraemia**

#### **Hospital acquired**

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

#### **Healthcare acquired**

- Healthcare acquired is defined when a positive blood culture is taken <48 hours after admission but has in the last three month had healthcare intervention such as previous hospital admission, attending Clinics, GP,

dentist etc. Note this does not necessarily mean that the sepsis is associated with the previous healthcare intervention.

**Nursing home acquired**

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

## Healthcare Associated Infection Reporting Template (HAIRT)

The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly to the NHS Board. This is a requirement by the Scottish Government HAI task Force and informs NHS Forth Valley (NHSFV) of activity and performance against Healthcare Associated Infection Standards and performance measures.

This section of the report focuses on NHSFV Board wide prevention and control activity and actions.

Performance at a glance:

### ***Staph aureus bacteraemia* - total number this month: 5**

- There were two hospital acquired SABs this month.
- There were three healthcare acquired SABs this month.
- Total SAB case numbers remained within control limits this month.

### **Device associated bacteraemia – total number this month: 2**

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

### ***Clostridioides difficile* infection – total number this month: 3**

- There were two hospital acquired CDIs this month.
- There was one healthcare acquired CDI this month.
- Total CDI case numbers remained within control limits this month.

### ***E coli* bacteraemia – total number this month: 11**

- There were 8 hospital acquired ECBs this month.
- There were two healthcare acquired ECBs this month.
- There was one nursing home acquired ECB this month.
- Total ECB case numbers remained within control limits this month.

### **Surgical site infection surveillance**

- There were two c-section and one abdominal hysterectomy surgical site infections reported within the mandatory reporting period this month. There was one breast surgical site infection reported out with the mandatory reporting period.

### **HAI Recorded Deaths**

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

### **Influenza**

- Increases in influenza cases were seen across Forth Valley this month

## **HAI Surveillance**

NHS FV has systems in place to monitor key targets and areas for delivery. Our surveillance and HAI systems and ways of working allow early detection and indication of areas of concern or deteriorating performance. The Infection Prevention & Control Team undertakes over 180 formal ward audits per month in addition to regular weekly ward visits by the Infection Control Nurse; infection investigation is also a significant function within the team as part of our AOP target reporting. This activity provides robust intelligence of how infection prevention is maintained across all areas in Forth Valley and is reported on a monthly basis to all appropriate stakeholders.

## **Staph aureus bacteraemias (SABs)**

All blood cultures that grow bacteria are reported nationally and it was found that *Staph aureus* became the most common bacteria isolated from blood culture. As *Staph aureus* is an organism that is found commonly on skin it was assumed (nationally) the bacteraemias occurred via a device such as a peripheral vascular catheter (PVC) and as such a national reduction strategy was initiated and became part of the then HEAT targets in 2006. Following on from the 2019-2024 AOP targets, new targets are going to be set by the Scottish Government shortly.

Total number of SABs this month; **5** compared to **4** last month.  
There was no data exceedance for SABs this month.

Total number of SABs (April 2024 – date) = **33**

- Hospital acquired = **2**

- PVC (Ward B12)
- Renal (No attributed ward)

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

- Healthcare acquired = **3**

- Unknown
- PWID
- Osteomyelitis

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

- Nursing Home acquired = **0**

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

## **Breakdown**

There were **886** blood cultures taken this month, of those there was in total **5** blood cultures that was associated with devices. This accounts for **0.6%** of all blood cultures taken this month. There was **2** hospital acquired DABs this month; this accounts for **0.2%** of all blood cultures taken this month.

## **Hospital SAB:**

- PVC; attributed to Ward B12 due to incomplete bundle documentation.
- Renal; Patient admitted with prostate Ca and treated for AKI.

## NHS Forth Valley's approach to SAB prevention and reduction

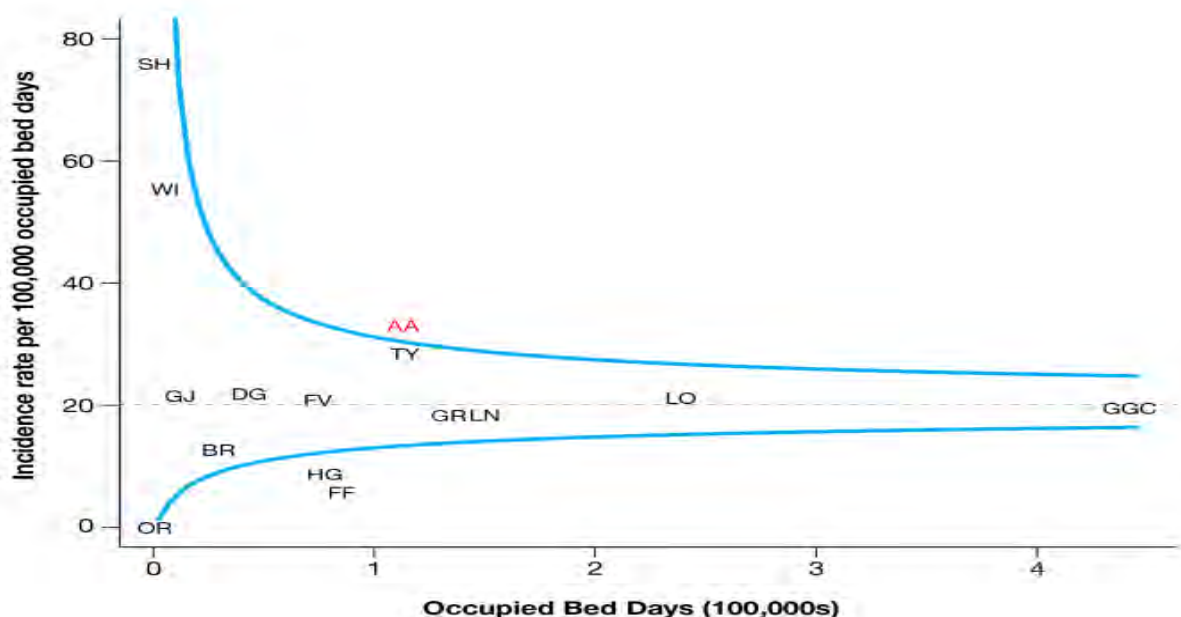
All *Staph aureus* bacteraemia are monitored and reported by the IPCT.

Investigations to the cause of infection consist of examining the patients notes, microbiology, biochemistry and haematology reports to identify potential causes of the infection; from this, in most cases, a provisional cause is identified, however this is discussed further with the clinical team responsible for the management of the patient to assist further with the investigation. Any issues identified during the investigations, such as incomplete bundle completion etc is highlighted at this time and where appropriate an IR1 is reported. Once a conclusion has been agreed, the investigations are presented to the Infection Control Doctor/Microbiologist for approval. The investigation is concluded with the IPCT reporting their findings to the clinical team and management.

This data is entered into the IPCT database collated, analysed and reported on a monthly basis. The analysis of the data enables the IPCT to identify trends in particular sources of infections, such as Hickman line infections etc and identifying areas requiring further support. The data also influences the direction of the HAI annual workplan.

## National Context

All SABs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plot below contains total case numbers of reported hospital and healthcare attributed infections and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 3 report (July – September 2024) highlighting Forth Valley's position compared to all other boards in Scotland.





## **Device Associated Bacteraemias (DABs)**

In addition to the nationally set targets, infections from an invasive device caused by *Staph aureus* would be investigated fully and reported, any other organism causing the same infection was not mandated to report nationally or to be investigated. As a result of this, in 2014, the IPCT started reporting all bacteraemias attributed to an invasive device regardless of the bacterium causing the infection. Due to the importance and significance of this surveillance, it is now part of our local AOP.

### **NHS Forth Valley's approach to DAB prevention and reduction**

Continual monitoring and analysis of local surveillance data enables the IPCT and managers to identify and work towards ways to reduce infections associated with devices. All DABs are reviewed and investigated fully and highlighted to the patients' clinicians, nursing staff and management. Where appropriate an IR1 is generated to enable infections that require learning is shared and discussed at local clinical governance meetings.

In addition, on a weekly basis the IPCT assess bundle compliance of three invasive devices (PVCs, urinary catheters, CVCs etc) as part of their ward visit programme and this is reported in the monthly Directorate Reports.

Total number of DABs this month; **2** compared to **8** last month.  
There was no data exceedance for DABs this month.

Total number of DABs (April 2024 – date) = **46**

- Hospital acquired = **1**
  - PVC (Ward B12)There was no data exceedance for hospital acquired DABs this month.
  
- Healthcare acquired = **1**
  - CVCThere was no data exceedance for healthcare acquired DABs this month.
  
- Nursing Home acquired = **0**  
There was no data exceedance for nursing home acquired DABs this month.

### **Breakdown**

There were **886** blood cultures taken this month, of those there was in total **2** blood cultures that was associated with devices. This accounts for **0.2%** of all blood cultures taken this month. There was **1** hospital acquired DABs this month; this accounts for **0.1%** of all blood cultures taken this month.

### **Hospital DABs:**

- **PVC**; refer to SAB section above.

## **Escherichia coli Bacteraemia (ECB)**

### **NHS Forth Valley's approach to ECB prevention and reduction**

E coli is one of the most predominant organisms of the gut flora and for the last several years the incidence of Ecoli isolated from blood cultures ie causing sepsis, has increase so much that it is the most frequently isolated organism in the UK. Following on from the 2019-2024 AOP targets, new targets are going to be set by the Scottish Government shortly. The most common cause of E coli bacteraemia (ECB) is from complications arising from urinary tract infections (UTIs), hepato-biliary infections (gall bladder infections) and urinary catheters infections.

Total number of ECBs this month - **11** compared to **13** last month.  
There was no data exceedance for ECBs this month.

Total number of ECBs (April 2023 – date) = **98**

- Hospital acquired = **8**
  - Unknown (No attributed ward) x 1
  - UTI (No attributed ward) x 3
  - Hepatobiliary (No attributed ward) x 2
  - Pyelonephritis (No attributed ward) x 1
  - Osteomyelitis (No attributed ward) x 1

There was no data exceedance for hospital acquired ECBs this month.
  
- Healthcare acquired = **2**
  - UTI x 1
  - Renal x 1

There was no data exceedance for healthcare acquired ECBs this month.
  
- Nursing Home acquired = **1**
  - Respiratory Tract x 1

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

### **Breakdown**

There were **886** blood cultures taken this month, of those there were in total **11** blood cultures that grew *E. coli*. This accounts for **1.2%** of all blood cultures taken this month. There were **8** hospital ECBs this month, this accounted for **0.9%** of all blood cultures taken.

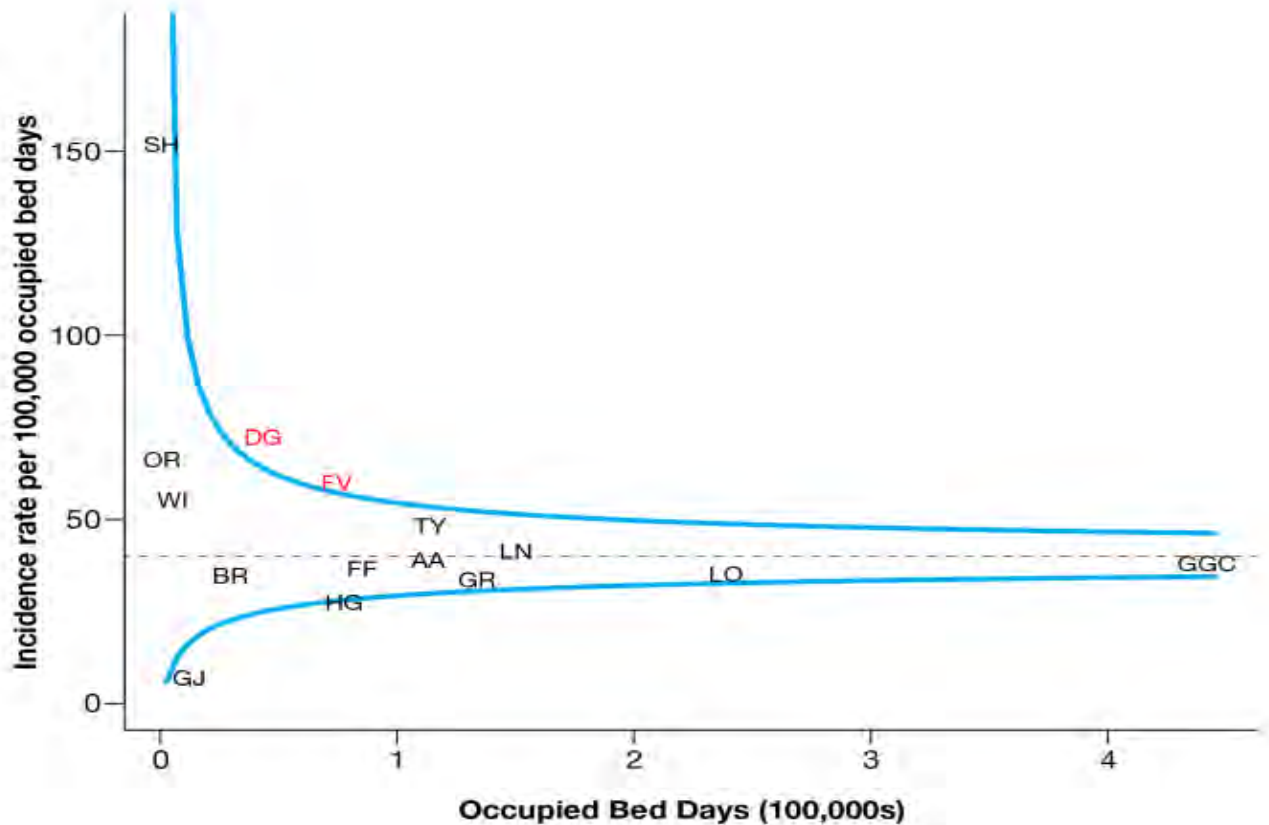
## Hospital ECBs:

- **UTI**; patient treated for urosepsis.
- **Hepatobiliary**; Patient admitted with and treated for biliary sepsis.
- **Osteomyelitis**; Recurrent infection from November.
- **Hepatobiliary**; Patient admitted with RUQ pain and cholecystitis. No ward attributed due to symptoms apparent on admission.
- **Unknown**; Following investigation no definitive source identified.
- **UTI**; Patient treated for urosepsis.
- **Pyelonephritis**; Patient treated for urosepsis.
- **UTI**; Patient treated for urosepsis.

Local improvement plans through the Safer Together Collaborative are targeting the use of urinary catheters, working on reducing catheter reliance and targeting clinical practice in relation to catheter insertion and maintenance across clinical areas. There is also local work being progressed by the Infection Control clinical lead in relation to the use of PPIs and their link to biliary sepsis. This work has been presented to the surgical community and is being presented to the general Practice community.

## National Context

All ECBs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plot below contains total case numbers of reported hospital and healthcare attributed infections and provides an indication of FVs position nationally. Below is an extract from ARHAI's Quarter 3 report (July – September 2024) highlighting Forth Valley's position compared to all other boards in Scotland. Forth Valley has exceeded control limits for this quarter and work is progressing locally with reduction strategies in place to reduce infection rates. Provisional local data for October – December 2024 suggests that there will be improvement in our national position returning within control limits in the next published report by ARHAI later this year. In addition, ARHAI's current report also highlights that the year ending rate for this period has shown a reduction in rate compared to the previous year despite the current data exceedance.



### **Clostridioides difficile infection (CDIs)**

Following the Vale of Leven outbreak in 2007 where 131 patients were infected with *C. difficile* resulting in 34 deaths, it became mandatory for all health boards to monitor, investigate and report all infections associated with *C. difficile*. NHSFV has met its targets over the years and has maintained a low rate of infection.

*C. difficile* can be part of the normal gut flora and can occur when patients receive broad spectrum antibiotics which eliminate other gut flora allowing *C. difficile* to proliferate and cause infection. This is the predominant source of infection in Forth Valley. *C. difficile* in the environment can form resilient spores which enable the organism to survive in the environment for many months and poor environmental cleaning or poor hand hygiene can lead to the organism transferring to other patients leading to infection (as what happened in the Vale of Leven hospital). Another route of infection is when patient receive treatment to regulate stomach acid which affects the overall pH of the gut allowing the organism to proliferate and cause infection.

#### **Cause definitions for Clostridioides difficile infections**

##### **Hospital acquired**

- Hospital acquired is defined when symptoms develop and confirmed by the laboratory >48 hours after admission which were not associated with the initial cause of admission.

##### **Healthcare acquired**

- Healthcare acquired is defined as having symptoms that develop and confirmed by the laboratory prior to or within 48 hours of admission and has in the last three months had healthcare interventions such as previous hospital admission, attending Clinics, GP, dentist etc.

#### **Nursing home acquired**

- Nursing home acquired is defined as having symptoms that develop and confirmed by the laboratory that developed at the nursing home prior to admission.

#### **GP acquired**

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

#### **NHS Forth Valley's approach to CDI prevention and reduction**

Similar to our SABs and DABs investigation, patient history is gathered including any antibiotics prescribed over the last few months. Discussion with the clinical teams and microbiologists assist in the determination and conclusion of the significance of the organism, as sometimes the organism isolated can be an incidental finding and not the cause of infection. Data is shared with the antimicrobial pharmacist and cases are discussed at the Antimicrobial Management Group to identify inappropriate antimicrobial prescribing.

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

Total number of CDIs (April 2024 – date) = **32**

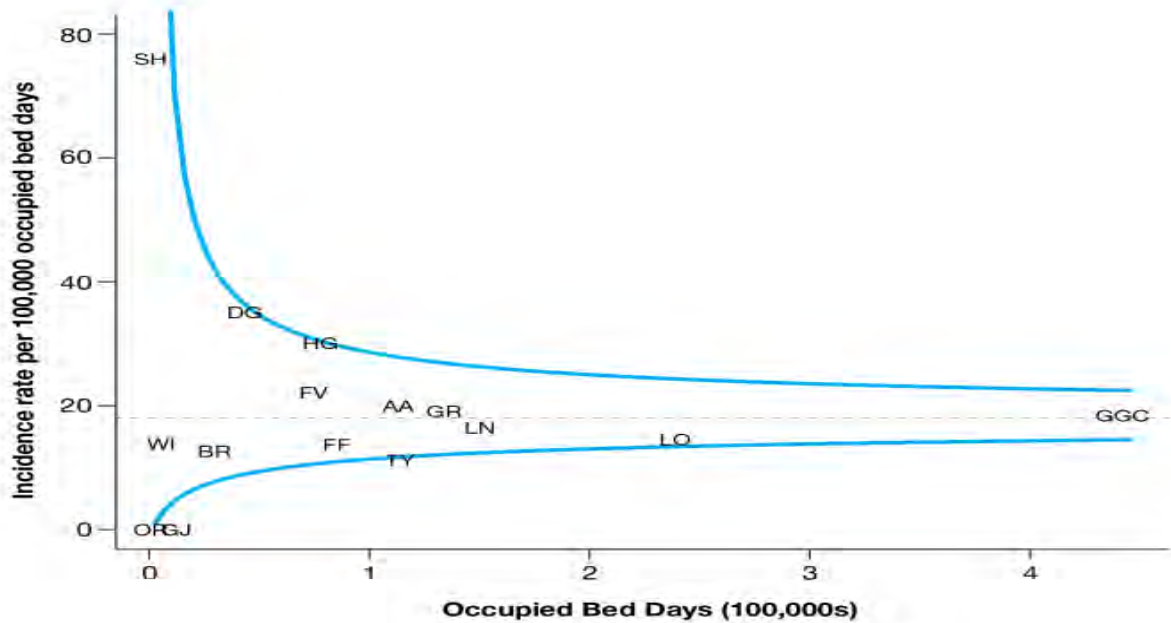
- Hospital acquired = **2**
  - No attributed ward x 2There was no data exceedance for hospital acquired CDIs this month.
- Healthcare acquired = **1**  
There was no data exceedance for healthcare acquired CDIs this month.
- Nursing Home acquired = **0**  
There was no data exceedance for nursing home acquired CDIs this month.
- GP acquired = **0**  
(GP figures are not included in the total as it is not part of national reporting)

#### **Hospital CDIs**

- Patient developed CDI following course of antibiotics and PPIs
- Infection developed following antibiotic treatment for cholecystitis.

## National Context

All CDIs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plot below contains total case numbers of reported hospital and healthcare attributed infections and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 3 report (July – September 2024) highlighting NHS Forth Valley's position compared to all other boards in Scotland.



## **Surgical Site Infection Surveillance (SSIS)**

Surgical site infection surveillance is the monitoring and detection of infections associated with a surgical procedure. In Forth Valley, the procedures include, hip arthroplasty, Caesarean section, abdominal hysterectomy, major vascular surgery, large bowel, knee arthroplasty and breast surgeries. We monitor patients for 30 days post-surgery including any microbiological investigations from the ward/GP for potential infections and also hospital readmissions relating to their surgery. Any infection associated with a surgical procedure is reported nationally to enable board to board comparison. NHS Forth Valley infection rates are comparable to national infection rates.

### **NHS Forth Valley's approach to SSI prevention and reduction**

Surgical site infection criteria is determined using the European Centre for Disease Control (ECDC) definitions. Any infection identified is investigated fully and information gathered including the patient's weight, duration of surgery, grade of surgeon, antibiotics given, theatre room, elective or emergency etc can provide additional intelligence in reduction strategies. The IPCT monitor closely infection rates, and any increases of SSIs are reported to management and clinical teams to enable collaborative working to reduce infection rates. The table below also contains local surveillance with an extended surveillance period of 90 days.

<b>Procedure</b>	<b>No of Procedures this month</b>	<b>No. of Confirmed SSIs this month (Mandatory 30 days)</b>	<b>No. of Confirmed SSIs this month (Local 90 days)</b>
Abdominal Hysterectomy	7	1	0
Breast Surgery	21	0	1
Caesarean Section	85	2	0
Hip Arthroplasty	57	0	0
Knee Arthroplasty	35	0	0
Large Bowel Surgery	10	0	0



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

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

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>

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

## **Hand Hygiene Monitoring Compliance (%) Board wide**

The data below is an extract from the Pentana dashboard. It includes the total % of compliance that is inputted on TCAB by the nursing staff. It also includes the uptake of staff who have completed the hand hygiene training module in Turas along with the total number of hand hygiene non compliances that are recorded in the Infection Prevention and Control team SICIP audits.

The request by Board members to have this data broken down by staff groups is being further explored, it is not readily available for this report, but the feasibility of producing this for future reports is still being worked on.



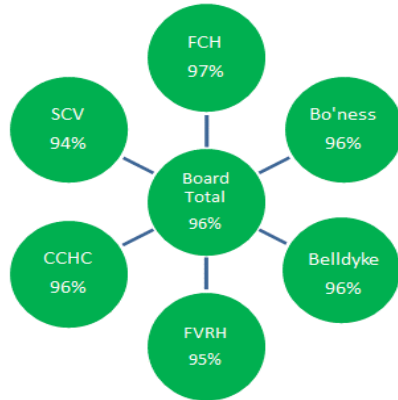
## **Estate and Cleaning Compliance (per hospital)**

The data is collected through audit by the Domestic Services team using the Domestic Monitoring National Tool and areas chosen within each hospital is randomly selected by the audit tool. Any issues such as inadequate cleaning is scored appropriately and if the score is less than 80% then a re-audit is scheduled. Estates compliance is assessed whether the environment can be effectively cleaned; this can be a combination of minor non-compliances such as missing screwcaps, damaged sanitary sealant, scratches to woodwork etc. The results of these findings are shared with Serco/Estates for repair. Similar to the cleaning audit, scores below 80% triggers a re-audit.

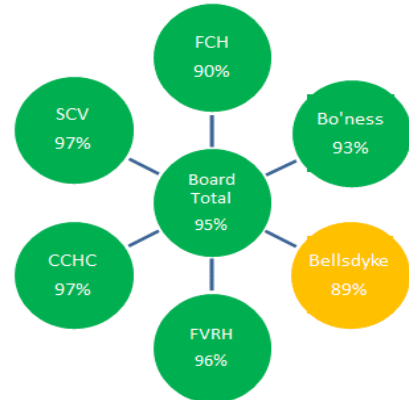
### **Falkirk Community Hospital and Bellsdyke Hospital Estate Scores**

This quarter, the estate scores have remained relatively stable, Falkirk Community Hospital and Bellsdyke Hospital scores have improved this quarter. Falkirk Community hospital is now 90% and Bellsdyke has increased to 89%.

## Estates & Domestic Cleaning Scores from Cleaning Dashboard July – September 2024



*Cleaning Compliance*



*Estates Compliance*

Colour		Description
<span style="color: green;">●</span>	<b>Green</b>	compliance level 90% and above - Compliant
<span style="color: orange;">●</span>	<b>Amber</b>	compliance level between 70% and 90% - Partially compliant
<span style="color: red;">●</span>	<b>Red</b>	compliance level below 70% - Non-compliant

## **Ward Visit Programme**

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

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

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

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

	Patient Placement	Hand Hygiene	PPE	Managing Patient Care Equipment	Control of the Environment	Safe Management of Linen	Safe Disposal of Waste	Totals
Acute Services	3	35	30	34	33	22	22	179
Primary Care & Mental Health Services	0	4	1	9	24	2	7	47
WC&SH Directorate	0	0	0	0	4	0	0	4
<b>Totals</b>	<b>3</b>	<b>39</b>	<b>31</b>	<b>43</b>	<b>61</b>	<b>24</b>	<b>29</b>	<b>230</b>

This month has seen a decrease in non-compliances, however, this is due to service pressures in December including the increases in influenza rates across FV and staff sickness within the team resulting in fewer audits taking place.

Please refer to the appendix for a further breakdown of non-compliances.

## **Incidence / Outbreaks**

All outbreaks are notified to Health Protection Scotland and Scottish Government (see below for further details).

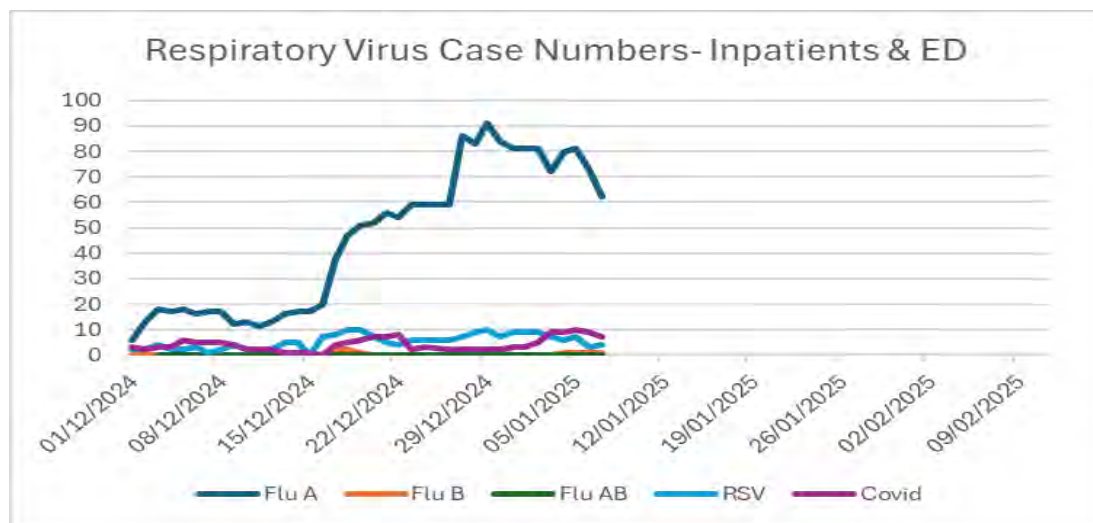
### Healthcare Acquired Infection Incident Template (HAIT)

The HAIT is a tool used by boards to assess the impact of an incident or outbreak. The tool is a risk assessment and allows boards to rate the incident/outbreak as a red, amber, or green. The tool also directs boards whether to inform ARHAI Scotland/SG of the incident (if amber or red), release a media statement etc.

There were no outbreaks reported this month.

## **Influenza**

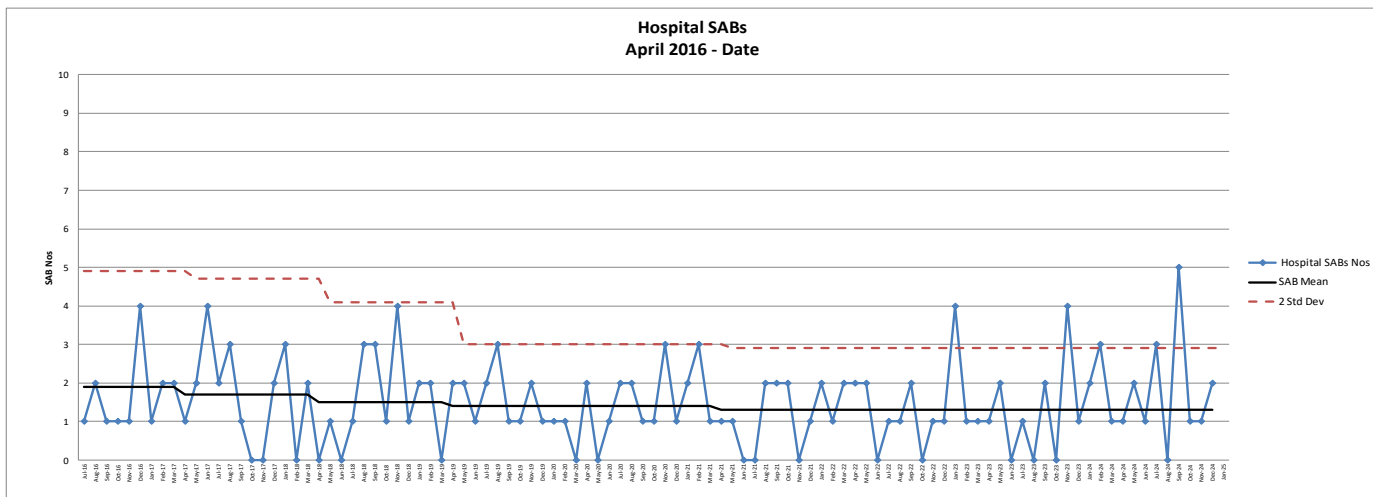
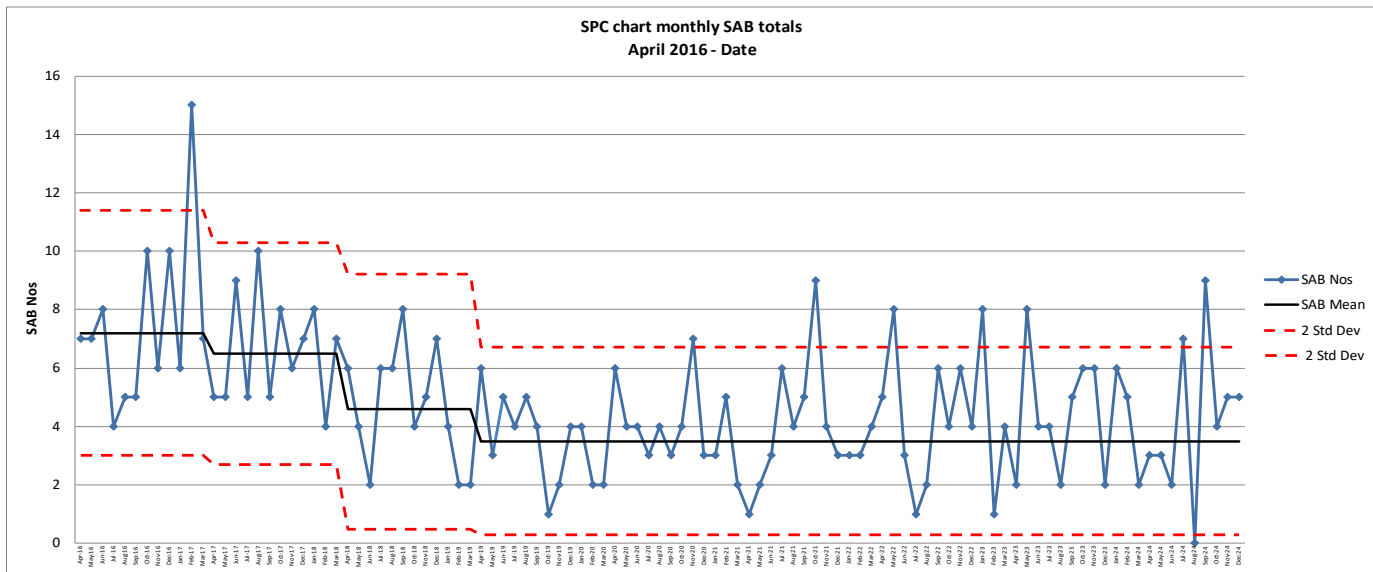
This month saw an increase in influenza cases admitted to Forth Valley peaking over the New Year with approximately 90 inpatients and patients in the Emergency Department.

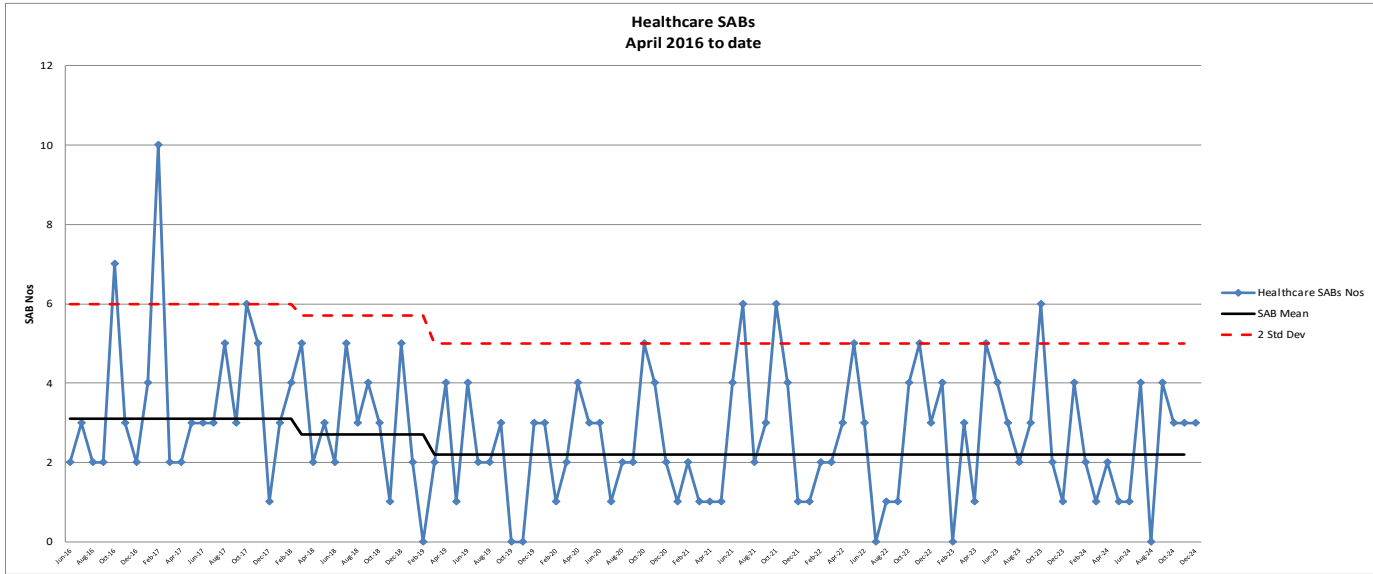


Case numbers appear to be slowly decreasing, however, the IPCT remain vigilant in monitoring rates of influenza both locally and nationally.

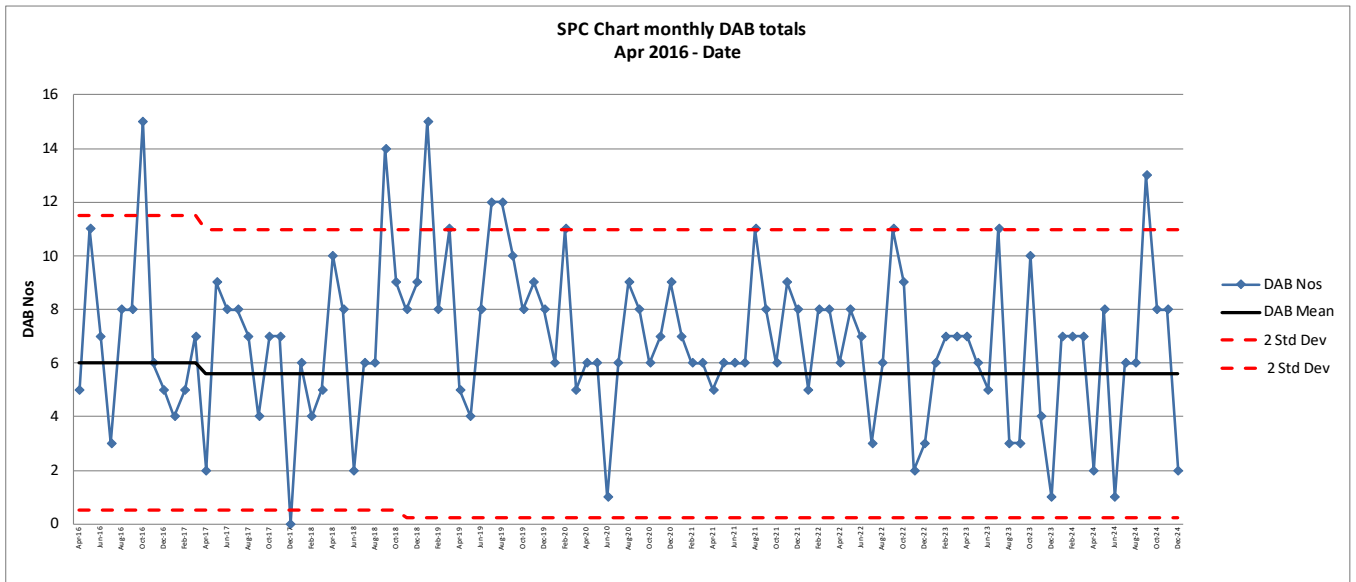
# HAI Surveillance Statistical Processing Charts

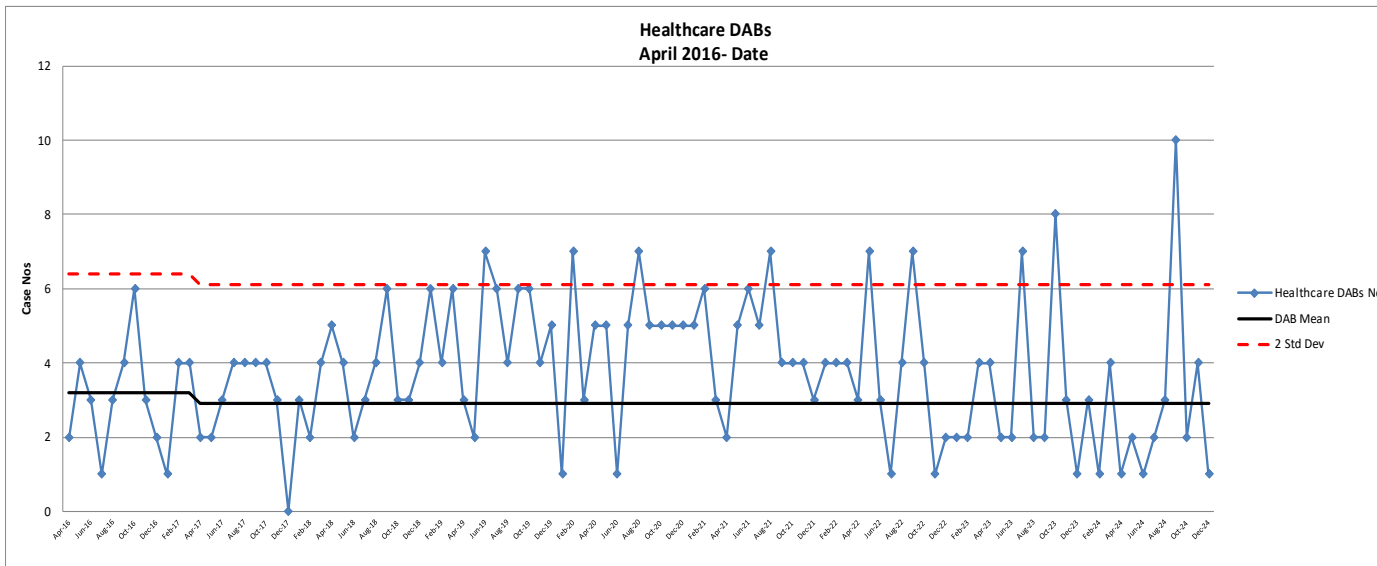
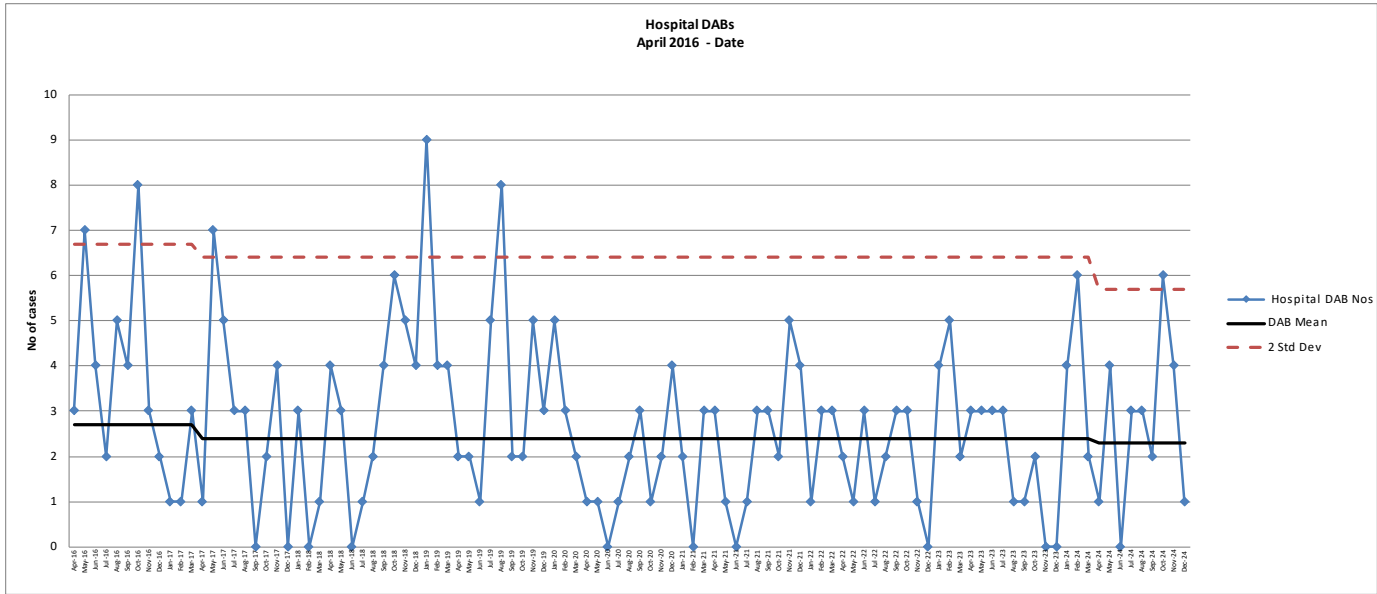
## *Staphylococcus aureus* Bacteraemias (SABs)



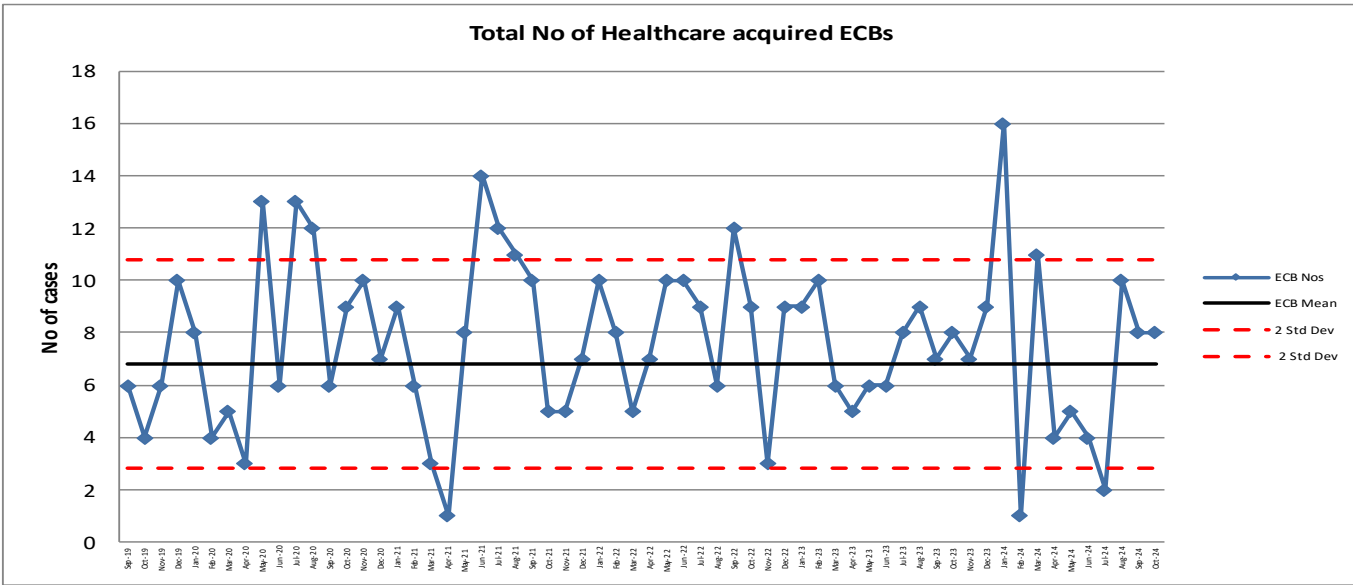
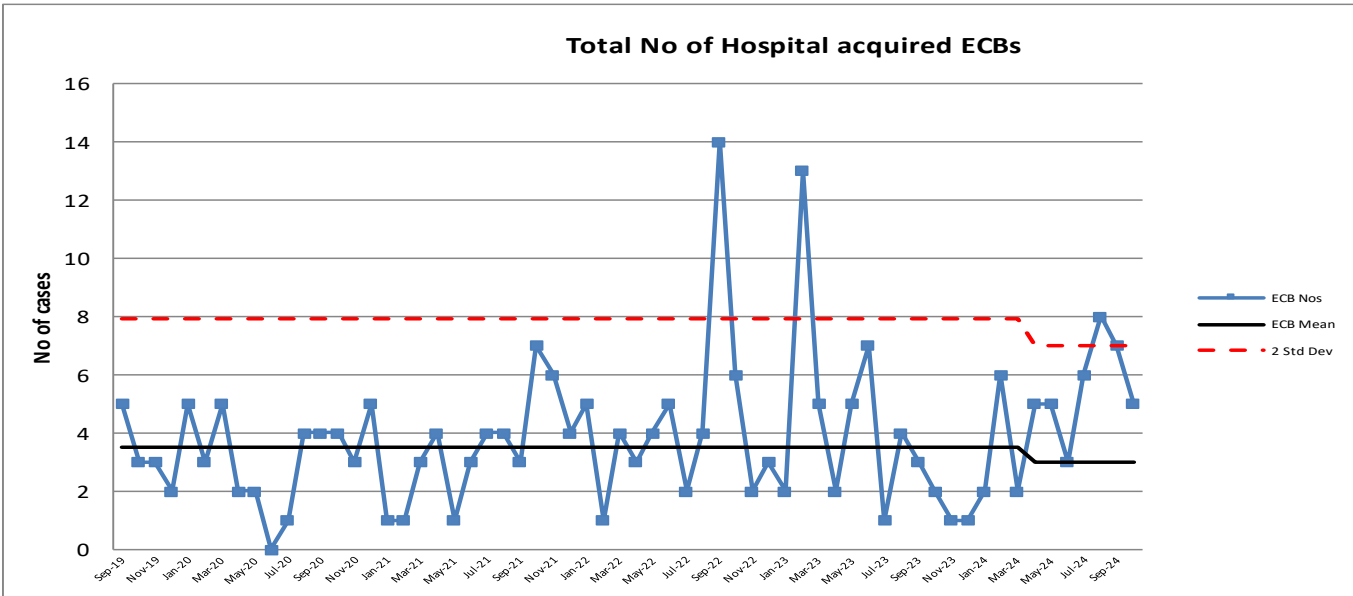
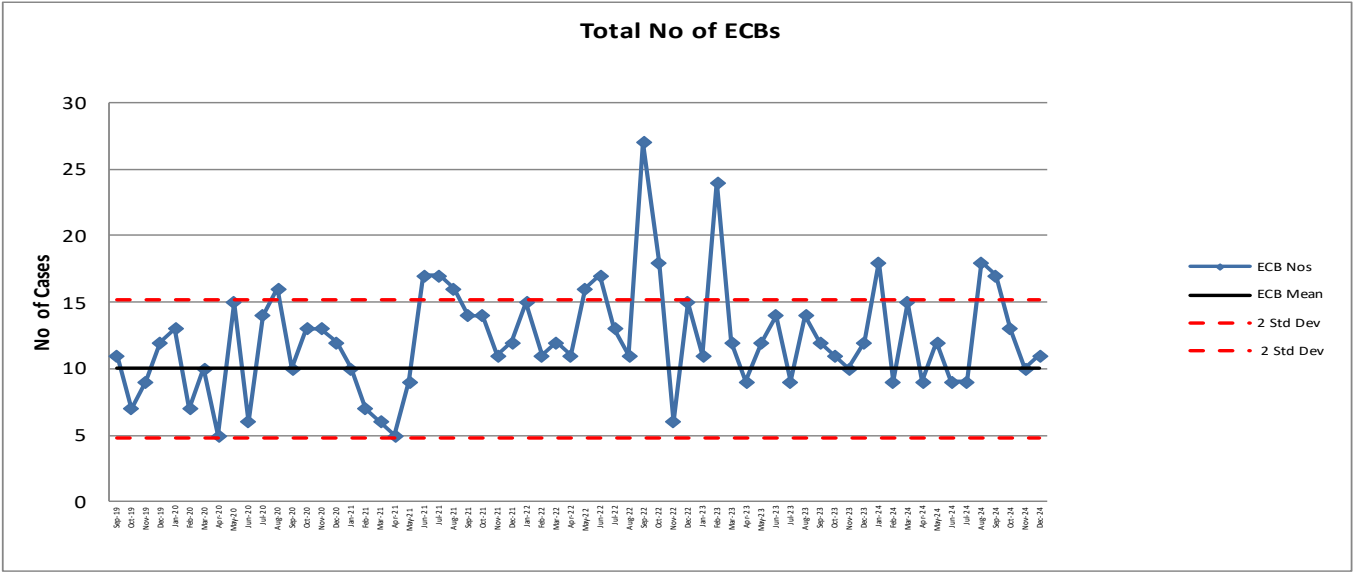


## Device Associated Bacteraemias (DABs)



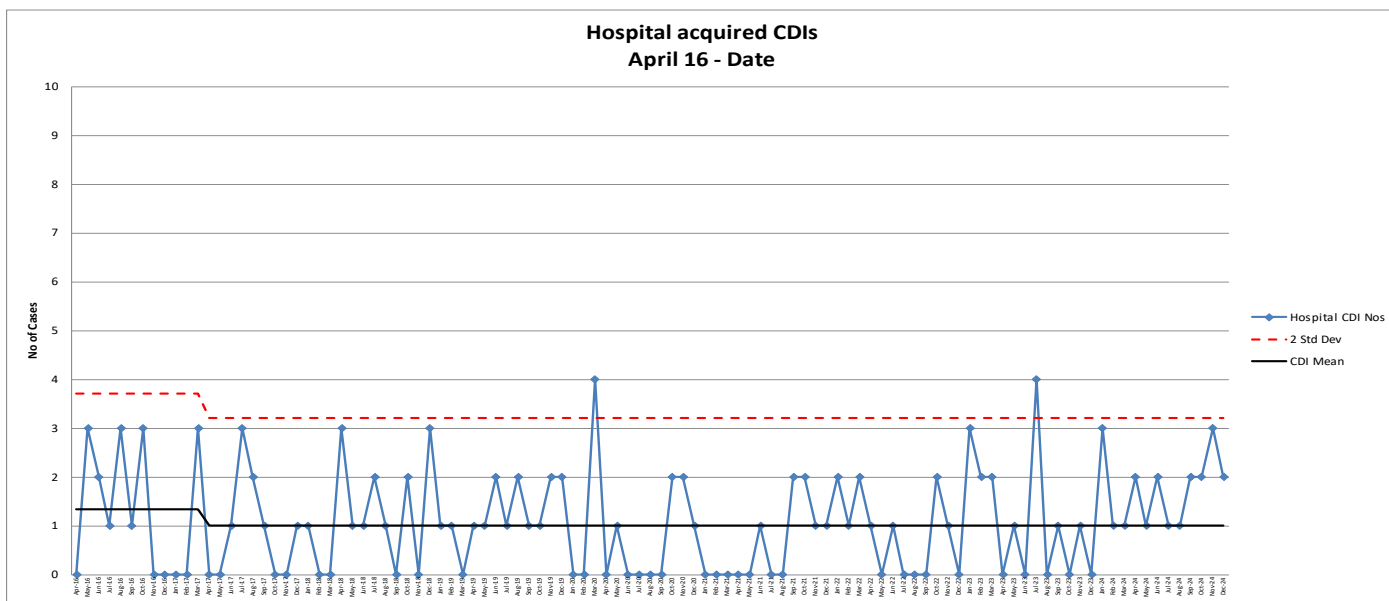
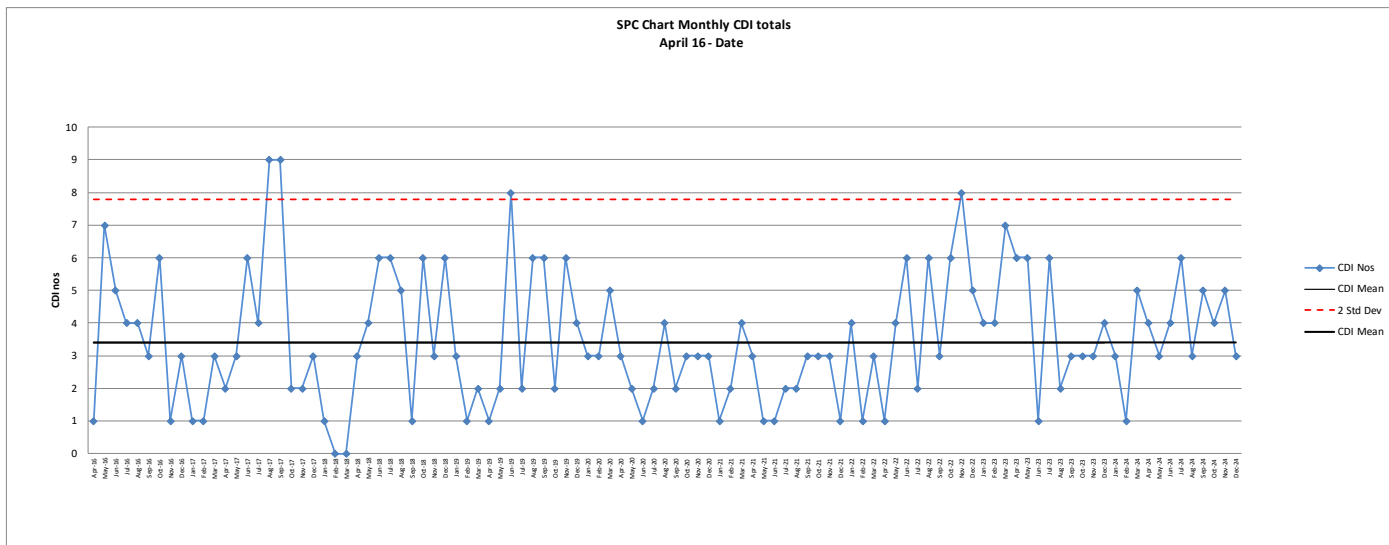


**Escherichia coli Bacteraemias (ECBs)**

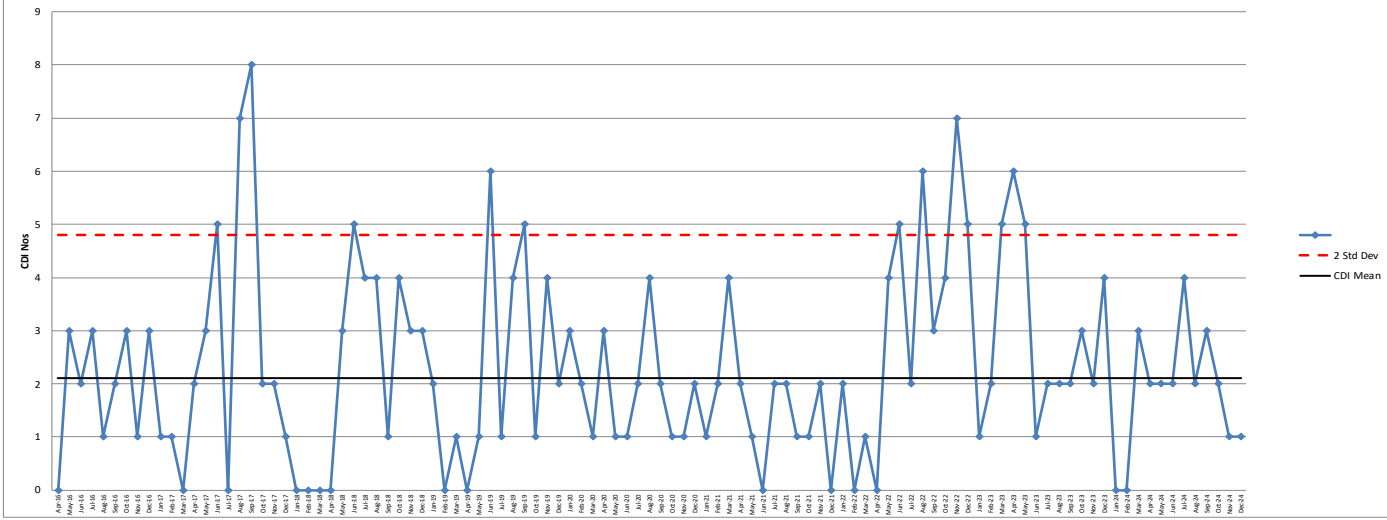




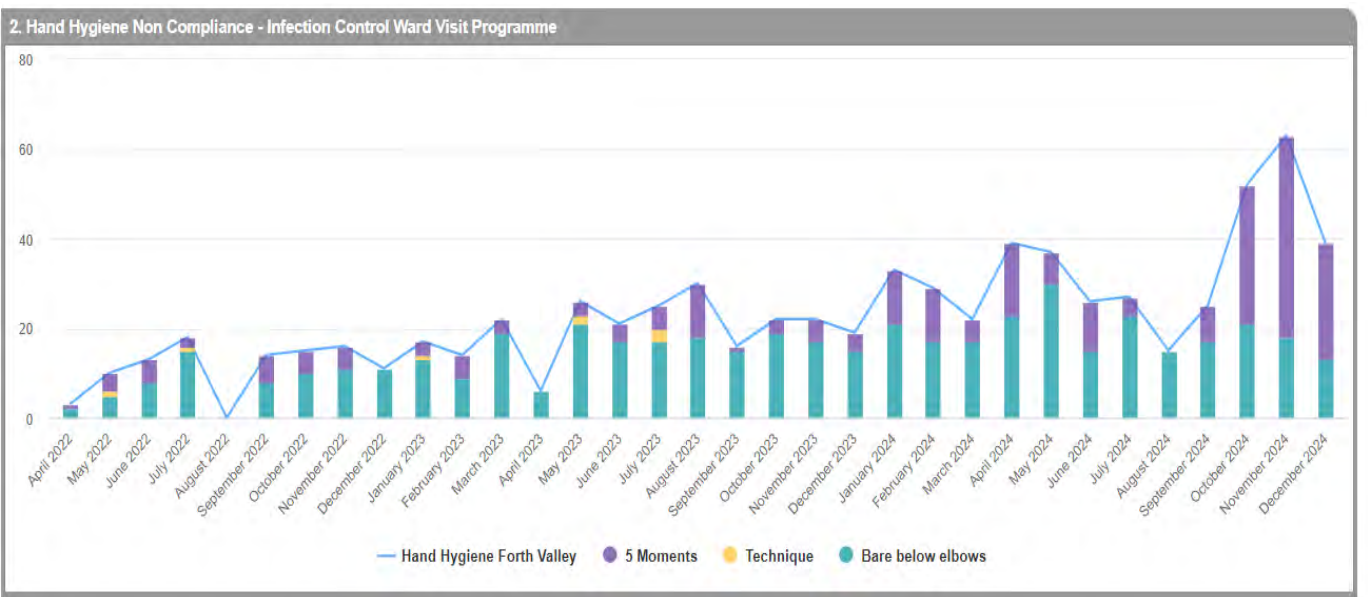
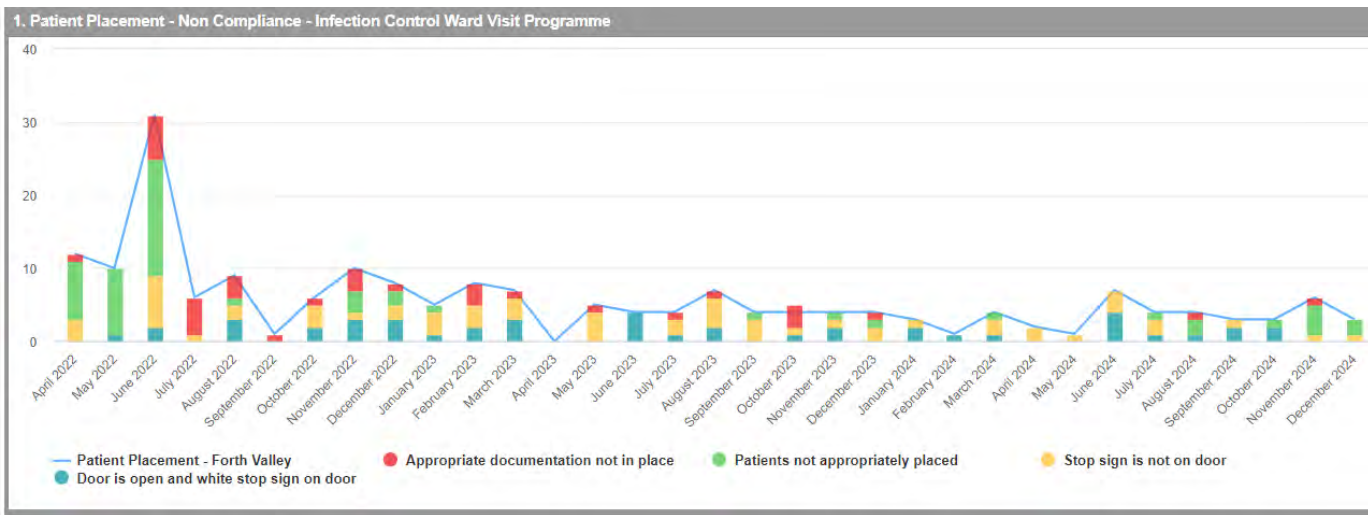
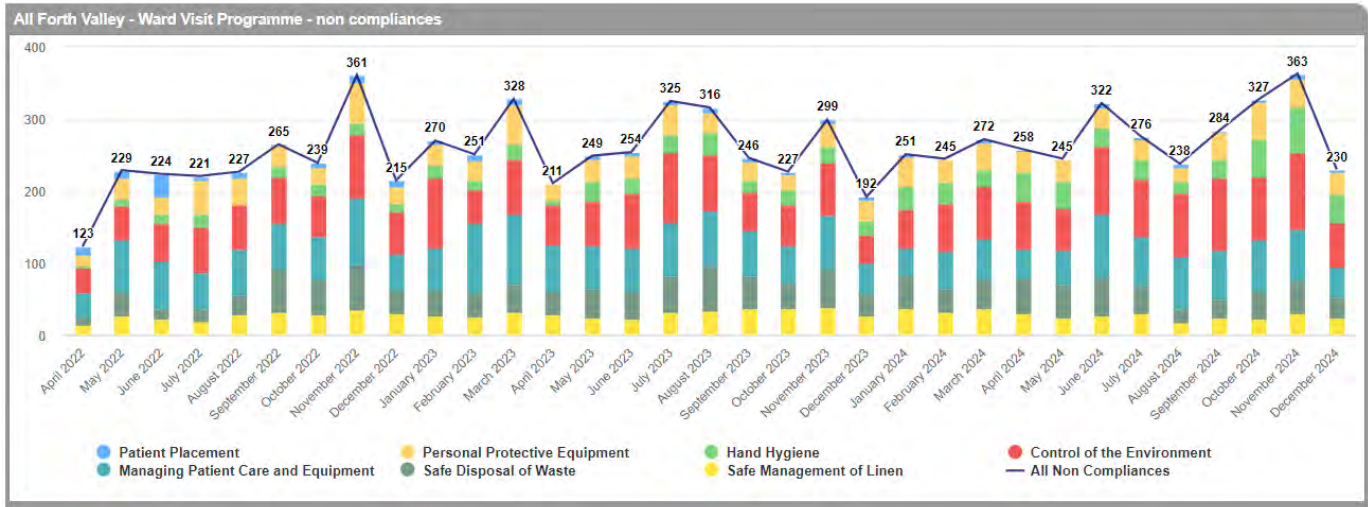
# Clostridioides difficile Infections (CDIs)



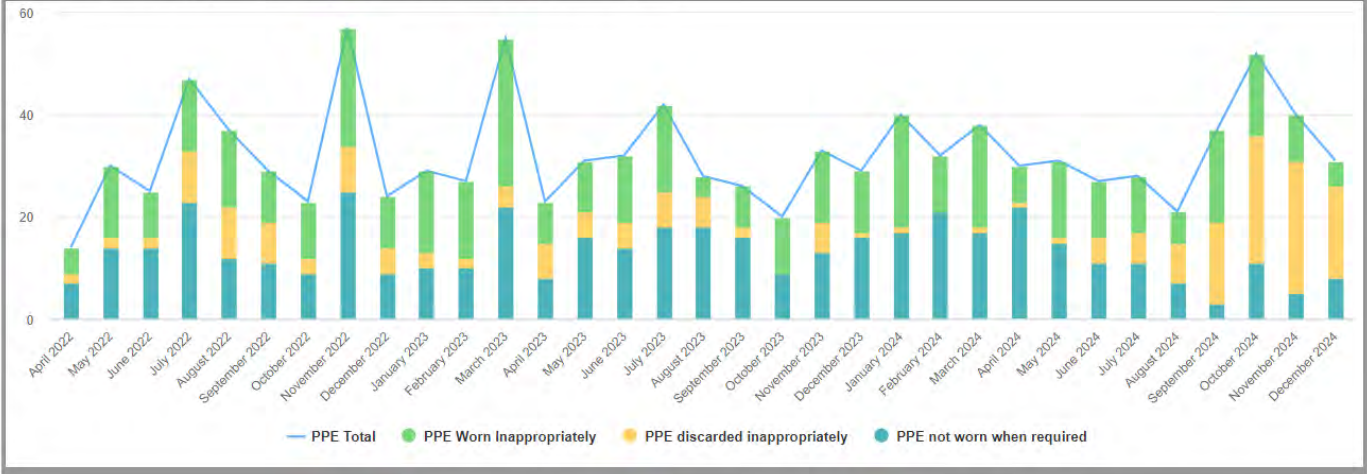
Healthcare acquired CDIs  
April 2016 - Date



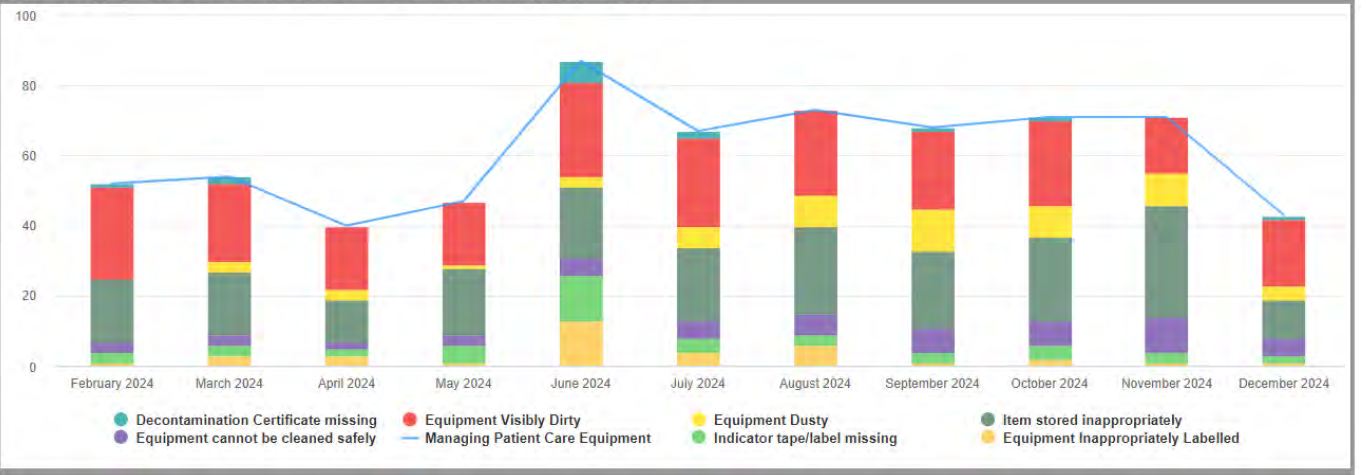
# Ward Visit Non Compliances by SICP



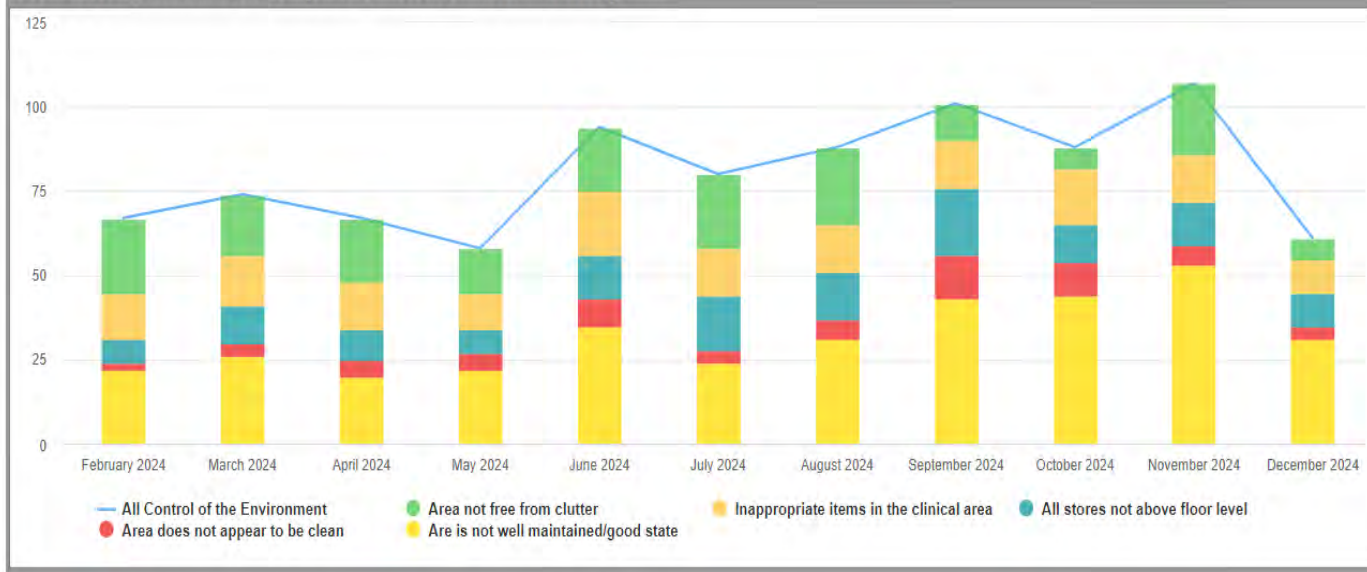
3. Personal Protective Equipment Non Compliance - Infection Control Ward Visit Programme



4. Managing Patient Care Equipment Non Compliance - Infection Control Ward Visit Programme



5. Control of the Environment Non Compliance - Infection Control Ward Visit Programme



6. Safe Management of Linen - Non Compliance - Infection Control Ward Visit Programme



7. Safe disposal of waste Non Compliance - Infection Control Ward Visit Programme





**FORTH VALLEY NHS BOARD**

Tuesday 28 January 2025

**12. Whistleblowing Standards and Activity Report**

**For:** Assurance

**Executive Sponsor:** Professor Frances Dodd, Executive Nurse Director / Executive Lead and Mr Gordon Johnston, Whistleblowing Champion/Non-Executive Director

**Author:** Ms Claire Peacock, PA to Executive Nurse Director / Whistleblowing Liaison Officer

**1. Executive Summary**

- 1.1 The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them, and which meet the definition of a ‘whistleblowing concern’.
- 1.2 The standards are applicable across **all NHS services** and are accessible to anyone working to deliver an NHS service, whether directly or indirectly. This includes current and former employees, bank and agency workers, contractors, including third sector providers, trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.
- 1.3 The National Whistleblowing Standards and Once for Scotland Whistleblowing Policy were introduced on 1 April 2021, and it is a requirement of the Standards to report Whistleblowing Performance to the NHS Board on a quarterly and an annual basis.
- 1.4 This paper is presented to the NHS Board to provide an update on Whistleblowing activity in NHS Forth Valley.

**2. NHS Forth Valley Position at a Glance**

- 2.1 NHS Forth Valley have investigated or are investigating a total number of 23 concerns since the development of the whistleblowing arrangements. This includes 9 under Stage 1 and 14 under Stage 2 of the Whistleblowing Procedure.
- 2.2 The table below provides a breakdown of areas and total number of concerns received and investigated at each stage of the procedure:


	<b>Stage 1</b>	<b>Closed</b>	<b>Stage 2</b>	<b>Closed</b>
Acute	3	3	3	3
Corporate	0	0	4	3
Community	0	0	1	1
Mental Health/Learning Disabilities/Prisons	4	3	2	2
Women & Children	1	1	3	3
HSCP	0	0	0	0
Estates & Facilities	1	1	1	1

**3. Recommendation**

- 3.1 The NHS Board is asked to:
  - **note** Whistleblowing performance in NHS Forth Valley in Q2 and Q3 2024/25.

#### 4. Assurance

Proposed assurance level:

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

A reasonable assurance level is proposed on the basis that NHS Forth Valley has appropriate procedures in place for raising a concern under the national Whistleblowing Standards.

#### Key Issues to be Considered

##### 5. Purpose of the Paper

5.1 This paper is presented to the NHS Board to provide an update on the Whistleblowing Performance in NHS Forth Valley during Q2 and Q3 2024/25.

##### 6. Position

6.1 The introduction of the Independent National Whistleblowing Standards aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrongdoing, putting patient safety at risk, confident that they can do so in a protected way that will not cause them personal detriment. It also aims to promote a culture of speaking up in the NHS and continues to be a key priority in NHS Forth Valley.

6.2 NHS Forth Valley strive to ensure that staff feel safe, supported, and have confidence in the fairness of the process whilst raising their concerns under the whistleblowing arrangements.

6.3 In addition to the Whistleblowing procedures, NHS Forth Valley have in place a Speak Up Service. The Service was launched in December 2021 with the aim of promoting an open, honest and responsible culture where staff are supported to raise concerns. The service consists of a Speak Up Ambassador who also acts as a confidential contact for any concerns raised through the formal Whistleblowing procedures which are in place. The Ambassador is supported by the Speak Up Advocates who provide a confidential, impartial service where employees can discuss concerns in a safe space or speak to someone in confidence for support and advice. As previously reported the roles of the advocates and confidential contacts were combined to support both processes.

6.4 The details and profiles of these roles are promoted widely across the organisation and on the NHS Forth Valleys intranet and internet page. This has been designed to support people with concerns, giving them the opportunity to approach a confidential contact as early as they need to ensure the right level of support is available to them at the time of their concerns, with the intention to support early intervention, visibility of staff who are providing this support and confidence in the Board's commitment to the whistleblowing process.

6.5 Furthermore, the Whistleblowing Network continues to meet bi-monthly and gives opportunities for all involved to share learning from the process of whistleblowing, particularly in relation to strengthening the processes, communication with reporters, the process of investigation, as well as the organisational learning from whistleblowing investigations.

6.6 The Whistleblowing Network recently focussed on NHS Forth Valley's arrangements for national Speak Up Week 2024. The plans included a range of virtual activities to widely promote NHS Forth Valley's Whistleblowing arrangements and to share learning. The activities included views from our Whistleblowing Champion, Executive Lead, Confidential Contact, Lead Investigator and anonymous views from a Whistleblower. The content was shared widely across the organisation and is available on NHS Forth Valley's intranet.

- 6.7 Also, as part of the Speak Up Week arrangements staff were encouraged to give a pledge to “Speak Up”. The pledges are currently being collated with an aim of identifying themes. The intention is to combine the data with the “What Matters to You” data and align to Culture, Change and Compassionate Leadership work. This work is being taken forward by the Whistleblowing Network.
- 6.8 It is also worth noting that there are future plans underway to deliver simulation training to the Confidential Contacts and Lead Investigators. The purpose of the training is to give exposure to realistic investigation scenarios to enhance investigation skills and to support decision making abilities as part of the Whistleblowing process.
- 6.9 Furthermore, work continues to raise awareness of the TURAS training modules and in particular the line/senior manager training to ensure staff are undertaking the training most appropriate to their role. There continues to be a focussed approach in this area.

**7. Whistleblowing Performance**

- 7.1 The format of this section of the report reflects the Scottish Government’s mandate to capture performance of the board against the 9 key performance indicators.
- 7.2 Work continues to capture and report performance against the KPI’s using the performance management system Pentana.

**Whistleblowing Key Performance Indicators Rag Status**

- 7.3 The table (1) below provides a summary of each of the Key Performance Indicators. Progress on each of the indicators is provided throughout the report.

**Table 1 – Key Performance Indicators**

<b>KPI</b>	<b>Measure</b>
<b>KPI 1</b>	Learning from Whistleblowing Concerns
<b>KPI 2</b>	Whistleblowing Procedure Experience
<b>KPI 3</b>	Self Awareness & Training
<b>KPI 4</b>	Total Number of Concerns Received
<b>KPI 5</b>	Concerns Closed at Each Stage
<b>KPI 6</b>	Concerns Upheld or Not Upheld
<b>KPI 7</b>	Average Times
<b>KPI 8</b>	Closed in full within the timescales
<b>KPI 9</b>	Number of Cases where an extension is authorised

**Key Performance Indicator One: Learning from Whistleblowing Concerns**

- 7.4 The indicator requires NHS Forth Valley to demonstrate any changes or improvements to services or procedures as a result of a Whistleblowing concern.
- 7.5 The process for organisational learning from whistleblowing concerns is led through the whistleblowing network, this continues to be an area of development to ensure organisational, and not just individual service, learning takes place.
- 7.6 As described earlier in the report the Whistleblowing Network gives an opportunity for all involved to share learning from the process and provide an ability to demonstrate improvements as a result.
- 7.7 Work continues in relation to organisational learning from whistleblowing, this is being aligned with the work across the system looking at learning from complaints and SAERs, to ensure organisational learning is robust. This is currently an ongoing focussed piece of work.
- 7.8 **Appendix 1** demonstrates some of the key themes, actions and learning identified from the Whistleblowing cases in NHS Forth Valley:



### Independent National Whistleblowing Officer (INWO)

- 7.9 If a colleague remains unhappy with the response received from NHS Forth Valley, they have the right to contact the Independent National Whistleblowing Officer (INWO) to request an investigation into their complaint. The INWO is the final opportunity for the colleague in the NHS Whistleblowing Procedure and offers an independent view on whether the NHS has reasonably responded to a Whistleblowing concern.
- 7.10 The INWO has to date received a total of 6 cases relating to NHS Forth Valley Whistleblowing concerns. NHS Forth Valley have provided additional information which informs the INWO's decision on whether a full investigation is undertaken in relation to these cases.

**Table 3** Provides detail of the outcomes overall from the INWO's investigations:

2023/24 INWO Outcomes	Total Number
Fully Upheld	3
Partly Upheld	0
Not Upheld	0
No Investigation Conducted	0
Withdrawn	0

- 7.11 During 2023/24 3 of these cases were investigated and upheld by the INWO. The decision was to uphold on the basis of the Boards failing to handle the concerns in line with the standards. The published reports can be found here [Our findings | INWO \(spsos.org.uk\)](https://www.spsos.org.uk/our-findings-inwo).
- 7.12 The feedback from the INWO provided NHS Forth Valley, the opportunity to further refine processes, to learn from the experience of reporters and also to strengthen these processes going forward. As previously reported the areas which have been upheld relate to communication and learning has subsequently been identified and processes strengthened as a result.
- 7.13 NHS Forth Valley Board were keen to understand if there was benchmarking whistleblowing data available across Scotland. In March 2024 the INWO published their findings from NHS Boards Annual Report [Findings from NHS Boards' annual whistleblowing reporting 2022—23 | SPSO](#). This report provides a summary of key findings but does not contain a breakdown by Board of the data for that year.
- 7.14 The NHS Whistleblowing Practitioners Forum have had early discussions regarding benchmarking against the Key Performance Indicators (KPI's) and this may be something that is explored in the future.

### **Key Performance Indicator Two: Whistleblowing Procedure Experience**

- 7.15 The Whistleblowing Procedure requires NHS Forth Valley to gather feedback from the person making the complaint regarding their experience of the process.
- 7.16 Any individual wishing to have concerns considered under the Whistleblowing procedure is supported and followed up by the confidential contacts. We also encourage feedback from reporters to understand their experience of using the processes and to ensure we strengthen any areas identified. As a result of feedback, we have strengthened our processes with a purpose of providing a confidence in the whistleblowing processes for all involved within NHS Forth Valley.

### **Key Performance Indicator Three: Self Awareness and Training**

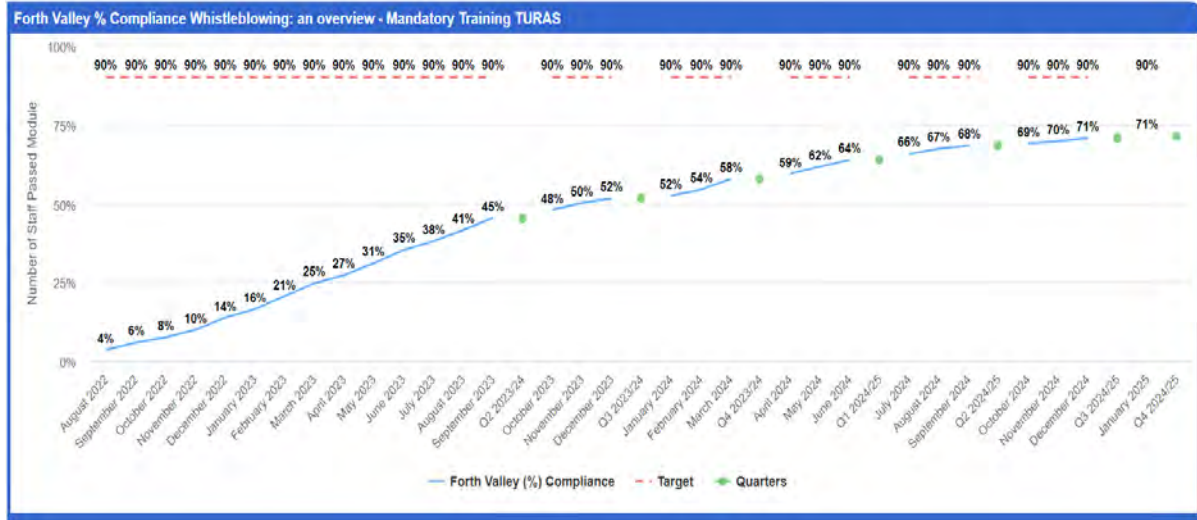
- 7.17 There is a requirement to report on levels of staff perceptions and awareness of training. As part of the Whistleblowing Standards there is requirement for staff to complete the training developed by the INWO. Whistleblowing training reports are now accessible from TURAS which in turn supports the developments of training arrangements.

7.18 **Table 4** - provides an overview of numbers of staff who have completed the Whistleblowing Overview training to date, this equates to 71% of the organisation against a target of 90% and is an increase from the last reporting period.

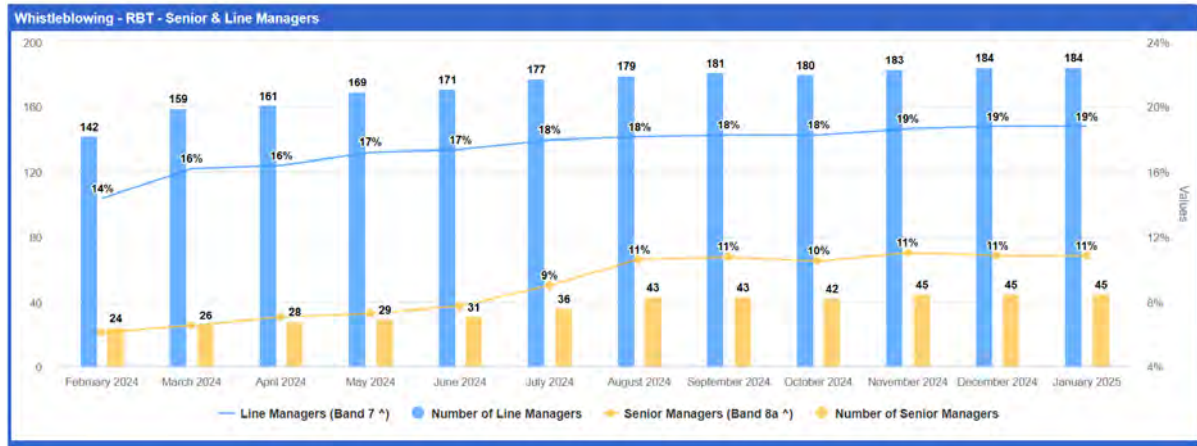
Whistleblowing Training	Completed Numbers	Eligible
All Staff "Overall"	4926	6909

7.19 The graph below gives the overall percentage of compliance of staff who have completed the training to date and demonstrates an increase since the last reporting period.

**Graph 1 – An Overview**



**Graph 2 – Senior / Line Managers**



7.20 As previously reported it has been recognised that there is a need to give further attention to the Senior/Line managers training to ensure staff are undertaking the training most appropriate to their role. Although the level anticipated has not been reached, there has been an increase in numbers and there continues to be a focussed approach in this area.

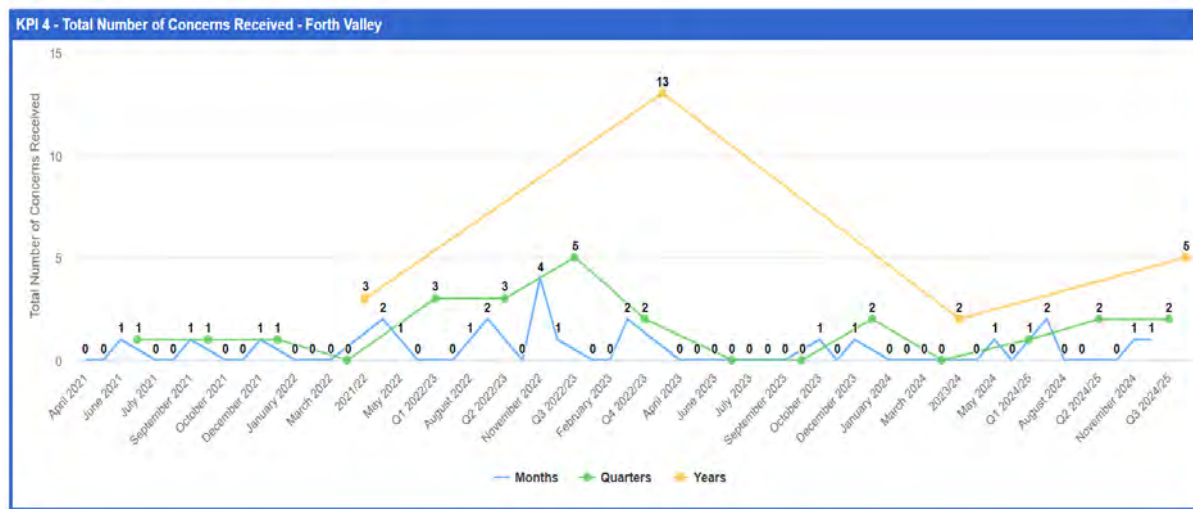
7.21 A trajectory was shared with Directors and Senior Staff and followed up on a monthly basis. In addition, the training modules are promoted widely across the organisation. This remains a focus of the senior leaders across the organisation.

**Key Performance Indicator Four: Total number of Concerns Received**

7.22 During this reporting period there was a total number of 4 concerns received. This included 3 Stage 1's and 1 Stage 2.

7.23 NHS Forth Valley have investigated or are investigating a total number of 23 concerns since the development of the whistleblowing arrangements. This includes 9 under Stage 1 and 14 under Stage 2 of the Whistleblowing Procedure.

**Graph 2 – Overall number of concerns received to date**



**Table 5 – A breakdown of areas and total number of concerns received and investigated at each stage of the procedure:**

	Stage 1	Closed	Stage 2	Closed
Acute	3	3	3	3
Corporate	0	0	4	3
Community	0	0	1	1
Mental Health/Learning Disabilities/Prisons	4	3	2	2
Women & Children	1	1	3	3
HSCP	0	0	0	0
Estates & Facilities	1	1	1	1

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

**Table 6**

Area	Number of reporters raising concerns
Women & Children's Directorate	4
Mental Health	6
Mental Health	3

**Key Performance Indicator Five: Concerns Closed at Each Stage**

7.24 During this reporting period there was a total number of 4 concerns received. This included 3 Stage 1's and 1 Stage 2.

**Table 7 - Provides the total number of concerns closed during Q2 and Q3 2024/25**

	Numbers	Closed
Stage 1 (5 days)	3	2
Stage 2 (20 days)	1	0

**Table 8 - Provides the total number of concerns closed to date**

	Total Number Received	Total Number Closed
Stage 1	9	8
Stage 2	14	13

**Graph 3** Total number of concerns closed at Stage 1 and Stage 2 of the Whistleblowing Procedure as a percentage of all concerns closed:



**Key Performance Indicator Six: Concerns Upheld and Not Upheld**

7.25 To meet the requirements of Indicator Six, a breakdown of the formal outcome (upheld, partially upheld, or not upheld) against Stage 1 and Stage 2 concerns is provided below

During this reporting period there was 1 Stage 2 and 2 Stage 1 cases closed.

**Table 9** below provides a summary of the formal outcomes against Stage 1 and Stage 2 concerns during this reporting period:

	Stage 1	Stage 2
Upheld	1	0
Not Upheld	0	1
Partially Upheld	1	0

**Table 10** below provides a total breakdown of the formal outcome against Stage 1 and Stage 2 concerns since 2021.

	Stage 1	Stage 2
Upheld	1	5
Not Upheld	4	7
Partially Upheld	3	1

**Graph 4** Concerns upheld, partially upheld and not upheld at each stage of the Whistleblowing Procedure as a percentage (%) of all concerns closed at each stage:



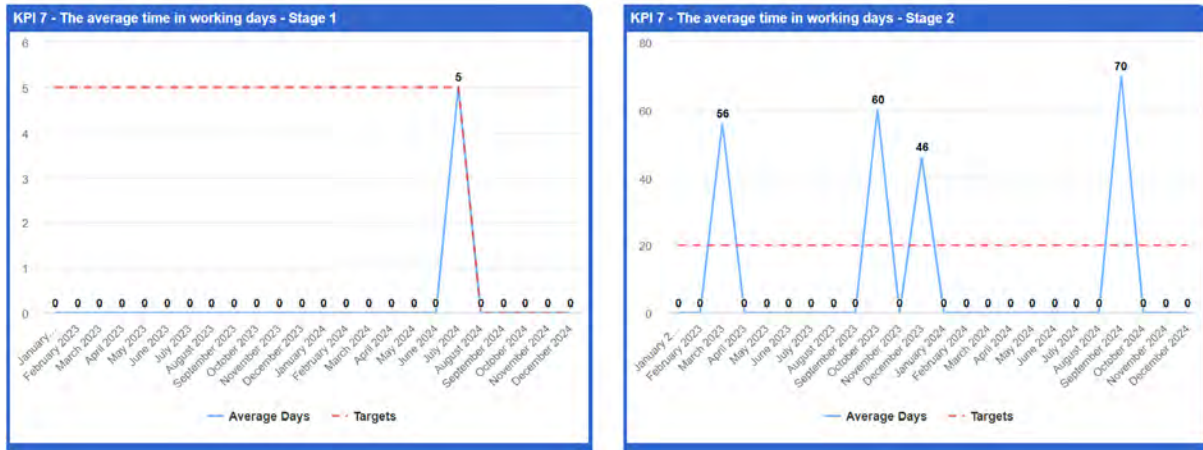
**Key Performance Indicator Seven: Average Times**

7.26 A reporting requirement of the Whistleblowing Procedure is to report on the average times in working days to close concerns at each stage.

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



**Graph 5 – Total average times in working days**



7.28 As previously reported it has been recognised that the timeframes for the average time in working days for a full response particularly relating to Stage 2 cases is concerning, however this is often due to the complexity of the concerns and the level of investigation required. The increase in numbers of lead Investigators will improve this over time, and continues to be monitored as part of the process.

7.29 Furthermore, it is worthwhile noting that timescales for completion may not always be met due to the nature and complexity of the concerns. This area also continues to be monitored for improvement.

**Key Performance Indicator Eight: Closed in Full within the Timescales**

7.30 During this reporting period there were 2 Stage 1 cases closed within the expected timescales. There was 1 Stage 2 case which had extension agreed due to the nature of the concerns and the scope of the investigation.

7.31 As noted above, the timescales may not always be met due to the complexity of the concerns.

**Table 11** below provides a summary of the concerns closed within timescale for each Stage of the procedure during this reporting period.

	Closed within timescale
Stage 1 (5 working days)	2
Stage 2 (20 working days)	0

**Table 12** below provides the total number of concerns closed within timescale for each Stage of the procedure:

	Closed within timescale
Stage 1 (5 working days)	6
Stage 2 (20 working days)	3

**Graph 6** Total number of concerns closed in full within the timescale:



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

- 7.32 It is important that we respond to concerns timeously however not all investigations will be able to meet the timeline. The Whistleblowing Procedure allows an extension where it is necessary to complete the investigation.
- 7.33 There has been a particular focus on improvement around governance of extensions to investigations. As previously reported the Executive Lead has developed a system to monitor investigations with weekly check in with the investigator, by the administrator, to ensure progress and to alert to any challenges that require escalation. Furthermore, significant work has been undertaken to strengthen the processes and this includes regular updates on progress and authorisation of extensions to timescales.
- 7.34 During this reporting period there was 1 Stage 2 case with an extension authorised.

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



## 8. Additional

- 8.1 As previously reported, there was an additional 4 concerns received through Whistleblowing. The concerns were reviewed by the Whistleblowing Decision Making Panel and the panel agreed that the concerns did not meet the criteria for Whistleblowing. The reporters were made aware of the decision and advised that although whistleblowing was not the appropriate avenue to pursue their concerns, other options were suggested depending on the nature of the concerns.
- 8.2 In addition it is worth noting that the Speak Up Service has received 34 enquiries since the arrangements were put in place in December 2021. To which some of these enquiries involved multiple staff members. The enquiries were managed, and staff were supported and signposted accordingly.

## 9. Conclusion

- 9.1 Whistleblowing is viewed by NHS Forth Valley as a very important source of information that may highlight serious risks to the effectiveness and efficiency of the organisation, with individuals often being best placed to identify deficiencies and problems at the earliest opportunity.
- 9.2 NHS Forth Valley continues to promote a culture of speaking up and this remains a key priority. We aim to ensure that staff feel safe, supported, and have confidence in the fairness of the process whilst raising their concerns under the whistleblowing procedure.
- 9.3 The whistleblowing arrangements continue to evolve and strengthen using a continuous improvement approach. We have encouraged feedback from reporters to understand their experience of using the processes and to ensure we strengthen any areas identified. As previously reported as a result of this feedback, we have strengthened our processes across a number of areas with the aim of strengthening the governance, providing assurance to the Board and providing a confidence in the whistleblowing processes for reporters within NHS Forth Valley.

### **Financial Implications**

No major impact other than the potential post noted in Workforce Implications below, and in addition a one-off cost of £4K and a recurring cost of approximately £300 per annum to support the further development of an additional incident page on safeguard to data capture the Whistleblowing process.

### **Workforce Implications**

An interim model of corporate support was initially agreed for the implementation of the standards and ongoing co-ordination of the Whistleblowing process. This post continues to be supported within the NMAHP directorate, however is undergoing banding review of the role.

### **Infrastructure Implications including Digital**

None

### **Sustainability Implications**

None

### **Sustainability Declaration**

None

### **Quality / Patient Care Implications**

Whistleblowing is viewed by NHS Forth Valley as an important source of information that may highlight serious risks to the effectiveness and efficiency of the organisation, with individuals often being best placed to identify deficiencies and problems at the earliest opportunity. If the opportunity to investigate and address these concerns does not result in improvements then there is a potential risk to the quality, safety and experience of patients.

### **Information Governance Implications**

Information must be handled in a confidential and sensitive manner. A breach of information handling could lead to organisational failings or potential personal detriment towards the reporter.

### **Risk Assessment / Management**

Effective whistleblowing processes can act as both detective and preventative risk management controls to support the organisation and its staff.

NHS Forth Valley promote the use of Business-as-Usual reporting for all areas of concern, however where these have been exhausted, or are felt by the reporter to be closed to them, then Whistleblowing routes should be used.

There is also a public confidence and reputational risk if whistleblowing standards are not fully implemented and visible across the organisation.

Risks to the wellbeing and psychological safety of staff may emerge if NHS FV Senior Leaders are not committed to the process of investigating and learning from any concerns and issues raised by staff.

### **Relevance to Strategic Priorities**

The introduction of the Independent National Whistleblowing Officer Service aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrongdoing putting patient safety at risk, confident that they can do so in a protected way that will not cause them personal detriment. It also aims to promote a culture of openness, and speaking up in the NHS, which is a key priority for NHS Forth Valley.

**Equality Declaration**

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

Further to an evaluation it is noted that:

Screening completed - no discrimination noted

**Communication, involvement, engagement and consultation**

This paper has been developed and considered to date by the following groups. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Staff Governance Committee

**Additional Information**

None

**Appendices**

Appendix 1 – Themes, Actions and Outcomes & Learning.



## Appendix 1

Themes	Actions	Outcomes and Learning
Culture - Disrespect between staff members	Nursing leadership team working to create a positive culture, team development and are doing a QI project on staff experience which will be reported weekly and coupled, with supervision processes	Create the conditions for improvement in relationships amongst the staff team.
Staffing Levels	NHS Forth Valley must review Workforce Planning to ensure that levels of staffing are appropriate, and safety is maintained.	Staffing levels are assessed daily and adjusted to reflect the needs of the patients on the ward. Annual workforce planning is undertaken. Implementation of the eRoster will enable the use of SafeCare to provide assurance around the process of achieving safe staffing levels, escalations etc.
Learning and Education	Training in compassionate leadership will be offered to all line managers regardless of their length of experience to promote an inclusive and positive approach to learning and development	Local bespoke training for line managers is under development in conjunction with HR Line managers with limited experience of supporting newly appointed junior will be engaged with learning and education sessions about how to promote a positive, compassionate culture of learning and development.
Operational Governance	Review of Operational Structures	Blueprint for Governance implemented
Culture	Undertake an Independent Culture Check	Work undertaken to identify requirements for Culture check out with the current organisational compassionate leadership programme. Utilisation of the caring and compassionate leadership findings to support changes in the service.
Leadership	Mechanisms to be instilled to observe leadership over short, medium and long-term to ensure improvement	Infrastructure of a leadership approach adopted to define future leadership delivery.
Speaking Up	Ensure raising concerns is supported and encouraged	Feedback actively encouraged and creating a culture where concerns can be raised without recriminations. Mechanisms for engagement to encourage feedback being refined.
Decision Making	Ensure managerial decisions are fair and follow a transparent process that is understood by staff	Regular engagement with staff and process for updates on changes/decisions across the area developed and in place.

**Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 02 October 2024, in the Boardroom, Carseview House, Stirling**

**PRESENT**

**Voting Members**

Councillor David Wilson (Chair), Stirling Council  
Allan Rennie (Vice Chair), Non-Executive Board Member, NHS Forth Valley  
Councillor Martha Benny, Clackmannanshire Council  
Councillor Wendy Hamilton, Clackmannanshire Council  
Councillor Janine Rennie, Clackmannanshire Council  
Councillor Martin Earl, Stirling Council  
Councillor Rosemary Fraser, Stirling Council  
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley  
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley  
John Stuart, Non-Executive Board Member, NHS Forth Valley  
Stephen McAllister, Non-Executive Board Members, NHS Forth Valley

**Non-Voting Members**

David Williams, Interim Chief Officer  
Ewan Murray, Chief Finance Officer, IJB and HSCP  
Alan Clevett, Third Sector Representative, Stirling  
Helen McGuire, Service User Representative, Clackmannanshire  
Eileen Wallace, Service User Representative, Stirling  
Dr Kathleen Brennan, GP Clinical Lead, HSCP  
Robert Clark, Employee Director, NHS Forth Valley  
Andrew Murray, Medical Director, NHS Forth Valley  
Lorraine Robertson, Chief Nurse HSCP  
Julie Morrison, Union Representative, Stirling  
Michael Grassom, Interim Chief Social Work Officer, Stirling Council

**Advisory Members**

Lesley Fulford, Standards Officer  
Caroline Sinclair, Chief Executive, Stirling Council  
Nikki Bridle, Chief Executive, Clackmannanshire Council

**In Attendance**

Wendy Forrest, Head of Strategic Planning and Health Improvement  
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council  
Sandra Comrie, PA (minutes)

**1. APOLOGIES FOR ABSENCE**

Councillor Wilson explained any questions/queries raised by IJB members prior to the meeting had been responded to or would be covered within the presentation of papers.

Apologies for absence were noted on behalf of:

Narek Bido, Third Sector Representative, Clackmannanshire  
Helen Duncan, Third Sector Representative, Stirling  
Paul Morris, Carers Representative, Clackmannanshire

## **2. NOTIFICATION OF SUBSTITUTES**

None

## **3. DECLARATIONS OF INTEREST**

There were no declarations of interest noted.

## **4. DRAFT MINUTE OF MEETING HELD ON 07 August 2024**

The draft minute of the meeting held on 07 August 2024, was approved, with the following amendments:

5. Action Log - Mr Fairbairn suggested there is an update at each meeting to show how the IJB are measuring performance against the implementation of Directions.

13. Committee Dates – IJB meeting date 22<sup>nd</sup> January 2024 was incorrect; this should be amended to 29<sup>th</sup> January 2024.

11. Draft Revised Standing Orders - Delete the proposed addition at the end of 15.2 of the Standing Orders “if said member does not leave the meeting the meeting must be suspended by the Chair”.

## **5. ACTION LOG**

The action log was reviewed and updated.

## **6. CASE STUDY**

The case study story linked in with the Commissioning Approach for Dementia paper which was on the agenda.

Mr Williams introduced a short film highlighting the importance of the work carried out by Dementia Friendly Dunblane, in conjunction with the Commissioning Consortium work. It demonstrated the importance of informal support at the early stages of dementia diagnosis.

Mr Stuart asked what the financial commitment was to support the service. Mr Williams confirmed £33,000 was allocated to this type of provision, annually.

The Board acknowledged the work which Breda Seaman has contributed to the service.

## **7. CHIEF OFFICER UPDATE**

Mr Williams provided a verbal update to the IJB.

Mr Williams explained that recruitment for the new interim Chief Officer role was progressing.

There had recently been a national news story published in Scotland about the National Care Service, following on from the COSLA leaders meeting. Mr Williams provided an update explaining that COSLA were reluctant to engage with Scottish Government with their plans for the service. Scottish Government are committed to continue to try and progress with this work.

Members of the senior management leadership team and the Chief Social Work Officers, from Clackmannanshire and Stirling Council, met with the joint inspection team on 29<sup>th</sup> October 2024. Mr Williams confirmed work had now concluded in relation to the joint inspection of the Health and Social Care Integration of Adult Services in Clackmannanshire and Stirling, with particular focus on mental health provision. They presented their conclusions and findings confirming the draft report will be available at the beginning of November 2024. The final report will follow at the start of December 2024 and an improvement plan will be submitted in January 2024. The work on the improvement plan has now started.

Mr Williams shared the joint inspection team presentation with the Board. This was based on the inspection themes of how effectively the partnership is working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults and people living with mental illness. He provided an update on the following areas:

- The inspection activity to date
- Review of records: headline findings
- Team around the person: headline findings
- Review of good practice examples
- Quality indicators
- High level messages

The message throughout the presentation was that the partnership was not integrated enough and could not demonstrate this in terms of operational provision and management but also in terms of strategic planning. The inspection team recognised the important steps which had been taken by Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) this year to improve services.

Mr Stuart asked for reassurance that the findings would be communicated appropriately for staff. Mr Williams explained that there are steering group meetings in place every fortnight with the Chief Social Work Officers from Clackmannanshire and Stirling Council, which will continue until the end of the year to plan activity including communications.

Mr Earl provided feedback from a meeting he had with Self Directed Support (SDS) Forth Valley, which was similar to some points in the findings and requested that consideration be given to a presentation from SDS FV to the IJB at some point. Ms Forrest confirmed that the SDS steering group has been in place for past 2 years, working closely with SDS Forth Valley. Ms Forrest provided an update on the progress explaining the Annual Performance Report provided the numbers of the uptake in terms of direct payment. She confirmed that the ongoing work on the right care right time programme was focused on monitoring and measuring against the impact of SDS so it can be reported through the IJB.

The Board discussed the timetable for drafting of the improvement plan for the inspection work. Mr Grassom confirmed regular meetings were taking place with the care inspectorate link inspectors to provide feedback and assurance of the progress being made in relation to improvements plans required from any inspection.

As the IJB are at an important part of the integration process Mr Fairbairn asked whether the joint inspection improvement plan should be a standing agenda item for the IJB going forward. Mr Williams agreed to consider this and confirmed the draft report will be reviewed before the IJB meeting on 20 November 2024.

A paper with the key messages from the draft report and the improvement plan will be brought to the IJB on 29 January 2025.

## **8. INDEPENDENT ADVOCACY STRATEGIC COMMISSIONING PLAN**

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

There is a requirement to extend the current arrangements within the commissioning for an Independent Advocacy Service.

Ms Forrest explained NHS Forth Valley and the local authorities had a statutory responsibility to provide access to independent advocacy for specific groups of people in receipt of children and adults services. The draft Independent Advocacy Strategic Commissioning Plan 2024 -2027 provides a three-year plan which aims to improve the lives of those with a right to and a need for advocacy services. The HSCP is working to modernise the contracting arrangements to better reflect local need and demand for service.

The Board discussed the improvement plan and the financial resource available. Ms Forrest confirmed there was a requirement to build more capacity and create opportunities for people to be signposted for support. This will be referenced in the advocacy improvement plan to reflect the need and demand at local level. Mr Rennie suggested a communication plan is put in place to look at better ways to communicate. Ms Forrest explained she would look into the availability of support through the wider partnership and the third sector.

#### **The Integration Joint Board:**

- 1) Noted the content of the paper;**
- 2) Approved the Clackmannanshire & Stirling IJB Independent Advocacy Strategic Commissioning Plan 2024-2027;**
- 3) Approved the establishment of a Commissioning Consortium approach to establish ongoing advocacy provision arrangements beyond October 2025;**
- 4) Issued Directions as set out at the end of this paper to NHS Forth Valley, Clackmannanshire and Stirling Councils.**

### **9. COMMISSIONING APPROACH FOR DEMENTIA**

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

The paper linked in with the case study which outlined the importance for early intervention and support for people in their dementia journey, and the impact of funding through the post diagnostic support approach. Ms Forrest explained the paper set out where money is currently being spent and the model of care laid out where the focus should be going forward to support people on their dementia journey.

Following discussions Mr Williams explained the purpose of the Direction is for the constituent authorities to support their employees to implement the Model of Care for Dementia. This will be reviewed by March 2025 and another paper with a Implementation Plan on the delivery of the model will be brought back to the IJB. Mr Williams agreed that something should be included for care at home provision and adult support and protection as there is nothing to reference how we are addressing this support.

#### **The Integration Joint Board:**

- 1) Noted the content of the paper and development of the Model of Care for Dementia by the Dementia Commissioning Consortium;**
- 2) Approved the Model of Care for Dementia and the direction of travel set out to provide increased levels of provision of pre and post diagnosis support at levels 1 and 2 involving resource shift from more intensive levels of provision as set out in the paper (the detail of which will continue to be progressed with a further paper to the IJB before the end of the current financial year);**
- 3) Issued Directions as set out in the attached appendix.**

### **10. FINANCIAL REPORT**

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer. Mr Murray confirmed the financial report continued to set a deeply concerning position for the partnership budget. He explained that the projections contained

within the report reflect that the worsening position was largely due to primary care prescribing and the noticeable increase in the cost per item since the June figure.

The position was worse than reported at the IJB on 07 August 2024. The report highlighted the areas of material variances, and it had not proved possible to present a detailed recover plan which would recover the position in the current financial year. Mr Murray will continue to work collaboratively with Clackmannanshire and Stirling Council Chief Finance Officers and NHS Forth Valley's Director of Finance. He explained services continued to experience a high level of demand, but the report detailed where there opportunities to deliver against the Strategic Commissioning Plan priorities at a reduced cost albeit none of these would materially impact on the current year projections. The report set out alternative options to reduce which could have a positive impact in the current financial year.

The level of projected overspend posed a existential threat to the constituent authorities which required to be taken into consideration if alterative options to reduce cost in the very short term are not undertaken. Mr Murray explained that there would be significant risks in these approaches, which require to be taken into consideration, including the risk of failure to discharge statutory responsibility to the NHS Board and the risk to both performance and possibility of medium to longer term cost increases.

At the meeting on 07 August 2024 Mr Williams committed to reporting back to the IJB on 02 October 2024 with clear plans on how to recover the position. He confirmed that there was still work required on the recovery plan and this and more detail will be brought to the IJB on 20 November 2024. The projected overspend was more than any of the constituent authorities would be able to accommodate and the paper set out three options around what couple happen at the end of the financial year if they do not have sufficient reserves to cover. As the integration scheme does provide a clear basis of what would happen in this situation Mr Williams suggested that the Board might to consider that himself and Mr Murray should engage with Scottish Government with a view to ensuring they are aware of the situation and explore options to recover the position.

Mr Fairbairn asked that the Board are clear about their responsibilities, he suggested there is a recommendation explaining the Board are concerned and due to the potential impact on the Health Board he would like more of this to be reported.

Councillor Earl was concerned that the Board will not have time to have oversight of a recovery plan and for this to be enacted in year. He suggested that a special IJB is arranged before the meeting on 20 November to allow Chief Executives of the constituent authorities to have a detailed discussion

Ms Bridle agreed it was a concerning position but wanted more information on the reasons for the comment on perpetuation of the savings and recovery approach in place since August, the reasons for the lack of traction on planned savings and recovery actions, and guidance on what needs to be done over and above to secure the financial balance including business cases, due diligence, consultation

and governance across both the IJB and council. Ms Bridle also set out the wider financial context of the council.

The Board agreed for Mr Williams and Mr Murray to engage with Scottish Government and arrange a meeting as suggested, and that a special IJB meeting was required before 20 November 2024 to enable the Board to consider the recovery plan.

Mr Rennie didn't feel that the recommendations reflected the gravity of the report and should be updated to reflect that the current position is not sustainable in the short term. The Board discussed and agreed on the changes to recommendations which should be made.

Mr Murray and Mr Williams committed to present a clearer position to the IJB and highlighted further decisions with direction to be brought to the on 20 November 2024.

**The IJB unanimously declined to accept the CFO's recommendations deciding instead, they:**

- 1) Noted the contents of the Report**
- 2) Agreed the need for significant and urgent corrective action to be taken**
- 3) Agreed that there is a high risk of the IJB being financially unsustainable in the short term**
- 4) Agreed the obligation for the IJB to consider a recovery plan and the need for a Special Board Meeting in very early November that will be solely focussed on the developed recovery plan which seeks to balance the budget this financial year**
- 5) Agreed that the Medium-Term Financial Plan should be updated and presented to the IJB as soon as possible**
- 6) Instructed the Interim Chief Officer and Chief Finance Officer to meet with Scottish Government officials as early as possible to brief on the position and seek whatever support is available to enable the IJB to achieve a balanced budget in 2024/25.**

## **11. INFORMATION GOVERNANCE ASSURANCE REPORT**

The IJB considered the paper presented by Linda Allen, Information Governance.

As highlighted in previous reports the IJB has limited exposure from an Information Governance perspective as it processes limited records and information. Ms Allen explained that most processes are undertaken by either the Health Board or local authorities which have their own systems in place to manage their statutory compliance. The IJB is supported by the processes in place with the partner organisations and can consequently be reasonably assured that the appropriate arrangements are in place.



Ms Allen confirmed the report outlined the governance arrangements. The current arrangements were in place to meet the requirements under data protection and records management legislation, there were no areas of concern to highlight.

It had been reported last year that NHS Forth Valley had initiated a remediation project in relation to the increased volume of Freedom of Information (FOI) requests it was receiving. This project is monitored by Forth Valley Information Governance Group, NHS Forth Valley is also processing information requests on behalf of the IJB some of which have been impacted by the overall pressure experienced throughout the year. The FOI remediation project is making significant progress in improving Forth Valley's performance in this area. All IJB FOIs are up to date. The overall assessment is that the Board's information governance arrangements remain reasonable.

**The Integration Joint Board:**

- 1) Considered and approved the Information Governance activity for the year 2023/2024**

**12. 2023/24 ANNUAL REPORT AND FINANCIAL STATEMENTS AND ANNUAL AUDIT REPORT**

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

The Board noted and approved the paper.

**The Integration Joint Board:**

- 1) Noted the IJB Audit and Risk Committee approved the accounts for signing and publication**
- 2) Noted the content of the Annual Audit Report from the IJBs External Auditors Deloitte LLP including the recommendations and management responses contained within the action plan.**
- 3) Agreed that progress on the action plan will be monitored by the IJB Audit and Risk Committee / IJB Audit, Finance and Performance Committee**

**13. STRATEGIC RISK REGISTER**

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

The Board noted and approved the paper.

**The Integration Joint Board:**

- 1) Reviewed and approved the Strategic Risk Register**
- 2) Discussed and commented on the structure of the revised Strategic Risk Register**

- 3) **Noted that the Strategic Risk Register, as presented, was scrutinised and approved by the IJB Audit and Risk Committee (ARC) at its meeting of 18 September 2024.**
- 4) **Noted that the ARC members wished to highlight to the IJB the risks relating to leadership stability.**
- 5) **Noted that the ARC requested that the HSCP Senior Leadership Team continue to review and refine the mitigations and controls element of the strategic risk register.**

#### **14. ANNUAL PERFORMANCE REPORT 2023/24**

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

Ms Forrest explained that there was a requirement for the Annual Performance Report to be published on the HSCP website for members of the public to view. Significant work had been carried out to include the specific information the Board was looking for.

Mr Fairbairn asked for the IJB to be named on the front page of the executive summary and report for clarity of the relationship between the HSCP and IJB. Ms Forrest agreed to the changes.

##### **The Integration Joint Board:**

- 1) **Approved the Draft Annual Performance Report 2024/25 for publication on our website in line with Public Bodies (Joint Working) Act 2014 requirements.**

#### **15. IJB MEMBERSHIP**

The IJB considered the paper presented by Lesley Fulford, Senior Planning Manager.

The purpose of the report is to ensure the IJB is compliant in its membership in line with order 285 which sets out the minimum membership. Ms Fulford explained the paper set out the statutory membership requirements and outlined some membership changes.

In terms of membership requirements, the Health Board are required to nominate a new member to the current Audit & Risk Committee until the new joint Committee comes into place in January 2025.

New membership requests from:

- Sharon Robertson as a non-voting member of the IJB as the Clackmannanshire Council CSWO.

- Mike Evans as a member of the non-voting member of the IJB as the locality planning representative

The Chair of the IJB should also chair the Strategic Planning Group for the Health and Social Care Partnership.

Mr Williams explained that attendees at IJB meetings who are not named as a member are considered members of the public, and as such will not be permitted to speak or take part in a meeting of the IJB. Non-voting members are asked to provide a named substitute if they are unable to attend a meeting. The Standing Orders will be updated to reflect these changes.

Ms Bridle explained that at the meeting about the review of the integration scheme the question was raised as to whether the Chief Executives should be attending the IJB. Mr Williams explained that the review of the Integration Scheme is a matter for the constituent authorities, not the IJB. The existing integration scheme makes no reference to Chief Executives, neither do the Standing Orders which were approved on 7 August 2024.

#### **The Integration Joint Board:**

- 1) **Noted the content of the paper.**
- 2) **Noted the membership requirements.**
- 3) **Noted the membership changes.**
- 4) **Noted the nominated Stirling Council Elected Member representative and newly nominated Chair.**
- 5) **Approved the statutory member numbers as set out in 2.2 below**
- 6) **Requested all stakeholder groups to nominate a named substitute for their named member at the IJB**
- 7) **Discussed and approved membership proposals as set out in section 5.**

#### **16. COMMITTEE DATES AND DRAFT WORKPLAN 2025-26**

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

The Board noted the paper.

#### **The Integration Joint Board:**

- 1) **Noted the content of the paper**
- 2) **Approved the proposed Audit, Finance and Performance (Scrutiny) Committee meeting dates for 2025 / 2026 set out in paragraph 2.1.**
- 3) **Approved the proposed workplan for 2025 / 2026 set out in appendix 1.**

#### **17. CLIMATE CHANGE REPORT 2023-24**

The IJB considered the paper presented by Lesley Fulford, Senior Planning Manager.

The Board approved the paper.

**The Integration Joint Board:**

- 1) Noted statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.**
- 2) Approved the draft Climate Change Report 2023 / 2024 for submission to Sustainable Scotland Network.**

**18. CLINICAL AND PROFESSIONAL CARE GOVERNANCE UPDATE**

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

At the IJB meeting on 27 March 2024, Mr Williams committed to providing an assurance statement to the IJB in respect of the services it commissions from the NHS Forth Valley and Clackmannanshire and Stirling Councils rather than what was previously in place.

Mr Williams explained he was providing an update as new arrangements were being put in place. He needs more time to meet with colleagues from all the clinical and professional backgrounds to get the system in place so the Chief Officer can provide assurance or otherwise to the IJB.

Mr Fairbairn suggested “light touch” be reworded and he proposed that paragraph 3.1 in the papers be specifically noted in the minute as an expectation of the Board of the IJB.

“3.1 The next scheduled meeting of the CPCG is on 10 October when it is expected that the revised reporting process to attain an integrated assurance statement will be embedded, and a first assurance report will come to 20 November IJB.

Thus being assured that the Health Board has the right systems for delivery of good quality of care in relation to the services the IJB commission.”

**The Integration Joint Board:**

- 1) Noted the content of the report**

**19. INTEGRATION SCHEME**

The IJB considered the paper presented by Lesley Fulford, Senior Planning Manager.

Ms Fulford explained that that integration scheme review was ongoing, and Board members can add comments through Stirling Councils engagement platform.

**The Integration Joint Board:**

- 1) Noted the contents of the paper
- 2) Noted the consultation is ongoing

**20. FOR NOTING**

**Minutes**

- a. Strategic Planning Group – 12 June 2024
- b. Audit & Risk Committee – 26 June 2024

**21. ANY OTHER COMPETENT BUSINESS (AOCB)**

There was no other competent business.

**22. DATE OF NEXT MEETING**

20 November 2024

**13.2 Proposed Integration of Children’s and Justice Social Work Services into the Falkirk Health and Social Care Partnership**

**For:** Endorsement

**Executive Sponsor:** Gail Woodcock, Chief Officer IJB and Director of Health and Social Care Partnership

**Authors:** Sara Lacey Head of Children’s & Justice Social Work Falkirk Council, Gayle McIntyre Senior Service Manager Falkirk Council, Colin Moodie Chief Governance Officer Falkirk Council, Martin Thom Head of Specialist Services Falkirk HSCP, Chris McCreath, Programme Management Coordinator Falkirk Council

**Executive Summary**

- 1.1. This report gives Forth Valley NHS Board an update on actions taken following a decision by Falkirk Council on 27 September 2023 to consider whether the Council’s Children’s and Justice Social Work correctly sits within Children’s Services alongside Education, or whether, in due course, these services should be integrated into the Health and Social Care Partnership (HSCP).
- 1.2. A decision to progress with consultation and engagement with a view to implementing integration with the HSCP was made by Falkirk Council and supported by the Falkirk Integration Joint Board (IJB) at its meeting of 26 June 2024. An update was provided to NHS FV Board at a seminar on 19 November 2024 and at the Strategic Planning, Performance & Resources Committee on 17 of December 2024.
- 1.3. A similar report to this will be considered by Falkirk Council on 30 January recommending the transfer of Children’s and Justice Social Work services to Falkirk HSCP from 1 April 2025 and that the Council’s functions in relation to these services are delegated to Falkirk IJB. A similar report to this will also be considered by Falkirk IJB on 31 January 2025.


**2. Recommendation**

The Forth Valley NHS Board is asked to:

- **Endorse** the direction of travel as set out in this paper in relation to the delegation of Children’s and Justice Social Work services noting formal approval is sought within the integration Scheme paper that follows on this agenda.

**3. Assurance**

3.1. Proposed assurance level:

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

3.2. A reasonable level of assurance is proposed on the basis that:

- The Programme Board will continue to manage the integration process going forward. As part of the ongoing work, the Programme board will continue to monitor anticipated benefits realisation and manage any ongoing or newly emerging risks and issues as they arise.
- The Programme Risk Log is updated regularly and reviewed at the monthly Programme Board meetings. The Programme Board can offer assurance that sufficient mitigations

are in place against the currently identified risks that relate to the workforce, financial and leadership aspects of the Programme.

#### **4. Key Issues to be Considered Background**

- 4.1. In September 2023, Falkirk Council considered a report on its management and service structure. As part of this, changes were made within Sport and Leisure; Place Services; Education; Transformation, Communities and Corporate Services; and the back-office functions of Children's Services.
- 4.2. The report noted further opportunities may be available within Children's Services due to the existing close relationship with Falkirk HSCP's services; the synergies between Children's and Justice Social Work with Adult Social Work; and the proposed implementation of the National Care Service (NCS).
- 4.3. In December 2023, Falkirk Council considered and agreed recommendations within the report "Appointment Process for the Post of Director of Education". The report recommended that work is progressed to enable a decision to be taken on the integration of Children's Services Social Work to the HSCP by no later than April 2025. It was noted that consultation will be required as part of this process and suggested that a further report be submitted in due course to Council to consider this matter further.
- 4.4. Discussions have taken place with the IJB Chief Officer/ HSCP Director, the Chief Social Work Officer/ Head of Children's and Justice Social Work Services and the Chief Executive of NHS Forth Valley in light of the consideration being given to the integration of Children's Services Social Work into the HSCP. There is broad support for the proposed approach set out in this report.
- 4.5. Additionally, over this year, Falkirk's Integration Scheme, the agreement between Falkirk Council and NHS Forth Valley which establishes which services fall under the Partnership's remit has been reviewed. This presents a timely opportunity to consider and implement the transition of services to HSCP.
- 4.6. Within this context, the Council and HSCP established an Integration Programme Board. The Board considered how Children's Social Work Services are delivered and managed at a local level and whether these correctly sit within Children's Services or whether these services should be integrated into the HSCP.
- 4.7. The programme board comprises senior staff from Falkirk Council, NHSFV and Falkirk HSCP.

#### **5. Considerations**

##### **The Children's and Justice Services Integration Programme Board**

- 5.1. The Integration Programme Board is co-chaired by the IJB Chief Officer and the Chief Social Work Officer/Head of Children's and Justice Social Work Services and was established to:
  - Provide leadership and management to the review process, agreeing and directing the Programme Board subgroups and workplan
  - Receive regular updates from the subgroups regarding implementation of the workplan to ensure progress remains in line with targets
  - Identify the synergies and links between services, highlighting transformation priorities
  - Address issues of governance across the services and ensure clarity around responsibility, accountability and decision making
  - Consider assurance processes that will be required to ensure effective clinical and care governance, child protection and adult support and protection arrangements

- Ensure appropriate consultation and that the work is informed by the views and expertise of relevant stakeholders building knowledge and understanding
- Address support arrangements which are required to underpin service delivery
- Oversee the production and submission of formal reports to relevant meetings.

5.2. The Programme Board reports to Falkirk Council and NHS FV Chief Executives and is supported by the following subgroups:

- Communications and Engagement
- Workforce
- Governance
- Finance

### **Communications and Engagement Workstream**

5.3. As part of the overall Integration Programme Board, a Communication and Engagement Workstream was established which reports into the Board and provides regular updates on progress.

5.4. The Communication and Engagement Workstream has developed and delivered a range of engagement sessions, targeting the Children's and Justice Services workforce alongside the Social Work Adult Service and the wider staff group currently working within the HSCP. Trade Union representatives were also in attendance at these events. Following these initial sessions, four follow up engagement sessions took place, facilitated by locality managers.

5.5. These engagement events provided a high-level overview of the work being taken forward by the Integration Programme Board and subgroups and set out a proposed timeline for integration. In addition, there were opportunities for participants to ask questions and begin to consider the range of opportunities and potential challenges the integration of Children's and Justice Services into the HSCP could bring.

5.6. There have been additional engagement sessions with Falkirk Council Elected Members, NHS Forth Valley Board members, members of the Falkirk IJB and the Falkirk Champions Board. A commitment was given to continue to engage with these groups as the proposals are implemented.

5.7. Public engagement took place in November and December through the Participate Plus platform and a face to face session was offered. Members of the wider public, carers and primary care practitioners were invited to give their feedback. These responses have been considered and incorporated into the analysis of all feedback received.

5.8. The feedback from all these engagement events has been collated and analysed. A summary of the responses to the points raised was issued to staff and trade unions. The feedback received has helped to shape the proposal and ongoing plans for benefit realisation and risk mitigation as the proposal is implemented.

### **Workforce Sub-Group**

5.9. This sub-group, encompassing trade union and service management representation, has been progressing:

- identification of the Children's Services Social Work staffing structure to transfer, drafting relevant job profiles to support the structure on integration if approved.
- identification of other posts in scope, with discussions ongoing with Children's Services to identify other posts within the service which may provide services directly to Children's Services Social Work and Justice.
- work to ensure that relevant induction into the HSCP is incorporated into the workforce action plan for Children's Services Social Work and Justice.



- work to ensure that relevant bodies, e.g. Scottish Social Services Council (SSSC), are advised of any transfer.

5.10. It is recognised that there may be employee concerns about any integration from Children's Services Social Work and also within the HSCP. The work of this sub-group crosses over with the work of the Communication and Engagement Sub-Group to ensure that appropriate trade union and staff consultation/communication is ongoing.

### **Finance Sub-Group Process**

5.11. The Finance sub-group has three main objectives:

- Determine the baseline budget to be transferred to the Partnership, based on the in-scope functions
- Determine the recurring and non-recurring elements of that budget based on potential savings to be realised through the impact of ongoing Closer to Home. The Closer to Home Strategy aims to maximise early preventative help, locally delivered, by ensuring the right help, in the right place at the right time. Key aims include shifting the balance of care so that 90% of Falkirk's children who are looked after away from home live in community-based placements, and that young people's voices will be central to our decision making and visible in all our child plans.
- Agree a potential benefits sharing model linked to point 2 above.

5.12. The baseline budget to be passed over should equate to the current recurring budget plus 2025/26 pay award assumed at 3%. A previously identified target of £0.6m will also be included for achievement during 2025/26 financial year. This saving will be met through the work on the Closer to Home project.

5.13. The work of the sub-group has centred around the baseline budget, including achievement of any in year efficiencies and the Medium-Term Financial Plan (MTFP) for the Closer to Home workstreams. This MTFP is still being formulated with a number of complexities identified in relation to available baseline data. Falkirk Council finance team are supporting this process and will continue to liaise with the IJB's Chief Finance Officer as the transfer progresses (subject to decisions taken by the Council and NHS).

5.14. It is proposed that, should the integration of Children's and Justice services be approved, Falkirk Council will continue to maintain oversight of the Closer to Home Board and bear the overall financial risk for 2025/26 should an overspend arise. A summary of the financial position for Children's and Justice services is included in the financial implications section of this report.

### **Governance Sub-Group Progress**

5.15. The work in relation to governance has concentrated on the revisal of the integration scheme. This is covered in a separate report on the NHS Board agenda. If the delegation of the Children's and Justice social work services proceeds, some limited revision to the Council's and IJBs Standing Orders and Scheme of Delegation will be required. This would reflect the change of governance arrangements for those areas of Council provision. The significant change arising from the delegation will be that the IJB becomes the governance level decision maker rather than the Council Executive.

## **6. Initial identified Benefits and Challenges**

6.1. Feedback throughout the consultation highlighted a number of benefits to Children's and Justice Social Work Integrating with the HSCP, these include:

- Shared values, priorities and goals between services which provides consistency for service users

- Shared knowledge and skills and greater partnership working between services which will benefit service users.
- A more integrated whole family approach to supporting communities with family participation at the centre This should provide better joined up working and smoother transitions between services.
- A much more co-ordinated approach to transitions for children and young people involved with Children's Services but who have lifelong needs and who will require support across the lifespan.
- Integration will bring benefits to service users as there will be more seamless support and intervention and this should reduce the amount of times that individuals and families need to share their stories with professionals. This was an area of concern highlighted by the Independent Care Review, following engagement with care experienced adults, carers and professionals.
- GIRFEC (Getting It Right for Every Child) and GIRFE (Getting It Right for Everyone) provide opportunities for seamless service pathways to improve service user experience and more efficient services.
- Joint commissioning and pooled resources which can provide greater value for money and prevent disruption or changes in service provision (i.e. support services) when a young person moves from the responsibility of Children's Social work to Adult services
- Optimising conditions for staff to thrive by having more integrated working
- Committed leadership at all levels through shared values and goals and more streamlined and consistent leadership.

6.2. Subject to the decision being taken to integrate Children's and Justice Social Work services into the HSCP as a delegated service of the IJB, it would be intended that the Programme Board will continue, with a remit to include the conclusion of the transfer, and the monitoring of benefits realised.

## **7. Longer Term Benefits and Outcomes**

7.1. Following consultation, the Scottish Government introduced the National Care Service (Scotland) Bill to the Scottish Parliament on 20 June 2022 and produced the National Care Service Statement of Benefits report alongside it. This report considered in more detail the extension of the National Care Service to include Children's Social Care and Justice Social Work services. It concluded that further evidence was required to inform future decisions around their inclusion or exclusion. The Children's Services Reform Research study contributes to this evidence base, which was carried out by CELCIS at the request of Scottish Government. The concluding report published in late 2023 synthesises four strands of work and discusses the implications which emerge for Scotland to support what is needed to ensure that children, young people and families get the help they need, when they need it. The Integration Programme Board took this report into consideration throughout its early stages, and it was referenced for consideration in consultation meetings. We heard comments from consultation with service users, stakeholder groups and the workforce which reflect the evidence that was presented in the CELCIS report.

7.2. We heard that it is of critical importance to children, young people, and families that they have supportive, empowering and non-judgemental relationships with the practitioners who support them.

7.3. We heard that service users value high-quality relationships with practitioners, who in turn have a better understanding of an individual and families' strengths and needs and can work alongside them to put in place support and services that meet their individual needs. We will provide time for practitioners to engage in multi-agency training and forums where they can build understanding of each other's roles, services, and ways of working.

- 7.4. Effective leadership offering consistent, clear, committed direction to the workforce supports individuals and teams to work optimally. Survey engagement across the Council and HSCP highlights key aspects such as being visible and approachable; listening and responding to workforce needs; investing in the workforce through training, supervision, and wellbeing support; empowering staff; and celebrating successes. The workforce wants to see administrative demands reduce, as this would allow them to spend more of their time working directly with children, young people, and families, and/or building relationships with other services. We will use local expertise and experience to shape our approach to implement new approaches and determine a plan which prioritises the areas where outcomes for service users can be improved because of integration.
- 7.5. Siloed and short-term budgets are problematic for streamlined service delivery, actively getting in the way of transition planning for young people who require long term care. Moving forward we intend to consider how we integrate our services for children and adults with disability to challenge organisational and professional hierarchies and build a shared vision and culture across services. We aim to eradicate the barriers that exist, despite our best efforts across the structural boundary to tackle. Flexible funding and a strong sense of collective working across services will bring benefits to the experience of those in need of longer-term assessment, planning and care.
- 7.6. Due to high workloads, staff sickness, absence, turnover, and vacancies; practitioners report they struggle to have the capacity needed to build stable, sustainable relationships. This means that children, young people, and families often endure the need to continually build new relationships with different practitioners and experience disrupted planning and decision-making.
- 7.7. Creating new grades of Advanced Practitioners and Assistant Team Managers in Children's, Justice and Adult Services social work services locally, has supported with the recruitment and retention of staff and we will continue to have cross-service recruitment and retention strategic and planning groups to ensure that this remains a priority area of focus.
- 7.8. A clear benefit of integration is that it should reduce the disruption in relationships, planning and decision making as services will be more joined up and transitions should be more seamless which is a more trauma informed and positive approach for people accessing services.
- 7.9. Children & Families Social Work has absorbed the additional responsibilities which come from our duties to young people who have opted into Continuing Care and are eligible for After Care. Children's social workers now work with young people up to the age of 26. Although we have sought to support staff with skills required, this legislative driver for change has created challenges for young people, budget, and service delivery. Additionally, the National Transfer Scheme means that Local Authorities are responsible for accepting numbers of youngsters who are seeking asylum in the UK. The youngsters tend to be young adults who require multi-agency support. Integrating children's social work with adult social work will allow further opportunities to streamline transition points and to share skills and knowledge to the benefit of people who rely on services and longer-term support.
- 7.10. When considering this service integration proposal, it is natural to focus on the structures and services that are coming together. The Integration Programme Board recognises that the relationships with services which sit outside the integrated provision need to be retained, within this proposal that specifically means the relationship with Education. There will consequently always be boundaries across which different services need to work together such as Housing, Community Learning Development and Revenue and Benefits. Children's Services Planning Partnerships (CSPPs) were established through the Children and Young People (Scotland)

Act 2014 (Part 3) to bring together the organisations that have a part to play in improving outcomes for children, young people, and families. This established partnership and the Integrated Children's Services Plan will provide a strong basis for continued close working and shared priorities and ambitions.

7.11. In relation to Justice Social Work Services, there are already very strong links with a number of HSCP services including Substance use services, prison health care services and a specific programme of work through the Keep Well service. These links ensure not only effective treatment for those subject to Court Orders, such as Drug Treatment and Testing Orders, but also working to ensure that people have equity of access to primary care health services and have a range of supports in place for people leaving prison etc.

## **8. Potential Challenges and Mitigations**

8.1. Challenges of Children's and Justice Social Work Integrating with HSCP include:

- Transformational change in organisations is complex and time consuming and requires time and focus to achieve the changes. To date, officers have worked collaboratively and effectively to discuss and plan the changes, demonstrating leadership commitment to driving forward the changes in a joined-up and positive way.
- There may be potential Workforce disruption, although in the initial stages the disruption will be minimal for the majority of the workforce due to the proposed 'lift and shift' model. Future changes will be managed on a planned, gradual, and supportive basis, so the workforce is kept engaged and involved in any changes and continue to have opportunities to contribute to planning and developments moving forward.
- Resources in terms of support functions will be required to follow services and there has been discussions and planning in relation to this in the financial subgroup group, which will continue if integration proposals are agreed.
- There will be significant change of governance for both Council and IJB and these changes have been discussed in detail at the Governance subgroup and discussions and collaboration will continue so that officers are prepared and supported with these changes. If there are any training needs for officers, these will be addressed in order to support with the transition.

8.2. The reason that the agreed model will be "lift and shift" is to allow the HSCP time to explore wider benefits of integration across the partnership services to ensure maximum benefit for citizens.

8.3. The programme board will continue to monitor and seek to manage the risks and delivery of the anticipated benefits if a decision is taken to progress this integration.

## **9. Children's Community Healthcare Services**

9.1. The proposal to integrate Children & Families and Justice Social Work Services into the HSCP was discussed at NHS Senior Leadership Team, at that time it was also agreed that the current programme board would have its remit extended to also consider the potential advantages and disadvantages of NHS Children's Community Healthcare services being part of one or both Health and Social Care Partnerships along with other Community Health and Children's Services. However, at this stage, the Board are being asked to consider the recommendation that Falkirk Council's Children & Families and Justice Social Work Services be integrated into the Falkirk HSCP under the remit of the Falkirk IJB. Subject to the decisions taken linked to this report, the Programme Board will continue to progress the transfer, monitor benefit realisation, and commence consideration of opportunities and challenges for the integration of children's healthcare services.

## 10. Implications

### Financial Implications

- 10.1. In common with Adult Social Work and other Council services, Children's and Justice Social Work services have experienced significant financial pressure. The budget and outturn position for the last three financial years is shown in the table below, alongside the projected outturn for 2024/25.

<b>Financial Year</b>	<b>Budget £m</b>	<b>Outturn £m</b>	<b>Variance £m</b>
<b>2021/22</b>	29.484	29.467	(0.017)
<b>2022/23</b>	29.137	31.434	2.297
<b>2023/24</b>	33.516	32.802	(0.714)
<b>2024/25 (projected)</b>	35.643	35.671	0.028

- 10.2. The overspend in 2022/23 was related to savings which had been built into the budget which were not realised due to increasing demand and challenges with availability of affordable care placements. As a result, the budget was rebased for 2023/24 and a positive outturn position was achieved that year.
- 10.3. Of the £35m budget for 2024/25, c£0.5m of this relates to the net expenditure for Justice services. The majority of Justice services is funded from a specific Scottish Government grant, known as the Section 27 grant. In 2024/25, the total gross expenditure budget for Justice Services was £4.6m. The element which is not funded by the Section 27 grant will also be passed to the HSCP accordingly.
- 10.4. In 2024/25, Children's and Justice services are projected to be broadly on budget. Residential care spend remains volatile and is projected to be over budget by £0.873m due to demand led pressures. In addition, the limited availability of alternative provision is making it difficult to move children out of external residential care and into more appropriate care settings. An overspend of £0.452m in aftercare is driven by Falkirk's statutory duty to offer eligible care experienced young people after care until the age of 26.
- 10.5. Costs also relate to the Council's statutory duty to receive and care for asylum seeking children under the National Transfer Scheme. Some asylum seeker young people are living in residential care placements due to limited alternative care options, which costs far more than the funding available from the Home Office. These pressures are being offset by the underspend in the family placement service and savings from vacancies within the Service. There are also developments in the Continuing Care/Aftercare services where several creative arrangements have allowed young people to move out of costly residential accommodation and live in supported accommodation or move on to independence. A housekeeping exercise has been completed on the budget to better reflect the service pressures, leading to some movements across various areas.
- 10.6. For 2025/26, work continues on the development of the MTFP for the Closer to Home project. At this stage, it is anticipated that the previous savings target of target of £0.6m, for Children's & Families can be achieved in 2025/26 through this project.
- 10.7. As noted earlier in the report, it is proposed that, should the integration of Children's and Justice services be approved, Falkirk Council will continue to maintain oversight of the Closer to Home Board and bear the overall financial risk for 2025/26 should an overspend arise.

### **Workforce Implications**

- 10.8. Workforce resource implications have been considered by the Workforce subgroup as described above. All Children & Families and Justice staff will transfer to the HSCP on existing terms and conditions and will remain employees of Falkirk Council. The work will ensure that the council will continue to support children's services resource within the partnership.

### **Sustainability Implications**

- 10.9. There are no anticipated sustainability implications.

### **Sustainability Declaration**

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

- Yes  
 N/A

### **Quality / Patient Care Implications**

- 10.11. Quality of care for those supported by the services will continue to be managed through existing care governance processes and systems.

### **Information Governance Implications**

- 10.12. There are no initial anticipated Information Governance implications. Any future changes to working practices with information governance implications will be dealt with through the established information governance processes.

## **11. Risk Assessment / Management**

- 11.1. The delegation of the Children's and Justice Social Work functions to the IJB will require to be agreed by both the Council and NHS Forth Valley as the parties to the Integration Scheme following the consultation set out in the Public Bodies (Joint Working) (Scotland) Act 2014. Thereafter, the agreement of Scottish Ministers is also required.
- 11.2. The Integration Programme Board has created a Project Initiation Document (PID), which includes a section on emerging risks and issues that are considered and mitigated by the Programme Board and the 4 sub-groups. This is kept under regular review at meetings and updated as required. The key risks relate to sufficient capacity and time to complete the necessary due diligence work that address areas such as financial pressures; clinical and care governance matters; workforce structures and posts; and consultation and engagement with employees, communities, and partners.
- 11.3. The work of the project subgroups is focused on mitigating against these risks. The workforce subgroup is identifying the appropriate level of support functions required by the services being transferred, such as HR; Customer and Business support, performance, policy and service planning and commissioning and procurement to be provided by the Council to meet the business needs of the services. The communications and engagement subgroup has extensively engaged with staff, trade unions and service users as described above.
- 11.4. The draft revised Integration Scheme proposes that any financial deficits/risks will remain the responsibility of the constituent authority, therefore there is no material risk to NHS Forth Valley relating to potential revenue overspends of the services transferring to the partnership.
- 11.5. The Programme Board have also considered the risk of potential disruption to existing functions/services in the partnership and their own ongoing integration. The proposal to keep existing staff structures intact at the point of integration is designed to minimise disruption to

existing partnership functions while laying the foundation for realising the benefits of future integration at an appropriate pace.

11.6. A key focus will also be on maintaining the strong relationships that Children's Services have with Education colleagues, with the Integrated Children's Services Plan providing a strong basis for continuing to work closely with services across functional boundaries.

11.7. The Programme Board will continue to identify and manage any emerging risks as the integration happens (subject to decisions to progress.)

## **12. Relevance to Strategic Priorities**

12.1. This proposal supports the NHS Forth Valley Corporate objective to "Develop individual and collective responsibility to enable a collaborative approach to system leadership." Specifically, the proposal will assist in achieving the Outcomes to "Promote and develop better integrated services locally and regionally" and achieve "A joined up, collaborative approach to our system-wide leadership."

## **13. Equality Declaration**

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

13.2. Further to an evaluation it is noted that:

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

13.3. The proposal has fully considered the impact on protected characteristic groups. Internal and external engagement on the proposals have taken place. No negative impacts on protected characteristic groups have been identified. Potential positive impacts will be monitored going forward.

## **14. Communication, Involvement, Engagement, and Consultation**

14.1. Consultation has taken place with internal and external stakeholders including people that use services. The following consultation and engagement activity has been undertaken throughout the development of the proposal:

- Initial staff sessions with Children's, Justice Services, Social Work Adult Service staff and Trade Union representatives, with presentations by Sara Lacey and Martin Thom, followed by staff feedback and discussion.
- Four follow up locality staff sessions, with Children's, Justice Services and Social Work Adult Service staff, facilitated by the locality managers.
- Elected Members briefing session
- Briefing and engagement session with Falkirk IJB
- Presentation and discussion with Falkirk Champions Board
- Presentation and discussion at NHS Forth Valley Seminar
- Online public consultation on Participate Plus platform, including offer of an in-person session at Forth Valley College

14.2. As described at sections 6 and 7 above, feedback from engagement has shaped the proposal from the outset. The outputs from all the engagement activity throughout the process have been collated and analysed. A summary and detailed responses to the points raised was issued to staff and trade unions.

14.3. Feedback included the following potential benefits and improvements for service user and staff:

- Shared values, knowledge, greater partnership working.
- Improved transitions and pathways between services.
- Joined up approaches to budget prioritisation.
- Potential for co-location to strengthen partnership working.
- Streamlining of referral processes.
- Cross discipline training opportunities.
- More shared assessments and multi-agency working.
- Placements in other parts of the partnership.
- Close alignment between Children's services and Allied Health Professionals.
- Joined up approach to Adult's and Children's Self Directed Support (SDS) packages.
- Close working with charities such as FDAMH.
- Strengthening opportunities for wider and third sector collaboration.
- Potential for clearer funding arrangements in transitions from children to adults for e.g. Foster Care.
- Alignment between the "Closer to Home" strategy and project plan and the IJB Strategic Plan.
- Stronger identity as a Social Worker – associated with services with similar values/ethics.
- Better integration of IT systems between both partners could improve work practice.
- Better public perception leading to improved outcomes for service users.

14.4. The following issues were highlighted to be given consideration:

- a) Maintaining good working relationships built up with Education colleagues: Unison colleagues noted the risk of disaggregation
  - Assurances were given that we will continue to sustain positive and effective relationships. Schools will continue to access the same social work services, and we will continue to work with Education to develop improvements, e.g. in considering access points to services. The social work adult service within the HSCP would hope to build on the positive relationships that exist between children's services and the education service to improve opportunities for lifelong learning for people in need of services. The Community Planning Partnership and Integrated Children's Services Plan will be even more pivotal in ensuring there are strong links and planning with all partners.
- b) Unite raised concerns over possible lack of Local Government democracy in the partnership
  - There are well established strong governance arrangements in place, with Elected Members having 3 of the 6 voting positions on the IJB. This arrangement has been in place within the IJB and HSCP for over 8 years which has overseen the development and delivery of adult social work and social care services. The proposed new Integration Scheme further strengthens Council involvement through the increase in board members from 3 to 4 (with same increase for NHS Board members.)
- c) The role of lead professional/Specialism-specific Social Work knowledge and training should not be diluted.
  - Assurance was given that strong professional disciplines are being brought together, not being watered down. We will not erode professional development.
  - It is a statutory requirement for every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO), under Section 3 of the Social Work



(Scotland) Act 1968. There are a number of statutory requirements in relation to the post, roles, and duties, within which local authorities must comply.

- The CSWO is required to ensure the provision of appropriate professional advice in the discharge of local authorities' statutory social work duties. For the role to be effective in the varying circumstances and configurations of Scottish local authorities, a focus on role and function rather than position or structures is appropriate. However, the CSWO should be positioned at a level of seniority commensurate with being able to advise the local authority and undertake the complex duties of the role.
- In Falkirk, the Chief Social Work Officer also fulfils the role of Head of Children's Social Work Services and Justice. As noted in the report, the CSWO has co-chaired the Integration Programme Board so is fully informed and has been actively involved in the planning and consultation processes in relation to the integration proposals.
- The CSWO will continue to provide the same statutory role and functions if the proposals are accepted and the Children's and Justice Services Social Work move into the HSCP and while some governance and reporting arrangements will change, the CSWO will continue to report on their statutory duties directly to the Chief Executive of the Council.

14.5. During discussion at the NHS Forth Valley Seminar on 19 November 2024 and at the Strategic Planning, Performance & Resources Committee on 17 of December 2024, the following issues were raised:

- Clarity was sought on the budget implications and it was advised that the baseline budget to be transferred was estimated to equate to the current recurring budget in addition to the 2025/2026 pay award assumed at 3% and previously identified efficiency target of £0.6m.
- Committee members questioned the oversight of such services, cost of transition and financial implications. It was advised that a Children's and Justice Services Integration Programme Board was established to oversee and support progress with the integration of services, and assurance was provided that in order to have sight of potential financial risks, the Children Service's budget would be outlined within the integrated budget
- In response to questions regarding staff engagement and clarity on trade union issues identified by the Workforce Sub-Group, it was agreed that work would be undertaken to develop communication with staff, providing reassurance and key information, in particular for NHS staff who would not be affected by this change. Assurance was provided that employee concerns raised within the Workforce Sub-Group had been resolved, as described at para 15.4 above.
- Following clarity being sought, it was agreed that detail on the role of the Chief Officer of Social Work would be outlined within the updated report, as per para 10.5 above.
- Some committee members raised concerns regarding the potential change and required a clearer analysis of the advantages and disadvantages of the proposal. Committee members were advised that if any committee members had outstanding queries over the purpose and desired outcomes of the transition, they should liaise with the Chair or Chief Executive so that further clarity could be provided outwith the meeting.

14.6. The feedback from these engagement sessions were considered as the overall final recommendations were developed throughout the process.

## **15. Additional Information**

15.1. A version of this report is also being considered at Falkirk Council on the 30 January 2025, and the Falkirk Integration Joint Board on 31 January 2025.

## **16. Appendices**

None.

**FORTH VALLEY NHS BOARD**

Tuesday 28 January 2025

**13.3 Integration Schemes**

**For:** Approval

**Executive Sponsor:** Professor Ross McGuffie, Chief Executive

**Author:** Mrs Jillian Thomson, Deputy Director of Finance

**Executive Summary**

The review of the Falkirk Integration Scheme and the Clackmannanshire and Stirling Integration Scheme is now complete. This paper provides a summary of the work undertaken by the project team to complete the review and seeks formal approval of both updated integration schemes in advance of submission to the Scottish Government.


**Recommendations**

The NHS Board is asked to:

- **note** the work undertaken by the project team to review and update the integration schemes.
- **note** that the integration schemes are subject to collective formal agreement by all partners in advance of submission to the Scottish Government for Ministerial approval.
- **approve** the revised integration schemes presented in appendix 1 and 2.

**Assurance**

Proposed assurance level:

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

A reasonable level of assurance is reported on the basis that formal project management arrangements were put in place to support the review of both schemes. Formal approval of both schemes will be considered by Local Authority colleagues in late January/early February.

**Key Issues to be considered**

**1. Introduction**

- 1.1. In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, Local Authorities and Health Boards are required to jointly prepare an integration scheme. The integration scheme is a legal document, subject to Ministerial approval, which sets out the key arrangements for how integrated health and social care services are to be planned, delivered and monitored in the local area. Each integration scheme should be reviewed every 5 years.
- 1.2. There are 2 existing integration schemes in Forth Valley, one for the Falkirk area and one for the Clackmannanshire and Stirling area, both of which refer to a “body corporate” model of integration (ie where the health board and local authority delegate relevant functions to a third independent body referred to as an Integration Joint Board). These existing schemes are dated March 2018 and were due for review in 2023. The NHS Board is asked to note that progress to review the schemes was delayed by the ongoing impact of the Covid 19 pandemic and agreement was reached with the Scottish Government that the schemes would be fully reviewed during 2024. The review is now complete and a number of changes and updates have been made to both schemes. The updated

versions of the schemes are attached at appendix 1 and 2 for approval by the NHS Board. A summary of all changes is also included at appendix 3 for information.

## **2. Review process**

- 2.1. A project team, led by an external facilitator/project manager, together with key representatives from the NHS Board and all three Local Authorities was established in January 2024 to take forward the review of both integration schemes.
- 2.2. The project team systematically reviewed each section of both schemes and made a number of changes to improve consistency, provide additional detail and clarify governance arrangements in line with the Public Bodies Joint Working regulations.
- 2.3. The most extensive revisions were made to the finance section in a bid to improve the level of detail provided on financial governance and financial management, including risk sharing arrangements. Dedicated NHS Board seminars were held on 5<sup>th</sup> and 11<sup>th</sup> November to consider all changes to both documents in more detail, together with any outstanding issues to be resolved. This was followed by further discussion and clarification at the Strategic Planning, Performance Resources Committee on held on 17 December.
- 2.4. A public consultation on the revised schemes was also undertaken to seek specific views on:
  - how easy each scheme is to read and understand;
  - the arrangements for operational management;
  - the arrangements for clinical, care, and professional governance.
- 2.5. The response rate was relatively low (2 responses in Falkirk, 7 in Clackmannanshire and 11 in the Stirling area). Key themes related to the challenges of integration and governance, financial sustainability and the need for collaborative leadership. No changes to the consultation draft were necessary in light of the responses received.

## **3. Revised integration schemes**

- 3.1. The revised schemes reflect a number of changes and updates, the most significant changes to note are summarised below (see further detail in appendix 3):
  - The Falkirk scheme includes a change in the voting membership of Falkirk IJB which increases the number of elected representatives and NHS Board representatives from 3 to 4 for each partner. This will require an additional Non-Executive Director from the NHS Board to join the voting membership of Falkirk IJB. There are no changes to the membership of Clackmannanshire and Stirling IJB.
  - The Falkirk scheme has been updated to extend the functions delegated by Falkirk Council to include Children's and Justice Social Work services (pending formal approval of the revised Falkirk scheme by Falkirk Council at their meeting on 30 January 2025). A paper on the integration of Children's and Justice Social Work services is considered as a separate agenda item. Assuming this change is formally approved by Falkirk Council, the NHS Board will require to consider whether it is appropriate to also integrate children's community healthcare services in future. Work to identify the opportunities and challenges associated with this will be taken forward by the Integration Programme Board and regular updates will be provided to the NHS Board as appropriate. There are no changes to delegated functions under the Clackmannanshire and Stirling scheme.
  - The finance section of both schemes was subject to a significant rewrite to strengthen financial governance (mainly to refer to the appointment of a Chief Finance Officer, publication of accounts/audit requirements and the budget setting process) and financial management arrangements (including reporting, budget virement, management of budget variances and risk sharing). Key changes relate to Set Aside (with a principle that budgetary and operational responsibility should be aligned) and risk sharing where each Party retains ultimately responsibility for resolving the net overspend pressure within the functions that they have delegated.

- 3.2. Pending formal approval by the NHS Board and our Local Authority partners, both schemes are expected to be submitted to the Scottish Government for ministerial approval in late February 2025. A further update will be provided to the Board in March 2025 to confirm the ministerial feedback and decision.

### **Implications**

#### **Financial Implications**

As outlined above, extensive changes were made to finance sections of both schemes, particularly in relation to Set Aside and risk sharing. Changes relating to Set Aside have implications for the NHS Board in that work will require to be taken forward to finalise a method for quantifying and monitoring the financial consequences of planned changes in large hospital services (aka Set Aside) over time in line with statutory guidance. This will enable the consumption of large hospital services by the population of each IJB to be more accurately measured, including how that pattern of consumption and demand will change in the future through whole system redesign.

#### **Workforce Implications**

There are no immediate workforce implications associated with this report.

#### **Infrastructure Implications including Digital**

There are no immediate infrastructure or digital implications associated with this report.

#### **Sustainability Implications**

There are no direct sustainability implications arising from this report.

#### **Sustainability Declaration**

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

- Yes
- N/A

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

#### **Quality / Patient Care Implications**

It is recognised that quality of care and patient experience is enhanced through the provision of integrated Health and Social Care services. This is intended to ensure those who use health and social care services get the right care and support, whatever their needs, at the right time and in the right setting at any point in their care journey, with a focus on community-based preventative care.

#### **Information Governance Implications**

There are no direct information governance implications arising from this report.

#### **Risk Assessment / Management**

The key risk relates to financial risk exposure, however the updated version of the revised schemes is considered to provide an acceptable balance of risk between the parties.

#### **Relevance to Strategic Priorities**

The integration of Health and Social Care is a key corporate objective and strategic priority which the Board must comply with under the Public Bodies (Joint Working) (Scotland) Act 2014.

#### **Equality Declaration**

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

Further to an evaluation it is noted that: *(please tick relevant box)*

- Paper is not relevant to Equality and Diversity

### **Communication, involvement, engagement and consultation**

NHS Forth Valley was represented on the project team responsible for leading the review of both schemes. Consultation on the revised schemes has been undertaken internally through NHS Board seminars and the Strategic Planning, Performance and Resources Committee, through the finance team in conjunction with section 95 officers in Clackmannan Council, Falkirk Council and Stirling Council and with IJB CFOs. Wider public consultation has also been conducted by the parties in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

### **Additional Information**

N/A

### **Appendices**

1. Falkirk Health and Social Care Integration Scheme 2024 V6.
2. Clackmannanshire and Stirling Health and Social Care Integration Scheme 2024 V6.
3. Summary of changes to Integration Schemes.

**Falkirk**  
**Health and Social Care**  
**Integration Scheme**  
**2024**

**This integration scheme is to be used in conjunction with the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014**

**These regulations can be found at <http://www.scotland.gov.uk>**

## The Preamble

### **Our shared Vision for Integration**

NHS Forth Valley and Falkirk Council are the partners in this Integration Scheme. As partners we recognise that the main purpose of integration is:

- To improve the wellbeing of people who use health and social care services, in particular those whose needs are complex, and which require support from health and social care at the same time.
- To improve the wellbeing of those for whom it is necessary to provide timely and appropriate support in order to keep them well.
- To promote informed self-management and preventative support to avoid crisis or ill health.
- To jointly deliver on the national health and wellbeing outcomes.

Our shared vision for integration between NHS Forth Valley and Clackmannanshire, Stirling and Falkirk Councils is for confident and ambitious Integration Joint Boards which support people to achieve better outcomes and experience fewer inequalities, where voices are heard, and people are supported to enjoy full and positive lives in the community.

We aim to deliver success in integration where:

- People experience improved health and wellbeing.
- Integrated services provide holistic care focused on outcomes.
- Pathways between health, social work and social care services become seamless.
- Inequalities are reduced.
- Shared resources are deployed using best value principles to achieve better outcomes, maximise efficiencies from integrated care allowing public funds to go further to meet demand.
- Good clinical, care and professional governance improves the quality of service delivery.

To achieve this, we will:

- Build on the Integration delivery principles set out in the Act.
- Respect the principles of human rights, equalities, and independent living, treating people fairly.
- Work collaboratively to embed this shared vision within staff teams, supporting and developing staff from all organisations to respond appropriately, putting people first.
- Recognise that our people are our greatest asset, and it is through their talents and ambitions that real improvement will continue to be made.
- Support staff to learn from and build on best practice.

- Support the Integration Joint Board to deliver on its strategic plan, progressing the national health and wellbeing outcomes.
- Provide sufficient funds to meet needs in the Local Authority area,
- Work together on human resources, finance, integrating IT and other areas that will promote integrated working by our staff.
- Support the unique role of the Chief Officer by avoiding unnecessary duplication and parallel systems, the creation of integrated or single systems that support patient/ service user/ supported people in an integrated manner. Equally, support the Chief Officer operationally to achieve single finance functions, performance management, assurance, risk and staff governance approaches.



## Integration Scheme

### Between

**Falkirk Council**, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at The Foundry, 4 Central Boulevard, Central Park, Larbert ("**the Council**");

and

**Forth Valley Health Board**, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as "NHS Forth Valley") and having its principal offices at Carseview House, Castle Business Park, Stirling, FK9 4SW hereinafter referred to as "**NHS FV**" or "**Health Board**"

Together referred to as "**the Parties**".

### DEFINITIONS AND INTERPRETATIONS

"**Act**" means the Public Bodies (Joint Working) (Scotland) Act 2014;

"**Care Governance**" means a robust system for assuring high standards in the delivery of safe, personalised and effective health and social care services ; and "**Clinical Governance**" means a framework through which NHS FV is accountable for continuously improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish (together, "**Clinical and Care Governance**").

"**Chief Finance Officer**" means the Chief Finance Officer appointed by the Integration Joint Board in terms of section 95 of the Local Government (Scotland) Act 1973.

"**Chief Officer**" means the individual appointed to the Integration Joint Board by virtue of Section 10 of the Act;

"**Chief Social Work Officer**" means the chief social work officer appointed ~~from time to time~~ by the Council pursuant to section 3 of the Social Work (Scotland) Act 1968;

"**Clackmannanshire**" means the local government area for Clackmannanshire as defined in the Local Government etc. (Scotland) Act 1994

"**Community Planning Partnership**" means all those services that come together to take part in community planning as set out in the Community Empowerment (Scotland) Act 2015

"**Delegated Functions**" means the functions referred to in section 60 of the Act and listed in Annex 1 and 2 of this Scheme that are delegated to the Integration Joint Board.

"**Direction**" means the formal instruction to the Parties by the Integration Joint Board that is to be undertaken by each party on behalf of the Integration Joint Board and the financial resources that are being made available to each party in undertaking these services in accordance with section 26 of the Act.

"**Falkirk**" means the local government area for Falkirk as defined in the Local Government etc. (Scotland) Act 1994;

"**Health and Social Care Partnership**" means the single integrated operational arrangement established by the Parties in order to implement the Directions of the Integration Joint Board

"**Host**" means the designated Chief Officer operationally responsible for a service managed across Forth Valley;

**"Integration Authority"** is the Integration Joint Board established in pursuance of this Integration Scheme

**"Integrated Budget"** means the budget for the delegated resources for the Integrated Functions comprising:

- i. The payment made to the Integration Joint Board by the Local Authority for delegated adult social care services; and
- ii. The payment made to the Integration Joint Board by the Health Board for primary and community healthcare services and for those delegated hospital services which will be managed by the Chief Officer.

**"Integration Functions"** means the functions that are to be delegated to the Integration Joint Board under section 1 or 2 of the Act

**"Integration Joint Board ("IJB")"** means the Falkirk Integration Joint Board established by order under section 9(2) of the Act

**"Integration Joint Board Order"** means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (SSI 285/2014)

**"Integration Planning Principles"** are as defined in section 4 of the Act;

**"Integration Scheme Regulations"** means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

**"Integrated Services"** means the services that are delivered by the Parties as Directed by the Integration Joint Board

**"Large hospital"** means a hospital serving two or more local authority areas.

**"Large Hospital Services"** means services that are provided in exercise of Integration Functions delegated by NHS Forth Valley to the Integration Joint Board which (a) are carried out in a hospital in the area of NHS Forth Valley and (b) are provided for the population of two or more local authorities (unless NHS Forth Valley deems that they do not require to be treated as such). These services are managed by the Director of Acute Services. Services provided in a community hospital do not ordinarily fall within this definition unless a material proportion of the care is provided for the population of two or more local authorities.

**"Local Authorities"** means Falkirk Council or either or both of Clackmannanshire Council and Stirling Council as the context admits.

**"National Health and Wellbeing Outcomes"** means the outcomes prescribed under section 5 of the Act

**"NHS Nursing Director"** means the individual appointed by NHS FV to provide professional leadership for nursing and midwifery services and appointed by the Scottish Ministers as an Executive Board Member of NHSFV

**"NHS Medical Director"** means the individual appointed by NHS FV to provide the professional leadership for medical services and appointed by the Scottish Ministers as an Executive Board Member of NHSFV.

**"Operational Management"** means all the day-to-day functions required to control the delivery of delegated health and social care services including clinical, care and professional standards and governance, financial management, operational risk management and staff governance, the configuration of those services and all functions associated with ensuring the implementation of Directions issued by the Integration Joint Board.

**“Operational Risk”** means the risk of incurring detriment due to inadequate or failed internal processes, people, controls or from external events.

**“Oversight”** means the requirement to be assured that functions are being delivered as directed, that the Strategic Plan is being delivered and that Integrated Services operate safely and to the quality expected (ie clinical care and professional governance). This might include receiving reports about shifts in service delivery that demonstrate the implementation of Directions and the Strategic Plan. Oversight is not about day-to-day Operational Management

**“Outcomes”** means the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers

**“Parties”** means the Falkirk Council and NHSFV;

**“Partners”** means communities, staff, third sector, service users and carers and independent sector.

**“Planning Period”** means the 3-year term of the IJB Strategic Plan

**“Payment”** means the contribution made by the Parties to the Integration Joint Board in respect of the Integration Functions or similarly the amount directed by the Integration Joint Board to the Parties for the operational discharge of the directed functions. Payment does not mean an actual cash transaction but a representative allocation for the delivery of the integrated functions in accordance with the Strategic Plan.

**“Scheme”** means this Integration Scheme.

**“Set Aside”** means the activity based budget for commissioned hospital services used by the Integration Authority population as set out in the Strategic Plan. This is the amount required to be set aside by the Health Board for use by the Integration Authority.

**“Service Users”** means persons to whom or in relation to whom services in respect of the Integration Functions are provided;

**“Standing Orders”** means the written rules which regulate the proceedings of the Integration Joint Board.

**“Strategic Plan”** means the plan with the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with Section 29 of the Act;

**“Strategic Plan Budget”** means the total amount of the Integrated Budget plus the **Set Aside Budget**.

**“Strategic Planning Group”** means the group established under Section 32 of the Act;

**“Third and Independent Sector ”** includes commercial and non-commercial providers of health and social care, representative groups, interest groups, social enterprises and community organisations.

**“Unpaid Carer”** means someone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support and the expression “persons who provide unpaid care” and similar expressions shall be construed accordingly.

## **1 CHOICE OF INTEGRATION MODEL**

- 1.1 In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in section 1(4)(a) of the Act will be put in place in Falkirk namely the delegation of functions by the Parties to a body corporate established by

Order under section 9 of the Act. This Scheme comes into effect on the date approved by Scottish Ministers.

- 1.2 As the Parties intend to delegate functions 'to a body corporate' there will be no wholesale transfer of staff either between the Council and NHSFV, or vice versa, or from both organisations.

## **2 DELEGATION OF FUNCTIONS**

- 2.1 The functions that are to be delegated by NHSFV to the Integration Joint Board are set out in Part 1 of Annex 1 annexed as relative hereto. The description of the services to which these functions relate are set out in Part 1 of Annex 1 of the Scheme. Unless otherwise stated health functions are delegated only in relation to persons over the age of 18 years. The description of the services to which these functions relate are set out in Parts 2 and 3 of Annex 2.
- 2.2 The functions that are delegated by the Council to the Integration Joint Board are set out in Parts 1,2 and 3 of Annex 2 annexed as relative hereto. The description of the services to which these functions relate are set out in Part 4 of Annex 2.

## **3 MEMBERSHIP**

- 3.1 Membership of the Integration Joint Board will be determined in accordance with the Membership Order.
- 3.2 Falkirk Council will nominate four of its councillors to the Integration Joint Board and NHSFV will nominate four Board members to the Integration Joint Board, to be voting members.

## **4 LOCAL GOVERNANCE ARRANGEMENTS**

- 4.1 The term of office of a member of the Integration Joint Board is a maximum of the term of office as a Non-Executive Board member of the NHS or in respect of Elected Members the term of the Council. IJB members may be reappointed for a further term(s) of office. Board members appointed by the Parties will cease to be members of the Integration Joint Board in the event that they cease to be a non-executive board member of NHSFV or an elected member of Falkirk Council. The Chief Social Work Officer, Chief Officer and Chief Finance Officer remain members of the Integration Joint Board for as long as they hold the office in respect of which they are appointed.
- 4.2 In line with the Integration Joint Board Order, non-voting membership will be agreed by the Integration Joint Board and set out in the Standing Orders.
- 4.3 The Chairperson and Vice Chairperson will be drawn from the NHSFV Board and the Council voting Members of the Integration Board. If a Council Member is to serve as Chairperson, then the Vice Chairperson will be a member nominated by the NHSFV and vice versa. The appointment to Chairperson and Vice Chairperson is time limited to a period not exceeding two years from the date of appointment and carried out on a rotational basis between Council and NHSFV appointed Chairpersons. The Council or NHS Board may change their appointee as Chairperson or Vice Chairperson during an appointing period.

## **5 LOCAL OPERATIONAL MANAGEMENT ARRANGEMENTS**

- 5.1 The Integration Joint Board has the responsibility for the planning of services in relation to the Delegated Functions and is required by section 29 of the Act to prepare a Strategic Plan. The Strategic Plan must set out the arrangements for carrying out the integration and how these arrangements are intended to achieve or contribute to achieving the National Health and Wellbeing Outcomes.
- 5.2 The Integration Joint Board is responsible for the planning of Delegated Functions as specified in Annex 1 and Annex 2 of this Scheme. For the avoidance of doubt this includes strategic planning responsibility for those Delegated Functions for which another manager of NHS Forth Valley retains Operational Management responsibility as set out in paragraph 5.12 below.
- 5.3 The Integration Joint Board shall be responsible for carrying out the Integration Functions but shall do so by Directing one or both Parties to carry out each Integration Function having regard to the Strategic Plan.
- 5.4 The Parties agree to integrate Delegated Functions at an operational level through the Chief Officer who will manage a Health and Social Care Partnership where the integration of services for the benefit of people who use services can happen. This will allow the Parties to have arrangements in place to carry out the integration planning principles as set out in section 4 of the Act.

### **Corporate support**

- 5.5 It will be the responsibility of the Parties to work collaboratively to provide the Integration Joint Board with support services which will allow the Integration Joint Board to carry out its functions and requirements. The Parties agree to make available to the Integration Joint Board such professional, technical, or administrative resources as are required to support the development of the Strategic Plan and the carrying out of Delegated Functions. The workforce to support some of these functions may work within the Health and Social Care Partnership. These arrangements will be reviewed through regular reports from the Chief Officer of the Integration Joint Board.
- 5.6 The Parties agree to ensure sufficient corporate support is available within the operating parameters of the Parties to ensure the delivery of operational services through the Health and Social Care Partnership and to support the workforce.

### **Support for Strategic Planning**

- 5.7 The Integration Joint Board will participate as a partner in the Community Planning Partnership in line with local arrangements.
- 5.8 NHSFV will provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services, provided by other Health Boards, by people who live within Falkirk.
- 5.9 The Council will provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services within other local authority areas by people who live within Falkirk.

- 5.10 The Parties agree to use all reasonable endeavours to ensure that the Clackmannanshire and Stirling Integration Joint Board and any other relevant integration authority will share the necessary activity and financial data for services, facilities and resources that relate to the planned use of resources by residents in their integration authority area.

### **Operational management**

- 5.11 NHSFV are responsible for the Operational Management of all health services where Operational Management is through the Chief Officer, Health and Social Care Partnership and the Director of Acute Services.
- 5.12 Large Hospital Services will be operationally managed by the Director of Acute services who will act on Directions from the Integration Joint Board in relation to Delegated Functions and provide all required information on performance, finance and clinical and care governance as required by the Integration Joint Board.
- 5.13 The Integration Joint Board will have Oversight of integrated services delivered through the Health and Social Care Partnership and integrated Large Hospital Services to ensure compliance with the Strategic Plan of the Integration Joint Board.
- 5.14 NHSFV will through the Chief Officer and Director of Acute Services provide information on a regular basis to the Integration Joint Board on the performance and governance of these services and compliance with Directions.
- 5.15 The Council is responsible for the Operational Management of all social work and social care services through the Chief Officer.
- 5.16 Certain delegated housing functions will be operationally managed by the Head of Housing and Communities or equivalent who will act on Directions from the Integration Joint Board and provide all required information on performance, finance and clinical and care governance as required by the Integration Joint Board.
- 5.17 The Council will through the Chief Officer provide information on a regular basis to the Integration Joint Board on the performance and governance of those services and compliance with Directions.
- 5.18 The Parties, with Clackmannanshire and Stirling Councils recognise that certain Integrated Services require Operational Management best delivered on a Forth Valley wide basis. It is proposed that a Hosting approach to these services is adopted (known as Hosted Services). The role of the Host Chief Officer is set out in paragraph 6.7 below.
- 5.19 The arrangements for Hosted services are set out in Annex 1 Part 3 with one Chief Officer acting as Host in most circumstances. The Host may be subject to change in agreement between the Falkirk, Clackmannanshire, and Stirling Councils, NHSFV and the Falkirk, Clackmannanshire and Stirling Integration Joint Boards.
- 5.20 The Integration Joint Board is responsible for Oversight of all Delegated Functions through the Chief Officer.
- 5.21 The Parties will advise the Integration Joint Board where they intend to change operational service provision in any area of provision including support services that may have a resultant impact on the Strategic Plan.

### **Performance Management**

- 5.22 The Integration Joint Board has a performance framework which contains the lists of targets and measures that relate to the Delegated Functions, and which show progress

against their Strategic Plan. The reporting cycle is set out in the Performance Framework but will be no less than annually in order that the Integration Joint Board can prepare its annual report in accordance with section 42 of the Act.

- 5.23 The Parties will provide the relevant information, including activity and financial information, to the Integration Joint Board to meet the requirements of the performance framework and to enable The Integration Joint Board to prepare a report as required by section 42 of the Act and in accordance with The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. This report will be shared with the Council's Scrutiny Committee (or any other committee which may replace its scrutiny obligations) and the equivalent committee in NHS Forth Valley
- 5.24 The Parties will also provide information on the non-integrated functions of the Parties that will have to be taken into account by the Integration Joint Board in relation to the preparation of their Strategic Plan.

### **Directions**

- 5.25 The Integration Joint Board will routinely receive from the Chief Officer and Chief Finance Officer, for agreement and approval, reports as relevant. The Integration Joint Board upon consideration of such reports may issue, amend, or withdraw a Direction to the relevant party in line with their Directions Policy.
- 5.26 A Direction is the end point in a planning or change process that includes appropriate and sufficient engagement with the Parties involved as detailed in the Directions Policy.
- 5.27 Information will be provided by the Parties, to the Integration Joint Board setting out the arrangements they have made to ensure that a Direction has been delivered and that the objectives of the Strategic Plan will be achieved. If it is considered by the Integration Joint Board that any of the arrangements made by either of the parties are not sufficient, the Chief Officer will bring this to the attention of the party in question, in writing, with details of any further action which the Integration Joint Board considers should be taken.

## **6 Chief Officer**

- 6.1 The Integration Joint Board shall appoint a Chief Officer in accordance with section 10 of the Act. The arrangements in relation to the Chief Officer agreed by the Parties are:
- 6.2 The Chief Officer will be employed by one of the Parties on behalf of the Integration Joint Board, to which they will be accountable. The Chief Officer will be a substantive member of the senior management teams of both the Council(s) and NHSFV. The Parties agree to a single integrated model for Operational Management for Integrated Services by the Chief Officer through a single integrated operating unit known as the Health and Social Care Partnership.
- 6.3 The Chief Officer shall not also hold the office of Chief Social Work Officer, NHS Medical Director, or NHS Nursing Director.
- 6.4 The Chief Officer will report to the Chief Executives of both Parties on Operational Management. Joint performance review meetings, involving the Parties Chief Executives will take place regularly and at a minimum of quarterly. A key element of the Chief Officer's role will be to develop close working relationships with elected members of the Council and Non-Executive and Executive NHSFV Board members.

- 6.5 The Chief Officer will be responsible for the operational management and performance of Integrated Services including hosted services as set out in Annex 1 and 2. Large Hospital Services with the exception of Mental Health Inpatients will be operationally managed by the Director of Acute Services.
- 6.6 The operational role of the Chief Officer is detailed in a job description agreed by the IJB and Parties.
- 6.7 Appropriate communication and liaison will be in place between the Chief Officer and the Director of Acute Services in order that the strategy, resourcing and performance of Large Hospital Services and inpatient mental health services can be agreed by the Integration Joint Board and any required Directions can be issued.
- 6.8 Where a Chief Officer is the Host in relation to a hosted service set out in Annex 1 part 3 the Parties agree that the Host will:
- Have Operational Management responsibility for those services across Forth Valley.
  - Co-ordinate the Strategic Planning of those hosted services with the chief Officer of the other Integration Joint Board and have regard to all localities across Forth Valley.
  - Will seek approval from both Integration Joint Boards on proposed strategy for those services as required in section 29 of the Act and having regard to all localities in the Forth Valley area.
  - Will ensure that the service complies with agreed clinical and care governance standards and participate in the respective Integration Joint Board clinical, care and professional governance processes, and
  - Will provide reports on those services to the other Integration Joint Board at least in every Planning Period, ensuring consultation where significant service change is planned at any point or where efficiency savings or other financial targets are to be applied to the service. Reports will include both performance and financial information in respect of the service.
- 6.9 The Chief Officer will have in place management structures and a Senior team of direct reports that ensure adequate and effective oversight and assurance to the Integration Joint Board in relation to performance, professional and clinical and care governance.
- 6.10 The Chief Officer shall establish and maintain effective working relationships with a range of key stakeholders across NHSFV, the Council, the Third and Independent Sector, service users and carers, Scottish Government, trade unions and relevant professional organisations. The Chief Officer will be a partner in the Community Planning Partnership.
- 6.11 Where the Chief Officer is absent or otherwise unable to carry out their responsibilities, a member of the team of directly managed staff who is an employee of either the Council or the Health Board will be designated as Depute Chief Officer. If the Chief Officer's absence is expected to be more than three months, an interim recruitment process will be put in place by the Parties, unless the Parties' Chief Executives agree that such a step is not necessary in the circumstances.

## **7. CLINICAL AND PROFESSIONAL CARE GOVERNANCE**

- 7.1 The Parties are accountable for ensuring appropriate clinical and professional care governance arrangements in respect of their duties under the Act. The Parties will



have regard to the principles of the [Scottish Government's Clinical and Care Governance Framework](#) (or its successor document), including the focus on localities and service user and carer feedback. The parties will agree an integrated framework for the delivery for integrated clinical, care and professional governance arrangements. Professional and service user networks or groups will inform an agreed Integrated Clinical, Care and Professional Governance Framework directing the focus towards a quality approach, continuous improvement, and the integration of Delegated Functions and services.

- 7.2 To provide assurance to the Integration Joint Board and the Parties on the effectiveness of these arrangements the Parties will have in place explicit lines of professional and operational accountability. These arrangements underpin the delivery of safe, effective, and person-centred care by employees of the Council, NHSFV, and the Third and Independent sector in all care settings delivered.
- 7.3 In relation to Delegated Functions, NHSFV is accountable for the clinical and care governance of health services, and the Council is accountable for governance of social work and social care services.
- 7.4 It will remain the responsibility of the Parties to assure the quality and safety of services commissioned from the third and independent sectors in line with the requirements set out in the Strategic Plan.
- 7.5 The structure of the clinical and care governance arrangements as it relates to the Delegated Functions and the provision of assurance to the Integration Joint Board and the Parties is set out in the Clinical and Professional Care Governance framework. The framework will be reviewed at a frequency of no less than 3 years.
- 7.6 Professional governance responsibilities will continue to be carried out by the professional leads through to the health, social work, and social care professional regulatory bodies.
- 7.7 Principles of clinical and care governance will be embedded at service user/clinical care/professional interface using the Clinical and Professional Care Governance framework. The Parties will ensure that explicit arrangements are made for professional supervision, learning, support, and continuous improvement for all staff.
- 7.8 The Parties will provide, by way of assurance to the Integration Joint Board, evidence of effective performance management and clinical and professional care governance systems in relation to the operational delivery of the Integrated Services.
- 7.9 Both Parties will retain separate duty of candour policies. The Parties agree to work towards an integrated duty of candour process to be included in the Clinical and Professional Care Governance Framework.
- 7.10 In respect of clinical, care and professional governance for delegated health functions where the Integrated Services are managed by the Director of Acute Services, NHSFV will establish a Clinical Governance Committee. The Clinical Governance Committee (or its successor) will provide oversight, advice, guidance, and assurance to the Integration Joint Board in relation to those Delegated Functions. These arrangements will be set out in the Clinical and Professional Care Governance Framework.
- 7.11 The Chief Social Work Officer, the Medical Director, Director of Nursing and Midwifery, Director of Pharmacy, Director of Allied Health Professions or their representatives and a Medical Practitioner whose name is included in the list of primary medical services performers ( the executive professional leads), will provide professional advice to the Chief Officer and the Integration Joint Board in respect of

the overview, consistency of service quality and assurance and, application of the clinical and care governance framework.

- 7.12 The executive professional leads will provide advice to the Strategic Planning Group and localities for the purposes of locality planning in respect of inpatient (acute, mental health drug and alcohol and learning disability) and community services respectively.
- 7.13 The Director of Acute Services will have in place management structures that ensure accountability and responsibility for professional, clinical and care standards and governance for Integrated Services which they have Operational Management responsibility.

## **8. WORKFORCE**

- 8.1 The Parties are committed to ensuring staff possess the necessary skills and knowledge to provide service users with the highest quality services. Any future changes in staff arrangements will be planned and co-ordinated and will involve the full engagement of those affected by the changes in accordance with established practices and procedures.
- 8.2 The Parties will deliver an Integrated Workforce Plan for integrated functions. In doing so the plan will consider the needs of the integrated health and social care workforce, including the impact of third and independent sector care provision as part of the overall planning process. The Plan will set out how support and development will be provided for and to the workforce and how the workforce will be developed to meet the requirements of the Integration Joint Board's Strategic Plan. Reviews of the Workforce Plan will be undertaken in conjunction with a review of the Integration Joint Board's Strategic Plan and in consultation with the Integration Joint Board.
- 8.3 The Parties will provide human resource services and workforce planning information as required by the Chief Officer from the appropriate corporate human resource functions within the Council and NHSFV.
- 8.4 The Parties will ensure that professional/clinical supervision arrangements are in place.

## **9. Finance**

- 9.1 References to the Integration Joint Board's Chief Officer and Chief Finance Officer in this section are references to those persons acting on behalf of the Integration Joint Board and are without prejudice to the Integration Joint Board adopting a scheme of delegation delegating such powers as it thinks appropriate to the Chief Officer and the Chief Finance Officer.

### **Financial Governance arrangements**

#### **Appointment of a Chief Finance Officer**

- 9.2.1 The Integration Joint Board shall appoint a Chief Finance Officer to oversee the proper administration of its financial affairs in accordance with section 95 of the Local Government Scotland Act 1973.
- 9.2.2 The Chief Finance Officer will be employed by one of the Parties.

- 9.2.3 In the event that the Chief Finance Officer position is vacant, the Chief Officer shall secure, through agreement with both the Council's Section 95 officer and NHSFV's Director of Finance, an appropriate interim resource to discharge the role until such time as the post is permanently appointed to.
- 9.2.4 With respect to the provision of corporate support functions, the Parties shall identify appropriate operational finance personnel to support the Chief Finance Officer.

#### **Published Accounts and Audit requirements.**

- 9.3.1 As a public body defined under section 106 of the Local Government (Scotland) Act 1973 (Section 13), the Integration Joint Board is required to produce audited annual accounts in accordance with the Local Authority Accounts (Scotland) Regulations 2014 and the CIPFA Code of Practice on Local Authority Accounting in the United Kingdom. The Integration Joint Board must also publish an Annual Performance Report which incorporates financial performance and best value.
- 9.3.2 The Accounts Commission shall appoint the External Auditors to the Integration Joint Board.
- 9.3.3 The nature of the relationship between the Parties is considered to be a joint venture and will be reported as such in the accounts of the Council and NHSFV as appropriate. Corresponding disclosures will be included in the Integration Joint Board accounts.

#### **Budget setting process**

- 9.4.1 The Parties agree to the establishment of an Integration Joint Board budget comprised of an Integrated Budget and a Set Aside Budget.

#### **Integrated budget**

- 9.5.1 The Parties recognise that the establishment of an Integrated Budget to meet commitments in the Strategic Plan depends on their co-operation between each other and with the Integration Joint Board and that all Parties must approach such discussions in good faith, recognising the pressures and constraints on their respective budgets and services. The Integrated Budget will be funded by payments from all Parties in respect of all relevant delegated functions specified in annex 1 and annex 2 of the Scheme. The funding contribution and amounts to be paid by the Parties shall be determined based on the following:
- An annual Business Case prepared by the Chief Finance Officer which summarises the Integration Joint Board's funding requirements and financial planning assumptions including savings and efficiencies for the forthcoming financial year to deliver against the strategic plan and the national health and wellbeing outcomes. The Business Case will be presented to the Parties in November/December of each year in order to inform their respective financial planning processes and to enable payments to be negotiated and agreed in advance of the financial year to which they relate.
  - Where anticipated resources to deliver the strategic plan priorities are assumed to be insufficient, the business case should set out the anticipated impact on performance as far as possible and identify any strategic or operational risks.
  - The Business Case will align with the Integration Joint Board's strategic plan and will reflect all known national policy commitments and local service developments, including the impact of service redesign and efficiency initiatives arising from IJB Directions and Scottish Government sustainability and value targets.

- Where resources allocated to either of the parties are ring fenced, the same ring fencing shall apply when resources are delegated to the Integration Joint Board (the Integration Joint Board is not permitted to use such ring-fenced resources for any other purpose other than that originally intended).
- The annual payment from each Party will be indicatively shared with the IJB by 28 February and formally notified to the Integration Joint Board no later than 31 March each year, subject to Scottish Government confirmation of NHS and Local Authority funding levels.
- Once funding contributions from the Parties are formally agreed, the Integration Joint Board will draft and issue Directions to all Parties to confirm the agreed Integrated Budget for all relevant Delegated Functions as specified in annex 1 and annex 2 of the Scheme in the first reporting cycle of the financial year. The Directions will remain in force until they are varied, revoked, or superseded as a consequence of specific Integration Joint Board decisions or in response to changes in strategic priorities and financial planning assumptions. Directions will be developed and issued in line with the Integration Joint Board's Directions Policy.
- With respect to subsequent financial years, as part of medium-term financial planning arrangements, the Parties shall provide indicative future year funding contributions to the Integration Joint Board to inform the Integration Joint Board's Strategic Plan and accompanying medium term financial plan.

9.5.2 The Parties will ensure that the Chief Officer and Chief Finance Officer are actively engaged in both the NHS and Local Authority strategic financial planning processes.

9.5.3 The Parties may increase the payment to the Integration Joint Board in year for supplementary allocations related to Integrated Functions which could not have been reasonably foreseen at the time the Integrated Budget was agreed or due to decisions made by them which have an impact on the Integrated Budget.

### **Set Aside Budget**

9.6.1 The Set Aside budget should reflect the consumption of hospital services. Where the Integration Joint Board's Strategic Plan identifies a change or there is a change in hospital consumption over time, the impact of the anticipated shift in the balance of care, including resource implications for the Set Aside budget, will be agreed via a detailed business case from the Chief Officer and Chief Finance Officer to be approved by the Integration Joint Board and NHSFV.

9.6.2 Any significant change to set aside arrangements may require a review of the Set Aside budget and consumption of hospital services by the Integration Joint Board and NHSFV. Any review of the Set Aside budget will also involve the Clackmannanshire and Stirling Integration Joint Board.

### **Financial Management Arrangements**

#### **Financial Reporting**

9.7.1 The Parties shall maintain detailed records of all financial transactions in respect of both integrated and set aside services and will provide accurate and timeous financial analysis, reports, budget statements, forecasts, and briefings to the Chief Finance Officer as appropriate.

9.7.2 The Chief Finance Officer will reconcile and consolidate the information received from the Parties to prepare the Integration Joint Board's annual financial statements,

medium term financial plan, annual business case, Integration Joint Board finance reports provided at a minimum of quarterly, Scottish Government returns and other routine budgetary control statements.

- 9.7.3 The Parties will ensure that appropriate and sustainable finance support is provided to the Chief Finance Officer in respect of financial reporting arrangements in line with section 8.4.2 above.

### **Reserves**

- 9.8.1 The Public Bodies (Joint Working) (Scotland) Act 2014 empowers the Integration Joint Board to hold reserves. Reserves are typically held for 2 key purposes; the first as a contingency to offset the financial impact of unforeseen events and/or emergency situations and the second to fund specific projects or earmarked future commitments as part of the Integration Joint Board's Strategic Plan.
- 9.8.2 The Integration Joint Board shall develop and maintain a transparent and prudent reserves policy. The Integration Joint Board shall ensure that all reserve balances are both adequate and necessary in line with its strategic plan and accompanying medium term financial plan.
- 9.8.3 The Parties may take into account the levels of reserves held by the Integration Joint Board as part of the annual budget setting process and in the context of both the Strategic Plan and the Integration Joint Board's reserve policy, subject to Scottish Government direction.

### **Virement and management of budget variances**

#### **Virements**

- 9.9.1 The Integration Joint Board will provide a Direction instructing how the Integrated Budget is to be used to deliver the agreed outcomes and priorities contained within its Strategic Plan. The allocation of payments from the Parties to each Delegated Function is therefore a matter for the Integration Joint Board to determine. As such, the Chief Officer may vire resources between the Health and the Social Care arms of the Integrated Budget as appropriate and with an appropriate audit trail.
- 9.9.2 Budget virement between the different arms of the Integrated Budget will require in-year balancing adjustments to the Directions issued to each Party in respect of payments from the Integration Joint Board (i.e. to confirm a reduction in the payment from the Integration Joint Board to one Party and a corresponding increase in the payment to another Party as appropriate).
- 9.9.3 The Chief Officer will not be able to vire between the Integrated Budget and any other budgets managed by the Chief Officer which are outside of the scope of the Integration Joint Board or within the Set Aside, unless explicitly agreed by the Parties.
- 9.9.4 The Integration Joint Board's financial regulations provide further details of arrangements for the virement of budgets.

#### **Management of budget variances**

- 9.10.1 The Chief Officer will manage the Integrated Budget so as to deliver the agreed outcomes within the Strategic Plan.
- 9.10.2 The Chief Officer will manage in year budget variances to deliver a breakeven position against the Integrated Budget.

9.10.3 The Director of Acute Services will be responsible in respect of the management of variations within the Set Aside budget and will manage in year budget variances to deliver a break-even position against the set aside budget.

### **Underspends**

9.11.1 In the event of a favorable variance against the Integrated Budget, the underspend will be retained by the Integration Joint Board and carried forward through reserves unless subject to exception detailed in 9.11.2 below. The Chief Finance Officer will consider if the underspend will be carried forward as a general or earmarked reserve dependent on the nature of the underspend and seek approval from the Integration Joint Board where required.

9.11.2 In the majority of circumstances, any underspend will be retained by the I Integration Joint Board, subject to some exceptions:

- Where funding is provisionally identified for a new service which is not then approved/implemented
- Housing Revenue Account funding

9.11.3 For the exceptions above, discussions will take place between the relevant parties to agree the outcome.

9.11.4 In the event of a projected in-year under spend in respect of the Set Aside budget, NHSFV may agree to make additional contributions to the Integration Joint Board. This type of funding is likely to be non-recurring. This will require discussion and agreement between the relevant parties.

### **Overspends**

9.12.1 To effectively manage overspends it is essential for the Chief Officer, Chief Finance Officer, and Director of Acute services to work together to effectively manage the whole pathway.

9.12.2 The Chief Officer and the Director of Acute Services will be responsible for the management of in-year pressures within the Integrated Budget and Set Aside Budget respectively and will be expected to take remedial action to mitigate any net variances and remain within the budget envelope.

9.12.3 In the event of an adverse variance against the Integrated Budget and/or Set Aside Budget, the Chief Officer and Director of Acute Services respectively shall take immediate and appropriate corrective action to address the overspend in conjunction with the Chief Finance Officer. This may require a formal recovery plan which may include remedial actions to return to balance. Where remedial actions can't be identified, the plan may include a decision by the Integration Joint Board to increase the payment to the affected Party, by utilising an underspend on another arm of the budget and/or reviewing existing reserves or adjusting the Strategic Plan. The review of reserves will include both general fund reserves and those earmarked reserves which are not statutory or subject to Scottish Government policy direction. The recovery plan will be developed in collaboration with both Parties and subject to approval by the Integration Joint Board.

### **Risk sharing**

9.13.1 In the event that there are insufficient reserves to offset a projected overspend or the Strategic Plan cannot be adjusted, then the Parties have the option to:

- make an additional one-off payment to the Integration Joint Board, based on an agreed cost sharing model taking into account the nature and circumstances of the overspend; or
  - provide additional resources to the Integration Joint Board which are recovered in future years, subject to scrutiny of the reasons for the overspend and discussion between the parties on a realistic medium to long term recovery plan.
- 9.13.2 Financial risk shall be managed through the financial management process noted above and the use of reserves or additional contributions as previously outlined.
- 9.13.3 Where unresolved overspends are identified and where recovery action is unsuccessful each Party retains ultimate responsibility for resolving the net overspend pressure within the functions that they have delegated
- 9.13.4 Recurring overspends will be considered as part of the following year's budget process. If a solution to the overspend cannot be agreed by the Parties, or is not agreed by the IJB, then the dispute resolution mechanism in this Scheme may require to be implemented.
- 9.13.5 With regard to set aside services risk share arrangements will not apply. Instead, NHS Forth Valley will continue to manage overspend pressures out with these risk share arrangements until such time as baseline activity metrics and on-going activity tracking can be agreed and implemented, to allow the consequences of business decisions to be understood and associated variances to be attributed to relevant parties.

### **Capital and Asset Management**

- 9.14.1 The Integration Joint Board, in conjunction with the Parties, shall identify all asset requirements necessary to deliver its Strategic Plan.
- 9.14.2 The Integration Joint Board will not hold a capital budget and does not have the power to borrow to fund capital expenditure. Rather capital investment, together with property and asset management, remains the responsibility of the Parties.
- 9.14.3 The Integration Joint Board shall be an integral part of the capital planning process of both Parties in order to secure capital investment and the effective use of property and assets to support health and social care integration.
- 9.14.4 Where the Chief Officer identifies as part of the Strategic Plan, new capital investment requirements, a business case should be developed for the Parties to consider. Options may include one or both of the Parties approving the project from its capital budget or where appropriate, other funding mechanisms.
- 9.14.5 In general, the Integrated Budget does not include payments from the Parties to cover the revenue costs of assets (rents, repairs, cleaning etc). Any change to this position will be agreed as part of the budget negotiations. There may be some exceptions, for example the Joint Loan Equipment Store and Primary Care functions but these areas will be discussed and agreed by all relevant parties.

## **10. PARTICIPATION AND ENGAGEMENT**

- 10.1 A proportionate joint consultation on this Scheme took place during September to December 2024. The following principles were agreed by the Parties and followed in respect of the consultation process:
- The views of all participants were valued;

- It was transparent;
- The results of the consultation exercise were published;
- It was an accessible consultation;
- The material for consultation was provided in a variety of formats;
- The draft scheme was published, and comments invited from members of the public;
- It was the start of an on-going dialogue about integration.

10.2 The stakeholders consulted are identified in Annex 3 to this Integration Scheme.

10.3 A range of engagement methods were used to consult on the Scheme:

- A questionnaire made available by email to a range of partners, carers and the wider public;
- Electronic distribution of the Scheme with information available on the home pages of Falkirk Council and NHS Forth Valley and the HSCP;
- Information shared through social media;
- A joint press release which informed the public
- Electronic team briefings for staff;
- Briefings with members of NHS Forth Valley, Elected Members of the Council and with the Integration Joint Board.

10.4 The Parties will support the Integration Joint Board to prepare and review an Involvement and Engagement Plan by providing appropriate resources and support. The Involvement and Engagement Plan shall ensure significant engagement with, and participation by, members of the public, representative groups, and other organisations in relation to decisions about the carrying out of integration functions. Feedback will be encouraged with internal and external stakeholders and the range of ways in which communities, groups and individuals can comment or share ideas will be explicit in all involvement and engagement activity.

10.5 The Parties and the Integration Joint Board will carry out Equality and Socio-Economic Impact Assessments (EQSEIAs), to ensure that services and policies do not disadvantage communities and staff.

10.6 The Parties will make available communication support to allow the Integration Joint Board to engage and participate.

10.7 The Parties will continue to allocate responsibility to the Chief Officer, senior managers, and their teams to support local public and staff involvement and communication.

## **11. INFORMATION SHARING AND DATA HANDLING**

11.1 Section 49(3) of the Act enables the Parties to disclose information to each other for the purposes of carrying out integration functions. In processing Personal Data, the Parties are bound by Data Protection Legislation.

11.2 In order to provide integrated services it will be necessary to share personal data between the Parties and with external agencies. The Parties, along with Clackmannanshire and Stirling Integration Joint Board, have signed an Information



Sharing Protocol to support the lawful flow and joint processing of information for the delivery of integrated services (Joint Processing Protocol). Where personal data is shared with external agencies for the delivery of integrated services, the Parties will ensure that there is appropriate governance documentation (eg information sharing agreements and/or contracts) in place to govern information sharing and data handling arrangements.

- 11.3 In addition, the Parties, and other relevant stakeholders (Falkirk and Clackmannanshire and Stirling Integration Joint Boards) have signed an Information Sharing Protocol which covers guidance and procedures for staff for sharing of information amongst them, other than in relation to integrated services (Controller/Controller Protocol). Each Party to the Controller/Controller Protocol will act as an independent controller for information received or disclosed under that Protocol.
- 11.4 The Controller/Controller Protocol covers the sharing of information between the Parties and other relevant stakeholders in all instances of routine sharing between them as data controllers in support of the Agreed Purposes (as defined by the Controller/Controller Protocol). The Parties, alongside the other relevant stakeholders, will ensure that there is appropriate governance documentation (eg information sharing agreements and/or contracts) in place to govern information sharing and data handling arrangements where appropriate.
- 11.5 The Parties will each appoint a Data Protection Officer, as defined in the Data Protection Legislation, who will be responsible for monitoring and reviewing the effectiveness of the Protocols to ensure that the Parties comply with Data Protection Legislation.

## **12. COMPLAINTS**

- 12.1 The Parties will retain separate complaints policies reflecting the distinct statutory requirements.
- 12.2 The Parties agree that complaints should be viewed with a positive attitude and valued as feedback on service performance leading to a culture of good service delivery. The Parties agree the principle of early frontline resolution to complaints and the Parties will efficiently direct complaints to ensure an appropriate response.
- 12.3 The Parties agree to work towards an integrated process for complaints handling from the earliest point of contact as far as the differing legislative requirements will allow in respect of integrated services. Where a complaint is predominately a social care complaint but includes a health complaint, this will be dealt with using the Council complaints handling procedure. Where a complaint is predominately a health complaint but includes a social care complaint this will be dealt with using the NHS Forth Valley complaints handling procedure.
- 12.4 There will be a single point of contact for complainants in relation to integrated services. This will be agreed between the Parties to co-ordinate complaints specific to the delegated functions to ensure that the requirements of existing legal/prescribed elements of health and social care complaints processes are met.
- 12.5 All complaints handling procedures will be clearly explained, well publicised, accessible, will allow for timely recourse and will sign-post independent advocacy services.
- 12.6 The person making the complaint will always be informed which Complaints Handling Procedure is being applied to their complaint.

- 12.7 The Parties will produce a quarterly joint report, outlining the learning from upheld complaints. This will be provided for consideration in accordance with agreed arrangements on clinical and professional care governance.
- 12.8 This arrangement will respect the statutory and corporate complaints handling procedures currently in place for health and social care services. This arrangement will benefit carers and service users by making use of existing complaints procedures and will not create an additional complaint handling process.
- 12.9 Data sharing requirements relating to any complaint will follow the Information and Data sharing protocol set out in section 10 of this scheme.

### **13. CLAIMS HANDLING LIABILITY AND INDEMNITY**

- 13.1 The Parties and the Integration Joint Board recognise that they could receive a claim arising from, or which relates to, the work undertaken as directed, and on behalf of, the Integration Joint Board.
- 13.2 The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them in accordance with legal principles of liability.
- 13.3 Scots Law will apply.
- 13.4 The Parties will assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees.
- 13.5 The Parties will assume responsibility for progressing and determining any claim which relates to any building which is owned or occupied by them.
- 13.6 In respect of any claim where it is not clear which party should assume responsibility or in the event of any claim against the Integration Joint Board, the Chief Executives of the Parties, and the Chief Officer (or their representatives) will liaise and determine which party should assume responsibility for progressing the claim.

### **14. RISK MANAGEMENT**

- 14.1 The Parties and the Integration Joint Board have a shared risk management strategy for the Parties and the Integration Joint Board for the significant risks that impact on integrated service provision (“RM Strategy”).
- 14.2 The primary objectives of this strategy will be to:
- promote awareness of risk and define responsibility for managing risk within the Integration Joint Board;
  - establish communication and sharing of risk information through all areas of the Integration Joint Board and operational provision by the Parties;
  - initiate measures to reduce the exposure of the Integration Joint Board and the Parties to risk and potential loss; and
  - establish standards, principles and processes for the efficient management and escalation of risk, including regular monitoring, reporting, and review.
- 14.3 The RM Strategy will include a risk monitoring framework (“RM Framework”). The RM Framework will be aligned with the broader governance arrangements for the Integration Joint Board and the Parties, including the framework for monitoring performance and audit.

- 14.4 The Parties will commit all necessary resources to support risk management by the Integration Joint Board. The Parties will support the Integration Joint Board to:
- establish risk monitoring and reporting as set out in the RM framework; and
  - maintain the risk information and share with the Parties within the timescales specified.
- 14.5 The Parties will support the Integration Joint Board to assess its risk and develop a risk register which will list the risks to be reported under the RM Strategy (“Risk Register”). The Integration Joint Board will be responsible for managing strategic risk. The Parties will retain responsibility for managing Operational Risk.
- 14.6 The Chief Officer will be responsible for maintaining the Risk Register and for keeping the Integration Joint Board and the Parties informed of any significant existing or emerging risks that could seriously impact the Integration Joint Board’s ability to deliver the outcomes of their Strategic Plans or the reputation of the Integration Joint Board or the Parties. The Parties will make information on Operational Risks available to the Chief Officer at a minimum of quarterly to support assessment of strategic risk by the Integration Joint Board. Where a number of Operational Risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, these risks will be escalated by the Parties to the Chief Officer as having ‘strategic risk’ status for the attention of the Integration Joint Board. The Chief Officer will maintain a register of strategic risks for the Integration Joint Board and will share this with the Parties at least biannually to support understanding.
- 14.7 The Parties and the Integration Joint Board will consider these risks at least bi-annually and notify each other where they have changed.
- 14.9 The RM strategy will be reviewed every three years. Any changes to the RM Strategy must be agreed amongst the Parties and the Integration Joint Board in writing.

## **15. DISPUTE RESOLUTION MECHANISM**

- 15.1 Where either Party fails to agree with the other on any issue related to this Scheme, then the process set out in this section will be followed.
- 15.2 The Chief Executives of the Parties will meet to resolve the issue within 10 working days of either Party giving written notice to the other of the issue.
- 15.3 If unresolved, the Parties will each prepare a written note of their position on the issue and exchange it with the other within 14 days of the meeting.
- 15.4 Each Party must respond to the other in writing within 14 days.
- 15.5 In the event that the issue remains unresolved, representatives of the Parties will proceed to mediation with a view to resolving the issue.
- 15.6 The mediator shall be selected within 10 days by agreement between the Parties, failing which, by the director of the Scottish Mediation Network after consultation with the Parties. The mediation shall commence no later than 42 days after the selection of the mediator.
- 15.7 If there is any issue about the conduct of the mediation upon which the Parties cannot agree, then the mediator selected in accordance with paragraph 14.6 shall, at the request of either Party, decide that issue after consultation with the Parties.

- 15.8 Unless they agree otherwise, the Parties shall share equally the fees, costs and expenses relating to the mediation and each Party shall pay its own expenses of preparation for, and participation and representation in, the mediation.
- 15.9 If the Parties are unable to resolve the issue within 28 days of the mediation commencing, and only if the mediator and the Parties agree, the mediator may produce for the Parties a non-binding recommendation of terms of settlement.
- 15.10 Any settlement agreement reached in the mediation shall not be legally binding until it has been reduced to writing and signed by, or on behalf of, the Parties.
- 15.11 The mediation will terminate when:
- either Party withdraws from the mediation;
  - the Parties resolve the issue; or
  - a written agreement is concluded.
- 15.12 Where the issue remains unresolved, the Parties agree to notify Scottish Ministers within 14 days of the unsuccessful mediation terminating that agreement cannot be reached and to seek a direction pursuant to section 52 of the Act.
- 15.13 The Parties agree to be bound by any direction of the Scottish Ministers in relation to the issue.

## PART 1

**Functions delegated by NHS Forth Valley to the Integration Joint Board**

Set out below is the list of functions that will be delegated by NHS Forth Valley to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. The functions in this list are being delegated only in respect of the services described in Annex 1 part 2(a) and Part 2(b)

Functions prescribed for the purposes of section 1(6) and 1(8) of the Act

<b>Column A</b> <b><i>Enactments to be conferred</i></b>	<b>Column B</b> <b><i>Limitations</i></b>
<b>The National Health Service (Scotland) Act 1978</b>	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17 I(b) (use of accommodation) section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38 (care of mothers and young children); section 38A (breastfeeding); section 39 (medical and dental inspection supervision and treatment of pupils and young persons); section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state ); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 (use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency);

<b>Column A</b> <b><i>Enactments to be conferred</i></b>	<b>Column B</b> <b><i>Limitations</i></b>
	section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98 (payment of allowances and remuneration to members of certain bodies connected with the health services); paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards); <b>and functions conferred by—</b> The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 The National Health Service(Clinical Negligence and Other Risks Indemnity Scheme)(Scotland) Regulations 2000; The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services section 17C Agreements) (Scotland) Regulations 2018; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service(Free Prescriptions and Charges for Drugs and Appliances)(Scotland) Regulations 2011
<b>Disabled Persons (Services, Consultation and Representation) Act 1986</b>	
section 7 (Persons discharged from hospital)	
<b>Community Care and Health (Scotland) Act 2002</b>	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
<b>Mental Health (Care and Treatment) (Scotland) Act 2003</b>	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (Approved medical practitioners); section 34 (inquiries under section 33:co-operation); section 38 (duties on hospital managers: examination, notification etc.); section 46 (hospital managers' duties: notifications); section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards);

<b>Column A</b> <b>Enactments to be conferred</b>	<b>Column B</b> <b>Limitations</b>
	<p>section 230 (appointment of patient's responsible medical officer);  section 260 (provision of information to patient);  section 264 (detention in conditions of excessive security: state hospitals);  section 267 (orders under sections 264 to 266: recall)  section 281 (correspondence of certain persons detained in hospital);</p> <p><b>and functions conferred by-</b>  The Mental Health (Safety and Security) (Scotland) Regulations 2005  The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;  The Mental Health (Use of Telephones) (Scotland) Regulations 2005 ; <b>and</b>  The Mental Health (England and Wales Cross border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.</p>
<b>Education (Additional Support for Learning) (Scotland) Act 2004</b>	
<p>section 23  (other agencies etc. to help in exercise of functions under this Act)</p>	
<b>Public Services Reform (Scotland) Act 2010</b>	
<p>All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010</p>	<p>Except functions conferred by—  section 31 (Public functions: duties to provide information on certain expenditure etc.); and  section 32 (Public functions: duty to provide information on exercise of functions).</p>
<b>Patient Rights (Scotland) Act 2011</b>	
<p>All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011</p>	<p>Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012.</p>
<b>Carers (Scotland) Act 2016</b>	
<p>section 31  (duty to prepare local carer strategy)</p>	<p>Only in so far as it applies to adults</p>

## **PART 2**

### **Services currently provided by NHS Forth Valley which are to be integrated.**

#### **Interpretation**

In this schedule:

“Allied Health Professional” means a person registered as an allied health professional with the Health Professions Council;

“general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

“general medical services contract” means a contract under section 17J of the National Health Service (Scotland) Act 1978;

“hospital” has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

“inpatient hospital services” means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

“out of hours period” has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004(); and

“the public dental service” means services provided by dentists and dental staff employed by a health Board under the public dental service contract.

#### **The functions listed in Annex 1 Part 1 are delegated only in relation to these services:**

- Accident and emergency services provided in a hospital
- Inpatient hospital services relating to the following branches of medicine:
  - General medicine;
  - Geriatric medicine;
  - Rehabilitation medicine;
  - Respiratory medicine; and
  - Psychiatry of learning disability.
- Palliative care services provided in a hospital;
- Inpatient hospital services provided by general medical practitioners;
- Services provided in a hospital in relation to an addiction or dependence on any substance;
- Mental health services provided in a hospital, except secure forensic mental health services;
- District nursing services;
- Services provided out with a hospital in relation to addiction or dependence on any substance;
- Services provided by allied health professionals in an outpatient department, clinic, or out with a hospital;
- The public dental service;



- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978;
- General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978;
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
- Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978;
- Services providing primary medical services to patients during the out-of-hours period;
- Services provided outwith a hospital in relation to geriatric medicine;
- Palliative care services provided outwith a hospital; Community learning disability services;
- Mental health services provided out with a hospital;
- Continence services provided out with a hospital;
- kidney dialysis services provided outwith a hospital; and Services provided by health professionals that aim to promote public health;
- Services provided by health professionals that aim to promote public health.

### **PART 3**

#### **Services provided by NHS Forth Valley which are to be integrated**

The functions listed in Annex 1 Part 1 that are delegated in relation to the services that are to be integrated and delivered on a pan-Forth Valley basis are noted in the table below. The arrangements for these services are noted in paragraph 6.8 of the Integration Scheme. Whilst these arrangements may be subject to change by agreement of NHS Forth Valley and the three Forth Valley Local Authorities, the Parties recommend that they are hosted/delivered on a Lead Partner basis as follows:

<i><b>Falkirk</b></i>	<i><b>Clackmannanshire and Stirling</b></i>	<i><b>NHS Forth Valley</b></i>
<ul style="list-style-type: none"> <li>• Primary care including out of hours.</li> <li>• Prisoner Healthcare</li> <li>• Forth Valley wide health improvement where these fall out with the arrangements for each HSCP</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist mental health and learning disability (including adult Mental health inpatients)</li> </ul>	<p><b>Operational management only</b> in relation to:</p> <ul style="list-style-type: none"> <li>• Large hospital services including Accident and Emergency and wards associated with unplanned admissions.</li> </ul>

## **PART 4**

**The following services from Part 2 of Annex 1 and Part 3 of annex 1 will also be integrated in respect of people under the age of 18:**

- Accident and Emergency services provided in a hospital;
- Public dental services;
- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978;
- General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978;
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
- Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978;
- Primary medical services out-of-hours ;
- Community learning disability services;
- kidney dialysis services provided out with a hospital;
- Services provided by allied health professions.

## PART 1

**Functions delegated by the Council(s) to the Integration Joint Board**

Set out below is the list of functions that are delegated by the Council(s) to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014.

**Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014**

<b>Column A</b>	<b>Column B Limitation</b>
<b>Enactment conferring function</b>	
<b>National Assistance Act 1948</b>	
section 48 (duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
<b>The Disabled Persons (Employment) Act 1958</b>	
section 3 (Provision of sheltered employment by local authorities)	
<b>The Social Work (Scotland) Act 1968</b>	
section 1 (local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
section 4 (provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
section 8 (research.)	So far as it is exercisable in relation to another integration function.
section 10 (financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
section 12 (general social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
section 12A (duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.

<b>Column A</b>	<b>Column B Limitation</b>
<b>Enactment conferring function</b>	
section 12AZA (assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
section 13 (power of local authorities to assist persons in need in disposal of produce of their work.)	
section 13ZA (provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
section 13A (residential accommodation with nursing.)	
section 13B (provision of care or aftercare.)	
section 14 (home help and laundry facilities.)	
section 28 (burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function
section 29 (power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
section 59 (provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
<b>The Local Government and Planning (Scotland) Act 1982</b>	
section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
<b>Disabled Persons (Services, Consultation and Representation) Act 1986</b>	
section 2 (rights of authorised representatives of disabled persons.)	
section 3 (assessment by local authorities of needs of disabled persons.)	

section 7 (persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions.
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<b>Column A</b>	<b>Column B Limitation</b>
<b>Enactment conferring function</b>	
section 8 (duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
<b>The Adults with Incapacity (Scotland) Act 2000</b>	
section 10 (functions of local authorities.)	
section 12 (investigations.)	
section 37 (residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
section 39 (matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
section 41 (duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
section 43 (statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
section 44 (resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
section 45 (appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
<b>The Housing (Scotland) Act 2001</b>	
section 92 (assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
<b>The Community Care and Health (Scotland) Act 2002</b>	
section 5 (local authority arrangements for of residential accommodation outwith Scotland.)	

section 14 (payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
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<b>Column A</b>	<b>Column B Limitation</b>
<b>Enactment conferring function</b>	
<b>The Mental Health (Care and Treatment) (Scotland) Act 2003</b>	
Section 17 (duties of Scottish Ministers, local authorities and others as respects Commission)	
section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
section 26 (services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
section 27 (assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
section 33 (duty to inquire.)	
section 34 (inquiries under section 33: Co-operation.)	
section 228 (request for assessment of needs: duty on local authorities and Health Boards.)	
section 259 (advocacy.)	
<b>The Housing (Scotland) Act 2006</b>	
section 71(1)(b) (assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
<b>The Adult Support and Protection (Scotland) Act 2007</b>	
section 4 (council's duty to make inquiries.)	
section 5 (co-operation.)	
section 6 (duty to consider importance of providing advocacy and other.)	
section 11 (assessment orders.)	
section 14 (removal orders.)	
section 18 (protection of moved persons property.)	



section 22 (right to apply for a banning order.)	
section 40 (urgent cases.)	
section 42 (adult protection committees.)	
section 43 (membership.)	
<b>Social Care (Self-directed Support) (Scotland) Act 2013</b>	
section 5 (choice of options: adults.)	
section 6 (choice of options under section 5: assistances.)	
section 7 (choice of options: adult carers.)	
section 9 (provision of information about self-directed support.)	
section 11 (local authority functions.)	
section 12 (eligibility for direct payment: review.)	
section 13 (further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
section 16 (misuse of direct payment: recovery.)	
section 19 (promotion of options for self-directed support.)	

<b>Column A</b>	<b>Column B Limitation</b>
<b>Enactment conferring function</b>	
<b>Carers (Scotland) Act 2016</b>	
section 6 (duty to prepare adult carer support plan)	
section 21 (duty to set local eligibility criteria)	
section 24 (duty to provide support)	
section 25 (provision of support to carers: breaks from	
section 31 (duty to prepare local carer strategy)	
section 34 (information and advice service for users)	
section 35 (short breaks services statements)	

## PART 2

### Functions, conferred by virtue of enactments, prescribed for the purposes of Section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<b>Column A</b>	<b>Column B Limitation</b>
<b>Enactment conferring function</b>	
<b>The Community Care and Health (Scotland) Act 2002</b>	
Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002	

**PART 3**

**Additional Functions to be delegated by Falkirk Council**

<b>Column A</b> <b>Enactment conferring function</b>	<b>Column B Limitation</b>
<b>Matrimonial Proceedings (Children) Act 1958</b>	
Section 11 (Reports as to arrangements for future care and upbringing of children.)	
<b>The Social Work (Scotland) Act 1968</b>	
<p>Section 5 (Powers of Secretary of State.)</p> <p>Section 6B (Local authority inquiries into matters affecting children.)</p> <p>Section 27 (Supervision and care of persons put on probation or released from prisons etc.)</p> <p>Section 27ZA (Advice, guidance and assistance to persons arrested or on whom sentence deferred.)</p> <p>Section 78A (Recovery of contributions)</p> <p>Section 80 (Enforcement of duty to make contributions.)</p> <p>Section 81 (Provisions as to decrees for ailment.)</p> <p>Section 83 (Variation of trusts.)</p> <p>Section 86 (Adjustment between authority providing accommodation etc., and authority of area of residence.)</p>	
<b>The Children Act 1975</b>	
<p>Section 34 (Access and maintenance.)</p> <p>Section 39 (Reports by local authorities and probation officers.)</p> <p>Section 40 (Notice of application to be given to local authority.)</p> <p>Section 50 (Payments towards maintenance of children.)</p>	

**Foster Children (Scotland) Act 1984**

Section 3 (local authorities to ensure well-being of and to visit foster children.)

Section 5 (Notification by persons maintaining or proposing to maintain foster children.)

Section 6 Notification by persons ceasing to maintain foster children.)

Section 8 (Power to inspect premises.)

Section 9 (Power to impose requirements as to the keeping of foster children.)

Section 10 (Power to prohibit the keeping of foster children.)

**The Children (Scotland) Act 1995**

Section 17 (Duty of local authority to child looked after by them.)

Section 19 (Local authority plans for services for children)

Section 20 (Publication of information about services for children)

Section 21 (Co-operation between authorities)

Section 22 (Promotion of welfare of children in need)

Section 23 (Children affected by disability)

Section 24 (Assessment of ability of carers to provide care for disabled children)

Section 24A (Duty of local authority to provide information to carer of disabled child)

Section 25 (Provision of accommodation for children etc.)

Section 26 (Manner of provision of accommodation to child looked after by local authority)

Section 26A (Provision of continuing care: looked after children)

Section 27 (Daycare for pre-school and other children)

<p>Section 29 (Aftercare)</p> <p>Section 30 (Financial assistance towards expenses of education or training and removal of power to guarantee indentures etc.)</p> <p>Section 31 Review of case of child looked after by local authority)</p> <p>Section 32 (Removal of child from residential establishment)</p> <p>Section 36 (Welfare of certain children in hospitals and nursing homes etc.)</p> <p>Section 38 (Short term refuges for children at risk of harm.)</p> <p>Section 76 (Exclusion orders.)</p>	
<b>Criminal Procedure (Scotland) Act 1995</b>	
<p>Section 51 (Remand and committal of children and young persons.)</p>	
<b>The Adults with Incapacity (Scotland) Act 2000</b>	
<p>Section 40 (Supervisory bodies.)</p>	
<b>Management of Offenders etc (Scotland) Act 2005</b>	
<p>Sections 10 (Arrangements for assessing and managing risks posed by certain offenders)</p> <p>Section 11 (Review of arrangements)</p>	
<b>Adoption and Children (Scotland) Act 2007</b>	
<p>Section 1 (Duty of local authority to provide adoption service.)</p> <p>Section 45 (Adoption support plans.)</p> <p>Section 47 (Family member's right to require review of plan)</p> <p>Section 48 (Other cases where authority under duty to review plan)</p> <p>Section 49 (Re-assessment of needs for adoption support services)</p> <p>Section 51 (Guidance)</p> <p>Section 71 (Adoption allowance schemes.)</p> <p>Section 80 (Permanence Orders.)</p>	

<p>Section 90 (Precedence of certain other orders)</p> <p>Section 99 (Duty of local authority to apply for variation or revocation.)</p> <p>Section 101 (Local authority to give notice of certain matters.)</p>	
<b>The Adult Support and Protection (Scotland) Act 2007</b>	
<p>Section 7 (Visits)</p> <p>Section 8 (Interviews)</p>	
<b>Children's Hearings (Scotland) Act 2011</b>	
<p>Section 35 (Child assessment orders.)</p> <p>Section 37 (Child protection orders.)</p> <p>Section 42 (Parental responsibilities and rights directions.)</p> <p>Section 44 (Obligations of local authority.)</p> <p>Section 48 (Application for variation or termination)</p> <p>Section 49 (Notice of an application for variation or termination.)</p> <p>Section 60 (Local authorities duty to provide information to Principal Reporter.)</p> <p>Section 131 (Duty of implementation authority to require review.)</p> <p>Section 144 (Implementation of a compulsory supervision order; general duties of implementation authority.)</p> <p>Section 145 (Duty where order requires child to reside in a certain place.)</p> <p>Section 153 (Secure accommodation: regulations.)</p> <p>Section 166 (Review of requirement imposed on local authority)</p> <p>Section 167 (Appeal to Sheriff Principal: section 166)</p> <p>Section 180 (Sharing of information: panel members.)</p> <p>Section 183- (Mutual Assistance)</p>	

Section 184 (Enforcement of obligations of health board under section 183)	
<b>Social Care (Self-directed Support) (Scotland) Act 2013</b>	
Section 8 (Choice of options; children and family members.)	
<b>Carers (Scotland) Act 2016</b>	
Section 12 (Duty to prepare a Young Carer Statement)	

## **PART 4**

### **Adult Services provided by the Council which are to be integrated**

- Social work services for adults and older people;
- Services and support for adults with physical disabilities and learning disabilities;
- Mental health services;
- Drug and alcohol services;
- Adult protection and domestic abuse;
- Carers support services;
- Community care assessment teams;
- Care home services;
- Adult placement services;
- Health improvement services;
- Aspects of housing support, including aids and adaptations and those areas of housing support that involve an indistinguishable overlap between personal care and housing support;
- Day services;
- Local area co-ordination;
- Respite provision;
- Occupational therapy services; and
- Re-ablement services, equipment and telecare.

### **Social care services for children and young people that are to be integrated.**

- Child Care Assessment and Care Management
- Looked After and accommodated Children
- Child Protection
- Adoption and Fostering
- Special Needs/Additional Support
- Early Intervention
- Through-care Services
- Youth Justice Services

### **Social Care Justice Services that are to be integrated**

- Services to Courts and Parole Board
- Assessment of offenders
- Diversions from Prosecution and Fiscal Work Orders
- Supervision of offenders subject to a community-based order
- Through care and supervision of released prisoners
- Multi Agency Public Protection Arrangements



**Consultees to the Integration Scheme**

Participation arrangements are set out in section 9 of this Integration Scheme. The list of consultees includes:

NHS Forth Valley;

Falkirk Council;

Falkirk Integration Joint Board;

Health professionals;

Users of health care;

Carers of users of health care;

Commercial providers of health care;

Non-commercial providers of health care;

Social care professionals;

Users of social care;

Carers of users of social care;

Commercial providers of social care;

Non-commercial providers of social care;

Staff of NHS Forth Valley and Falkirk Council;

Union and staff representatives;

Non-commercial providers of social housing;

Third sector bodies carrying out activities related to health or social care;

General Public;

Elected members of Falkirk Council.

**Clackmannanshire and Stirling  
Health and Social Care  
Integration Scheme  
2024**

**This integration scheme is to be used in conjunction with the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014**

**These regulations can be found at <http://www.scotland.gov.uk>**

## 1. Preamble

### **Our shared Vision for Integration**

NHS Forth Valley and Clackmannanshire and Stirling Councils are the partners in this Integration Scheme. As partners we recognise that the main purpose of integration is:

- To improve the wellbeing of people who use health and social care services, in particular those whose needs are complex, and which require support from health and social care at the same time.
- To improve the wellbeing of those for whom it is necessary to provide timely and appropriate support in order to keep them well.
- To promote informed self-management and preventative support to avoid crisis or ill health.
- To jointly deliver on the national health and wellbeing outcomes.

Our shared vision for integration between NHS Forth Valley and Clackmannanshire, Stirling and Falkirk Councils is for confident and ambitious Integration Joint Boards which support people to achieve better outcomes and experience fewer inequalities, where voices are heard and people are supported to enjoy full and positive lives in the community.

We aim to deliver success in integration where:

- People experience improved health and wellbeing.
- Integrated services provide holistic care focused on outcomes.
- Pathways between health, social work and social care services become seamless.
- Inequalities are reduced.
- Shared resources are deployed using best value principles to achieve better outcomes, maximise efficiencies from integrated care allowing public funds to go further to meet demand.
- Good clinical, care and professional governance improves the quality of service delivery.

To achieve this, we will:

- Build on the Integration delivery principles set out in the Act.
- Respect the principles of human rights, equalities, and independent living, treating people fairly.
- Work collaboratively to embed this shared vision within staff teams, supporting and developing staff from all organisations to respond appropriately, putting people first.
- Recognise that our people are our greatest asset, and it is through their talents and ambitions that real improvement will continue to be made.
- Support staff to learn from and build on best practice.

- Support the Integration Joint Board to deliver on its strategic plan, progressing the national health and wellbeing outcomes.
- Provide sufficient funds to meet needs in the Local Authority area,
- Work together on human resources, finance, integrating IT and other areas that will promote integrated working by our staff.
- Support the unique role of the Chief Officer by avoiding unnecessary duplication and parallel systems, the creation of integrated or single systems that support patient/ service user/ supported people in an integrated manner. Equally, support the Chief Officer operationally to achieve single finance functions, performance management, assurance, risk and staff governance approaches.

## Integration Scheme

### Between

**Clackmannanshire Council**, established under the Local Government etc. (Scotland) Act 1994 and having its principal offices at Kilncraigs, Alloa FK2 1EB.

and

**Stirling Council**, established under the Local Government etc. (Scotland) Act 1994 and having its principal offices at Viewforth Stirling FK8 2ET

**(jointly as “the Council”)**

and

**Forth Valley Health Board**, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Forth Valley”) and having its principal offices at Carseview House, Castle Business Park, Stirling, FK9 4SW hereinafter referred to as “**NHS FV**” or “**Health Board**”

**Together referred to as “the Parties”.**

## DEFINITIONS AND INTERPRETATIONS

“**Act**” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“**Care Governance**” means a robust system for assuring high standards in the delivery of safe, personalised and effective health and social care services; and “**Clinical Governance**” means a framework through which NHS FV is accountable for continuously improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish (together, “**Clinical and Care Governance**”).

“**Chief Finance Officer**” means the Chief Finance Officer appointed by the Integration Joint Board in terms of section 95 of the Local Government (Scotland) Act 1973.

“**Chief Officer**” means the individual appointed to the Integration Joint Board by virtue of Section 10 of the Act;

“**Chief Social Work Officer**” means the chief social work officer appointed ~~from time to time~~ by the Council pursuant to section 3 of the Social Work (Scotland) Act 1968;

“**Clackmannanshire**” means the local government area for Clackmannanshire as defined in the Local Government etc. (Scotland) Act 1994

“**Community Planning Partnership**” means all those services that come together to take part in community planning as set out in the Community Empowerment (Scotland) Act 2015

“**Delegated Functions**” means the functions referred to in section 60 of the Act and listed in Annex 1 and 2 of this Scheme that are delegated to the Integration Joint Board.

“**Direction**” means the formal instruction to the Parties by the Integration Joint Board that is to be undertaken by each party on behalf of the Integration Joint Board and the financial resources that are being made available to each party in undertaking these services in accordance with section 26 of the Act.

“**Falkirk**” means the local government area for Falkirk as defined in the Local Government etc. (Scotland) Act 1994;

“**Health and Social Care Partnership**” means the single integrated operational arrangement established by the Parties in order to implement the Directions of the Integration Joint Board

**“Host”** means the designated Chief Officer operationally responsible for a service managed across Forth Valley;

**“Integration Authority”** is the Integration Joint Board established in pursuance of this Integration Scheme

**“Integrated Budget”** means the budget for the delegated resources for the Integrated Functions comprising:

- i. The payment made to the Integration Joint Board by the Local Authority for delegated adult social care services; and
- ii. The payment made to the Integration Joint Board by the Health Board for primary and community healthcare services and for those delegated hospital services which will be managed by the Chief Officer.

**“Integration Functions”** means the functions that are to be delegated to the Integration Joint Board under section 1 or 2 of the Act

**“Integration Joint Board (“IJB”)** means the Clackmannanshire & Stirling Integration Joint Board established by order under section 9(2) of the Act

**“Integration Joint Board Order”** means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (SSI 285/2014)

**“Integration Planning Principles”** are as defined in section 4 of the Act;

**“Integration Scheme Regulations”** means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

**“Integrated Services”** means the services that are delivered by the Parties as Directed by the Integration Joint Board

**“Large hospital”** means a hospital serving two or more local authority areas.

**“Large Hospital Services”** means services that are provided in exercise of Integration Functions delegated by NHS Forth Valley to the Integration Joint Board which (a) are carried out in a hospital in the area of NHS Forth Valley and (b) are provided for the population of two or more local authorities (unless NHS Forth Valley deems that they do not require to be treated as such). These services are managed by the Director of Acute Services. Services provided in a community hospital do not ordinarily fall within this definition unless a material proportion of the care is provided for the population of two or more local authorities.

**“Local Authorities”** means Falkirk Council or either or both of Clackmannanshire Council and Stirling Council as the context admits.

**“National Health and Wellbeing Outcomes”** means the outcomes prescribed under section 5 of the Act

**“NHS Nursing Director”** means the individual appointed by NHS FV to provide professional leadership for nursing and midwifery services and appointed by the Scottish Ministers as an Executive Board Member of NHSFV.

**“NHS Medical Director”** means the individual appointed by NHS FV to provide the professional leadership for medical services and appointed by the Scottish Ministers as an Executive Board Member of NHSFV.

**“Operational Management”** means all the day-to-day functions required to control the delivery of delegated health and social care services including clinical, care and professional standards and governance, financial management, operational risk management and staff governance,

the configuration of those services and all functions associated with ensuring the implementation of Directions issued by the Integration Joint Board.

**“Operational Risk”** means the risk of incurring detriment due to inadequate or failed internal processes, people, controls or from external events.

**“Oversight”** means the requirement to be assured that functions are being delivered as directed, that the Strategic Plan is being delivered and that Integrated Services operate safely and to the quality expected (ie clinical care and professional governance). This might include receiving reports about shifts in service delivery that demonstrate the implementation of Directions and the Strategic Plan. Oversight is not about day-to-day Operational Management

**“Outcomes”** means the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers

**“Parties”** means the Clackmannanshire and Stirling Councils and NHSFV;

**“Partners”** means communities, staff, third sector, service users and carers and independent sector.

**“Planning Period”** means the 3-year term of the IJB Strategic Plan ?

**“Payment”** means the contribution made by the Parties to the Integration Joint Board in respect of the Integration Functions or similarly the amount directed by the Integration Joint Board to the Parties for the operational discharge of the directed functions. Payment does not mean an actual cash transaction but a representative allocation for the delivery of the integrated functions in accordance with the Strategic Plan.

**“Scheme”** means this Integration Scheme.

**“Set Aside”** means the activity based budget for commissioned hospital services used by the Integration Authority population as set out in the Strategic Plan. This is the amount required to be set aside by the Health Board for use by the Integration Authority.

**“Service Users”** means persons to whom or in relation to whom services in respect of the Integration Functions are provided;

**“Standing Orders”** means the written rules which regulate the proceedings of the Integration Joint Board.

**“Strategic Plan”** means the plan with the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with Section 29 of the Act;

**“Strategic Plan Budget”** means the total amount of the Integrated Budget plus the **Set Aside Budget**.

**“Strategic Planning Group”** means the group established under Section 32 of the Act;

**“Stirling”** means the local government area for Stirling as defined in the Local Government etc. (Scotland) Act 1994

**“Third and Independent Sector ”** includes commercial and non-commercial providers of health and social care, representative groups, interest groups, social enterprises and community organisations;

**“Unpaid Carer”** means someone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support and the expression “persons who provide unpaid care” and similar expressions shall be construed accordingly.

## **1 CHOICE OF INTEGRATION MODEL**

- 1.1 In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in section 1(4)(a) of the Act will be put in place in Clackmannanshire and Stirling namely the delegation of functions by the Parties to a body corporate established by Order under section 9 of the Act. This Scheme comes into effect on the date approved by Scottish Ministers.
- 1.2 As the Parties intend to delegate functions 'to a body corporate' there will be no wholesale transfer of staff either between the Council and NHSFV, or vice versa, or from both organisations.

## **2 DELEGATION OF FUNCTIONS**

- 2.1 The functions that are to be delegated by NHSFV to the Integration Joint Board are set out in Part 1 of Annex 1 annexed as relative hereto. The description of the services to which these functions relate are set out in Parts 2 and Part 3 of Annex 1 of the Scheme. Unless otherwise stated health functions are delegated only in relation to persons over the age of 18 years.
- 2.2 The functions that are delegated by the Council to the Integration Joint Board are set out in Part 1 and 2 of Annex 2 annexed as relative hereto. The description of the services to which these functions relate are set out in Part 3 of Annex 2.

## **3 MEMBERSHIP**

- 3.1 Membership of the Integration Joint Board will be determined in accordance with the Membership Order.
- 3.2 Clackmannanshire Council will nominate three of its councillors to the Integration Joint Board, Stirling Council will nominate three of its councillors, and, NHSFV will nominate six Board members to the Integration Joint Board, to be voting members.

## **4 LOCAL GOVERNANCE ARRANGEMENTS**

- 4.1 The term of office of a member of the Integration Joint Board is a maximum of the term of office as a Non-Executive Board member of the NHS or in respect of Elected Members the term of the Council. IJB members may be reappointed for a further term(s) of office. Board members appointed by the Parties will cease to be members of the Integration Joint Board in the event that they cease to be a non-executive board member of NHSFV or an elected member of Clackmannanshire or Stirling Councils. The Chief Social Work Officer, Chief Officer and Chief Finance Officer remain members of the Integration Joint Board for as long as they hold the office in respect of which they are appointed.
- 4.2 In line with the Integration Joint Board Order, non-voting membership will be agreed by the Integration Joint Board and set out in the Standing Orders of the Integration Joint Board.
- 4.3 The Chairperson and Vice Chairperson will be drawn from the NHSFV Board and the Council voting Members of the Integration Board. If a Council Member is to serve as Chairperson, then the Vice Chairperson will be a member nominated by the NHS Board and vice versa. The appointment to Chairperson and Vice Chairperson is time limited to a period not exceeding two years from the date of appointment and



carried out on a rotational basis between Council and NHS Board appointed Chairpersons. The Council or NHS Board may change their appointee as Chairperson or Vice Chairperson during an appointing period.

## **5 LOCAL OPERATIONAL MANAGEMENT ARRANGEMENTS**

- 5.1 The Integration Joint Board has the responsibility for the planning of services in relation to the Delegated Functions and is required by section 29 of the Act to prepare a Strategic Plan. The Strategic Plan must set out the arrangements for carrying out the integration and how these arrangements are intended to achieve or contribute to achieving the National Health and Wellbeing Outcomes.
- 5.2 The Integration Joint Board is responsible for the planning of Delegated Functions as specified in Annex 1 and Annex 2 of this Scheme. For the avoidance of doubt this includes strategic planning responsibility for those Delegated Functions for which another manager of NHS Forth Valley retains Operational Management responsibility as set out in paragraph 5.12 below.
- 5.3 The Integration Joint Board shall be responsible for carrying out the Integration Functions but shall do so by Directing one or both Parties to carry out each Integration Function having regard to the Strategic Plan.
- 5.4 The Parties agree to integrate Delegated Functions at an operational level through the Chief Officer who will manage a Health and Social Care Partnership where the integration of services for the benefit of people who use services can happen. This will allow the Parties to have arrangements in place to carry out the integration planning principles as set out in section 4 of the Act.

### **Corporate support**

- 5.5 It will be the responsibility of the Parties to work collaboratively to provide the Integration Joint Board with support services which will allow the Integration Joint Board to carry out its functions and requirements. The Parties agree to make available to the Integration Joint Board such professional, technical, or administrative resources as are required to support the development of the Strategic Plan and the carrying out of Delegated Functions. The workforce to support some of these functions may work within the Health and Social Care Partnership. These arrangements will be reviewed through regular reports from the Chief Officer of the Integration Joint Board.
- 5.6 The Parties agree to ensure sufficient corporate support is available within the operating parameters of the Parties to ensure the delivery of operational services through the Health and Social Care Partnership and to support the workforce.

### **Support for Strategic Planning**

- 5.7 The Integration Joint Board will participate as a partner in the Community Planning Partnership in line with local arrangements.
- 5.8 NHSFV will provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services, provided by other Health Boards, by people who live within Clackmannanshire and Stirling.

- 5.9 The Council will provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services within other local authority areas by people who live within Clackmannanshire and Stirling.
- 5.10 The Parties agree to use all reasonable endeavours to ensure that Falkirk Integration Joint Board and any other relevant integration authority will share the necessary activity and financial data for services, facilities and resources that relate to the planned use of resources by residents in their integration authority area.

### **Operational management**

- 5.11 NHSFV are responsible for the Operational Management of all health services where Operational Management is through the Chief Officer, Health and Social Care Partnership and the Director of Acute Services.
- 5.12 Large Hospital Services will be operationally managed by the Director of Acute Services who will act on Directions from the Integration Joint Board in relation to Delegated Functions and provide all required information on performance, finance and clinical and care governance as required by the Integration Joint Board.
- 5.13 The Integration Joint Board will have Oversight of Integrated Services delivered through the Health and Social Care Partnership and integrated Large Hospital Services to ensure compliance with the Strategic Plan of the Integration Joint Board.
- 5.14 NHSFV will through the Chief Officer and Director of Acute Services provide information on a regular basis to the Integration Joint Board on the performance and governance of these services and compliance with Directions.
- 5.15 The Council is responsible for the Operational Management of all social work and social care services through the Chief Officer.
- 5.16 Certain delegated housing functions will be operationally managed by the Head of Housing and Communities or equivalent who will act on Directions from the Integration Joint Board and provide all required information on performance, finance and clinical and care governance as required by the Integration Joint Board.
- 5.17 The Council will through the Chief Officer provide information on a regular basis to the Integration Joint Board on the performance and governance of those services and compliance with Directions.
- 5.18 The Parties, with Falkirk Council recognise that certain Integrated Services require Operational Management best delivered on a Forth Valley wide basis. It is proposed that a Hosting approach to these services is adopted (known as Hosted Services). The role of the Host Chief Officer is set out in paragraph 6.7 below.
- 5.19 The arrangements for Hosted services are set out in Annex 1 Part 3 with one Chief Officer acting as Host in most circumstances. The Host may be subject to change in agreement between the Falkirk, Clackmannanshire and Stirling Councils, NHSFV and the Falkirk, Clackmannanshire and Stirling Integration Joint Boards.
- 5.20 The Integration Joint Board is responsible for Oversight of all Delegated Functions through the Chief Officer.
- 5.21 The Parties will advise the Integration Joint Board where they intend to change operational service provision in any area of provision including support services that may have a resultant impact on the Strategic Plan.

## **Performance Management**

- 5.22 The Integration Joint Board has a performance framework which contains the lists of targets and measures that relate to the Delegated Functions, and which show progress against their Strategic Plan. The reporting cycle is set out in the Performance Framework but will be no less than annually in order that the Integration Joint Board can prepare its annual report in accordance with section 42 of the Act.
- 5.23 The Parties will provide the relevant information, including activity and financial information, to the Integration Joint Board to meet the requirements of the performance framework and to enable The Integration Joint Board to prepare a report as required by section 42 of the Act and in accordance with The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. This report will be shared with the Council's Scrutiny Committee (or any other committee which may replace its scrutiny obligations) and the equivalent committee in NHS Forth Valley
- 5.24 The Parties will also provide information on the non-integrated functions of the Parties that will have to be taken into account by the Integration Joint Board in relation to the preparation of their Strategic Plan.

## **Directions**

- 5.25 The Integration Joint Board will routinely receive from the Chief Officer and Chief Finance Officer, for agreement and approval, reports as relevant. The Integration Joint Board upon consideration of such reports may issue, amend, or withdraw a Direction to the relevant party in line with their Directions Policy.
- 5.26 A Direction is the end point in a planning or change process that includes appropriate and sufficient engagement with the Parties involved as detailed in the Directions Policy.
- 5.27 Information will be provided by the Parties, to the Integration Joint Board setting out the arrangements they have made to ensure that a Direction has been delivered and that the objectives of the Strategic Plan will be achieved. If it is considered by the Integration Joint Board that any of the arrangements made by either of the parties are not sufficient, the Chief Officer will bring this to the attention of the party in question, in writing, with details of any further action which the Integration Joint Board considers should be taken.

## **6 Chief Officer**

- 6.1 The Integration Joint Board shall appoint a Chief Officer in accordance with section 10 of the Act. The arrangements in relation to the Chief Officer agreed by the Parties are:
- 6.2 The Chief Officer will be employed by one of the Parties on behalf of the Integration Joint Board, to which they will be accountable. The Chief Officer will be a substantive member of the senior management teams of both the Councils and NHSFV. The Parties agree to a single integrated model for Operational Management for Integrated Services by the Chief Officer through a single integrated operating unit known as the Health and Social Care Partnership.
- 6.3 The Chief Officer shall not also hold the office of Chief Social Work Officer, NHS Medical Director or NHS Nursing Director.
- 6.4 The Chief Officer will report to the Chief Executives of both Parties on Operational Management. Joint performance review meetings, involving the Parties Chief Executives will take place regularly and at a minimum of quarterly. A key element

of the Chief Officer's role will be to develop close working relationships with elected members of the Council and Non-Executive and Executive NHSFV Board members.

- 6.5 The Chief Officer will be responsible for the operational management and performance of Integrated Services including hosted services as set out in Annex 1 and 2. Large Hospital Services with the exception of Mental Health Inpatients will be operationally managed by the Director of Acute Services.

The operational role of the Chief Officer is detailed in a job description agreed by the IJB and Parties. 6.7 Appropriate communication and liaison will be in place between the Chief Officer and the Director of Acute Services in order that the strategy, resourcing and performance of Large Hospital Services and inpatient mental health services can be agreed by the Integration Joint Board and any required Directions can be issued.

6.8 Where a Chief Officer is the Host in relation to a hosted service set out in Annex 1 part 3 the Parties agree that the Host will:

- Have Operational Management responsibility for those services across Forth Valley;
- Co-ordinate the Strategic Planning of those hosted services with the Chief Officer of the other Integration Joint Board and have regard to all localities across Forth Valley;
- Will seek approval from both Integration Joint Boards on proposed strategy for those services as required in section 29 of the Act and having regard to all localities in the Forth Valley area;
- Will ensure that the service complies with agreed clinical and care governance standards and participate in the respective Integration Joint Board clinical, care and professional governance processes, and
- Will provide reports on those services to the other Integration Joint Board at least in every Planning Period, ensuring consultation where significant service change is planned at any point or where efficiency savings or other financial targets are to be applied to the service. Reports will include both performance and financial information in respect of the service.

6.9 The Chief Officer will have in place management structures and a Senior Team of directly managed staff that ensure adequate and effective oversight and assurance to the Integration Joint Board in relation to performance, professional and clinical and care governance.

6.10 The Chief Officer shall establish and maintain effective working relationships with a range of key stakeholders across NHSFV, the Council, the Third and Independent Sector, service users and carers, Scottish Government, trade unions and relevant professional organisations. The Chief Officer will be a partner in the Community Planning Partnership.

6.11 Where the Chief Officer is absent or otherwise unable to carry out their responsibilities, a member of the team of directly managed staff who is an employee of either the Council or the Health Board will be designated as Depute Chief Officer. If the Chief Officer's absence is expected to be more than one month, an interim recruitment process will be put in place by the Parties, unless the Parties' Chief Executives agree that such a step is not necessary in the circumstances.

## **7. CLINICAL AND PROFESSIONAL CARE GOVERNANCE**

- 7.1 The Parties are accountable for ensuring appropriate clinical and professional care governance arrangements in respect of their duties under the Act. The Parties will have regard to the principles of the [Scottish Government's Clinical and Care Governance Framework](#) (or its successor document), including the focus on localities and service user and carer feedback. The parties will agree an integrated framework for the delivery for integrated clinical, care and professional governance arrangements. Professional and service user networks or groups will inform an agreed Integrated Clinical, Care and Professional Governance Framework directing the focus towards a quality approach, continuous improvement, and the integration of Delegated Functions and services.
- 7.2 To provide assurance to the Integration Joint Board and the Parties on the effectiveness of these arrangements the Parties will have in place explicit lines of professional and operational accountability. These arrangements underpin the delivery of safe, effective, and person-centred care by employees of the Council, NHSFV, and the Third and Independent sector in all care settings delivered.
- 7.3 In relation to Delegated Functions, NHSFV is accountable for the clinical and care governance of health services, and the Council is accountable for governance of social work and social care services.
- 7.4 It will remain the responsibility of the Parties to assure the quality and safety of services commissioned from the third and independent sectors in line with the requirements set out in the Strategic Plan.
- 7.5 The structure of the clinical and care governance arrangements as it relates to the Delegated Functions and the provision of assurance to the Integration Joint Board and the Parties is set out in the Clinical and Professional Care Governance framework. The framework will be reviewed at a frequency of no less than 3 years.
- 7.6 Professional governance responsibilities will continue to be carried out by the professional leads through to the health, social work, and social care professional regulatory bodies.
- 7.7 Principles of clinical and care governance will be embedded at service user/clinical care/professional interface using the Clinical and Professional Care Governance framework. The Parties will ensure that explicit arrangements are made for professional supervision, learning, support, and continuous improvement for all staff.
- 7.8 The Parties will provide, by way of assurance to the Integration Joint Board, evidence of effective performance management and clinical and professional care governance systems in relation to the operational delivery of the Integrated Services.
- 7.9 Both Parties will retain separate duty of candour policies. The Parties agree to work towards an integrated duty of candour process to be included in the Clinical and Professional Care Governance Framework.
- 7.10 In respect of clinical, care and professional governance for delegated health functions where the Integrated Services are managed by the Director of Acute Services, NHSFV will establish a Clinical Governance Committee. The Clinical Governance Committee (or its successor) will provide oversight, advice, guidance, and assurance to the Integration Joint Board in relation to those Delegated Functions. These arrangements will be set out in the Clinical and Professional Care Governance Framework.
- 7.11 The Chief Social Work Officer, the Medical Director, Director of Nursing and Midwifery, Director of Pharmacy, Director of Allied Health Professions or their representatives and a Medical Practitioner (the executive professional leads) whose

name is included in the list of primary medical services performers, will provide professional advice to the Chief Officer and the Integration Joint Board in respect of the overview, consistency of service quality and assurance and, application of the clinical and care governance framework.

- 7.12 The executive professional leads will provide advice to the Strategic Planning Group and localities for the purposes of locality planning in respect of inpatient (acute, mental health drug and alcohol and learning disability) and community services respectively.
- 7.13 The Director of Acute Services will have in place management structures that ensure accountability and responsibility for professional, clinical and care standards and governance for Integrated Services which they have Operational Management responsibility.

## **8. WORKFORCE**

- 8.1 The Parties are committed to ensuring staff possess the necessary skills and knowledge to provide service users with the highest quality services. Any future changes in staff arrangements will be planned and co-ordinated and will involve the full engagement of those affected by the changes in accordance with established practices and procedures.
- 8.2 The Parties will deliver an Integrated Workforce Plan for integrated functions. In doing so the plan will consider the needs of the integrated health and social care workforce, including the impact of third and independent sector care provision as part of the overall planning process. The Plan will set out how support and development will be provided for and to the workforce and how the workforce will be developed to meet the requirements of the Integration Joint Board's Strategic Plan. Reviews of the Workforce Plan will be undertaken in conjunction with a review of the Integration Joint Boards Strategic Plan and in consultation with the Integration Joint Board.
- 8.3 The Parties will provide human resource services and workforce planning information as required by the Chief Officer from the appropriate corporate human resource functions within the Council and NHSFV.
- 8.4 The Parties will ensure that professional/clinical supervision arrangements are in place.

## **9. Finance**

- 9.1 References to the Integration Joint Board's Chief Officer and Chief Finance Officer in this section are references to those persons acting on behalf of the Integration Joint Board and are without prejudice to the Integration Joint Board adopting a scheme of delegation, delegating such powers as it thinks appropriate to the Chief Officer and the Chief Finance Officer.

### **Financial Governance arrangements**

#### **Appointment of a Chief Finance Officer**

- 9.2.1 The Integration Joint Board shall appoint a Chief Finance Officer to oversee the proper administration of its financial affairs in accordance with section 95 of the Local Government (Scotland) Act 1973.

- 9.2.2 The Chief Finance Officer will be employed by one of the Parties.
- 9.2.3 In the event that the Chief Finance Officer position is vacant, the Chief Officer shall secure, through agreement with both the Council's Section 95 officer and NHSFV's Director of Finance, an appropriate interim resource to discharge the role until such time as the post is permanently appointed to.
- 9.2.4 With respect to the provision of corporate support functions, the Parties shall identify appropriate operational finance personnel to support the Chief Finance Officer.

#### **Published Accounts and Audit requirements.**

- 9.3.1 As a public body defined under section 106 of the Local Government (Scotland) Act 1973 (Section 13), the Integration Joint Board is required to produce audited annual accounts in accordance with the Local Authority Accounts (Scotland) Regulations 2014 and the CIPFA Code of Practice on Local Authority Accounting in the United Kingdom. The Integration Joint Board must also publish an Annual Performance Report which incorporates financial performance and best value.
- 9.3.2 The Accounts Commission shall appoint the External Auditors to the Integration Joint Board.
- 9.3.3 The nature of the relationship between the Parties is considered to be a joint venture and will be reported as such in the accounts of the Council and NHSFV as appropriate. Corresponding disclosures will be included in the Integration Joint Board accounts.

#### **Budget setting process**

- 9.4.1 The Parties agree to the establishment of an Integration Joint Board budget comprised of an Integrated Budget and a Set Aside budget.

#### **Integrated budget**

- 9.5.1 The Parties recognise that the establishment of an Integrated Budget to meet commitments in the Strategic Plan depends on their co-operation between each other and with the Integration Joint Board and that all Parties must approach such discussions in good faith, recognising the pressures and constraints on their respective budgets and services. The Integrated Budget will be funded by payments from all Parties in respect of all relevant delegated functions specified in annex 1 and annex 2 of the Scheme. The funding contribution and amounts to be paid by the Parties shall be determined based on the following:
- An annual Business Case prepared by the Chief Finance Officer which summarises the Integration Joint Boards funding requirements and financial planning assumptions including savings and efficiencies for the forthcoming financial year to deliver against the strategic plan and the national health and wellbeing outcomes. The Business Case will be presented to the Parties in November/December of each year in order to inform their respective financial planning processes and to enable payments to be negotiated and agreed in advance of the financial year to which they relate.
  - Where anticipated resources to deliver the strategic plan priorities are assumed to be insufficient, the business case should set out the anticipated impact on performance as far as possible and identify any strategic or operational risks.
  - The Business Case will align with the Integration Joint Boards Strategic Plan and will reflect all known national policy commitments and local service developments,

including the impact of service redesign and efficiency initiatives arising from IJB Directions and Scottish Government sustainability and value targets.

- Where resources allocated to either of the Parties are ring fenced, the same ring fencing shall apply when resources are delegated to the Integration Joint Board (the Integration Joint board is not permitted to use such ring-fenced resources for any other purpose other than that originally intended).
- The annual payment from each Party will be indicatively shared with the Integration Joint Board by 28 February and formally notified to the Integration Joint Board no later than 31 March each year, subject to Scottish Government confirmation of NHS and Local Authority funding levels.
- Once funding contributions from the Parties are formally agreed, the Integration Joint board will draft and issue Directions to all Parties to confirm the agreed Integrated Budget for all relevant Delegated Functions as specified in annex 1 and annex 2 of the Scheme in the first reporting cycle of the financial year. The Directions will remain in force until they are varied, revoked, or superseded as a consequence of specific Integration Joint Board decisions or in response to changes in strategic priorities and financial planning assumptions. Directions will be developed and issued in line with the Integration Joint Board's Directions Policy.
- With respect to subsequent financial years, as part of medium-term financial planning arrangements, the Parties shall provide indicative future year funding contributions to the Integration Joint Board to inform the Integration Joint Boards Strategic Plan and accompanying medium term financial plan.

9.5.2 The Parties will ensure that the Chief Officer and Chief Finance Officer are actively engaged in both the NHS and Local Authority strategic financial planning processes.

9.5.3 The Parties may increase the payment to the Integration Joint Board in year for supplementary allocations related to Integrated Functions which could not have been reasonably foreseen at the time the Integrated Budget was agreed or due to decisions made by them which have an impact on the Integrated Budget.

### **Set Aside Budget**

9.6.1 The Set Aside budget should reflect the consumption of hospital services. Where the Integration Joint Boards Strategic Plan identifies a change or there is a change in hospital consumption over time, the impact of the anticipated shift in the balance of care, including resource implications for the Set Aside budget, will be agreed via a detailed business case from the Chief Officer and Chief Finance Officer to be approved by the Integration Joint board and NHSFV.

9.6.2 Any significant change to set aside arrangements may require a review of the Set Aside budget and consumption of hospital services by the Integration Joint board and NHSFV. Any review of the Set Aside budget will also involve the Falkirk Integration Joint Board.

### **Financial Management Arrangements**

#### **Financial Reporting**

9.7.1 The Parties shall maintain detailed records of all financial transactions in respect of both integrated and set aside services and will provide accurate and timeous financial analysis, reports, budget statements, forecasts, and briefings to the Chief Finance Officer as appropriate.



- 9.7.2 The Chief Finance Officer will reconcile and consolidate the information received from the Parties to prepare the Integration Joint Boards annual financial statements, medium term financial plan, annual business case, Integration Joint Board finance reports provided at a minimum of quarterly, Scottish Government returns and other routine budgetary control statements.
- 9.7.3 The Parties will ensure that appropriate and sustainable finance support is provided to the Chief Finance Officer in respect of financial reporting arrangements in line with section 8.4.2 above.

### **Reserves**

- 9.8.1 The Public Bodies (Joint Working) (Scotland) Act 2014 empowers the Integration Joint Board to hold reserves. Reserves are typically held for 2 key purposes; the first as a contingency to offset the financial impact of unforeseen events and/or emergency situations and the second to fund specific projects or earmarked future commitments as part of the Integration Joint Boards Strategic Plan.
- 9.8.2 The Integration Joint Board shall develop and maintain a transparent and prudent reserves policy. The Integration Joint Board shall ensure that all reserve balances are both adequate and necessary in line with its strategic plan and accompanying medium term financial plan.
- 9.8.3 The Parties may take into account the levels of reserves held by the Integration Joint Board as part of the annual budget setting process and in the context of both the Strategic Plan and the Integration Joint Board's reserve policy, subject to Scottish Government direction.

### **Virement and management of budget variances**

#### **Virements**

- 9.9.1 The Integration Joint Board will provide a Direction instructing how the Integrated Budget is to be used to deliver the agreed outcomes and priorities contained within its Strategic Plan. The allocation of payments to the Parties in respect of each Delegated Function is therefore a matter for the Integration Joint board to determine. As such, the Chief Officer may vire resources between the Health and the Social Care arms of the Integrated Budget as appropriate and with an appropriate audit trail
- 9.9.2 Budget virement between the different arms of the integrated budget will require in-year balancing adjustments to the Directions issued to each Party in respect of payments from the Integration Joint board (i.e. to confirm a reduction in the payment from the Integration Joint Board to one Party and a corresponding increase in the payment to another Party as appropriate).
- 9.9.3 The Chief Officer will not be able to vire between the Integrated Budget and any other budgets managed by the Chief Officer which are outside of the scope of the Integrated Joint Board or within the Set Aside, unless explicitly agreed by the Parties.
- 9.9.4 The Integration Joint Boards financial regulations provide further details of arrangements for the virement of budgets.

#### **Management of budget variances**

- 9.10.1 The Chief Officer will manage the Integrated Budget so as to deliver the agreed outcomes within the Strategic Plan.
- 9.10.2 The Chief Officer will manage in year budget variances to deliver a breakeven position against the Integrated Budget.

9.10.3 The Director of Acute Services will be responsible in respect of the management of variations within the Set Aside budget and will manage in year budget variances to deliver a break-even position against the set aside budget.

### **Underspends**

9.11.1 In the event of a favorable variance against the Integrated Budget, the underspend will be retained by the Integration Joint Board and carried forward through reserves unless subject to exception detailed in 9.11.2 below. The Chief Finance Officer will consider if the underspend will be carried forward as a general or earmarked reserve dependent on the nature of the underspend and seek approval from the Integration Joint Board where required.

9.11.2 In the majority of circumstances, any underspend will be retained by the Integration Joint Board, subject to some exceptions:

- Where funding is provisionally identified for a new service which is not then approved/implemented
- Housing Revenue Account funding

9.11.3 For the exceptions above, discussions will take place between the relevant parties to agree the outcome.

9.11.4 In the event of a projected in-year under spend in respect of the Set Aside budget, NHSFV may agree to make additional contributions to the Integration Joint Board. This type of funding is likely to be non-recurring. This will require discussion and agreement between the relevant parties.

### **Overspends**

9.12.1 To effectively manage overspends it is essential for the Chief Officer, Chief Finance Officer and Director of Acute services to work together to effectively manage the whole pathway.

9.12.2 The Chief Officer and the Director of Acute Services will be responsible for the management of in-year pressures within the Integrated Budget and Set Aside Budget respectively and will be expected to take remedial action to mitigate any net variances and remain within the budget envelope.

9.12.3 In the event of an adverse variance against the Integrated Budget and/or Set Aside Budget, the Chief Officer and Director of Acute Services respectively shall take immediate and appropriate corrective action to address the overspend in conjunction with the Chief Finance Officer. This may require a formal recovery plan which may include remedial actions to return to balance. Where remedial actions can't be identified, the plan may include a decision by the Integration Joint Board to increase the payment to the affected Party, by utilising an underspend on another arm of the budget and/or reviewing existing reserves or adjusting the Strategic Plan. The review of reserves will include both general fund reserves and those earmarked reserves which are not statutory or subject to Scottish Government policy direction. The recovery plan will be developed in collaboration with both Parties and subject to approval by the Integration Joint Board

### **Risk sharing**

- 9.13.1 In the event that there are insufficient reserves to offset a projected overspend or the Strategic Plan cannot be adjusted, then the Parties have the option to:
- make an additional one-off payment to the Integration Joint Board, based on an agreed cost sharing model taking into account the nature and circumstances of the overspend; or
  - provide additional resources to the Integration Joint Board which are recovered in future years, subject to scrutiny of the reasons for the overspend and discussion between the parties on a realistic medium to long term recovery plan.
- 9.13.2 Financial risk shall be managed through the financial management process noted above and the use of reserves or additional contributions as previously outlined.
- 9.13.3 Where unresolved overspends are identified and where recovery action is unsuccessful each Party retains ultimate responsibility for resolving the net overspend pressure within the functions that they have delegated.
- 9.13.4 Recurring overspends will be considered as part of the following year's budget process. If a solution to the overspend cannot be agreed by the Parties, or is not agreed by the IJB, then the dispute resolution mechanism in this Scheme may require to be implemented.
- 9.13.5 With regard to set aside services, risk share arrangements will not apply. Instead, NHS Forth Valley will continue to manage overspend pressures out with these risk share arrangements until such time as baseline activity metrics and on-going activity tracking can be agreed and implemented, to allow the consequences of business decisions to be understood and associated variances to be attributed to relevant parties.

## **Capital and Asset Management**

- 9.14.1 The Integration Joint Board, in conjunction with the Parties, shall identify all asset requirements necessary to deliver its Strategic Plan.
- 9.14.2 The Integration Joint Board will not hold a capital budget and does not have the power to borrow to fund capital expenditure. Rather capital investment, together with property and asset management, remains the responsibility of the Parties.
- 9.14.3 The Integration Joint Board shall be an integral part of the capital planning process of both Parties in order to secure capital investment and the effective use of property and assets to support health and social care integration.
- 9.14.4 Where the Chief Officer identifies as part of the Strategic Plan, new capital investment requirements, a business case should be developed for the Parties to consider. Options may include one or both of the Parties approving the project from its capital budget or where appropriate, other funding mechanisms.
- 9.14.5 In general, the Integrated Budget does not include payments from the Parties to cover the revenue costs of assets (rents, repairs, cleaning etc). Any change to this position will be agreed as part of the budget negotiations. There may be some exceptions, for example the Joint Loan Equipment Store and Primary Care functions but these areas will be discussed and agreed by all relevant parties.

## **10. PARTICIPATION AND ENGAGEMENT**

10.1 A proportionate joint consultation on this Scheme took place during September to December 2024. The following principles were agreed by the Parties and followed in respect of the consultation process:

- The views of all participants were valued;
- It was transparent;
- The results of the consultation exercise were published;
- It was an accessible consultation;
- The material for consultation was provided in a variety of formats;
- The draft scheme was published, and comments invited from members of the public;
- It was the start of an on-going dialogue about integration.

10.2 The stakeholders consulted are identified in Annex 3 to this Integration Scheme.

10.3 A range of engagement methods were used to consult on the Scheme:

- A questionnaire made available by email to a range of partners, carers and the wider public;
- Electronic distribution of the Scheme with information available on the home pages of Clackmannanshire and Stirling Councils and NHS Forth Valley and the HSCP;
- Information shared through social media;
- A joint press release which informed the public
- Electronic team briefings for staff;
- Briefings with members of NHS Forth Valley, Elected Members of the Council and with the Integration Joint Board.

10.4 The Parties will support the Integration Joint Board to prepare and review an Involvement and Engagement Plan by providing appropriate resources and support. The Involvement and Engagement Plan shall ensure significant engagement with, and participation by, members of the public, representative groups, and other organisations in relation to decisions about the carrying out of integration functions. Feedback will be encouraged with internal and external stakeholders and the range of ways in which communities, groups and individuals can comment or share ideas will be explicit in all involvement and engagement activity.

10.5 The Parties and the Integration Joint Board will carry out Equality and Socio-Economic Impact Assessments (EQSEIAs), to ensure that services and policies do not disadvantage communities and staff.

10.6 The Parties will make available communication support to allow the Integration Joint Board to engage and participate.

10.7 The Parties will continue to allocate responsibility to the Chief Officer, senior managers, and their teams to support local public and staff involvement and communication.

## **11. INFORMATION SHARING AND DATA HANDLING**

- 11.1 Section 49(3) of the Act enables the Parties to disclose information to each other for the purposes of carrying out integration functions. In processing Personal Data, the Parties are bound by Data Protection Legislation.
- 11.2 In order to provide integrated services it will be necessary to share personal data between the Parties and with external agencies. The Parties, along with Clackmannanshire and Stirling Integration Joint Board, have signed an Information Sharing Protocol to support the lawful flow and joint processing of information for the delivery of integrated services (Joint Processing Protocol). Where personal data is shared with external agencies for the delivery of integrated services, the Parties will ensure that there is appropriate governance documentation (eg information sharing agreements and/or contracts) in place to govern information sharing and data handling arrangements.
- 11.3 In addition, the Parties and other relevant stakeholders (Falkirk and Clackmannanshire and Stirling Integration Joint Boards) have signed an Information Sharing Protocol which covers guidance and procedures for staff for sharing of information amongst them, other than in relation to integrated services (Controller/Controller Protocol). Each Party to the Controller/Controller Protocol will act as an independent controller for information received or disclosed under that Protocol.
- 11.4 The Controller/Controller Protocol covers the sharing of information between the Parties and other relevant stakeholders in all instances of routine sharing between them as data controllers in support of the Agreed Purposes (as defined by the Controller/Controller Protocol). The Parties, alongside the other relevant stakeholders, will ensure that there is appropriate governance documentation (eg information sharing agreements and/or contracts) in place to govern information sharing and data handling arrangements where appropriate.
- 11.5 The Parties will each appoint a Data Protection Officer, as defined in the Data Protection Legislation, who will be responsible for monitoring and reviewing the effectiveness of the Protocols to ensure that the Parties comply with Data Protection Legislation.

## **12. COMPLAINTS**

- 12.1 The Parties will retain separate complaints policies reflecting the distinct statutory requirements.
- 12.2 The Parties agree that complaints should be viewed with a positive attitude and valued as feedback on service performance leading to a culture of good service delivery. The Parties agree the principle of early frontline resolution to complaints and the Parties will efficiently direct complaints to ensure an appropriate response.
- 12.3 The Parties agree to work towards an integrated process for complaints handling from the earliest point of contact as far as the differing legislative requirements will allow in respect of integrated services. Where a complaint is predominately a social care complaint but includes a health complaint, this will be dealt with using the Council complaints handling procedure. Where a complaint is predominately a health complaint but includes a social care complaint this will be dealt with using the NHS Forth Valley complaints handling procedure.
- 12.4 There will be a single point of contact for complainants in relation to integrated services. This will be agreed between the Parties to co-ordinate complaints specific to

the delegated functions to ensure that the requirements of existing legal/prescribed elements of health and social care complaints processes are met.

- 12.5 All complaints handling procedures will be clearly explained, well publicised, accessible, will allow for timely recourse and will sign-post independent advocacy services.
- 12.6 The person making the complaint will always be informed which Complaints Handling Procedure is being applied to their complaint.
- 12.7 The Parties will produce a quarterly joint report, outlining the learning from upheld complaints. This will be provided for consideration in accordance with agreed arrangements on clinical and professional care governance.
- 12.8 This arrangement will respect the statutory and corporate complaints handling procedures currently in place for health and social care services. This arrangement will benefit carers and service users by making use of existing complaints procedures and will not create an additional complaint handling process.
- 12.9 Data sharing requirements relating to any complaint will follow the Information and Data sharing protocol set out in section 10 of this scheme.

### **13. CLAIMS HANDLING LIABILITY AND INDEMNITY**

- 13.1 The Parties and the Integration Joint Board recognise that they could receive a claim arising from, or which relates to, the work undertaken as directed, and on behalf of, the Integration Joint Board.
- 13.2 The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them in accordance with legal principles of liability.
- 13.3 Scots Law will apply.
- 13.4 The Parties will assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees.
- 13.5 The Parties will assume responsibility for progressing and determining any claim which relates to any building which is owned or occupied by them.
- 13.6 In respect of any claim where it is not clear which party should assume responsibility or in the event of any claim against the Integration Joint Board, the Chief Executives of the Parties, and the Chief Officer (or their representatives) will liaise and determine which party should assume responsibility for progressing the claim.

### **14. RISK MANAGEMENT**

- 14.1 The Parties and the Integration Joint Board have a shared risk management strategy for the Parties and the Integration Joint Board for the significant risks that impact on integrated service provision ("RM Strategy").
- 14.2 The primary objectives of this strategy are:
  - promote awareness of risk and define responsibility for managing risk within the Integration Joint Board;
  - establish communication and sharing of risk information through all areas of the Integration Joint Board and operational provision by the Parties;

- initiate measures to reduce the exposure of the Integration Joint Board and the Parties to risk and potential loss; and
  - establish standards, principles and processes for the efficient management and escalation of risk, including regular monitoring, reporting, and review.
- 14.3 The RM Strategy will include a risk monitoring framework (“RM Framework”). The RM Framework will be aligned with the broader governance arrangements for the Integration Joint Board and the Parties, including the framework for monitoring performance and audit.
- 14.4 The Parties will commit all necessary resources to support risk management by the Integration Joint Board. The Parties will support the Integration Joint Board to:
- establish risk monitoring and reporting as set out in the RM framework; and
  - maintain the risk information and share with the Parties within the timescales specified.
- 14.5 The Parties will support the Integration Joint Board to assess its risk and develop a risk register which will list the risks to be reported under the RM Strategy (“Risk Register”). The Integration Joint Board will be responsible for managing strategic risk. The Parties will retain responsibility for managing Operational Risk.
- 14.6 The Chief Officer will be responsible for maintaining the Risk Register and for keeping the Integration Joint Board and the Parties informed of any significant existing or emerging risks that could seriously impact the Integration Joint Board’s ability to deliver the outcomes of their Strategic Plans or the reputation of the Integration Joint Board or the Parties.. The Parties will make information on Operational Risks available to the Chief Officer at a minimum of quarterly to support assessment of strategic risk by the Integration Joint Board. Where a number of Operational Risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, these risks will be escalated by the Parties to the Chief Officer as having ‘strategic risk’ status for the attention of the Integration Joint Board. The Chief Officer will maintain a register of strategic risks for the Integration Joint Board and will share this with the Parties at least biannually to support understanding.
- 14.7 The Parties and the Integration Joint Board will consider these risks at least bi-annually and notify each other where they have changed.
- 14.9 The RM strategy will be reviewed every three years. Any changes to the RM Strategy must be agreed amongst the Parties and the Integration Joint Board in writing.

## **15. DISPUTE RESOLUTION MECHANISM**

- 15.1 Where either Party fails to agree with the other on any issue related to this Scheme, then the process set out in this section will be followed.
- 15.2 The Chief Executives of the Parties will meet to resolve the issue within 10 working days of either Party giving written notice to the other of the issue.
- 15.3 If unresolved, the Parties will each prepare a written note of their position on the issue and exchange it with the other within 14 days of the meeting.
- 15.4 Each Party must respond to the other in writing within 14 days.
- 15.5 In the event that the issue remains unresolved, representatives of the Parties will proceed to mediation with a view to resolving the issue.

- 15.6 The mediator shall be selected within 10 days by agreement between the Parties, failing which, by the director of the Scottish Mediation Network after consultation with the Parties. The mediation shall commence no later than 42 days after the selection of the mediator.
- 15.7 If there is any issue about the conduct of the mediation upon which the Parties cannot agree, then the mediator selected in accordance with paragraph 14.6 shall, at the request of either Party, decide that issue after consultation with the Parties.
- 15.8 Unless they agree otherwise, the Parties shall share equally the fees, costs and expenses relating to the mediation and each Party shall pay its own expenses of preparation for, and participation and representation in, the mediation.
- 15.9 If the Parties are unable to resolve the issue within 28 days of the mediation commencing, and only if the mediator and the Parties agree, the mediator may produce for the Parties a non-binding recommendation of terms of settlement.
- 15.10 Any settlement agreement reached in the mediation shall not be legally binding until it has been reduced to writing and signed by, or on behalf of, the Parties.
- 15.11 The mediation will terminate when:
- either Party withdraws from the mediation;
  - the Parties resolve the issue; or
  - a written agreement is concluded.
- 15.12 Where the issue remains unresolved, the Parties agree to notify Scottish Ministers within 14 days of the unsuccessful mediation terminating that agreement cannot be reached and to seek a direction pursuant to section 52 of the Act.
- 15.13 The Parties agree to be bound by any direction of the Scottish Ministers in relation to the issue.



## PART 1

**Functions delegated by NHS Forth Valley to the Integration Joint Board**

Set out below is the list of functions that will be delegated by NHS Forth Valley to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. The functions in this list are being delegated only in respect of the services described in Annex 1 part 2(a) and Part 2(b)

Functions prescribed for the purposes of section 1(6) and 1(8) of the Act

<b>Column A</b> <b><i>Enactments to be conferred</i></b>	<b>Column B</b> <b><i>Limitations</i></b>
<b>The National Health Service (Scotland) Act 1978</b>	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17 I(b) (use of accommodation) section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38 (care of mothers and young children); section 38A (breastfeeding); section 39 (medical and dental inspection supervision and treatment of pupils and young persons); section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state ); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 (use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency);

<b>Column A</b> <b><i>Enactments to be conferred</i></b>	<b>Column B</b> <b><i>Limitations</i></b>
	section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98 (payment of allowances and remuneration to members of certain bodies connected with the health services); paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards); <b>and functions conferred by—</b> The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services section 17C Agreements) (Scotland) Regulations 2018; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011
<b>Disabled Persons (Services, Consultation and Representation) Act 1986</b>	
section 7 (Persons discharged from hospital)	
<b>Community Care and Health (Scotland) Act 2002</b>	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
<b>Mental Health (Care and Treatment) (Scotland) Act 2003</b>	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (Approved medical practitioners); section 34 (inquiries under section 33:co-operation); section 38 (duties on hospital managers: examination, notification etc.); section 46 (hospital managers' duties: notifications); section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards);

<b>Column A</b> <b>Enactments to be conferred</b>	<b>Column B</b> <b>Limitations</b>
	<p>section 230 (appointment of patient's responsible medical officer);  section 260 (provision of information to patient);  section 264 (detention in conditions of excessive security: state hospitals);  section 267 (orders under sections 264 to 266: recall)  section 281 (correspondence of certain persons detained in hospital);</p> <p><b>and functions conferred by-</b>  The Mental Health (Safety and Security) (Scotland) Regulations 2005  The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;  The Mental Health (Use of Telephones) (Scotland) Regulations 2005 ; <b>and</b>  The Mental Health (England and Wales Cross border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.</p>
<b>Education (Additional Support for Learning) (Scotland) Act 2004</b>	
section 23 (other agencies etc. to help in exercise of functions under this Act)	
<b>Public Services Reform (Scotland) Act 2010</b>	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31 (Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).
<b>Patient Rights (Scotland) Act 2011</b>	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012.
<b>Carers (Scotland) Act 2016</b>	
section 31 (duty to prepare local carer strategy)	Only in so far as it applies to adults

## **PART 2**

### **Services currently provided by NHS Forth Valley which are to be integrated.**

#### **Interpretation**

In this schedule:

“Allied Health Professional” means a person registered as an allied health professional with the Health Professions Council;

“general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

“general medical services contract” means a contract under section 17J of the National Health Service (Scotland) Act 1978;

“hospital” has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

“inpatient hospital services” means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

“out of hours period” has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004(); and

“the public dental service” means services provided by dentists and dental staff employed by a health Board under the public dental service contract.

#### **The functions listed in Annex 1 Part 1 are delegated only in relation to these services:**

- Accident and emergency services provided in a hospital
- Inpatient hospital services relating to the following branches of medicine:
  - General medicine;
  - Geriatric medicine;
  - Rehabilitation medicine;
  - Respiratory medicine; and
  - Psychiatry of learning disability.
- Palliative care services provided in a hospital;
- Inpatient hospital services provided by general medical practitioners;
- Services provided in a hospital in relation to an addiction or dependence on any substance;
- Mental health services provided in a hospital, except secure forensic mental health services;
- District nursing services;
- Services provided out with a hospital in relation to addiction or dependence on any substance;
- Services provided by allied health professionals in an outpatient department, clinic, or out with a hospital;
- The public dental service;

- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978;
- General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978;
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
- Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978;
- Services providing primary medical services to patients during the out-of-hours period;
- Services provided outwith a hospital in relation to geriatric medicine;
- Palliative care services provided outwith a hospital; Community learning disability services;
- Mental health services provided out with a hospital;
- Continence services provided out with a hospital;
- kidney dialysis services provided outwith a hospital; and Services provided by health professionals that aim to promote public health;
- Services provided by health professionals that aim to promote public health.

### PART 3

#### Services provided by NHS Forth Valley which are to be integrated

The functions listed in Annex 1 Part 1 that are delegated in relation to the services that are to be integrated and delivered on a pan-Forth Valley basis are noted in the table below. The arrangements for these services are noted in paragraph 6.8 of the Integration Scheme. Whilst these arrangements may be subject to change by agreement of NHS Forth Valley and the three Forth Valley Local Authorities, the Parties recommend that they are hosted/delivered on a Lead Partner basis as follows:

<i>Falkirk</i>	<i>Clackmannanshire and Stirling</i>	<i>NHS Forth Valley</i>
<ul style="list-style-type: none"> <li>• Primary care including out of hours</li> <li>• <i>Prisoner Healthcare</i></li> <li>• Forth Valley wide health improvement where these fall out with the arrangements for each HSCP</li> <li>• Strathcarron Hospice</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist mental health and learning disability (including adult Mental Health inpatients)</li> </ul>	<p><b>Operational management only</b> in relation to:</p> <ul style="list-style-type: none"> <li>• Large hospital services including Accident and Emergency and wards associated with unplanned admissions</li> </ul>

## **PART 4**

**The following services from Part 2 of Annex 1 and Part 3 of annex 1 will also be integrated in respect of people under the age of 18:**

- Accident and Emergency services provided in a hospital;
- Public dental services;
- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978;
- General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978;
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
- Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978;
- Primary medical services out-of-hours;
- Community learning disability services;
- kidney dialysis services provided out with a hospital;
- Services provided by allied health professions.

## PART 1

**Functions delegated by the Clackmannanshire and Stirling Councils to the Integration Joint Board**

Set out below is the list of functions that are delegated by the Council(s) to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014.

**Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014**

<b>Column A</b>	<b>Column B Limitation</b>
<b>Enactment conferring function</b>	
<b>National Assistance Act 1948</b>	
section 48 (duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
<b>The Disabled Persons (Employment) Act 1958</b>	
section 3 (Provision of sheltered employment by local authorities)	
<b>The Social Work (Scotland) Act 1968</b>	
section 1 (local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
section 4 (provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
section 8 (research.)	So far as it is exercisable in relation to another integration function.
section 10 (financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
section 12 (general social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
section 12A (duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.

<b>Column A</b>	<b>Column B Limitation</b>
<b>Enactment conferring function</b>	
section 12AZA (assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
section 13 (power of local authorities to assist persons in need in disposal of produce of their work.)	
section 13ZA (provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
section 13A (residential accommodation with nursing.)	
section 13B (provision of care or aftercare.)	
section 14 (home help and laundry facilities.)	
section 28 (burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function
section 29 (power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
section 59 (provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
<b>The Local Government and Planning (Scotland) Act 1982</b>	
section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
<b>Disabled Persons (Services, Consultation and Representation) Act 1986</b>	
section 2 (rights of authorised representatives of disabled persons.)	
section 3 (assessment by local authorities of needs of disabled persons.)	
section 7 (persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions.



<b>Column A</b>	<b>Column B Limitation</b>
<b>Enactment conferring function</b>	
section 8 (duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
<b>The Adults with Incapacity (Scotland) Act 2000</b>	
section 10 (functions of local authorities.)	
section 12 (investigations.)	
section 37 (residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
section 39 (matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
section 41 (duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
section 43 (statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
section 44 (resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
section 45 (appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
<b>The Housing (Scotland) Act 2001</b>	
section 92 (assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
<b>The Community Care and Health (Scotland) Act 2002</b>	
section 5 (local authority arrangements for of residential accommodation outwith Scotland.)	
section 14 (payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	

Column A Enactment conferring function	Column B Limitation
<b>The Mental Health (Care and Treatment) (Scotland) Act 2003</b>	
Section 17 (duties of Scottish Ministers, local authorities and others as respects Commission)	
section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
section 26 (services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
section 27 (assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
section 33 (duty to inquire.)	
section 34 (inquiries under section 33: Co-operation.)	
section 228 (request for assessment of needs: duty on local authorities and Health Boards.)	
section 259 (advocacy.)	
<b>The Housing (Scotland) Act 2006</b>	
section 71(1)(b) (assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
<b>The Adult Support and Protection (Scotland) Act 2007</b>	
section 4 (council's duty to make inquiries.)	
section 5 (co-operation.)	
section 6 (duty to consider importance of providing advocacy and other )	
section 11 (assessment orders.)	
section 14 (removal orders.)	
section 18 (protection of moved persons property.)	

section 22 (right to apply for a banning order.)	
section 40 (urgent cases.)	
section 42 (adult protection committees.)	
section 43 (membership.)	
<b>Social Care (Self-directed Support) (Scotland) Act 2013</b>	
section 5 (choice of options: adults.)	
section 6 (choice of options under section 5: assistances.)	
section 7 (choice of options: adult carers.)	
section 9 (provision of information about self-directed support.)	
section 11 (local authority functions.)	
section 12 (eligibility for direct payment: review.)	
section 13 (further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
section 16 (misuse of direct payment: recovery.)	
section 19 (promotion of options for self-directed support.)	

<b>Column A</b>	<b>Column B Limitation</b>
<b>Enactment conferring function</b>	
<b>Carers (Scotland) Act 2016</b>	
section 6 (duty to prepare adult carer support plan)	
section 21 (duty to set local eligibility criteria)	
section 24 (duty to provide support)	
section 25 (provision of support to carers: breaks from	
section 31 (duty to prepare local carer strategy)	
section 34 (information and advice service for users)	
section 35 (short breaks services statements)	

## PART 2

**Functions, conferred by virtue of enactments, prescribed for the purposes of Section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014**

<b>Column A</b>	<b>Column B Limitation</b>
<b>Enactment conferring function</b>	
<b>The Community Care and Health (Scotland) Act 2002</b>	
Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002	

### **PART 3**

#### **Adult Services provided by the Council which are to be integrated**

- Social work services for adults and older people;
- Services and support for adults with physical disabilities and learning disabilities;
- Mental health services;
- Drug and alcohol services;
- Adult protection and domestic abuse;
- Carers support services;
- Community care assessment teams;
- Care home services;
- Adult placement services;
- Health improvement services;
- Aspects of housing support, including aids and adaptations and those areas of housing support that involve an indistinguishable overlap between personal care and housing support;
- Day services;
- Local area co-ordination;
- Respite provision;
- Occupational therapy services; and
- Re-ablement services, equipment and telecare.

**Consultees to the Integration Scheme**

Participation arrangements are set out in section 9 of this Integration Scheme. The list of consultees includes:

NHS Forth Valley;

Clackmannanshire Council

Stirling Council;

Clackmannanshire and Stirling Integration Joint Board;

Health professionals;

Users of health care;

Carers of users of health care;

Commercial providers of health care;

Non-commercial providers of health care;

Social care professionals;

Users of social care;

Carers of users of social care;

Commercial providers of social care;

Non-commercial providers of social care;

Staff of NHS Forth Valley, Clackmannanshire and Stirling Councils;

Union and staff representatives;

Non-commercial providers of social housing;

Third sector bodies carrying out activities related to health or social care;

General Public;

Elected members of Clackmannanshire and Stirling Councils.

## Forth Valley Integration Schemes

Required content as described in SSI No 341/14 Prescribed matters (required)	Original schemes	Proposed Content of successor schemes
<p>Prescribed information (to be agreed by LA and NHS)</p> <p><b>Preamble/Introduction/context</b></p> <p><i>This is not part of the prescribed content but was included in all schemes previously. It is seen as an opportunity to show the purpose of integration, the intent of the parties in delivering on integration aside for the requirement to do so and any vision that the parties have for integration but not for strategic direction. Strategic direction is set by the IJB.</i></p>	<p>Provides a description of the requirements of the legislation. Details the National Wellbeing Outcomes and begins to set a strategic direction for the IJB. There is a little variation between the two integration schemes in relation to strategic intention</p>	<p>To be agreed but to focus on the Parties commitment to making integration work</p>
<p><b>Parties to the scheme</b></p>	<p>1. Falkirk Council and NHS Forth Valley 2. Clackmannanshire and Stirling Councils and NHS Forth Valley</p>	<p>Remains the same</p>
<p><b>Definitions</b> <i>Not covered in regulations but required by the model scheme</i></p>	<p>These are staggered throughout the document</p>	<p>Brought together at the beginning of the document and extended with some new definitions added to improve clarity.</p>
<p><b>Local governance arrangements for the integration joint board where the integration scheme is prepared under section 2(4) of the Act.</b></p> <p>The membership of the integration joint board including in particular—</p> <p>(a) the number of members that will be appointed on the nomination of each local authority;</p> <p>(b) the number of members that will be appointed on the nomination of the Health Board; and</p> <p>(c) the arrangements for appointing additional members to the integration joint board, and the number of additional members to be appointed.</p> <p>The arrangements for appointment of the chairperson and vice-chairperson of the integration joint board.</p> <p>The term of office of the chairperson and vice- chairperson of the integration joint board.</p>	<p>Falkirk- 3 elected members and 3 NHSFV members. Chair and Vice Chair to rotate every 2 years between Council and NHSFV Clackmannanshire and Stirling – 3 elected members from each Council and 6 NHSFV members. Chair and Vice Chair to rotate every 2 years between Council and NHSFV Each Council to rotate chair/ vice chair</p>	<p>Falkirk – increase to 4 elected members and 4 NHSFV members</p> <p>C&amp;S to remain the same</p>
<p><b>Local operational delivery arrangements for the functions delegated to an integration joint board.</b></p> <p>The governance arrangements for the carrying out of integrated functions, including in particular arrangements for the involvement of the members of the integration joint board in overseeing the carrying out of integration functions by the constituent authorities.</p>	<p>Delegation of all decision making in relation to functions set out in annexes. Directions required for Council and NHS to progress IJB decisions</p>	<p>Delegation of all decision making in relation to the functions set out in the Annexes. Removal of requirements for IJB as these are for the IJB to address not the Parties.</p> <p>The purpose of the IJB strategic plan.</p> <p>The agreement to establish integrated operational arrangements to ensure the delivery of the IJBs strategic plan (ie the HSCP)</p> <p>Directions required for Council and NHS (HSCP) to progress decisions.</p> <p>Clarity over responsibility for operational delivery</p> <p>Wording has generally been updated to reflect the current situation and to be a little plainer to improve understanding.</p>

<b>Required content as described in SSI No 341/14 Prescribed matters (required)</b>  Prescribed information (to be agreed by LA and NHS)	<b>Original schemes</b>	<b>Proposed Content of successor schemes</b>
<b>Local arrangements to support the preparation of a strategic plan.</b>  <b>Support services provision in relation to functions under the Act and integration functions.</b>  The arrangements that the Health Board and local authority will put in place to support an integration authority to act in accordance with section 30(3) of the Act. The process to be used by the Health Board and local authority to produce an agreement setting out any professional, technical or administrative services of the Health Board or local authority to be made available to the integration authority for the purpose of preparing a strategic plan and carrying out integration functions.	Reflects on the development of arrangements during the shadow year of the IJB	Sets out the collaborative arrangements between the Parties to support the IJB and the provision of that support.
<b>Performance targets, improvement measures and reporting arrangements which relate to integration functions.</b>  The process to be used to prepare a list of all targets, measures and arrangements which relate to integration functions and for which responsibility is to transfer, in full or in part, to the person to whom functions are delegated, including a statement of the extent to which responsibility for each target, measure or arrangement is to transfer. The timescale within which the list of targets, measures and agreements is to be prepared.	Responsibilities sitting with IJB when they do not have the information.	Updating to reflect that a performance framework now exists. Clarity over the responsibility for the provision of information
<b>Performance targets, improvement measures and reporting arrangements which relate to functions of the local authority and Health Board which are not integration functions.</b>  The process to be used to prepare a list of any targets, measures and arrangements which relate to functions of the Health Board or local authority and which are to be taken account of by the integration authority when it is preparing a strategic plan. The timescale within which the list of targets, measures and agreements is to be prepared.	The need to develop a list of targets and measures and how this will be prepared	Updated to reflect current position. Reference to the performance framework allows this to be updated without any further update of the Integration scheme.
<b>Clinical and care governance of services provided in pursuance of integration functions.</b> <b>The arrangements for clinical and care governance to apply to services provided in pursuance of integration functions.</b>  How these clinical and care governance arrangements are to provide oversight of, and advice to, the person to whom functions are delegated. How these arrangements are to provide oversight of, and advice to, the strategic planning group in relation to clinical and care governance.	Definitions included in text. Plan to develop a clinical and care governance framework and reflection on some of the required content.	Definitions moved to a definitions section. Reference to the clinical and care governance framework that now exists. Clarity on roles and responsibilities of the Parties and certain senior staff.



<b>Required content as described in SSI No 341/14 Prescribed matters (required)</b>  Prescribed information (to be agreed by LA and NHS)	<b>Original schemes</b>	<b>Proposed Content of successor schemes</b>
<p>How these arrangements are to provide oversight of, and advice in relation to, the clinical and care governance of the delivery of health and social care services in the localities identified in the strategic plan.</p> <p>How the clinical and care governance arrangements which apply in relation to the functions of the local authority and Health Board will interact with the clinical and care governance arrangements to apply to services provided in pursuance of integration functions.</p> <p>The role of senior professional staff of the Health Board and the local authority in the clinical and care governance arrangements to apply to services provided in pursuance of integration functions.</p> <p>How the clinical and care governance arrangements set out in the integration scheme relate to arrangements in place for the integration joint board to receive professional advice.</p>		
<p><b>The operational role of the chief officer of the integration joint board.</b></p> <p>Information about the chief officer's role within the management and decision-making structures of each of the constituent authorities in relation to the operational delivery of services provided in pursuance of integration functions.</p>	<p>The appointment of the Chief Officer</p>	<p>The appointment of a Chief Officer and extended explanation of their day-to-day operational role. The Chief Officers role in hosting (managing) any FV wide services on behalf of the other partnership. The management structure to support the Chief Officer</p>
<p><b>The line management arrangements for the chief officer of the integration joint board</b></p> <p>The line management arrangements which the constituent authorities are to put in place to ensure that the chief officer of the integration joint board is accountable to each of the constituent authorities.</p>	<p>Report to the Chief Execs of both Parties</p>	<p>Some extended narrative on joint supervision meetings with both Chief Execs at the same time to develop an integrated approach</p>
<p><b>The arrangements for appointment of an interim chief officer of the integration joint board.</b></p> <p>The arrangements that the constituent authorities are to make to appoint a suitable interim replacement for the chief officer of the integration joint board at the request of that integration joint board in the event that the chief officer is absent or otherwise unable to carry out his or her functions.</p>	<p>how their role will be covered in an extended absence.</p>	<p>A timeframe of what constitutes extended absence and how that absence will be covered. The timeframe for interim solution differs between the two schemes. Falkirk 3 months, Clackmannanshire &amp; Stirling 1 month</p>
<p><b>Plans for workforce development</b></p> <p>A list of the plans that the Health Board and local authority undertake to develop and put in place to support any staff employed in relation to services provided in pursuance of integration functions including at least—</p> <ul style="list-style-type: none"> <li>(a) a plan relating to the development of, and support to be provided to, the workforce; and</li> <li>(b) a plan relating to the organisational development of the Health Board, local authority and, as the case may be, the integration joint board, in relation to integration functions.</li> </ul>	<p>Sets out the need to develop a workforce plan and what that should cover</p>	<p>Reference to the workforce plan, the support required from the parties to ensure its development and review, the frequency of the review. Supervision arrangements for all staff.</p>

Required content as described in SSI No 341/14 Prescribed matters (required)	Original schemes	Proposed Content of successor schemes
Prescribed information (to be agreed by LA and NHS)		
The timescale within which each plan is to be developed and put in place.		
<p><b>Financial management of an integration joint board</b></p> <p>A statement of which constituent authority is to maintain financial ledgers for the purpose of recording the transactions of the integration joint board.</p> <p>A statement of the arrangements that the Health Board and local authority have agreed to make for the preparation of annual accounts, the financial statement prepared under section 39 of the Act, the financial elements of the strategic plan, and such reports on financial matters as the integration joint board may require in relation to the exercise of its functions.</p>	Prepared using Parties ledgers. Towards the end of the finance section (8.10)	Prepared and audited in line with statutory requirements also reported in accounts of Parties due to the nature of the joint venture. Towards the beginning of the finance section (9.3)
<p><b>Payments to the integration joint board</b></p> <p>The process that the constituent authorities are to use to agree a schedule of the amounts and dates of payments to be made to the integration joint board by the constituent authorities for each financial year, including the timescale for preparing this schedule.</p>	Focused on the first year of integration and subsequent years	Focused on the strategic plan and development of business case identifying planning assumptions. Relationship to Directions.
<p><b>Financial reporting to the integration joint board and chief officer by the constituent authorities.</b></p> <p>The frequency with which each constituent authority is required to provide financial monitoring reports to the integration joint board and the chief officer for the purpose of financial monitoring of the carrying out of integration functions including, in the case of the Health Board, reports in relation to amounts which have been set aside for use by the integration joint board.</p> <p>The agreed content of the financial monitoring reports.</p>	Accurate and timeous reports. Reports listed	Minimum of quarterly reports reconciled and consolidated by the CFO. Provision of support for the CFO to produce financial reporting.
<p><b>Financial management in relation to integration functions where the integration model mentioned in section 1(4)(b), (c) or (d) of the Act is to apply.</b></p> <p>A statement of the arrangements which are to be made for hosting the financial ledgers for recording the transactions of the person to whom functions are delegated, including in particular the details of any temporary or transitional arrangements.</p>	Held by each party	Held by each party
<p><b>The process for addressing variance in spending in relation to integration functions.</b></p> <p>The process to manage in-year or year-end underspend or overspend by the person to whom functions are delegated in relation to the amounts paid to it, or amounts set aside for use by it.</p>	CO responsible for the management of in year variances. Underspends to be returned to relevant Party with exceptions generally relating to planned underspends and the building up of reserve. Overspends require development of recovery plan and potential increased payments from the Parties	Co responsible for the management of in year variances and delivery of a breakeven position. Underspends to be retained by IJB and held as reserves with some exceptions. Overspends require recovery plans, use of reserves and potential increase payments from Parties. Approach to risk sharing set out

<b>Required content as described in SSI No 341/14 Prescribed matters (required)</b>  Prescribed information (to be agreed by LA and NHS)	<b>Original schemes</b>	<b>Proposed Content of successor schemes</b>
<b>Redetermination of payments and amounts set aside in relation to integration functions.</b>  The method by which any variations to the amounts determined under the methods set out in the scheme by virtue of section 1(3)(d) and (e) of the Act will be determined, including the conditions which will require to be met before variations may be made.	Set out in variations section	Set out in variations section
<b>The use of capital assets in relation to integration functions.</b>  The process to be followed by the Health Board, local authority, and where applicable, the integration joint board, to determine the use of capital assets of the local authority and Health Board in relation to integration functions.	Best use of existing assets. IJB to identify asset requirements to support strategic plan and allow CO to identify capital investment and submit business case to Parties. The Integrated Budget may include revenue costs of assets.	IJB to determine assets required to meet strategic plan. IJB does to hold capital budget, this remains the responsibility of the Parties. A business case required from CO for any new capital investment. Integrated Budget does not include any revenue costs associated with cost of assets with some exceptions.
<b>Participation and engagement.</b> The list of persons, groups of persons and representatives of groups of persons consulted in the development of the integration scheme. Details of the means by which the consultation required by section 6(2) of the Act was undertaken in the development of the integration scheme. The arrangements that the Health Board and local authority undertake to put in place to support the person to whom functions are delegated to produce a strategy for engagement with, and participation by, members of the public, representative groups or other organisations in relation to decisions about the carrying out of integration functions (a "participation and engagement strategy"). The timescale within which the participation and engagement strategy is to be produced.	Sets out the need for a participation and engagement strategy.	Sets out the consultation arrangements on this Integration Scheme and the methods used. Identifies all stakeholders to be consulted in Annex 3. Refers to the IJB participation and Engagement Plan and its need for review including the role of the Parties in that. Sets out the requirements for out Equality and Socio-Economic Impact Assessments (EQSEIAs),
<b>Information sharing and data handling.</b>  The process to be followed by the Health Board and local authority to agree an information sharing accord, and the process for amending the information sharing accord. The timescale within which the information sharing accord is to be agreed. The process which is to be followed by the Health Board and local authority to agree procedures for the sharing of information between the local authority, Health Board, and, where applicable, integration joint board, and the process for amending these procedures. The timescale within which the procedures for information sharing are to be agreed.	<b>Refers to SASPI</b>	Updated to refer to Data Protection Legislation. Refers to Information Sharing Protocol. Role of the DPO appointed by the Parties.
<b>Complaints in relation to services provided in pursuance of integration functions.</b>  The arrangements for management of complaints relating to services provided in pursuance of integration functions including in particular information on the process by which a service user may make a complaint.	Approach to handling of complaints in relation to different parts of the Integrated services.	Updated references to complaints handling procedures and reporting on complaints

Required content as described in SSI No 341/14 Prescribed matters (required)	Original schemes	Proposed Content of successor schemes
<p>Prescribed information (to be agreed by LA and NHS)</p> <p><b>Handling of claims against the Health Board, local authority and, where applicable, the integration joint board in relation to integration functions.</b></p> <p>The arrangements for the management and settlement of claims arising from the exercise of integration functions, and any arrangements to be made for indemnity between the Health Board and local authority, in relation to such claims</p>		
<p><b>Risk management.</b></p> <p>The risk management strategy which is to apply in relation to the carrying out of integration functions, including in particular – (a) how a risk management procedure is to be developed and (b) the resources to be made available by the local authority and Health Board to support risk management.</p> <p>The timescale within which the risk management strategy is to be developed.</p> <p>How the local authority, Health Board and, as the case may be, the integration joint board is to produce a list of the risks to be reported under the risk management strategy including provision for the list to be amended.</p> <p>The timescale within which the list of risks to be reported is to be produced.</p>	Using the legal principles of liability	Expanded approach committed to handing issues quickly. Applying Scots law, the responsibility of the Parties in relation to claims against their own employees and the approach to be undertaken where it is not clear which Party may have responsibility.
<p><b>Dispute resolution.</b></p> <p>The procedure to be used to resolve any dispute between the local authority and Health Board in relation to any of the matters provided for in the integration scheme or any of the duties or powers placed on them by the Act.</p>	Procedure set out	Same procedure with tightening of timescales
<p>Annexes</p> <p>Not described in regulations but minimum delegation requirements are set out in legislation</p>	Minimum delegation of functions	Improvements in the approach to hosting arrangements for some health services. Falkirk delegation extended to include the delegation of all Local Authority children and criminal justice functions.

### 13.4 IJB Directions

**For:** Noting

**Executive Sponsor:** Professor Ross McGuffie, Chief Executive

**Author:** Mrs Jillian Thomson, Deputy Director of Finance

### Executive Summary

This paper provides a high-level summary of the Directions received from both IJBs to date during the 2024/25 financial year. Directions are a key aspect of an IJB's governance framework and form the mechanism and legal basis by which the IJB's commissioning role and strategic plans are enacted.


### Recommendation

The Forth Valley NHS Board is asked to:

- **Note** the Directions received from both IJBs to date.

### Assurance

Proposed assurance level:

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

A reasonable level of assurance is reported on the basis that all Directions issued to NHS Forth Valley to date have been complied with and implemented (or are in the process of being implemented in line with agreed timescales).

In addition, should any difficulty arise in complying with Directions, a dispute resolution mechanism is in place (which would include informal resolution in conjunction with the IJB Chief Officer in the first instance, followed by the formal dispute resolution process outlined in the extant integration schemes where necessary).

### Key Issues to be considered

#### 1. Introduction

- 1.1. Directions are a necessary and important element of an IJB's governance structure designed to convey IJB decisions whilst providing a clear framework for the operational delivery of delegated services. As such, Directions must be in writing and drafted in sufficient detail to ensure IJB decision making is accurately and effectively communicated to the NHS Board and Local Authority partners.
- 1.2. IJB Directions are legally binding and provide a formal record and audit trail of IJB decisions and responsibilities between Partners. The NHS Board and Local Authorities are responsible for complying with and implementing all IJB Directions. The Chief Executives of the NHS Board and all 3 Local Authorities are expected to formally acknowledge receipt of all Directions issued by the IJBs.
- 1.3. The Scottish Government published [statutory guidance](#) relating to Directions in January 2020 in a bid to promote best practice and improve the manner in which Directions are issued and implemented. This included guidance on the form and content of Directions and the requirement for IJBs to have a Directions policy in place.

1.4. This report provides a high-level summary of the Directions issued by Clackmannanshire and Stirling IJB and Falkirk IJB to date during the 2024/25 financial year. The report does not provide detail on the content or commentary on the impacts of each Direction as this is considered through the routine performance monitoring arrangements of the IJB and HSCPs.

## **2. Directions issued during 2024/25**

2.1. Directions are issued to partners by the IJB Chief Officer as soon as practicable following approval by the IJB. Directions remain in force until they are varied, revoked or superseded as a consequence of IJB decisions, or in response to changes in strategic and/or financial priorities during the course of the year. A chronological directions log is maintained by both IJBs in line with their Directions policy.

2.2. From 27 March 2024 to 20 November 2024, Clackmannanshire and Stirling IJB has issued 13 Directions (see appendix 1 which is an extract from the Clackmannanshire and Stirling IJB Jan finance report):

- 7 of these Directions were issued jointly to NHS Forth Valley, Clackmannanshire Council and Stirling Council to confirm 2024/25 revenue budgets and to take forward development of strategic commissioning plans for Mental Health and Wellbeing and Palliative Care and End of Life services.
- 3 Directions were issued to Clackmannanshire Council and Stirling Council to implement the Local Government finance settlement as it applies to integration and to implement various policy initiatives relating to Self-Directed Support.
- 3 Directions were issued to NHS Forth Valley in relation to implementation of financial recovery plans.

2.3. From 1st April 2024 to 28 November 2024 Falkirk IJB has issued 28 Directions relating exclusively to year to date budget amendments at individual service level (see appendix 2 which is an extract from the Falkirk [IJB Nov 24 finance report](#)). 10 of these Directions were issued to the NHS Board and 18 to Falkirk Council.

2.4. Falkirk IJB have also issued 4 non-financial Directions to date during 2024/25:

- 1 Direction was issued jointly to NHS Forth Valley and Falkirk Council relating to the development of a Mental Health and Wellbeing strategic commissioning plan.
- 3 Directions were issued to NHS Forth Valley relating to the development of locality plans, an extension to a block contract for interim care beds and development of the Palliative Care and End of Life strategic commissioning plan.

### **Implications**

#### **Financial Implications**

There are no immediate financial implications associated with this report. Any specific financial implications associated with a Direction should be clearly communicated as part of the written Direction.

#### **Workforce Implications**

There are no immediate workforce implications associated with this report. Any specific workforce implications associated with a Direction should be clearly communicated as part of the potential impact on stakeholders in the written Direction.

#### **Infrastructure Implications including Digital**

There are no immediate infrastructure or digital implications associated with this report.

#### **Sustainability Implications**

There are no direct sustainability implications arising from this report.

#### **Sustainability Declaration**

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

- Yes
- N/A

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

### **Quality / Patient Care Implications**

Integration of Health and Social Care services is intended to ensure those who use health and social care services get the right care and support, whatever their needs, at the right time and in the right setting at any point in their care journey, with a focus on community-based preventative care. Directions are the means by which the IJBs deliver the priorities to achieve this through their Strategic Plan.

### **Information Governance Implications**

There are no direct information governance implications arising from this report.

### **Risk Assessment / Management**

There are no direct risk issues arising from this report. Risk associated with each Direction will be considered by the relevant Service Manager and escalated where appropriate.

### **Relevance to Strategic Priorities**

The integration of Health and Social Care is a key corporate objective and strategic priority which the Board must comply with under the Public Bodies (Joint Working) (Scotland) Act 2014. Note that IJB Directions are legally binding and as such the NHS Board and Local Authority may not amend, disregard, appeal or veto any Direction. Similarly, the NHS Board and Local Authority may not use the resources allocated via the IJB for any other purpose than that intended in the Directions.

### **Equality Declaration**

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

Further to an evaluation it is noted that: *(please tick relevant box)*

- Paper is not relevant to Equality and Diversity

### **Communication, involvement, engagement and consultation**

N/A.

### **Additional Information**

N/A

### **Appendices**

1. Directions issued to date by Clackmannanshire and Stirling IJB during 2024/25
2. Directions issued to date by Falkirk IJB during 2024/25

## Appendix 1: Directions issued to date by Clackmannanshire and Stirling IJB during 2024/25

Reference Number	Report Title	Direction to	Text/Summary of Direction	Services / Functions Covered	Date Issued	Status	Link to IJB paper	Most Recent Review	Planned Review Date
CSIB-2024_25/001	IJB Revenue Budget 2024/25	NHS Forth Valley, Clackmannanshire Council, Stirling Council	Direction of IJB Revenue Budget and incorporated savings	Revenue Budget 2024-25 and Medium Term Financial Outlook	27-Mar-24	Current	<a href="#">IJB-27.03.24-v2.pdf (clacksandstirlinghscp.org)</a>	27-Mar-24	Mar-25
CSIB-2024_25/002	Palliative and End of Life Care	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to support their HSCP employees to coordinate and be engaged in the development of this strategic commissioning plan as required and appropriate	All staff and services that are engaged in the planning, commissioning and provision of palliative and end of life care.	27-Mar-24	Current	<a href="#">IJB-27.03.24-v2.pdf (clacksandstirlinghscp.org)</a>	27-Mar-24	Nov-24
CSIB-2024_25/003	Financial Report	Clackmannanshire Council, Stirling Council	From 8 April 2024 implement the agreed settlement including revised rates for the National Care Home Contract per joint letter from COSLA, Scottish Care and Scotland Excel dated 21 March 24	Care Homes	19-Jun-24	Current	<a href="#">IJB Meeting 19 June 2024 (clacksandstirlinghscp.org)</a>	19-Jun-24	Mar-25
CSIB-2024_25/004	Self Directed Support Policy	Clackmannanshire Council, Stirling Council	are directed to support their employees to implement the Self Directed Support policy as approved by the IJB on 19 June 2024	Adult Social Care Functions	19-Jun-24	Current	<a href="#">IJB Meeting 19 June 2024 (clacksandstirlinghscp.org)</a>	19-Jun-24	Mar-25
CSIB-2024_25/005	Developing a Mental Health and Wellbeing Strategic Commissioning Plan for Forth Valley	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to support their employees to lead, coordinate and engage in the development of the MH&W Strategy as required	as listed in direction	19-Jun-24	Current	<a href="#">IJB Meeting 19 June 2024 (clacksandstirlinghscp.org)</a>	19-Jun-24	Mar-25
CSIB-2024_25/006	ADP Commissioning	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to sustain their current overall financial support of ADP-funded activity and to support their employees to deliver the approach outlined in this paper	Substance Use Services, Primary Care, 3rd sector, C&S Strategic Planning Service	07-Aug-24	Current	<a href="#">Wednesday-7-August-2024.pdf</a>	07-Aug-24	Feb-25
CSIB-2024_25/007	Commissioning Approach for Dementia (Post Diagnostic Support)	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to support their employees to implement the Model of Care for Dementia	commissioned support for those individuals living with dementia	02-Oct-24	Current	<a href="#">IJB Meeting-Wednesday-2-Oct</a>	02-Oct-24	Mar-25
CSIB-2024_25/008	Independent Advocacy Commissioning Plan	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to support their employees to implement the Independent Advocacy Strategic Commissioning Plan	all adult social care services	02-Oct-24	Current	<a href="#">IJB Meeting-Wednesday-2-Oct</a>	02-Oct-24	Aug-25
CSIB-2024_25/009	Commissioning a change to the model of long-term care for older adults	NOT APPROVED OR ISSUED							
CSIB-2024_25/010	Implementing the Clacks and Stirling SDS Policy for Adults with Learning Disability	Clackmannanshire Council, Stirling Council	are directed to support their employees within the HSCP to progress the development of proposals that will result in change to the historical commissioning from both Councils for delivery of 2 day centres across the Integration Authority	LD Day Care	20-Nov-24	Current	<a href="#">IJB Meeting-Wednesday-20-Nov</a>	20-Nov-24	Mar-25
CSIB-2024_25/011	FVPalliative and End of Life Care Commissioning Plan	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to support their employees to progress the development of an implementation plan to deliver the strategic commissioning intentions set out in the PEOLC Strategic Commissioning Plan using a commissioning consortium approach with key stakeholders.	Inpatient and Community healthcare provision, Residential and non residential social care support.	20-Nov-24	Current	<a href="#">IJB Meeting-Wednesday-20-Nov</a>	20-Nov-24	Mar-25
CSIB-2024_25/012	Financial Recovery Plan	NHS Forth Valley	Pausing on non recurrent basis planned non statutory expenditure in 24/25	Delegated integration functions	20-Nov-24	Current	<a href="#">IJB Meeting-Wednesday-20-Nov</a>	20-Nov-24	Mar-25
CSIB-2024_25/013	Financial Recovery Plan	NHS Forth Valley	Utilise non-recurrent flexibility on SG allocation as contribution to projected overspend	Delegated integration functions	20-Nov-24	Current	<a href="#">IJB Meeting-Wednesday-20-Nov</a>	20-Nov-24	Mar-25
CSIB-2024_25/014	Financial Recovery Plan	NHS Forth Valley	Non recurrent voluntary staff hours reductions in Psychological Services	Psychological Services	20-Nov-24	Current	<a href="#">IJB Meeting-Wednesday-20-Nov</a>	20-Nov-24	Mar-25



## Appendix 2: Financial Directions issued to date by Falkirk IJB during 2024/25

### FALKIRK INTEGRATION JOINT BOARD Directions summary 2024-25

FALKIRK IJB DIRECTIONS SUMMARY 2024-25					
Ref no	Description	Function	Budget	Direction to	IJB Approved
24-25 SA 01	Accident and Emergency Services	Set aside	£13,796,028	NHS Forth Valley	Pending
24-25 SA 02	Inpatient Hospital Services General Medicine	Set aside	£4,311,791	NHS Forth Valley	Pending
24-25 SA 03	Inpatient Hospital Services Geriatric Medicine	Set aside	£7,482,961	NHS Forth Valley	Pending
24-25 SA 04	Inpatient Hospital Services Rehabilitation Medicine	Set aside	£2,284,822	NHS Forth Valley	Pending
24-25 SA 05	Inpatient Hospital Services Respiratory Medicine	Set aside	£2,852,934	NHS Forth Valley	Pending
24-25 SA 06	Inpatient Hospital Services Psychiatry of Learning Disability	Set aside	£1,800,080	NHS Forth Valley	Pending
24-25 SA 07	Palliative Care (Hospital Based)	Set aside	£1,700,168	NHS Forth Valley	28 June 2024
24-25 SA 08	Mental Health Inpatient Services	Set aside	£9,172,471	NHS Forth Valley	Pending
24-25 OP MGT	Partnership Management	Integrated	£102,523	NHS Forth Valley	28 June 2024
24-25 I DP 01	District Nursing Services	Integrated	£5,390,872	NHS Forth Valley	Pending
23-24 I DP 02	Community Nursing Services	Integrated	£0	NHS Forth Valley	28 June 2024
24-25 I DP 03	Community Addiction Services	Integrated	£4,542,529	NHS Forth Valley	27 September 2024
24-25 I DP 04	Community Based AHP Services	Integrated	£8,728,300	NHS Forth Valley	Pending
24-25 I DP 05	Public Dental Service	Integrated	£1,414,730	NHS Forth Valley	Pending
24-25 I DP 06	Services provided outwith a hospital in relation to geriatric medicine	Integrated	£1,306,051	NHS Forth Valley	Pending
24-25 I DP 07	Palliative Care (delivered in Community)	Integrated	£97,550	NHS Forth Valley	28 June 2024
24-25 I DP 08	Community Learning Disability Services	Integrated	£1,293,683	NHS Forth Valley	Pending
24-25 I DP 09	Community Mental Health Services	Integrated	£10,347,386	NHS Forth Valley	Pending
24-25 I DP 10	Continence Services	Integrated	£261,954	NHS Forth Valley	28 June 2024
24-25 I DP 11	Services Provided by health professionals to promote public health	Integrated	£1,715,905	NHS Forth Valley	27 September 2024
24-25 I DP 12	Community Hospitals	Integrated	£6,764,264	NHS Forth Valley	Pending
24-25 I DP 14	Joint Partnership Agreements	Integrated	£5,244,068	NHS Forth Valley	Pending
24-25 I DP 15	Partnership Funds (ICF/ Delayed Discharge / Bridging)	Integrated	£2,002,937	NHS Forth Valley	Pending
24-25 I UN 01	Primary Medical Services (GMS)	Integrated	£27,500,430	NHS Forth Valley	Pending
24-25 I UN 02	General Dental Services (GDS)	Integrated	£11,198,233	NHS Forth Valley	28 June 2024
24-25 I UN 03	General Ophthalmic Services (GOS)	Integrated	£3,638,489	NHS Forth Valley	28 June 2024
24-25 I UN 04	General Pharmaceutical Services (GPS)	Integrated	£44,449,658	NHS Forth Valley	Pending
24-25 I UN 05	GP Out of Hours Services	Integrated	£0	NHS Forth Valley	Pending
24-25 I UN 06	Service development funding yet to be deployed	Integrated	£0	NHS Forth Valley	28 June 2024
24-25 I ASC 01	Care at Home	Integrated	£53,791,260	Falkirk Council	Pending
24-25 I ASC 02	MECS/Telecare/Telehealth	Integrated	£1,581,510	Falkirk Council	27 September 2024
24-25 I ASC 03	Equipment & Adaptations	Integrated	£513,520	Falkirk Council	28 June 2024
24-25 I ASC 04	Garden Aid (General)	Integrated	£275,000	Falkirk Council	28 June 2024
24-25 I ASC 05	Interim Care Beds	Integrated	£1,189,000	Falkirk Council	28 June 2024
24-25 I ASC 06	Residential Care	Integrated	£41,812,600	Falkirk Council	Pending
24-25 I ASC 07	Sheltered Accommodation/Housing with Care	Integrated	£1,712,390	Falkirk Council	28 June 2024
24-25 I ASC 08	Community Mental Health	Integrated	£677,640	Falkirk Council	Pending
24-25 I ASC 09	Respite Care	Integrated	£2,053,300	Falkirk Council	28 June 2024
24-25 I ASC 10	Assessment & Care Planning	Integrated	£8,651,160	Falkirk Council	Pending
24-25 I ASC 11	Day Care Services	Integrated	£4,597,300	Falkirk Council	Pending
24-25 I ASC 12	Community Learning Disability	Integrated	£638,280	Falkirk Council	28 June 2024
24-25 I ASC 13	Adult Support & Protection	Integrated	£340,540	Falkirk Council	28 June 2024
24-25 I ASC 14	Sensory Team & Resource Centre	Integrated	£547,840	Falkirk Council	28 June 2024
24-25 I ASC 15	Voluntary Organisations	Integrated	£723,290	Falkirk Council	27 September 2024
24-25 I ASC 16	Advocacy	Integrated	£150,550	Falkirk Council	28 June 2024
24-25 I ASC 17	Joint Loan Equipment Store	Integrated	£530,500	Falkirk Council	27 September 2024
24-25 I ASC 18	Management & Support Costs and Savings achieved from PY Reserve	Integrated	-£684,210	Falkirk Council	Pending
24-25 I ASC 19	Pay Award Funds	Integrated	£1,102,070	Falkirk Council	28 June 2024
24-25 I ASC 20	Partnership Funds	Integrated	£2,350,860	Falkirk Council	28 June 2024
24-25 I ASC 21	Service development funding yet to be deployed	Integrated	£655,860	Falkirk Council	Pending
24-25 I ASC 22	Earmarked Service Pressures	Integrated	£381,400	Falkirk Council	Pending
24-25 I ASC 23	Other Earmarked Reserves	Integrated	£196,770	Falkirk Council	27 September 2024
24-25 I ASC 24	Housing Aids & Adaptations	Integrated	£978,500	Falkirk Council	28 June 2024
24-25 I ASC 25	Improvement Grants	Integrated	£327,000	Falkirk Council	28 June 2024
24-25 I ASC 26	Garden Aid (HRA)	Integrated	£214,000	Falkirk Council	28 June 2024
			<b>£306,708,848</b>		

Note that only IJB approved Directions are included in the total reported in section 2.3 (items marked as pending in the table above are excluded as the existing Direction will remain in force until such time as the new Direction is approved).

**FORTH VALLEY NHS BOARD**

Tuesday 28 January 2025

**13.5 Clackmannanshire and Stirling IJB Inspection Improvement Plan**

**For:** Approval

**Executive Sponsor:** Joanna MacDonald, Interim Chief Officer

**Author:** Lesley Fulford, Senior Planning Manager and inspection Coordinator

**Executive Summary**

The joint inspection of Clackmannanshire and Stirling Health and Social Care Partnership took place between April 2024 and September 2024. The question was “How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?”

The inspection in Clackmannanshire and Stirling considered the inspection question by examining the provision of services for and lived experience of adults living with mental illness and their unpaid carers. However, the actions in the improvement plan will apply to all of health and social care services. The report is available [here](#).

It is important to note this group of people, and their unpaid carers are some of our most vulnerable and should be supported live their best life free from stigma.

The improvement plan is presented here for approval.


**Recommendation**

The Forth Valley NHS Board is asked to:

- **approve** the attached improvement plan.

**Assurance**

*Proposed assurance level:*

Level of Assurance	System Adequacy	Controls
<b>Limited Assurance</b> 	Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives	Controls are applied but with some significant lapses.

**Key Issues to be Considered**

There are key areas for improvement for the Partnership, focused on systems and processes which should create consistency across the Partnership area:

- The Partnership should develop processes for capturing robust data on outcomes for people using mental health services and their unpaid carers to inform service planning and ongoing improvement.

- The Partnership should improve its integrated processes for assessment, care planning and treatment to support more effective collaboration between health and social care staff.
- The Partnership should develop a more proactive approach to emergency and future care planning.

There are areas which note the impact that staff are making on the lives of people and their families:

- Staff across the Partnership are working hard to support people living with mental illness in Clackmannanshire and Stirling. Their care and compassion contributed to good outcomes for some people and improved their quality of life.
- The introduction of community link workers and primary care mental health nurses has strengthened early intervention and prevention support for people living with a mental illness. People who accessed these services reported positive experiences.
- The Partnership is developing an innovative collaborative approach to implementing its commissioning priorities through commissioning consortia that involved supported people, carers and third and independent sector providers.

There are key areas for improvement, for the Partnership, linked to ensuring opportunities for staff to be supported in their learning and development linked to ongoing professional practice and legislative requirements:

- The Partnership should support staff across all services to identify and respond to the needs of unpaid carers of people living with mental illness.
- The Partnership should provide service users and their unpaid carers meaningful and accessible opportunities to share their views and contribute to plans for the services they use, particularly people living with mental illness.
- The Partnership should progress the implementation of the IJB's Self-directed Support (SDS) policy and improve outcome-focused assessments.
- The Partnership should review the assessment templates in use across NHS services for people living with mental illness to support a greater focus on outcomes.
- The Partnership should strengthen its professional governance of social work functions.
- Senior leaders should continue to develop their approach to managing change across the Partnership. Frontline staff should be involved in designing and implementing improvements identified from self-evaluation activities.
- Developing new care pathways and guidelines away from current disease specific models towards a greater focus on the holistic needs of people will be needed.

The improvement plan was approved by Chief Executives from all partner bodies and Interim Chief Officer on 24 January for submission to inspection team by 28 January to meet the deadline.

The improvement plan is here for approval and will also go to Clackmannanshire Council and Stirling Council for approval and Clackmannanshire and Stirling IJB for endorsement.

### **Financial Implications**

Financial impact will be limited to the partner bodies where any improvements relate to practice of staff.

### **Workforce Implications**

Whilst recognising there are a range of improvements for health and social care integration, it is important to note the inspection team highlighted staff across the Partnership are working hard to support people living with mental illness in Clackmannanshire and Stirling.

Their care and compassion contributed to good outcomes for some people and improved their quality of life.

### Infrastructure Implications including Digital

None to note.

### Sustainability Implications

None to note.

### Sustainability Declaration

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

Yes

N/A

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

### Quality / Patient Care Implications

The inspection team assessed against their quality indicators. The following scores were then published as below.

<b><i>What key outcomes have integrated services achieved for people who use our services and carers?</i></b>	<b><i>What impact have integrated service approaches had on the lives of people who use our services and on other stakeholders?</i></b>	<b><i>How far is our delivery of key processes integrated and effective?</i></b>	<b><i>How good is our integrated management?</i></b>	<b><i>How good is our integrated leadership?</i></b>
<i>1. Key performance outcomes</i>	<i>2. Experience of people</i>	<i>5. Delivery of key processes</i>	<i>6. Strategic planning, policy, quality and improvement</i>	<i>9. Leadership and direction</i>
<i>Adequate</i>	<i>Adequate</i>	<i>Weak</i>	<i>Adequate</i>	<i>Weak</i>

### Information Governance Implications

None to note.

### Risk Assessment / Management

None to note.

### **Relevance to Strategic Priorities**

Fits with Clackmannanshire and Stirling IJB Strategic Commissioning Plan 2023-2033:

- Prevention, Early Intervention & Harm Reduction
- Independent Living Through Choice and Control
- Achieving Care Closer to Home
- Supporting People and Empowering Communities
- Reducing Loneliness and Isolation

### **Equality Declaration**

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

*Further to an evaluation it is noted that: (please tick relevant box)*

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

Whilst no discrimination was noted, it is important to note this group of people, and their unpaid carers are some of our most vulnerable and should be supported live their best life free from stigma. The improvement plan reflects how integrated services must work together to ensure whole system seamless provision of services through the HSCP.

### **Communication, involvement, engagement and consultation**

The inspection team undertook case file reviews, met with a significant number of individuals and their families as well as providers, staff and third sector to triangulate their findings.

Improvement plan developed by the Inspection Steering Group and other staff involved in the inspection through a workshop held on 17 December 2024. This then led to the draft improvement plan attached in appendix 1.

### **Additional Information**

None to note.

### **Appendices**

- Appendix 1: Improvement Plan

# Joint Inspection of Adult Services in the Clackmannanshire and Stirling Health and Social Care Partnership

## Improvement Plan

January 2025

Version	Draft Improvement Plan	
Date	21 January 2025	
Responsible Owner	Joanna Macdonald, Interim Chief Officer	
Author	Wendy Forrest, Head of Strategic Planning and Lesley Fulford, Senior Planning Manager and Inspection Coordinator	
Approved by (Date)	Clackmannanshire Council	TBC
	Stirling Council	TBC
	NHS Forth Valley	28 January 2025
Endorsed by	Clackmannanshire and Stirling IJB	29 January 2025

**Inspection Question:**

How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and well-being outcomes for adults?

**Second theme:**

People living with mental illness

On 8 April 2024, Clackmannanshire and Stirling IJB received notification from the Care Inspectorate and Health Improvement Scotland that they would be undertaking a joint inspection of Adult Services in the HSCP. There was a focus of the joint inspection on adults living with mental illness (under the age of 65) and their unpaid carers.

The focus of this plan relates to the key findings and areas for improvement identified by the inspection team.

It should be noted the Inspection team noted specific issues for the partnership:

- Unique challenges due to partnership make-up - only partnership in Scotland where there are two local authorities
- Delay in delegating specialist mental health services had an impact on the functioning of the partnership.
- Important weaknesses were identified as part of the inspection process; therefore, inspectors will arrange a follow up review at some point in the next 12 months.

The inspection team utilised their [Quality Indicators Framework](#), see appendix 1.

The reporting arrangements for this process for partnership are laid out in appendix 2.

This plan was developed in partnership with services in mental health across the spectrum, however, applies to all integrated services in the HSCP as principles are the same regardless of condition. An event was held in early December to go through the draft and discuss what needed to change and what could be built upon. This will continue as we progress towards improved integration.



For ease reporting arrangements are detailed below.

GREEN (G)	AMBER (A)	BLUE (B)	RED (R)	WHITE (W)
<b>Successfully achieved</b>	<b>On Target</b>  <i>There are <b>no</b> issues and / or risks impacting on the action / task which is progressing according to plan = we are delivering the action / task on time / scope / budget</i>	<b>On hold or awaiting update</b>  <i>There are <b>some</b> issues and / or risks that are impacting on the action / task if not fixed = we are at risk of not delivering the action / task on time / scope / budget</i>	<b>Not Met/Outstanding</b>  <i>There are <b>significant</b> issues and / or risks that are impacting on the action / task right now = we are not delivering the action / task on time / scope / budget</i>	<b>Task not yet started</b>

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
<b>Q1 1 Key performance outcomes</b>					
<b>What key outcomes have integrated services achieved for people who use our services and carers?</b>					
<b>Area for Improvement</b> 1.1 The partnership should develop processes for capturing robust data on outcomes for people using mental health services and their unpaid carers to inform service planning and ongoing improvement.	Implement HSCP Integrated Performance Framework to routinely monitor performance and outcomes of services for mental health services. Taking account of existing performance measures linked to NHS FV escalation and new national policy drivers e.g. Mental Health Standards.	Interim Chief Officer	Director of Psychological Services, Mental Health & Learning Disability, Head of Strategic Planning and Health Improvement	March 2025	Improved performance across services



Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
	Identify key performance measures for mental health for measurement of outcomes for individuals and their carers.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	October 2025	Work is underway
	Implement Self Directed Support outcomes focused assessment across integrated mental health teams.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	October 2025	Work is underway
	Develop Short Breaks / Respite Policy for partnership.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	March 2025	Work is underway
	Deliver learning and development on Carers Act requirements across mental health services including identification of carers, signposting for carers, assessment of carer needs and adult carers support planning.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	May 2025	Work is underway through carers planning group improvement plan.
	Deliver refreshed contract arrangements with Carers Centres focused on once for C&S, focused on carer support as well as increased community awareness of community supports available and carers support linked to Self Directed Support.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	August 2025	TBC

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
	Deliver robust contract monitoring of carers services across third sector partners including promoting equality of access - geographically and focused on specific areas including mental health.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	October 2025	TBC
<b>Q1 2 Experience of people and their carers</b>					
<b>What impact have integrated service approaches had on the lives of people who use our services and on other stakeholders?</b>					
2.1 The partnership should provide people living with mental illness and their unpaid carers meaningful and accessible opportunities to share their views and contribute to plans for the services they use.	Develop Lived Experience Panel for mental health including support for individuals through Resilience Learning Partnership.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	September 2025	
	Deliver new contract for advocacy services to address issue of independent advocacy service were not widely used to provide the appropriate support for some people and their carers.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	March 2026	Improved experience of appropriate support for some people and their carers
	Further develop Lived Experience Panel for Self-Directed Support, ensuring that issues of carers of people with mental health issues are included.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	October 2025	Increased participation in SDS group.

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
	Support participation in partnership's Carers' Planning Group from mental health services. The group consists of supported people, carers, partners, HSCP staff, commissioners, Third Sector organisations and provides a forum for planning, reviewing, monitoring and reporting.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	June 2025	Increased participation in the planning group.
<b>Q1 5 Delivery of Key processes</b>					
<b>How far is our delivery of key processes integrated and effective?</b>					
5.1 The partnership should improve its integrated processes for assessment, care planning and treatment to support more effective collaboration between health and social care staff	Processes to be developed to support integrated working across mental health NHS and social work teams. For example roll out of Self Directed Support outcomes focused assessment across mental health services in line with partnership's SDS Policy.	Interim Chief Officer	Director of Psychological Services Mental Health & Learning Disability / Head of Mental Health and Learning Disabilities / Head of Strategic Planning and Health Improvement, / Head of Health and	December 2025	Increase in personalised outcomes for people.

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
			Community Care		
5.2 The partnership should develop a more proactive approach to emergency and future care planning	Processes to be developed to support integrated working across mental health NHS and social work teams. For example, integrated risk assessments, care plans and business continuity plans.	Interim Chief Officer	Director of Psychological Services, Mental Health & Learning Disability	October 2025	Increase in the number of documents shared appropriately. Reduction in data breaches reported. Improved safety for our supported people.
5.3 The partnership should provide people living with mental illness and their unpaid carers meaningful and accessible opportunities to share their views and contribute to plans for the services they use.	Roll out Community Conversations in 2024 - 2025 focused on available community support focused on SDS, home first and right care, right time.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	September 2025	
5.4 The partnership should progress plans to implement its Self Directed Support (SDS) Policy and improve outcome focused assessments. All options should be offered to people, with the necessary support systems in place, to	Roll out across all services the Assessment/Support Plan re-design based on Self Directed Support in line with SDS Policy.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	September 2025	

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
allow them to exercise their rights.					
	Continue to progress modernisation of both SW Recording systems within each local authority area.	Interim Chief Officer	Partner Bodies, Head of Strategic Planning and Health Improvement	February 2026	
	Continue to deliver partnership with SDS Forth Valley on well worthwhile waiting project and right care, right time. Focused on early access for individuals and their carers to information, advice and support on Self Directed Support.	Interim Chief Officer	Director of Psychological Services, Mental Health & Learning Disability, Head of Strategic Planning and Health Improvement	Review April 2025	Increased input by advocacy service.  Increased referrals from the workforce to advocacy
	Continue to deliver training, learning and development in partnership with SDSFV, including gap analysis linked to training and development requirements across the HSCP.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	Review April 2025	Increased confidence in SDS and how to deliver it in practice.

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
	Support participation in partnership's SDS steering group from integrated mental health services. The group consists of supported people, carers, partners, HSCP staff, commissioners, Third Sector organisations and provides a forum for planning, reviewing, monitoring and reporting.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	June 2025	Increased input of supported people in the SDS steering group.
5.5 The partnership should review the assessment templates in use across services for people living with mental illness to support a greater focus on outcomes.	Undertake and implement recommended changes of assessment templates for sharing across organisational boundaries.	Interim Chief Officer	Head of Mental Health and Learning Disabilities	August 2025	Implementation of recommended changes and increased sharing across organisational boundaries.
	Improve service effectiveness and efficiency by mapping the range of services available in the community (statutory or third sector) to support people with lived experience and their carers through prevention activity.	Interim Chief Officer	Head of Mental Health and Learning Disabilities	August 2025	Increase in positive experience for people with lived experience. Reduction in staff levels of frustration. Reduction in waiting times.
<b>Q1 6 Strategic planning, policy, quality and improvement.</b>					
<b>How good are commissioning arrangements in the partnership?</b>					
The partnership should review the existing evidence and its wider approach to strategic planning at the earliest	Develop Mental Health and Wellbeing Strategic Commissioning Plan (Forth Valley wide) and align to Strategic Commissioning Plans for both IJBs as well as the developing NHSFV Healthcare Strategy.	Interim Chief Officer	Director of Psychological Services, Mental Health	June 2025	Approval of Mental Health and Wellbeing Strategic Commissioning Plan

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
opportunity. Leaders should ensure that any initiatives that could rapidly improve outcomes for people living with mental illness and their carers.	Vision: To promote positive mental health & wellbeing for everyone and to improve outcomes for people with long term mental health conditions enabling every person to live well in Forth Valley.		& Learning Disability		
	Establish Commissioning Consortium for Mental Health and Wellbeing with clinicians, mental health teams, social care, social work, providers, those with lived experience and their carers	Interim Chief Officer	Director of Psychological Services, Mental Health & Learning Disability, Head of Strategic Planning and Health Improvement	March 2026	Implementation of Mental Health and Wellbeing Strategic Commissioning Plan
	Employ Housing, Health and Social Work Research and Policy Officer	Interim Chief Officer	Head of Strategic Planning and Health Improvement	Complete	
	Undertake best value review of housing in the C&S area.	Interim Chief Officer	Head of Strategic Planning and	August 2025	


Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
			Health Improvement		
<b>Q1 9 Leadership and direction</b> <b>How has integrated leadership in the partnership contributed to good outcomes for people and their unpaid carers?</b>					
The partnership should strengthen its professional governance of social work functions.	Implement refreshed Clinical and Professional Governance across the partnership ensuring alignment with governance across NHSFV and both Council areas.	Interim Chief Officer	Director of Psychological Services, Mental Health & Learning Disability, Head of Community Health and Care	December 2025	Work is underway and meetings are in the calendar for all relevant invitees.
Senior leaders should continue to develop their approach to managing change across the partnership. Frontline staff should be involved in designing and implementing improvements identified from self-evaluation activities.	Delivery of consistent and integrated support services across each constituent organisation to ensure effective systems and processes for staff.	Interim Chief Officer	Director of Psychological Services, Mental Health & Learning Disability, Head of Community Health and Care, Head of Strategic	December 2025	Increased consistent support for staff.



Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
			Planning and Health Improvement		
	Continue delivery of Transformation programme through appointment of Head of Mental Health and Learning Disabilities post including continued progress to support integrated working across CMHTs, MHOs, social care, social work, day services and perinatal mental health.	Interim Chief Officer	Director of Psychological Services, Mental Health & Learning Disability, Head of Mental Health and Learning Disabilities.	October 2025	Post recruited to. Implement transformation activity.

## Appendix 1 – QI Framework

### Quality Improvement Framework

Key Areas	What key outcomes have integrated services achieved for people who use our services and carers?	What impact have integrated service approaches had on the lives of people who use our services and on other stakeholders?	How far is our delivery of key processes integrated and effective?	How good is our integrated management?	How good is our integrated leadership?
	1. Key performance outcomes	2. Experience of people who use our services	5. Delivery of key processes	6. Strategic planning, policy, quality and improvement	9. Leadership and direction
Quality Indicators	1.2 People and carers have good health and wellbeing outcomes.	2.1 People and carers have good experiences of integrated and person-centred health and social care.  2.2 People's and carers' experience of prevention and early intervention.  2.3 People's and carers' experience of information and decision-making in health and social care services.	5.1 Processes are in place to support early intervention and prevention.  5.2 Processes are in place for integrated assessment, planning and delivering health and care.  5.4 Involvement of people and carers in making decisions about their health and social care support.	6.5 Commissioning arrangements.	9.3 Leadership of people across the partnership.  9.4 Leadership of change and improvement.
		<b>3. Impact on staff</b>		<b>7. Management and support to staff</b>	
		Not included		Not included	
		<b>4. Impact on the community</b>		<b>8. Resources and capacity building</b>	
		Not included		Not included	
					
<b>10. What is our capacity for improvement?</b> Global judgement based on an evaluation of the framework of quality indicators.					

## Appendix 2 - Reporting Arrangements

The Clackmannanshire and Stirling Mental Health Inspection Steering Group was established to support the inspection. The Steering Group will retain oversight of this Improvement Plan as part of their function through receiving quarterly reports from action leads.

GREEN (G)	AMBER (A)	BLUE (B)	RED (R)	WHITE (W)
Successfully achieved	<p><b>On Target</b></p> <p><i>There are <b>no</b> issues and / or risks impacting on the action / task which is progressing according to plan = we are delivering the action / task on time / scope / budget</i></p>	<p><b>On hold or awaiting update</b></p> <p><i>There are <b>some</b> issues and / or risks that are impacting on the action / task if not fixed = we are at risk of not delivering the action / task on time / scope / budget</i></p>	<p><b>Not Met/Outstanding</b></p> <p><i>There are <b>significant</b> issues and / or risks that are impacting on the action / task right now = we are not delivering the action / task on time / scope / budget</i></p>	Task not yet started

## Improvement Plan

The overarching priorities of this plan will evidence highly effective outcomes for adults with a mental illness and their unpaid carers by ensuring:

- The Partnership will evidence highly effective key processes to keep adults safe, protected and supported
- The Partnership will evidence highly effective support to carers
- The Partnership will evidence highly effective strategic leadership
- The Partnership will evidence highly effective approaches to integrated care and performance reporting.

**FORTH VALLEY NHS BOARD**

Tuesday 28 January 2025

**14. Population Health and Care Strategy 2025-2035 Development**

**For:** Approval

**Executive Sponsor:** Mr Andrew Murray, Medical Director

**Author:** Mrs Janette Fraser, Head of Strategic Planning

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**Executive Summary**

The paper sets out the proposed plan and associated timeline for developing the Forth Valley Population Health and Care Strategy 2025-2035. It is expected that the Population Health and Care Strategy will be published by the end of August 2025 and will set the direction of travel for the next ten years.

The paper sets out initial thinking about the proposed arrangements for engagement. The engagement plan will build on the significant previous engagement with patients, the public, partner organisations and staff, which is summarised in the paper. The paper also highlights the proposed governance arrangements for the strategy development and references the formation of a Task and Finish Group to ensure the Board influences and is fully engaged in the shaping and development of the new Population Health and Care Strategy.

The proposed plan and timeline were discussed at the Strategic Planning, Performance & Resources Committee in December. It was agreed that further detail would be provided for the NHS Board on the membership of the Strategy Development Steering Group and Task and Finish Group, engagement undertaken to date. It was also agreed that the rationale for change should be clearly articulated in the draft Population Health and Care Strategy.


**Recommendations**

The Forth Valley NHS Board is asked to:

- **consider** and **approve** governance arrangements for the development of the Population Health and Care Strategy, the timeline for the development of the Strategy, and the timeline for the proposed engagement.
- **consider** and **provide feedback** on the initial outline of the proposed engagement on the Strategy.
- **note** the extensive engagement which has been undertaken to date.
- **agree** that the draft Population Health and Care Strategy and engagement plan are brought to the March 2025 Board for approval, prior to further engagement as outlined in section 5.

**Assurance**

Proposed assurance level:

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

A Substantial level of assurance is reported on the basis that responsibilities, a timeline and engagement plan are in place for the preparation and publication of the Population Health Strategy

## Key Issues to be considered

### 1. Strategy Steering Group

A Strategy Steering Group was established in 2024, chaired by the Medical Director, to lead the work to develop the Population Health and Care Strategy, including further engagement with stakeholders. The Group has representation from NHS Forth Valley Public Health, Planning, Quality and Communications, as well as representation from the two Health and Social Care Partnerships, Primary Care and staff partnership. The Steering Group will prepare the draft Strategy, taking cognisance of the feedback and input from stakeholders and is in the process of preparing a proposed engagement plan, for consideration by the Task and Finish Group and the Strategic Planning, Performance and Resources Committee, before the NHS Board is asked to approve the draft Strategy and engagement plan in March 2025.

The Steering Group will also ensure that the Forth Valley Population Health Strategy is aligned to national strategy including the Population Health Framework, due for publication in March 2025 and the two Health and Social Care Partnership Strategic Commissioning Plans.

The following are members of the Population Health and Care Strategy Steering Group:

Name	Role
Andrew Murray	Medical Director and Strategy Steering Group Chair
Jennifer Champion	Interim Director of Public Health
Kerry Mackenzie	Acting Director of Strategic Planning & Performance
Janette Fraser	Head of Planning
David Munro	Senior Planning Manager
Paul Smith	Senior Planning Manager
Hazel Meechan	Public Health Specialist
Susan Bishop	Head of Efficiency, Improvement and Innovation
Elsbeth Campbell	Head of Communications
Vicky Webb	Corporate Risk Manager
Wendy Forrest	Head of Strategic Planning & Health Improvement
Tom Cowan	Head of Strategic Planning and Transformation
Gail Woodcock	Chief Officer
Eilidh Gallagher	Head of Person-Centred Care
Rachel Tardito	Equality, Diversity and Wellbeing Lead
Robert Clark	Employee Director
Jillian Taylor	Head of Service / Chief Nurse for Universal Services
Noelle McKay	Employability Manager

## 2. Governance

### 2.1 Population Health and Care Task and Finish Group

A short life Task and Finish Group has been established to engage in shaping and developing the new Population Health and Care Strategy. This setting up of this Group was approved by the NHS Board at its November 2024 Board meeting. The Group will be chaired by Mr Allan Rennie, Non-Executive Director and Vice Chair of NHS Forth Valley Board. A meeting took place in December 2024 to discuss the Remit and Terms of Reference of the Group which will include supporting NHS Forth Valley to develop into a population health organisation and to ensure appropriate governance around the development of the Population Health and Care Strategy. It will report to the Strategic Planning and Performance Resources Committee prior to any decisions required by the Board.

The following are members of the Population Health and Care Task and Finish Group:

<b>Name</b>	<b>Role</b>
Allan Rennie	Non-Executive Director and Chair of Group
Gordon Johnston	Non-Executive Director
Cllr Wendy Hamilton	Non-Executive Director
Neena Mahal	NHS Board Chair (Ex-officio member)
Andrew Murray	Medical Director and Strategy Steering Group Chair
Jennifer Champion	Interim Director of Public Health
Kerry Mackenzie	Acting Director of Strategic Planning and Performance
Janette Fraser	Head of Planning

## 2.2 Strategic Planning Performance and Resources Committee

The Strategic Planning, Performance and Resources (SPPR) Committee, as the oversight committee for the development of NHS Forth Valley as a Population Health Organisation and strategy development, will consider, discuss and comment on the developing Strategic Plan, the engagement plan and the engagement responses, to enable further refinements to be made prior to consideration by the Board

## 2.3 NHS Board

The NHS Board is being asked to approve the governance arrangements, strategy development timeline, and the engagement plan timeline at today's Board meeting. The NHS Board will also be asked to approve the draft Population Health and Care Strategy and the Engagement Plan prior to the Strategy going out for further engagement and in turn, approve the final Strategy, prior to publication.

## 3. Strategy Development and Engagement Timeline

In order to complete the development of the Population Health and Care Strategy, which is expected to be published in August 2025, a proposed timeline has been prepared, which has been summarised below:

<b>Month</b>	<b>Date</b>	<b>Group / Theme</b>	<b>Summary of Actions</b>
December	17 Dec	SPPR Committee	Discuss and provide comment on the development plan, timeline and outline of proposed engagement plan
January	28 Jan	NHS Board	Approve governance arrangements, timeline for the development of the strategy and timeline for the proposed engagement
February	25 Feb	SPPR Committee	Consider and provide comment on the Draft Population Health and Care Strategy and Draft Engagement Plan
March	25 Mar	NHS Board	Approve Draft Strategy and Engagement Plan
April	29 April	SPPR Committee	Consider emerging feedback from the Strategy engagement and review how this is being incorporated into the Strategy development
May	27 May	NHS Board	Discuss progress and initial report on feedback from the engagement
June	24 Jun	SPPR Committee	Discuss and comment on Strategy Development
July	29 July	NHS Board	Discuss Progress report and any outstanding matters
August	To be confirmed	NHS Board	Approve Strategy (indicative timeline)

Month	Date	Group / Theme	Summary of Actions
August	To be confirmed		Publish Strategy (indicative timeline)

Key milestones for the Strategy development and engagement are in place for the Steering Group, in order to meet the timeline outlined above.

#### 4. Engagement Prior to January 2025

Extensive engagement has been carried out in recent years to capture feedback from staff, patients, members of the public and local communities across Forth Valley on what matters most to them and how they would like to see services developed and improved in the future. This feedback will be used to inform and help to shape the aims, objectives and priorities along with the national and regional healthcare priorities.

##### 4.1 Staff Feedback and Engagement

Staff feedback and engagement to date has included the following:

- NHS Forth Valley staff events and development sessions (June 2022 and August 2022)
- NHS Forth Valley - staff experience survey (carried out in 2022), this identified key themes around increased staffing levels, workload training and development as well as highlighting the importance of kindness, compassion and respect
- iMatter survey results – 2023 and 2024
- Staff engagement carried out to inform the development of the Quality Strategy
- Discussion with key stakeholders including:
  - Programme Boards, including Primary Care, Unscheduled Care, Infrastructure
  - SLT members and their Teams e.g. Primary Care, Women and Children, Mental health
  - Whole System Leadership Team
- Culture Change and Compassionate Leadership Programme – surveys, presentations from Executive Directors to Teams and Departments, Focus Groups. Discovery phase completed July 2023 and reviewed August and September 2023. Key themes shared with staff and design solution workshops took place in May and June 2024. Action Plan developed and working towards collaborative implementation.
- Mental Health Strategic Plan engagement with staff, patients, public, 3<sup>rd</sup> and voluntary sector, quarter 4, 2024.

##### 4.2 Patient Feedback and Engagement

Patient feedback and engagement include the following:

- The NHS Forth Valley Healthcare Experience Survey, which was carried out in 2022, to explore what matters most to local people who use our services, how the public expect to be treated by staff along with feedback on local improvements they would like to see. This identified a number of key themes around access, person-centred care, and staff communication.
- The Health and Care Experience Survey 2023/2024 asked about people's experiences of accessing and using their General Practice and other local healthcare services; receiving care support and help with everyday living; and caring responsibilities. Results can be viewed at GP practice, GP cluster, Health and Social care Partnership and NHS Board level.
- Local patient experience surveys were undertaken which informed our response to the HIS report on Forth Valley Royal Hospital.
- Patient complaints and feedback on Care Opinion.

Public engagement has included the following areas:

- Public and partner engagement carried out to inform the development of NHS Forth Valley's Quality Strategy.
- Local public involvement meetings set up to inform our response to the HIS report on Forth Valley Royal Hospital and wider healthcare improvements across Forth Valley.

- Public and community engagement carried out to inform the development of Strategic Plans of our two local Integration Joint Boards (see sections 4.3 and 4.5 below).
- Mental Health Strategic Plan engagement.

#### 4.3 Health and Social Care Partnership

The two Health and Social Care Partnerships (HSCPs) undertook considerable public, partnership, patient, carer and staff engagement when preparing the HSCP Commissioning Plans, published in 2022. The HSCPs have continued to build on this engagement and collaboration, with the development of approaches to locality and community engagement generally, and on specific topics including mental health and palliative care.

#### 4.4 What was learned from engagement?

People living in Forth Valley have told us what was important to them. This has been grouped in 5 broad categories below. Work will continue to ensure that the key themes are reflective of the strategic planning priorities of the HSCPs.

Category	Themes
Person Centred	Treated with compassion, kindness, dignity and respect Treated fairly Access services in local communities Have care and treatment that is safe and free from harm
Communication	Understand what is happening, in language that is clear Feel listened to and able to make informed decisions about treatment and care Supported to look after their own health
Efficient and Effective	Treated quickly with care, and with the correct diagnosis and treatment Continuity of care across all services Care that is timeous and delivered competently
Knowledge	Healthcare professionals acknowledge people are experts in their own health Support patients with additional education to enable them to collaborate with the healthcare professionals Help people understand their condition and make decisions about their care and treatment
Access	Services which are more accessible across Primary Care, Mental Health and Acute services. Timely access to care when needed i.e. right care, right place, right time. Easier booking systems Have a choice of accessing face to face appointments

#### 4.5 National Engagement

Work has been progressing nationally in three key areas which have helped to inform and shape future health planning, locally and nationally:

- Development of a national Population Health Strategic Framework, which is expected to be published in March 2025.
- National strategic plans and action plans including mental health and cancer.
- Strategic and operational approaches to delivering Realistic medicine, incorporating value-based health and care.



This work has been supported by patient engagement and surveys. The Forth Valley Population Health and Care Strategy will be aligned to the national priorities. The four national drivers for health and wellbeing are depicted below:



## 5. Forth Valley Population Health and Care Strategy: Initial outline of Proposed Further Engagement

Our ambition is to prepare and publish an overarching Population Health and Care Strategy for Forth Valley, supported and underpinned by strategic plans. These underpinning plans including a new Mental Health and Learning Disability Strategic Plan for the Forth Valley area, which is in development and will be presented to the NHS Board for approval in due course. Other underpinning plans include the Cancer Action Plan and the Quality Strategy.

It is proposed to undertake a further period of engagement over a six-week period from 1 April to 13 May 2025. Engagement should include NHS Forth Valley staff, key clinical and professional stakeholders, partner organisations, patients, the public and carers. A detailed engagement plan will be prepared and feedback sought from the Strategic Planning, Performance and Resources Committee in February 2025, to inform the final Engagement Plan which will be brought to the NHS Board in March 2025 for approval.

An information pack will be prepared, alongside the engagement plan, including the draft Population Health and Care Strategy. Within the draft strategy there will be a definition of population health and narrative setting out the rationale for change. There will be a short narrative explaining the aims of the engagement and asking three questions. A dedicated Email address will be used for the submission of responses, and eForms and QR codes will also be used to capture responses digitally where possible.

Initial thinking on the proposed engagement questions is set out below and this will require refinement as the draft strategy is developed:

- *How well does the draft Population Health and Care Strategy address what is most important to you? If it does not address what is important to you, why not?*
- *Has anything really important been missed? If so, what?*
- *Is there anything else you would like to tell us before we finalise our strategy?*

A potential additional question for staff is below:

- *Can you see how you and your team will be able to help achieve the priorities and ambitions set out the strategy – if not please tell us why?*

The purpose of the further engagement is to inform stakeholders of what we have learned to date and obtain their feedback on the draft Population Health and Care Strategy, identifying any gaps and to ensure that the Strategy is articulated clearly. Following the engagement period, the responses will be analysed, and the Strategy finalised taking into consideration feedback received.

The Population Health and Care Strategy engagement will also be underpinned by and aligned to the NHS Forth Valley communications, engagement and participation arrangements.

A summary of the key engagement actions and stakeholder groups is below:

<b>Group</b>	<b>Engagement Method</b>
Staff	Staff briefs Intranet Page
Patients and Public	Internet Social Media Local Media Patient Liaison Team to support and reinforce engagement
Locality Planning	Engagement with support from HSCP Locality networks
Patient Public Panels	Engagement with support of Patient Liaison Team
Task and Finish Group members	Shape and support the development of the Population Health Strategy
Strategic Planning, Performance and Resources Committee members	Consider and discuss the developing Strategy
NHS Board members	Approve draft Strategy, Engagement Plan and Strategy
Advisory Committees	Consider draft strategy and submit response to engagement questions
Area Partnership Forum	Consider draft strategy and submit response to engagement questions
Leadership Groups e.g. SLT, WSLT, Nursing, Midwifery and AHPs, Acute Strategic Management Group, Acute Medical Group etc	Consider draft strategy and submit response to engagement questions
Professional Committees	Consider draft strategy and submit response to engagement questions
Community Planning Partners	Consider draft strategy and submit response to questions via Public Health leads on CPPS
IJBs, HSCP senior leaders, HSPC Strategic Planning Groups	Consider draft strategy and submit response to engagement questions
University College Partnership and Anchor Organisations	Consider draft strategy and submit response to engagement questions
3 <sup>rd</sup> Sector	Consider draft strategy and questions – via 3 <sup>rd</sup> Sector Interfaces
Carers	Share draft strategy and questions via the Carers' Centres for feedback

Following the engagement period, feedback will be provided to those who have participated.

## **Implications**

### **Financial Implications**

Whilst there are no financial implications associated with developing the Population Health and Care Strategy, there is input to the Strategy preparation, development and engagement in terms of a time commitment from senior leaders in Strategic Planning, Public Health, Patient Relations, HSCPs and other services and departments. Financial implications will be determined alongside implementation.

### **Workforce Implications**

There are no workforce implications associated with developing the Population Health and Care Strategy. These will be determined alongside implementation.

### **Infrastructure Implications including Digital**

There are no infrastructure implications associated with developing the Population Health and Care Strategy. These will be determined alongside implementation.

### **Sustainability Implications**

There are no direct sustainability implications arising from this paper. Climate Change and Sustainability initiatives across the five priority areas for NHS Scotland (i.e. Sustainable Buildings & Land; Sustainable Travel; Sustainable Goods & Services; Sustainable Care; and Sustainable Communities) will be important considerations when considering the Population Health and Care Strategy implementation.

### **Sustainability Declaration**

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

Yes

\* N/A

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

### **Quality / Patient Care Implications**

It is imperative that quality of care and overall service provision is integral to implementation of the Population Health and Care Strategy, taking a value-based health and care approach.

### **Information Governance Implications**

There are no direct information governance implications arising from this paper.

### **Risk Assessment / Management**

Addressing health inequalities is a strategic risk, recently added to the risk register. There are some risks associated with the development of the Population Health and Care Strategy and these include meeting key milestones within the proposed timeline, a potential lack of engagement or not reaching the desired breadth of engagement and responding appropriately to the feedback from the engagement.

### **Relevance to Strategic Priorities**

It is essential that the Board has a Population Health and Care Strategy in order to shape how the Board will improve population health in the future.

### **Equality Declaration**

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process. The Population Health and Care Strategy approach recognises that tackling health inequalities, in conjunction with strategic partners, is one of the key aims. The Strategy Steering Group membership includes leads for equality

and diversity, person centred care and children and young people. The proposed engagement during April and May 2025 will seek input and feedback from wide representation across Forth Valley. A draft Equality Impact Assessment for the Population Health and Care Strategy will be completed for approval by the NHS Board in March 2025 and will be finalised as the Strategy is developed.

**Communication, involvement, engagement and consultation**

This paper was prepared in consultation with members of the Strategy Steering Group.

**Additional Information**

N/A

## FORTH VALLEY NHS BOARD

Tuesday 28 January 2025

### 15. Finance Report

For: Noting

**Executive Sponsor:** Professor Ross McGuffie, Chief Executive

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

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#### Executive Summary

The 2024/25 financial position remains exceptionally challenging due to a range of ongoing operational service and financial pressures. Following an in-depth review of the latest financial results, together with a reassessment of projected savings delivery, funding allocations, and changes in planning assumptions, the projected outturn deficit has been revised downwards to £14.9m.

This represents an improvement from the previously reported forecast deficit of £27.5m, due to continued improvement in supplementary staffing costs, a reduction in national CNORIS costs, and confirmation of further unplanned non-recurring funding from the Scottish Government.

The forecast position remains subject to a number of outstanding assumptions and risks over the last quarter of the year including the finalisation of Service Level Agreements with other NHS Boards, further updates to planned funding arrangements, and confirmation of IJB outturns (an estimate of £5m is currently included in the projected outturn in respect of Clackmannanshire and Stirling IJB risk share, nil in respect of Falkirk IJB).

Although the in-year financial position continues to move in a positive direction, the non-recurring nature of improvements do not address the underlying recurring financial gap which will roll forward into 2025/26 and will require sustainable cost improvement and continued application of enhanced internal financial controls to support a path to recurring financial balance.

A draft 3-Year Financial Plan, underpinned by principles aligned to Value Based Health and Care to drive improved value and efficiency from resources using will be presented to Strategic Planning, Performance and Resources Committee in February, with a final version to be considered by the NHS Board in advance of submission to the Scottish Government in March.


#### Recommendations

The NHS Board is asked to:

- **note** that a £14.9m revenue deficit is projected for 2024/25, which reflects an improvement on the previously reported position.
- **note** the significant level of ongoing service and financial pressure across the whole health and care system and the requirement for an ongoing focus on cost improvement to reduce the deficit as far as possible in-year.
- **note** a balanced capital position as at 31<sup>st</sup> December 2024 with a break even position forecast for capital at year-end.
- **note** that the draft three-year financial plan will be presented to SPP&RC in February.

## Assurance

Proposed assurance level:

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

A Reasonable level of assurance is reported on the basis that mitigating actions which are within our direct control to address the corporate financial sustainability risk are in place and operating, although these are not expected to fully mitigate the underlying risk.

### Key Issues to be considered

Based on initial financial planning assumptions presented to the NHS Board in March 2024, together with the impact of recurring pressures and unachieved recurring savings carried forward from 2023/24, an opening funding gap of £58.4m (8.6% of our baseline budget) was identified for 2024/25. This gap has steadily reduced over the course of the year with changes in non-recurring funding arrangements and delivery of cost improvements - most notably across nurse agency usage and medicines spend. Following a further detailed review of the financial results at period 9 the latest forecast deficit has been revised downwards to £14.9m.

Work continues over the final three months of the financial year via the Financial Sustainability Oversight Board to maximise all potential scope to reduce the projected 2024/25 deficit as far as possible, and to set the conditions to ensure a positive start on delivery of 2025/26 cost improvement plans. It is also recognised that winter flu pressures have had a significant impact on our services over late December into January and there remains some residual impact on additional bed capacity costs as recovery actions continue.

### Implications

#### Financial Implications

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

#### Workforce Implications

There are no immediate workforce implications associated with this report. However, it is recognised that Workforce accounts for a significant proportion of total operating expenditure and is therefore a key financial risk area and a key feature of our Financial Sustainability Action Plan

#### Infrastructure Implications including Digital

There are no immediate infrastructure or digital implications associated with this report. However, it is clear that digital opportunities are key element of the Financial Sustainability Action Plan.

#### Sustainability Implications

There are no direct sustainability implications arising from this report. Climate Change and Sustainability initiatives across the five priority areas for NHS Scotland (i.e. Sustainable Buildings & Land; Sustainable Travel; Sustainable Goods & Services; Sustainable Care; and Sustainable Communities) will contribute to efficiency savings, reducing waste, cost avoidance and productivity gains. A range of sustainability initiatives are already included in our Financial Sustainability Action Plan.

#### Sustainability Declaration

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

- Yes
- N/A

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

### **Quality / Patient Care Implications**

It is imperative that quality of care and overall service provision is underpinned by a sustainable financial strategy. This is supported by the concept of “spending well” and making the most of our resources in terms of cost effectiveness and best value which is a key strand of our Financial Sustainability Action Plan.

### **Information Governance Implications**

There are no direct information governance implications arising from this report.

### **Risk Assessment / Management**

Financial sustainability continues to be reported as very high risk in the NHS Board’s strategic risk register. This reflects the financial impact of ongoing operational service and capacity pressures.

### **Relevance to Strategic Priorities**

There is a statutory requirement for NHS Boards to operate within the Revenue Resource Limit (RRL), Capital Resource Limit (CRL) and Cash Requirement set by the Scottish Government.

### **Equality Declaration**

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

Further to an evaluation it is noted that: *(please tick relevant box)*

- Paper is not relevant to Equality and Diversity

### **Communication, involvement, engagement and consultation**

This report was prepared in consultation with Senior Finance colleagues.

### **Additional Information**

N/A

### **Appendices**

Appendix 1 High level variance analysis & key cost trends - pay

Appendix 2 2024/25 YTD savings delivery

## 1.0 OVERVIEW OF MONTH 9 FINANCIAL RESULTS

### 1.1 Revenue year to date (YTD) results for the 9-month period ending 31 December 2024

An overspend of £11.8m is reported for the 9-month period ending 31<sup>st</sup> December as summarised in Table 1 below, with a projected year end overspend of £14.9m. The overspend continues to be driven by pressures in the Acute Services Directorate and Women and Children's Directorate. However unprecedented financial pressures are also being experienced in various corporate functions (particularly in relation to Externals, Digital and Facilities).

<b>TABLE 1: NHS Forth Valley 2024/25 Financial performance</b>	<b>Annual Budget</b>	<b>Apr - Dec Budget</b>	<b>Apr - Dec Expenditure</b>	<b>Underspend/ (Overspend)</b>	<b>Forecast Outturn</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
<b><u>Set Aside &amp; Non-Delegated Functions*</u></b>					
Acute Services	257.276	187.934	209.083	(21.149)	(28.192)
Women & Children's	60.940	44.910	48.788	(3.878)	(4.476)
Cross Boundary Flow/External SLAs	66.025	49.473	51.697	(2.224)	(2.905)
Non-delegated Community Services	39.394	29.063	30.544	(1.481)	(1.948)
Facilities	115.260	86.695	87.854	(1.159)	(1.675)
Digital	12.895	9.593	10.497	(0.904)	(1.009)
Corporate Functions	32.755	22.783	21.970	0.813	0.250
Ringfenced and Contingency Budgets	34.442	18.075	0.000	18.075	23.337
Income	(30.952)	(22.157)	(22.270)	0.113	1.746
<b>Sub total</b>	<b>588.035</b>	<b>426.369</b>	<b>438.163</b>	<b>(11.794)</b>	<b>(14.873)</b>
<b><u>Delegated Functions</u></b>					
Operational Services	144.636	107.653	103.379	4.274	
Universal Services	177.619	138.104	145.566	(7.462)	
IJB reserves	3.839	3.188	0.000	3.188	
<b>Sub total</b>	<b>326.094</b>	<b>248.945</b>	<b>248.945</b>	<b>0.000</b>	
<b><u>Reserve transfers (to)/from IJB</u></b>					
Clackmannanshire & Stirling IJB					
Falkirk IJB					
<b>Sub total</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	
<b>TOTAL</b>	<b>914.129</b>	<b>675.314</b>	<b>687.108</b>	<b>(11.794)</b>	

\* Note that these budgets include specialties defined as "large hospital services" which form part of IJB Set Aside budgets. The total Set Aside budget included in the total of £588.035m above is £82.665m. An overspend of £8.526m is reported at month 9.

The year to date position reflects a wide range of continuing financial pressures across the whole health and care system including:

- the ongoing use of unfunded contingency areas and Covid legacy arrangements (whilst good progress had been made to close contingency beds on a phased basis, this has not been sustained and all contingency beds have been reopened due to the current peak in flu and respiratory admissions);
- increases in the cost of medicines and devices (particularly in relation to the uptake of new drugs and devices including hep C medication and diabetes technology such as insulin pumps and continuous glucose monitors);
- the impact of unavoidable inflationary pressures on a range of contracts, particularly relating to IT, energy and premises which is exacerbated by the flat cash funding settlement for 24/25.



- Delays in the pace of delivering efficiency savings (including unachieved historic savings targets from prior years).

Further insight on the financial position, including high level variance analysis and trends in key costs is presented in Appendix 1, focussing on pay costs, including costs of supplementary/ temporary staff. Overall costs of supplementary/ temporary staff have reduced by £7.3m (or 20.4%) compared to the same period in the previous year as summarised in Table 2 below.

<b>Table 2: Non-Core Staffing Costs</b>	<b>Apr to Dec 2023</b> £	<b>Apr to Dec 2024</b> £	<b>Better/ (Worse)</b> £	<b>% Change (Worse)</b>
Admin agency	60,278	101,740	(41,461)	(68.8%)
Admin bank	1,104,298	1,000,363	103,935	9.4%
Medical agency	3,461,572	3,421,961	39,611	1.1%
Medical bank	2,478,786	1,871,351	607,435	24.5%
Medical locum	1,346,530	881,177	465,353	34.6%
Nurse agency	10,396,873	2,577,046	7,819,827	75.2%
Nurse bank	14,213,135	15,776,102	(1,562,967)	(11.0%)
Other agency	213,011	201,775	11,236	5.3%
Other bank	1,106,225	1,059,716	46,509	4.2%
Overtime	1,144,585	1,372,026	(227,440)	(19.9%)
<b>Total</b>	<b>35,525,292</b>	<b>28,263,256</b>	<b>7,262,036</b>	<b>20.4%</b>

The overall reduction reported on Table 2 is largely being driven by the positive impact of actions relating to nurse agency use as per the Financial Sustainability Action Plan and this is contributing to the improving trends in nurse pay budget overspends. As expected, an element of the previous nurse agency usage has switched to nurse bank and the focus is now on reducing staff bank costs as part of efforts to return the nursing workforce back to approved budgeted establishment levels. Whilst nurse bank costs remain higher than the same period in the previous year, costs in the month of December were £0.9m lower than November following specific targeted work in this area.

Whilst medical supplementary staffing costs are lower than the same period last year, overall medical pay budgets are significantly overspent (and this has now overtaken nursing as the key pay pressure for the NHS Board). As previously reported, the increase in our medical agency costs in 2023/24 represented the largest relative increase in agency costs in Scotland and there has been very little change to date in 2024/25 with costs continuing at this higher level. A new Medical Staffing Governance Group has been established which will lead work to review medical staffing levels, together with the introduction of enhanced approvals/controls in relation to the engagement of supplementary medical staff, consideration of escalated rates and development of a longer-term medical workforce strategy.

## **1.2 Efficiency savings**

Implementation of the Financial Sustainability Action Plan is ongoing, with excellent progress being made in relation to the nursing workforce and hospital prescribing workstreams. Overall savings of £26m have been achieved to date (£11m on a recurring basis with the balance of £15m being delivered on a non-recurring basis) as summarised in Table 3 below:

Annual plan £m	TABLE 3: 2024/25 Financial Sustainability Action Plan - YTD saving delivery	Apr - Dec plan £m	Apr - Dec actual £m	Variance £m
9.542	Workforce	7,365	6,066	(1,299)
0.328	Procurement	238	180	(58)
4.583	Prescribing (Hospital based)	3,434	3,466	33
1.733	Estates & infrastructure	1,300	92	(1,207)
0.010	Income Generation	8	0	(8)
0.142	Innovation, Productivity & Digital	107	0	(107)
5.490	Value Based Health & Care	3,668	2,931	(737)
22.013	Other (slippage, reprioritisation & other financial benefits)	17,466	13,280	(4,186)
<b>43.841</b>	<b>TOTAL</b>	<b>33,583</b>	<b>26,016</b>	<b>(7,567)</b>
21.664	Recurring	15,998	10,984	(5,014)
22.177	Non-recurring	17,585	15,032	(2,553)
<b>43.841</b>	<b>TOTAL</b>	<b>33,583</b>	<b>26,016</b>	<b>(7,567)</b>

As highlighted above, significant savings have been realised in relation to nurse agency staff, following actions to stop the use of unregistered nurse agency staff and off framework nurse agency in line with the recommendations of the national Supplementary Staffing Task and Finish Group. In addition, actions to support local enhanced governance arrangements to agree nurse staffing establishment levels have been implemented (including reintroduction of escalation/authorisation arrangements for approval of supplementary staff usage). Innovative recruitment campaigns have also been taken forward to fill substantive vacancies to avoid the need for supplementary staffing to cover vacant posts (including a local generic recruitment programme for newly qualified nurses, participation in the international recruitment programme for nurses and a series of local recruitment fairs with accelerated pre-employment checks and onboarding arrangements).

With respect to hospital prescribing, a number of efficiency initiatives linked to various technical switches are complete and these are delivering broadly in line with target (despite the fact that 2 switches have been delayed due to supply issues where the drug being switched to is not currently available due to manufacturing issues). The position continues to be closely monitored and work is underway to consider hospital prescribing savings schemes for 2025/26. Good progress has also been made in relation to energy efficiency plans (reported under the estates and facilities workstream) however delays in the receipt of energy consumption data for various premises, together with the complexity of contractual arrangements for PFI sites, means it has not been possible to quantify the savings to date.

Despite the positive action taken to date, savings delivery is £7.6m behind plan at this stage in the financial year as summarised in Table 3 above. This is largely due to delays in the closure of contingency areas (which impacts on savings reported under the Workforce and Value Based Health and Care workstreams) and delays in achieving savings reported under Estates and Infrastructure and other (specifically in relation to covid legacy costs and the decision not to apply a direct 3% cut to Directorate budgets).

## 2.0 SET ASIDE & NON- DELEGATED FUNCTIONS - CLINICAL DIRECTORATES

Clinical Directorates reported a combined overspend of £10.5m as at 31<sup>st</sup> December 2024 as summarised in Table 4 below.

<b>TABLE 4: Clinical Directorates*</b>	<b>Annual Budget £m</b>	<b>Apr - Dec Budget £m</b>	<b>Apr - Dec Expenditure £m</b>	<b>Underspend/ (Overspend) £m</b>
Acute Services	257.276	187.934	209.083	(21.149)
Women & Children's	60.940	44.910	48.788	(3.878)
Cross Boundary Flow/External SLAs	66.025	49.473	51.697	(2.224)
Non-delegated Community Services	39.394	29.063	30.544	(1.481)
Ringfenced and Contingency Budgets	34.442	18.075	0.000	18.075
Income	(30.952)	(22.157)	(22.270)	0.113
<b>Sub total</b>	<b>427.125</b>	<b>307.298</b>	<b>317.842</b>	<b>(10.544)</b>

\* Note that these budgets include specialties defined as "large hospital services" which form part of IJB Set Aside budgets. The total Set Aside budget included in the total above is £82.665m. An overspend of £8.526m is reported at month 9.

**Acute services** – an overspend of £21.1m is reported as at end December 2024 (an adverse movement of £2.2m compared to the position reported at end November). This reflects ongoing service pressures within A&E and various inpatient specialties due to increased demand and length of stay together with ongoing use of contingency areas and additional workforce costs to cover sickness absence. The adverse year to date position is also exacerbated by ongoing staffing challenges across other parts of the health and care system which is delaying an element of the planned discharge profile from the hospital. Ongoing work to close contingency areas must be targeted to areas with patients who do not clinically require to remain on the acute hospital site, however this has been impacted by current winter pressures and the high number of flu admissions.

£15.2m of additional temporary staffing costs have been incurred to date within the Acute Services Directorate. Of this total, £9.0m (59%) relates to nurse bank and agency use – key service areas where temporary staff have been deployed include Acute Assessment, the Emergency Department, Intensive Care and wards A11, A22, B11, B21, B22 and B32. Overall Medical bank, agency and locum costs remain high, contributing to a £4.8m overspend on medical staffing budgets.

Unachieved historic recurring savings targets are also a key factor together with a number of ongoing Covid legacy costs arising from previous gold command decisions and Scottish Government directives. A range of other unfunded service areas, previously supported by non-recurring funding require urgent review. Clear exit strategies are required to reduce and stop costs being incurred going forward and this is currently being assessed by the Acute Services Management team. Significant increases in the cost of drugs and devices are also being experienced (particularly in relation to the uptake of new drugs and devices including hep C medication and diabetes technology such as insulin pumps and continuous glucose monitors – going forward, the roll out of new drugs and devices must be planned as part of a managed introduction with clear oversight of the overall financial implications (including impacts on other service areas).

**Women & Children's** – an overspend of £3.9m is reported at end of December (an adverse movement of £0.5m compared to the position reported at end November). This reflects ongoing pressure in medical staffing budgets, high uptake levels of new Paediatric diabetes technologies, overspends associated with paediatric complex care packages and national funding reductions in relation to CAMHS and the immunisation team. Discussions are ongoing with the colleagues to mitigate financial risk as far as possible (including follow up with Scottish Government to clarify funding allocations).

**Cross boundary flow/external SLAs** – an overspend of £2.2m is reported at the end of December (an adverse movement of £0.2m compared to the position reported in November). This reflects the cost of an unexpected rise in the number of Transcatheter Aortic Valve Implantations provided through NHS Lothian and high-cost complex care packages provided out with Forth Valley (these costs are not normally charged to this particular budget, however, to avoid any unnecessary delay in treatment commencing it was agreed these costs would be charged to the NHS Board initially pending further discussion and agreement with IJBs). Note that SLA uplifts with other NHS Board areas have still to

be finalised for 2024/25 (in terms of the impact of 3-year average activity levels which are being brought up to date post Covid).

**Non-delegated community services** – an overspend of £1.5m is reported at the end of December (an increase of £0.1m compared to the previous month). This reflects ongoing financial pressures in Prison services due to additional costs associated with the new prison pharmacy contract (linked to the withdrawal of discount on generic drugs and the increase in the management fee under the new contract), together with the purchase of psychiatric sessions from The State Hospital. There is also an emerging risk in relation to decisions taken by the Scottish Prison Service (SPS) to realign the prisoner population across the prison estate in order to relieve accommodation pressures (this is expected to result in an additional 260 prisoners being transferred to Polmont and 100 to Glenochil) together with changes in SPS working hours which will impact on NHS employed staff resulting in pay protection. Pressures are also reported in set aside mental health services due to higher-than-average staff absence levels (c11-12%), together with the requirement for special observations, necessitating the use of ongoing supplementary staff to cover. In addition, delays in the planned recruitment of 7.0 WTE psychiatrists from overseas through the CESR fellowship programme has meant that medical locum usage has not reduced as anticipated (with 3.0 WTEs appointed to date).

**Ringfenced and contingency budgets** – £18.1m of funding has been released in the month 9 position to reflect a proportion of the expected slippage on the Agenda for Change reform allocation and other recent unplanned funding allocations from the Scottish Government.

**Income** – income received as at end December was £0.1m higher than planned levels. This is largely due to additional income anticipated from inflow SLAs being rebased to reflect the most up to date 3-year average activity levels (rebasings was previously paused due to Covid) with the balance relating to income from NES in respect of Doctors in training.

### 3.0 SET ASIDE & NON- DELEGATED FUNCTIONS - CORPORATE DIRECTORATES

A combined overspend of £1.2m is reported for Corporate Services, Facilities and Digital as at 31<sup>st</sup> December 2024 as summarised in Table 5 below.

<b>TABLE 5: Corporate Functions and Facilities &amp; Infrastructure</b>	<b>Annual Budget £m</b>	<b>Apr - Dec Budget £m</b>	<b>Apr - Dec Expenditure £m</b>	<b>Underspend/ (Overspend) £m</b>
Facilities	115.260	86.695	87.854	(1.159)
Digital	12.895	9.593	10.497	(0.904)
<b>Corporate Functions</b>				
Director of Finance	6.910	5.183	5.101	0.082
Area Wide Services	(5.375)	(6.321)	(5.858)	(0.463)
Medical Director	12.304	8.980	8.624	0.356
Director of Public Health	3.932	2.787	2.511	0.276
Director of HR	6.825	5.140	5.410	(0.270)
Director of Nursing	4.553	3.271	3.116	0.155
Chief Executive	1.891	1.401	1.296	0.105
Portfolio Management Office	0.602	0.452	0.427	0.025
Immunisation / Other	1.113	1.890	1.343	0.547
Corporate Functions sub total	32.755	22.783	21.970	0.813
<b>Sub total</b>	<b>160.910</b>	<b>119.071</b>	<b>120.321</b>	<b>(1.250)</b>

**Facilities** – an overspend of £1.2m is reported at the end of December (an adverse movement of £0.2m compared to the position reported at end November). This is primarily due to ongoing pressures

in relation to non-emergency patient transport, clinical waste, postages and energy. A number of immediate actions have been identified to strengthen financial controls around postage and early indications suggest that a significant reduction in 1<sup>st</sup> class franked mail has been achieved in the last 2 months (awaiting formal confirmation from the supplier). Work is ongoing to review hospitality ordered by staff through the FVRH PFI operator. We are also working with the PFI operator to find a local resolution to recent VAT charges on PFI energy costs (£1.3m impact in 24/25).

**Digital** - an overspend of £0.9m is reported at the end of December (an adverse movement of £0.1m compared to the position reported at end November) which is primarily due to unavoidable inflationary uplifts on a range of local and national IT contracts and minor equipment replacement (including the impact of withdrawal of support for certain key information systems by suppliers. Note that the Health Records team are now operationally managed under the Digital Directorate, however budgets have not been reparented to Digital from the Acute Services Directorate as yet.

**Corporate Functions** – a combined underspend of £0.8m is reported at the end of December (a favourable movement of £0.7m compared to the position reported in November). Whilst a combined underspend is reported at end December, this masks pressures in HR linked to unachieved historic savings targets and pressures within area wide controls relating to legal fees and provisions.

#### 4.0 DELEGATED FUNCTIONS – HEALTH & SOCIAL CARE PARTNERSHIPS

Delegated health functions reported under the Health and Social Care Partnerships (HSCPs) returned a combined overspend of £3.2m as at 31<sup>st</sup> December 2024 as summarised in table 6 below, however this is assumed to be offset by corresponding reserve movements.

<b>TABLE 6: Health &amp; Social Care Partnerships</b>	<b>Annual Budget £m</b>	<b>Apr - Dec Budget £m</b>	<b>Apr - Dec Expenditure £m</b>	<b>Underspend/ (Overspend) £m</b>
<i>Clackmannanshire and Stirling HSCP</i>				
Operational Services	65.713	48.861	47.340	1.521
Universal Services	88.911	68.951	74.866	(5.915)
Ringfenced and Contingency Budgets	2.212	4.393	0.000	4.393
Subtotal	156.836	122.205	122.206	(0.001)
<i>Falkirk HSCP</i>				
Operational Services	78.924	58.793	56.039	2.754
Universal Services	88.707	69.152	70.700	(1.548)
Ringfenced and Contingency Budgets	1.627	(1.205)	0.000	(1.205)
Subtotal	169.258	126.740	126.739	0.001
<b>TOTAL</b>	<b>326.094</b>	<b>248.945</b>	<b>248.945</b>	<b>(0.000)</b>

The HSCP budgets summarised in table 6 exclude budgets in respect of large hospital services, also referred to as set aside, which amount to £82.7m. Responsibility for the operational and financial management of Set Aside functions currently resides with NHS Forth Valley (with the exception of set aside Mental Health services which are operationally managed by Clackmannanshire and Stirling HSCP).

In terms of the year-to-date position for delegated functions, the key financial challenge experienced by both HSCPs continues to relate to primary care prescribing which is reported under universal services in table 6. Both volume growth in the number of items prescribed and the average cost per item remain higher than original planning assumptions (up 5.5% compared to the same period last year). This reflects ongoing demand and short supply issues. Delays in achieving prescribing efficiency savings also contribute to the adverse position reported to date. Note that the Falkirk HSCP



prescribing budget has been increased by £4.4m in year (comprised of £3.5m of non-recurring reserves and £0.9m of virement from other operational budgets) as agreed under Direction from the IJB.

As reported in Table 6, the pressure on the primary care prescribing budget is partially offset by non-recurring underspends on operational services in Clackmannanshire and Stirling HSCP due to vacancies and slippage in recruitment within community District Nursing Services, Mental Health services, Health Improvement and community based AHP services.

Similarly, Falkirk HSCP are also experiencing ongoing vacancies and associated non-recurring underspends in community District Nursing, Mental Health services, community based AHP services, community Learning Disability services and Health Improvement. In addition, continued slippage in service developments, including the new slow stream rehab service which was funded by re-purposing part of the FCH closed ward budgets continues to be reported.

## 5.0 CAPITAL

The total annual net capital budget for 2024/25 is currently estimated at £12.4m as summarised in table 7 below (an increase of £2.9m compared to the budget reported last month, largely due to receipt of additional funding from the Scottish Government during the month of Dec, note that this funding must be fully utilised by 31 March 2025 as discussed and agreed). This net budget therefore reflects the core Capital Resource Limit (CRL) of £6.4m, together with £0.2m of Property Sales retained by the Board and a £5.8m of anticipated allocations and other adjustments which are expected to be applied to the CRL during the remainder of the year.

<b>TABLE 6: 2024/25 NHS Forth Valley Capital Position</b>	<b>Annual Budget £m</b>	<b>Apr - Dec Budget £m</b>	<b>Apr - Dec Actual £m</b>	<b>Underspend/ (Overspend) £m</b>
Elective Care	0.750	0.401	0.401	0.000
Information Management & Technology	3.950	1.675	1.675	0.000
Medical Equipment	5.587	3.258	3.258	0.000
Facilities & Infrastructure	2.190	0.602	0.602	0.000
NHS Board corporate projects	0.003	0.003	0.003	0.000
Right of Use Assets IFRS16	0.973	0.823	0.823	0.000
Indirect Capital Charged to Revenue	(1.098)	(0.102)	(0.102)	0.000
<b>Total</b>	<b>12.355</b>	<b>6.659</b>	<b>6.659</b>	<b>0.000</b>

As reported in table 6, a balanced position is reported for the 9 month period ending 31st December 2024. To date expenditure of £6.7m has been incurred leaving a balance of £5.7m to be spent over the remainder of the financial year.

Key areas of expenditure are summarised below:

**Elective Care** – the National Treatment Centre continues to be delayed due to a number of technical issues relating to pipework and fire compliance regulations. A potential solution has been submitted to building control for review and we await feedback. Once a solution has been approved and agreed by all parties, a detailed workplan will be developed to take forward the required changes along with a timetable for the completion of this work. As such uncertainty remains over the go-live date until the technical solutions are assessed and resolved. As at year end 2023/24 the sum of £10.0m had been

incurred on the project. Additional costs incurred during 2024/25 relate to ongoing advisor and professional fees.

**Information Management and Technology** – a total of £1.7m has been spent on Information Management and Technology projects to date. Key projects include the GMS IT system refresh, NHS Board infrastructure refresh procurement, Inpatient Electronic Patient Record (EPR) and cyber security.

**Medical Equipment** – expenditure incurred on Medical Equipment items equates to £3.3m to date. The majority of the spend to date relates to the purchase of a 3<sup>rd</sup> CT scanner (as approved by the NHS board on 30 July, funded through slippage on the overall capital plan for 2024/25 and rephasing certain projects to 2025/26), replacement of the pharmacy robot, new image intensifiers and defibrillators. Orders will be placed for Dialysis Machines, Endoscopes and Camera Stacks following receipt of unplanned additional capital finding from the Scottish Government in 2024/25.

**Facilities and Infrastructure** – a relatively low level of expenditure of has been incurred to date (£0.6m as at end Dec) which relates to salary recharges and the installation of PV panels and LED lighting at FVRH. Planned improvement works at Dunblane Health Centre are likely to be delayed due to affordability challenges as the tender prices have come in significantly higher than the allocated budget. The planned project to replace the outdated heating system at Meadowbank Health Centre will also not progress due to concerns regarding value for money. An alternative proposal is being worked up. Plans are also being developed to respond to a recent Health and Safety Executive improvement notice in respect of anti-ligature works, early indications suggest that cost of the works required is likely to be significant – this is currently being considered as part of the new 5 year capital plan.

**NHS Board and Property Sales** – as at 31st December 2024, the sale of a surplus property in Barnton Street, Stirling has been concluded yielding a sales receipt of £0.09m with the sale of Carronshore Clinic expected to be concluded in January 2025. The purchase of Killin Medical practice was also completed in early January 2025 with a purchase price of £240,000, this value has been accrued into the December position.

## Appendix 1 – Key Cost Trends

### Pay costs

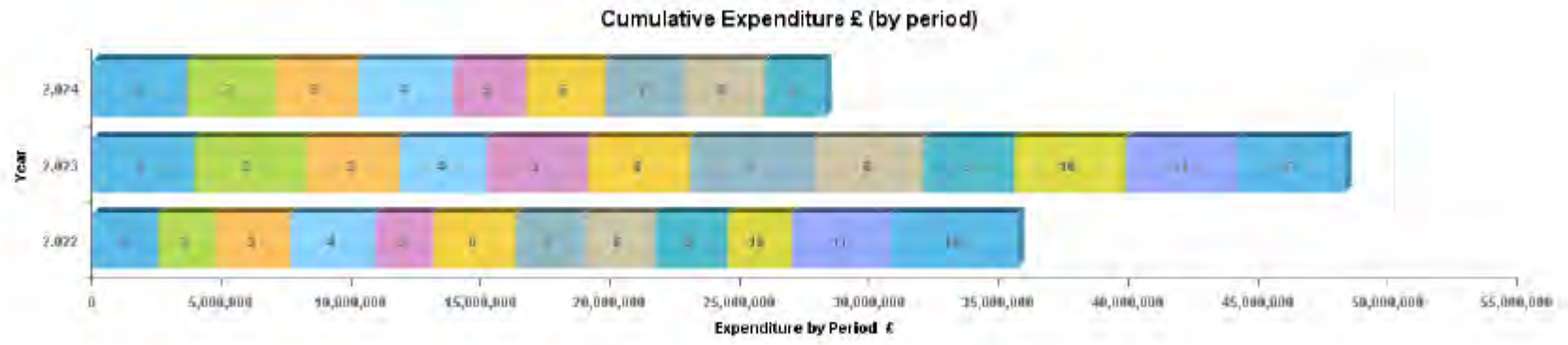
Total year to date pay costs amount to £267.6m at end December (up £16.9m or 7% on the previous year), this reflects agreed pay award, and additional supplementary staff costs to cover sickness absence, use of contingency areas and the impact of Agenda for Change reform (in terms of protected learning time and the reduction in the working week) as summarised in the tables below.

Pay expenditure by Directorate	2024/25 Apr to Dec Actual	2023/24 Apr to Dec Actual
VACUTE: Acute Services	155,951,759	146,727,381
VWCSHS: Women + Children Directorate	44,168,060	40,710,683
VFK: Falkirk Hscp	477,822	455,287
VCS: Clacks Stirling Hscp	15,285,161	14,933,555
VOTHCM: Other Community Services	12,357,297	11,666,455
VFINF: Facilities	8,336,636	8,148,372
VDIGI: Digital	5,175,347	4,416,216
VEXT: Externals	17,572	21,741
VFIN: Director Of Finance	3,440,241	3,328,812
VMED: Medical Director	8,123,986	7,309,883
VPBH: Director Of Public Health	2,440,714	2,374,435
VHR: Director Of Human Resources	5,041,835	4,371,727
VAWC: Area Wide Controls Hb	1,778,401	1,714,116
VNUR: Nmahp Directorate	3,150,143	2,796,513
VCEX: Chief Executive	1,479,102	1,441,145
VPMO: Portfolio Management Office	424,289	316,686
<b>TOTAL</b>	<b>267,648,364</b>	<b>250,733,007</b>

Pays expenditure by staff group	2024/25 Apr to Dec Actual	2023/24 Apr to Dec Actual
Nursing & Midwifery	117,692,609	112,966,719
Medical & Dental	70,543,455	65,387,285
Admin & Clerical	33,692,877	30,195,692
Allied Health Professionals	15,918,441	14,401,943
Other Therapeutic	8,631,826	7,514,889
Healthcare Sciences	8,617,422	8,199,246
Support Services	8,321,136	8,231,595
Medical & Dental Support	2,557,845	2,055,565
Senior Managers	1,466,569	1,536,133
Personal Social Care	206,185	243,939
<b>TOTAL</b>	<b>267,648,364</b>	<b>250,733,007</b>



Note that year to date pay costs include additional supplementary/temporary staff costs of £28.3m (this compares to £35.5m in the same period last year) as summarised in the graph below. As reported in the main body of the report, this reflects significant reductions in nurse agency usage as per the agreed actions in our Financial Sustainability Action Plan.



## Appendix 2 - 2024/25 YTD savings delivery

Savings delivery - April to Dec 2024	Plan £000s	Actual £000s	TOTAL £000s	RAG status
<b><u>Workforce - nursing</u></b>				
Nursing sickness absence- acute	1,650	0	(1,650)	RED
Nursing sickness absence - WCSHS	600	0	(600)	RED
Cessation of unregistered nurse agency	833	833	0	GREEN
Cessation of all nurse agency usage	2,700	2,700	0	GREEN
Reduce requirement for enhanced observations	0	0	0	GREEN
Enhanced controls	0	1,354	1,354	GREEN
	<b>5,783</b>	<b>4,887</b>	<b>(896)</b>	
<b><u>Workforce - medical</u></b>				
Medical locum review of rates	0	0	0	RED
Medical sickness absence	0	0	0	RED
Reduce locum usage in unplanned care areas	0	0	0	RED
Jnr Dr rota compliance in planned care areas	0	0	0	RED
International recruitment (psychiatry)	452	330	(122)	GREEN
	<b>452</b>	<b>330</b>	<b>(122)</b>	
<b><u>Workforce - other</u></b>				
Retinue fees & charges	99	99	0	GREEN
Targeted vacancy review	750	750	0	GREEN
Sickness absence other staff groups	0	0	0	RED
Agile working	0	0	0	RED
Review of T&Cs eg pay protection	281	0	(281)	RED
Review of workforce controls	0	0	0	GREEN
	<b>1,130</b>	<b>849</b>	<b>(281)</b>	
<b><u>Procurement</u></b>				
Enhanced Spend Analytics Tool	0	0	0	RED
Review of Children's ordering process for supplies	0	0	0	RED
Complex Care Education Provision Review	54	0	(54)	RED
Review of Complex Care Third Party Provision	156	0	(156)	RED
Non-pay: review of non-discretionary spend	0	180	180	GREEN
Review of ward consumables	0	0	0	RED
Procurement of cardiology devices	28	0	(28)	RED
	<b>238</b>	<b>180</b>	<b>(58)</b>	
<b><u>Prescribing (switches)</u></b>				
Lenalidomide switch - full year effect	151	151	0	GREEN
Tecfidera / Dimethyl Fumerate	548	469	(79)	GREEN
Xarelto / Rivaroxaban	47	21	(25)	GREEN
RoActemra / Tocilizumab	94	0	(94)	RED
Xolair / Omalizumab	140	0	(140)	RED
Aubagio / Teriflunomide	75	71	(4)	GREEN
Further technical switches	0	224	224	GREEN
	<b>1,054</b>	<b>935</b>	<b>(118)</b>	

<b><u>Prescribing Acute + Women &amp; Children's</u></b>				
Review of inflation for hospital Rx	2,025	2,025	0	GREEN
Oncology (near patient preparation)	36	0	(36)	RED
PAS & PCRS rebates	0	0	0	RED
Off patent savings	150	506	356	GREEN
Medicines of low clinical value	0	0	0	AMBER
Complex rebates/review of contracts	113	0	(113)	AMBER
Environmental sustainability/medical gases/green theatres	0	0	0	AMBER
Review of homecare arrangements	8	0	(8)	RED
Review of Covid antivirals	0	0	0	RED
Reduction in cold chain medicine waste	50	0	(50)	GREEN
Transition to Regional Formularies	0	0	0	RED
Acceleration of digital prescribing	0	0	0	RED
Affordability of new medicines	0	0	0	RED
	<b>2,380</b>	<b>2,531</b>	<b>151</b>	
<b><u>Estates &amp; Infrastructure</u></b>				
PPP/PFI insurance	0	0	0	GREEN
PPP/PFI review of energy contract arrangements	975	0	(975)	RED
PPP/DBFM review of contractual arrangements	38	0	(38)	RED
PPP/PFI refinancing	0	0	0	RED
PFI Benchmarking	0	0	0	GREEN
Energy efficiency - full year effect	191	0	(191)	AMBER
Portering FVRH Blood products	90	90	0	GREEN
Asset management/review of agile working	0	0	0	RED
Non-Emergency Patient Transport	0	0	0	RED
Sale of surplus property	6	2	(4)	GREEN
	<b>1,300</b>	<b>92</b>	<b>(1,207)</b>	
<b><u>Income Generation</u></b>				
Review of FOC travel vaccines	0	0	0	RED
Provision of training to other bodies/agencies/3rd parties	8	0	(8)	RED
Introduction of charging policy for DNAs	0	0	0	RED
Develop a mutual aid strategy	0	0	0	AMBER
	<b>8</b>	<b>0</b>	<b>(8)</b>	
<b><u>Innovation, Productivity &amp; Digital</u></b>				
Remote outpatient appointments	0	0	0	RED
Theatre optimisation	0	0	0	RED
Review of procedures of low clinical value	0	0	0	RED
Review of Integration Schemes	0	0	0	RED
Introduce Patient Level Information Costing System	0	0	0	RED
Voice recognition business case	0	0	0	RED
Electronic Patient Record	0	0	0	RED
Net call patient hub	107	0	(107)	RED
M365	0	0	0	RED
	<b>107</b>	<b>0</b>	<b>(107)</b>	

<b><u>Value Based Health &amp; Care</u></b>				
Whole system hip fracture prevention	0	0	0	RED
Review of Flow Navigation Centre	0	0	0	RED
Hospital at Home Capacity and closure of contingency beds	3,668	2,931	(737)	AMBER
Develop Target Operating Model for the front door	0	0	0	RED
Discharge Without Delay	0	0	0	RED
Whole systems working to reduce Length of Stay	0	0	0	RED
National Value Based Health & Care Action Plan	0	0	0	RED
	<b>3,668</b>	<b>2,931</b>	<b>(737)</b>	
<b><u>Other</u></b>				
Review of Covid legacy costs	1,781	0	(1,781)	RED
Annual leave carry forward	525	0	(525)	AMBER
Anticipated slippage on investment	375	0	(375)	GREEN
Unplanned financial benefits	3,323	8,205	4,882	GREEN
Technical accounting opportunities	500	1,050	550	GREEN
Review & re-prioritisation of local service developments	3,900	2,672	(1,228)	AMBER
3% recurring budget deduction	7,061	0	(7,061)	RED
	<b>17,466</b>	<b>13,280</b>	<b>(4,186)</b>	
<b>Total</b>	<b>33,583</b>	<b>26,016</b>	<b>(7,567)</b>	

<b>2024/25: progress against 3% recurring target</b>	<b>Plan £m</b>	<b>Actual £m</b>	<b>Balance £m</b>
<b><u>Set Aside &amp; non-delegated services</u></b>			
Workforce	1.339	5.316	-3.977
Procurement	0.328	0.180	0.148
Prescribing (Hospital based)	4.497	3.466	1.030
Estates & infrastructure	1.733	0.092	1.641
Income Generation	0.010	0.000	0.010
Innovation, Productivity & Digital	0.142	0.000	0.142
Value Based Health & Care	0.600	0.000	0.600
Other (slippage, reprioritisation & other financial benefits)	13.015	1.929	11.086
<b>Total Set Aside &amp; non-delegated services</b>	<b>21.664</b>	<b>10.984</b>	<b>10.680</b>
<b><u>Delegated services (HSCPs)</u></b>			
<u>Clacks/Stirling HSCP</u>			
Primary Care Prescribing	1.709		1.709
Community Healthcare Services	0.508		0.508
	2.217	0.000	2.217
<u>Falkirk HSCP</u>			
Primary Care Prescribing	1.664	1.040	0.624
Community Healthcare Services	3.713	0.873	2.840
	5.377	1.913	3.464
<b>Total Delegated services (HSCPs)</b>	<b>7.594</b>	<b>0.000</b>	<b>7.594</b>
<b>Grand Total</b>	<b>29.258</b>	<b>12.897</b>	<b>16.361</b>
Scottish Government 3% total recurring target	20.148		

**FORTH VALLEY NHS BOARD**

Tuesday 28 January 2025

**16. Capital Business Continuity Plan Submission 2025/26**

**For:** Approval

**Executive Sponsor:** Mr Scott Urquhart, Director of Finance

**Authors:** Mr Andrew McGown, Head of Estates, Mrs Morag Farquhar, Director of Facilities

**Executive Summary**

A Director's Letter (DL (2024) 02) was issued in February 2024 to NHS Scotland, from Richard McCallum and John Burns, regarding Whole System Infrastructure Planning.

This letter introduced a new approach to strategic infrastructure planning and investment across NHS Scotland. It requires each NHS board to prepare and submit to the Scottish Government, a Programme Initial Agreement (PIA) which sets out a deliverable, whole system service and infrastructure change plan for the next 20-30 years.

The first planning phase has been to develop a Business Continuity Plan based on a risk-based assessment of the Board's existing infrastructure. This is required to be submitted to Scottish Government by 31 January 2025


**Recommendation**

The NHS Board is asked to:

- **note** the position in relation to the BCP submission and the proposed investment contained therein. The draft Plan has already been to the SLT and to the Strategic Planning, Performance and Resources Committee and endorsed for submission to the NHS Board.
- **approve** the BCP for submission to Scottish Government for consideration.
- **consider** the proposed level of assurance.

**Assurance**

*Proposed assurance level:*

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

A reasonable level of assurance has been reported on the basis that the requirements of the BCP submission is to develop a plan based on a risk-based assessment of the Board's existing infrastructure and is attached at Appendix 1.

A Short Life Working Group (SLWG) was established and led by Andrew McGown, Head of Estates, and included representatives from Digital, Acute Services, Labs, Radiology, Medical Physics, Estates, Facilities, Property, Compliance, Public Health, Ambulatory Care, Infection Control, corporate services, Finance, Health and Safety and Risk Management. This ensured that there was key input from all relevant parts of the organisation and the ability to fully consider all relevant risks.

### **Key Issues to be Considered**

- The submission is primarily a maintenance-only plan based on a risk-based assessment of the Board's existing infrastructure.
- All items have been risk assessed by the SLWG and agreed.
- The submission has some proposed investment which is phased over more than one Financial Year, due to scale and complexity.
- All items being requested if approved need to be achieved and completed within the Financial Year noted.
- There is no guarantee that all or any funding requested will be granted.
- The submission will consist of 2 key spreadsheets along with a word document giving narrative on the proposed expenditure. Where appropriate, business case documentation will accompany the submission.
- A summary of the submission, including risk ratings, is included at Appendix 1 with accompanying narrative requested by SG/NHSS Assure at Appendix 2.
- This BCP was considered by SLT on 25 November 2024 and was supported, with some minor changes made to funding levels and removing the Robot Assisted Surgery scheme as there are other revenue and staffing implications which need addressed first. SLT approved the draft Plan to come to the Strategic Planning, Performance and Resources Committee (SPPRC), where it was discussed on 17 December 2024 and endorsed for submission to the NHS Board.
- The SPPRC endorsed the BCP with a number of questions and commended it to the NHS Board for approval. As noted above there is no guarantee of funding being received, there may need to be some re-prioritisation of the Capital Plan to account for those items considered as higher risk. Particular reference was made to the need to undertake remedial work in Forth Valley Royal Hospital to mitigate against ligature risks in the Mental Health Unit, as well as across the Mental Health estate as appropriate. Also of note is the Radiology Information System Replacement, which is the subject of a separate paper and business case being presented to the NHS Board.

### **Financial Implications**

Capital funding is usually available from the ring-fenced allocated Capital provided each year, however, this is an opportunity to highlight some substantial risks and seek additional funding from Scottish Government to address the listed items.

The overall capital descriptions and costs being submitted are summarised in Appendix 3, utilising a template mandated by Scottish Government. This totals £8.652M, with two schemes spanning more than one Financial Year.

### **Workforce Implications**

The BCP submission and subsequent approval of any schemes will have workforce implications for each of the services taking forward each project and to enable them being delivered on time and on budget.

### **Infrastructure Implications including Digital**

The BCP submission will have a positive impact on the Board's infrastructure and will address some of the key risks currently being managed.

### **Sustainability Implications**

The BCP has some sustainability investment included and if approved will allow the board to progress partially towards sustainability targets and meeting net zero carbon goals.

### **Sustainability Declaration**

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

Yes

N/A

### **Quality / Patient Care Implications**

The approval of the BCP submission will contribute to the continued safe delivery of all care and towards addressing infrastructure risks across the Board area.

### **Information Governance Implications**

None in relation to this paper.

### **Risk Assessment / Management**

A bespoke SLWG was established to develop the BCP and risk assess individual items have all be involved and agreed this list of the top priorities in a priority order. Key stakeholders have risk assessed each proposal and agreed the scoring to mitigate against any bias in scoring and to ensure a more rounded assessment of the service disruption and other potential impacts if a risk was left untreated. Appendix 4 contains a more detailed version of the BCP with risk rating included.

The level of funding received from SG in response to the BCP will determine whether any re-prioritisation of the Board's future year's Capital Plan is required in order to deal with items regarded as higher risk.

### **Relevance to Strategic Priorities**

The improvements and mitigation of the noted risks and schemes within the submission align to various strategic priorities which are board wide.

### **Equality Declaration**

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

Further to an evaluation it is noted that: (please tick relevant box)

Paper is not relevant to Equality and Diversity

Screening completed - no discrimination noted

Full Equality Impact Assessment completed – report available on request

### **Communication, involvement, engagement and consultation**

The development of the proposal has been done in collaboration and consultation with relevant stakeholders from NHS Assure, Scottish Government, Digital, Acute, Labs, Radiology, Medical Physics, Estates, Facilities, Property, Compliance, Public Health, Ambulatory Care, Infection control, corporate services, Finance, Health and Safety and Risk Management.

This paper was presented to the SLT on 25/11/24 and was supported with some minor changes to be made in response to comment received at the meeting, then subsequently at the Strategic Planning, Performance & Resources Committee on 17 December 2024, where it was endorsed for submission to the NHS Board.



**Additional Information**

Not applicable

**Appendices**

Appendix 1: BCP 25/26 Submission Summary

Appendix 2: BCP 25/26 Submission – Narrative

Appendix 3: BCP Submission - SG Template

Appendix 4: BCP 25/26 Submission – Including Risk Rating etc

Appendix 1: BCP 25/26 Submission Summary

	Department/ Directorate	Item	Description	Risk rating(5x5 matrix)	Indicative Project costs
1	Facilities	FCH Building Fabric improvements	Falkirk Community Hospital window replacements across the site at Block 9 and the huts as well as OPD where the roof is flat and causing leaks due its age and replacement required.	<b>AMBER</b>	£500k
2	Facilities	FCH ASDU and Boiler house risks	Risk that the ageing infrastructure will fail, heating system for the site would fail and steam provided to Area sterilisation and decontamination unit (ASDU) unit would mean a risk to clinical teams and decontamination department.	<b>RED</b>	£200k
3	Facilities	CSD windows and roof replacement	Central Stores department (CSD) has building fabric improvement requirements including windows failing and the roof is leaking regularly with patch repairs required numerous times	<b>AMBER</b>	£350k
4	Facilities	Bellsdyke fabric issues	Bellsdyke improvement including flat roofs noted as requiring replacement and general fabric issues of the buildings on site.	<b>AMBER</b>	£200k
5	Facilities	Lochview Bungalows fabric improvement works	Bungalows have fabric improvement requirements including replacement roofs and windows	<b>AMBER</b>	£100k
6	Facilities	SHCV Roof repairs and window replacements	Stirling Health & Care Village (SHCV) retained estate has significant backlog including fabric and engineering	<b>AMBER</b>	£1M - over 3 years
7	Facilities	Hybrid Heating roll-out	In order to comply with DL (2021) 38, Electric boilers - small - Health centre £80k, medium - westburn medical practice £160k, large - Meadowbank HC - £300k includes DNO upgrade.	<b>GREEN</b>	£540k

8	Facilities	Solar PV roll-out	In order to comply with DL (2021) 38, PV to provide on site generation to offset increased revenue costs. Small - Health centre £50k, medium - westburn medical practice £80k, large - Meadowbank HC - £100k	<b>GREEN</b>	£230k
9	Facilities	Bo'ness HC RAAC	Funding to reinforce the RAAC planks and any associated repairs or removal of any RAAC planks which have deteriorated as per the annual surveys and regular planned checks that have been put in place. Also includes improvement to rainwater goods and roof coverings to ensure the RAAC is not penetrated with water leading to a higher risk.	<b>RED</b>	£200k
10	Facilities	Killin MP IPC related risks	Funding to reduce IPC related issues at Killin MP as well as sustainability issues such as old lighting and storage heaters which are causing significant electricity bills with a low efficient system. Windows are also at risk and need replaced due to being timber framed.	<b>AMBER</b>	£200k
11	Facilities	FCH Theatre Ventilation improvements	The existing ventilation system is not SHTM compliant and may not be achieving the necessary level of control to minimise the possibility of airborne infection. Patients and staff may be exposed to airborne bacteria. Needs replaced and is high risk.	<b>RED</b>	£1.5M - over 2 years
12	Facilities	Fire door replacement	Across the estate there are fire doors in need of replacement. There is also the recent SAN2405 specifically for Georgian wired glass which exists in the Mental Health properties as this poses a significant risk to patients and staff. Funding to replace high risk doors of this nature as well as other across the estate	<b>AMBER</b>	£200k

			which are in need of urgent repair/replacement.		
13	Facilities	Bridge of Allan HC Lift replacement	Replacement passenger lift for Bridge of Allan HC as it is in disrepair and needs fully replaced. Currently no available funding to proceed with this.	<b>GREEN</b>	£50k
14	Facilities	Community premises heating repairs/replacement	FCH Admin, Lochview, Tullibody HC, Meadowbank HC and Central stores sites all have issues with heating failures.	<b>GREEN</b>	£150k
15	Labs	FVRH Lab Cabinet replacement	Replacement of Class 1 cabinets in Labs at FVRH due to end of life and increased repairs.	<b>AMBER</b>	£200k
16	Acute	8 x Phlebotomy Trolleys	Equipment needing replaced due to not being fit for purpose and causing musculo-skeletal issues for the team	<b>GREEN</b>	£15k
17	Acute	Ultra Sound Machine for Chronic Pain team	Equipment has reached its planned replacement date	<b>GREEN</b>	£30k
18	Other	Radiology Information System replacement	This is an essential system impacting significantly on the provision of community and acute diagnostics, clinical decision making and patient care.	<b>RED</b>	£900k
19	Other	Anti Ligature risks board wide	Anti ligature works following a suicide and intervention by HSE at FVRH and our other MH properties. This is to address issues with ligature risk on doors, windows, pipe casings, nurse call improvements, wardrobe alterations and door handle replacements. A paper has been taken to the Board to highlight these issues which sit as a very high risk and needs significant funding. The infrastructure needs improved to avoid the risk of further suicide and HSE enforcement action.	<b>RED</b>	£1M

20	Other	FVRH Bed Replacements	Replacement beds for FVRH as all of the beds purchased for FVRH have an end of support date of 2027. Even if this was phased approach over so many years. X650 beds in total to replace at £2.2k per bed.	<b>GREEN</b>	£500k
21	Facilities	CADS and Tullibody HC security improvements	St Ninians HC (CADS) and FCH Community (CADS) departments and Tullibody HC security improvement works including intruder alarms, CCTV and panic alarms.	<b>GREEN</b>	£80k
22	Facilities	Bracklinn Road board owned property roof repair	Roof of Bracklinn Road owned board property is in serious disrepair and needs urgently repaired.	<b>GREEN</b>	£100k
23	Other	Right of Use Assets - Leased Vehicles	SG have informed of the end of Ring-fenced funding for ROU Assets and that ROU assets should be included in BCP submissions - Identified 5 vehicles whose lease will terminate in 2025/26 and will need to enter into a new lease agreement. This is in line with directive to have all fleet vehicles (other than the tail lift and tipper vans) electric by end of 2025.	<b>GREEN</b>	£100k
24	Digital	Digital Pathology Solution	Implementation of Digital Pathology solution, critical for long term service viability of pathology in FV.	<b>RED</b>	£307k
					<b>Total £8.652M</b>

### Project name and description

#### 1. Anti Ligature risks

Anti ligature works following a suicide and intervention by HSE at FVRH and our other MH properties. This is to address issues with ligature risk on doors, windows, pipe casings, nurse call improvements, wardrobe alterations and door handle replacements. A paper has been taken to the Board to highlight these issues which sit as a very high risk and needs significant funding. The infrastructure needs improved to avoid the risk of further suicide and HSE enforcement action.

#### 2. FCH Theatre Ventilation improvements

The existing ventilation system is not SHTM compliant and may not be achieving the necessary level of control to minimise the possibility of airborne infection. Patients and staff may be exposed to airborne bacteria. Needs replaced and is high risk.

#### 3. Radiology Information System replacement

This is an essential system impacting significantly on the provision of community and acute diagnostics, clinical decision making and patient care.

#### 4. Bo'ness HC RAAC

Funding to reinforce the RAAC planks and any associated repairs or removal of any RAAC planks which have deteriorated as per the annual surveys and regular planned checks that have been put in place. Also includes improvement to rainwater goods and roof coverings to ensure the RAAC is not penetrated with water leading to a higher risk.

#### 5. FCH ASDU and Boiler house risks

Risk that the ageing infrastructure will fail, heating system for the site would fail and steam provided to Area sterilisation and decontamination unit (ASDU) unit would mean a risk to clinical teams and decontamination department.

#### 6. FVRH Lab Cabinet replacement

Replacement of Class 1 cabinets in Labs at FVRH due to end of life and increased repairs.

#### 7. CSD windows and roof replacement

Central Stores department (CSD) has building fabric improvement requirements including windows failing and the roof is leaking regularly with patch repairs required numerous times.

#### 8. SHCV Roof repairs and window replacements

Stirling Health & Care Village (SHCV) retained estate has significant backlog including fabric and engineering.

#### 9. Fire door compliance improvements.

Across the estate there are fire doors in need of replacement. There is also the recent SAN2405 specifically for Georgian wired glass which exists in the Mental Health properties as this poses a significant risk to patients and staff. Funding to replace high risk doors of this nature as well as other across the estate which are in need of urgent repair/replacement.

#### 10. FCH Building Fabric improvements.

Falkirk Community Hospital window replacements across the site at Block 9 and the huts as well as OPD where the roof is flat and causing leaks due its age and replacement required.

#### 11. Bellsdyke fabric issues

Bellsdyke improvement including flat roofs noted as requiring replacement and general fabric issues of the buildings on site.

#### 12. Lochview Bungalows fabric improvement works.

Bungalows have fabric improvement requirements including replacement roofs and windows.

#### 13. Hybrid Heating roll -out. To comply with DL (2021) 38, Electric boilers

In order to comply with DL (2021) 38, Electric boilers - small - Health centre £80k, medium - westburn medical practice £160k, large - Meadowbank HC - £300k includes DNO upgrade.

#### 14. Solar PV roll -out. To comply with DL (2021) 38, PV to provide onsite generation to offset increased revenue costs.

In order to comply with DL (2021) 38, PV to provide on-site generation to offset increased revenue costs. Small - Health centre £50k, medium - Westburn Medical Practice £80k, large - Meadowbank HC - £100k.

#### 15. FVRH Bed Replacement

Replacement beds for FVRH as all of the beds purchased for FVRH have an end of support date of 2027. Even if this was phased approach over so many years. X650 beds in total to replace at £2.2k per bed.

#### 16. Bridge of Allan HC Lift replacement

Replacement passenger lift for Bridge of Allan HC as it is in disrepair and needs fully replaced. Currently no available funding to proceed with this.

#### 17. Community premises heating repairs/replacement

FCH Admin, Lochview, Tullibody HC, Meadowbank HC and Central stores sites all have issues with heating failures.

#### 18. Killin MP IPC related risks

Funding to reduce IPC related issues at Killin MP as well as sustainability issues such as old lighting and storage heaters which are causing significant electricity bills with a low efficient system. Windows are also at risk and need replaced due to being timber framed.

#### 19. 8 x Phlebotomy Trolleys

Equipment needing replaced due to not being fit for purpose and causing musculo-skeletal issues for the team.

#### 20. Ultrasound Machine for Chronic Pain team

Equipment has reached its planned replacement date.

#### 21. CADS and Tullibody HC Security Improvements

St Ninians HC (CADS) and FCH Community (CADS) departments and Tullibody HC security improvement works including intruder alarms, CCTV and panic alarms.

#### 22. Bracklinn Road board owned property roof repair

Roof of Bracklinn Road owned board property is in serious disrepair and needs urgently repaired.

#### 23. Right of Use Assets - Leased Vehicles

SG have informed of the end of Ring-fenced funding for ROU Assets and that ROU assets should be included in BCP submissions - Identified 5 vehicles whose lease will terminate in 2025/26 and will need to enter into a new lease agreement. This is in line with directive to have all fleet vehicles (other than the tail lift and tipper vans) electric by end of 2025.

#### 24. Digital Pathology Solution

Implementation of Digital Pathology solution, critical for long term service viability of pathology in FV.



**Summary**

The below template is the prescribed format that should be used by Boards for summarising the projects and associated costs that they wish to include within their Business Continuity Plan additional funding plans

The number of rows is flexible so that Boards can increase these as they see fit in order to fit in all projects that they wish to include

Reference - This should be a unique identifying code for each project using a defined format: "BoardCode-CategoryCode-xxxx" e.g. "AA-EQP-0001"

Priority Order - The Boards should order this table in terms of their internal prioritisation. Qualitative detail of their priority assessment should be contained within the main report

Category - We will need to define this list to ensure consistency across the Board returns and allow for easy consolidation and analysis of the data (See tab for list)

Project Name - Name / Description as defined by the Board

Financial Years - These columns are for the expected cost of the project and any profiling across multiple financial years

Business Continuity Plans Funding Total - Maximum additional funding for planning purposes defined as 133% of formula allocation.

Variance - Highlight any under or overspend against the WSM / BCP Funding Total

Reference	Priority Order	Risk Score	Category	Project Name	2025.26	2026.27	2027.28	2028.29	2029.30	2030.31	2031.32	2032.33	2033.34	2034.35	Total
					£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
FV - RRR - 001	1	86%	Redesign / Refurbishment / Refit	Anti Ligature risks	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
FV - RRR - 002	2	69%	Redesign / Refurbishment / Refit	FCH Theatre Ventilation improvements	0.3	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5
FV - EQP - 003	3	66%	Equipment	Radiology Information System replacement	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9
FV - EQP - 004	4	66%	Equipment	Digital Pathology Solution	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3
FV - MNT - 005	6	56%	Maintenance	Bo'ness HC RAAC	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
FV - MNT - 006	7	52%	Maintenance	FCH ASDU and Boiler house risks	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
FV - RRR - 007	8	48%	Redesign / Refurbishment / Refit	FVRH Lab Cabinet replacement	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
FV - RRR - 008	9	43%	Redesign / Refurbishment / Refit	CSD windows and roof replacement	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4
FV - RRR - 009	10	36%	Redesign / Refurbishment / Refit	SHCV Roof repairs and window replacements	0.3	0.3	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
FV - MNT - 010	11	34%	Maintenance	Fire door compliance improvements	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
FV - MNT - 011	12	33%	Maintenance	FCH Building Fabric improvements	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5
FV - MNT - 012	13	33%	Maintenance	Bellisdyke fabric issues	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
FV - MNT - 013	14	33%	Maintenance	Lochview Bungalows fabric improvement works	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
FV - GPP - 014	16	30%	GP Premises	Killin MP IPC related risks	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
FV - RRR - 015	17	29%	Redesign / Refurbishment / Refit	Hybrid Heating roll -out. In order to comply with DL (2021) 38, Electric boilers	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6
FV - RRR - 016	18	29%	Redesign / Refurbishment / Refit	Solar PV roll -out. In order to comply with DL (2021) 38, PV to provide on site generation to offset increased revenue costs.	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
FV - EQP - 017	19	28%	Equipment	FVRH Bed Replacement	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5
FV - EQP - 018	20	25%	Equipment	Bridge of Allan HC Lift replacement	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
FV - MNT - 019	21	25%	Maintenance	Community premises heating repairs/replacement	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
FV - MNT - 020	22	25%	Maintenance	CADS and Tullibody HC security improvements	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
FV - MNT - 021	23	25%	Maintenance	Bracklinn Road board owned property roof repair	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
FV - EQP - 022	24	20%	Equipment	8 x Phlebotomy Trolleys	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
FV - EQP - 023	25	20%	Equipment	Ultra Sound Machine for Chronic Pain team	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
FV - VHL - 024	26	20%	Vehicles	Right of Use Assets - Leased Vehicles x5	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
<b>Total</b>					<b>7.0</b>	<b>1.5</b>	<b>0.4</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>8.9</b>
<b>Business Continuity Plans Funding Total</b>				<i>Separate funding in addition to Formula capital. Calculated as 133% of Formula Capital</i>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Variance</b>					<b>-7.0</b>	<b>-1.5</b>	<b>-0.4</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-8.9</b>

Category	CategoryCode
Maintenance	MNT
Equipment	EQP
Redesign / Refurbishment / Refit	RRR
Vehicles	VHL
Managed Service Contract	MSC
Property Leases	PPL
GP Premises	GPP
?	

Board#	BoardCode	Name
1	AA	NHS Ayrshire & Arran
2	BD	NHS Borders
3	DG	NHS Dumfries & Galloway
4	FF	NHS Fife
5	FV	NHS Forth Valley
6	GP	NHS Grampian
7	GG	NHS Greater Glasgow & Clyde
8	HL	NHS Highland
9	LK	NHS Lanarkshire
10	LT	NHS Lothian
11	ON	NHS Orkney
12	SH	NHS Shetland
13	TS	NHS Tayside
14	WI	NHS Western Isles
15	NS	NHS National Services Scotland
16	SA	The Scottish Ambulance Service
17	NE	NHS Education for Scotland
18	24	NHS 24
19	GJ	NHS Golden Jubilee Hospital
20	ST	The State Hospital
21	PH	Public Health Scotland
22	HI	Healthcare Improvement Scotland

## **Business Continuity Plans integration with standard Financial Planning exercise**

- Draft Financial Plans covering years 2025.26 through 2029.30 due January 2025
- Financial Plans should include Formula Allocation funding as well as any other ongoing capital projects that are being supported by SG
  - e.g. QEUH Rectification works
- Interim Business Continuity Plan due January 2025
  - Interim Business Continuity Plans are based on a value of 133% of formula allocation. However, these plans are separate from and in addition to the formula allocation funding that is included in the Financial Plans
  - SG to review Interim Business Continuity Plans and confirm if any are to be funded
  - Health Boards to incorporate any confirmed projects from Business Continuity Plans within the final versions of their Financial Plans due March 2025
  - Health Board submits Financial Plan for internal Board approval
- Revised Business Continuity Plans to be submitted in November 2025
- Budget settlement to be publicised in December 2025
- SG to review Interim Business Continuity Plans and meet with Health Boards to discuss projects in January & February 2026
- Draft Financial Plans covering years 2026.27 through 2030.31 due January 2026
  - Financial Plans should include Formula Allocation funding as well as any other ongoing capital projects that are being supported by SG
    - e.g. QEUH Rectification works
  - SG to confirm if any projects within the Business Continuity Plans are to be funded
  - Health Boards to incorporate any confirmed projects from Business Continuity Plans within the final versions of their Financial Plans due March 2026
  - Health Board submits Financial Plan for internal Board approval

<b>Facilities &amp; Infrastructure</b>		
<b>Estates &amp; Capital Planning</b>		
<b>Draft Capital Plan 2025 - 2026</b>		
	25/26	
<b>Overall Allocation (£000's)</b>		1,685
<b>Description</b>	<b>Allocation</b>	
<b>Falkirk Community Hospital</b>		
FCH Theatre Ventilation & Chiller		
FCH Building Fabric Upgrades		
FCH Engineering Upgrades		
ASDU Extension		
<b>Primary Care Premises</b>		
Primary Care Premises General		200
Dunblane Health Centre Alterations		
<b>Other</b>		
Anti-Ligature Risk Remedial Works		50
<b>Net Zero/Sustainability</b>		
Hybrid Heating Pilot		
General Allocation		
<b>Compliance Requirements</b>		
Stat Standards/Compliance		70
Engineering Backlog		50
Building Fabric Backlog		130
HEI Improvements		50
Fire Safety		50
Roads & Car Parks		40
<b>Health Board Wide</b>		
Variations ( FVRH , CCHC , SHCV)		50
Phone System Replacement Programme		
Project Management		120
Total Committed / Prioritised		810
Contingency		200
<b>Balance</b>		<b>675</b>
<b>Additional asks for BCP</b>		
<b>Scheme</b>	<b>Description</b>	<b>Costs</b>
FCH Building Fabric improvements	Falkirk Community Hospital window replacements across the site at Block 9 and the huts as well as OPD where the roof is flat and causing leaks due its age and replacement required.	£500k
FCH ASDU and Boiler house risks	Risk that the ageing infrastructure will fail, heating system for the site would fail and steam provided to Area sterilisation and decontamination unit (ASDU) unit would mean a risk to clinical teams and decontamination department.	£200k
CSD windows and roof replacement	Central Stores department (CSD) has building fabric improvement requirements including windows failing and the roof is leaking regularly with patch repairs required numerous times	£350k
Bellsdyke fabric issues	Bellsdyke improvement including flat roofs noted as requiring replacement and general fabric issues of the buildings on site.	£200k
Lochview Bungalows fabric improvement works	Bungalows have fabric improvement requirements including replacement roofs and windows	£100k
SHCV Roof repairs and window replacements	Stirling Health & Care Village (SHCV) retained estate has significant backlog including fabric and engineering	£1M - over 3 years
Hybrid Heating roll-out	In order to comply with DL (2021) 38, Electric boilers - small - Health centre £80k, medium - westburn medical practice £160k, large - Meadowbank HC - £300k includes DNO upgrade.	£540k
Solar PV roll-out	In order to comply with DL (2021) 38, PV to provide on site generation to offset increased revenue costs. Small - Health centre £50k, medium - westburn medical practice £80k, large - Meadowbank HC - £100k	£230k
Bo'ness HC	Funding to reinforce the RAAC planks and any associated repairs or removal of any RAAC planks which have deteriorated as per the annual surveys and regular planned checks that have been put in place. Also includes improvement to rainwater goods and roof coverings to ensure the RAAC is not penetrated with water leading to a higher risk.	£200k
Killin MP IPC related risks	Funding to reduce IPC related issues at Killin MP as well as sustainability issues such as old lighting and storage heaters which are causing significant electricity bills with a low efficient system. Windows are also at risk and need replaced due to being timber framed.	£200k
FCH Theatre Ventilation improvements	The existing ventilation system is not SHTM compliant and may not be achieving the necessary level of control to minimise the possibility of airborne infection. Patients and staff may be exposed to airborne bacteria. Needs replaced and is high risk.	£1.5M - over 2 years
Fire door compliance improvements	Across the estate there are fire doors in need of replacement. There is also the recent SAN2405 specifically for Georgian wired glass which exists in the Mental Health properties as this poses a significant risk to patients and staff. Funding to replace high risk doors of this nature as well as other across the estate which are in need of urgent repair/replacement.	£200k
Bridge of Allan HC Lift replacement	Replacement passenger lift for Bridge of Allan HC as it is in disrepair and needs fully replaced. Currently no available funding to proceed with this.	£50k
Community premises heating repairs/replacement	FCH Admin, Lochview, Tullibody HC, Meadowbank HC and Central stores sites all have issues with heating failures.	£150k
CADS and Tullibody HC security improvements	St Ninians HC (CADS) and FCH Community (CADS) departments and Tullibody HC security improvement works including intruder alarms, CCTV and panic alarms.	£80k
Bracklin Road board owned property roof repair	Roof of Bracklin Road owned board property is in serious disrepair and needs urgently repaired.	£100k

**CAPITAL ALLOCATIONS REQUIREMENT DIGITAL & eHealth**

Scheme Description	2025-26	Comment
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**Infrastructure**

Desktop/Laptop Refresh	900	Planned Refresh of core infrastructure
Tablet Refresh	125	Planned Refresh of core infrastructure
Server Infrastructure Refresh	250	Planned Refresh of core infrastructure
Network Infrastructure Refresh	100	Planned Refresh of core infrastructure, in order FCH,SCH,Maint,FVRH,Maint
BAU/Misc	50	Standard refresh of Misc hardware/Software/Upgrades

**Local Priorities**

Digital Management & Support	50	Programme Misc Costs
Unified Comms	420	Dependant on outcome of Business Case
Cyber Security	100	Base Cyber Infrastructure costs (Kit & Software) *Dep on Cyber Staffing SBAR
RIS	250	Dependant on outcome of Business Case
Digital Pathology	307	

**Programme for Government & Innovation**

**Significant National Initiatives**

LIMS	144	
GP IT System Refresh	100	Implementation and support for New GP System

**Working in Partnerships**

Data Sharing	50	Estimate of Development costs
Contingency	0	

		2,846
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		2,846
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Additional asks for BCP	Scheme	Description	Costs
	Digital Pathology	Implementation of Digital Pathology solution, critical for long term service viability of pathology in FV	£307k

2025/26 Equipment Replacement Programme - Forth Valley Health Board

Reason for Replacement (taken from CEL35 (2010))

- 1 Worn out beyond economic repair
- 2 Damaged beyond economic repair
- 3 Unreliable (based on service history)
- 4 Clinically or technically obsolete
- 5 Spare parts are no longer available
- 6 Superseded by a more cost effective or clinically effective device or equipment
- 7 Unable to be cleaned or decontaminated effectively

Hospital site	Board Replacement Priority	Main Reason for Replacement (see above)	Risk to NHS Board if not replaced (see attached risk matrix)	Age of equipment	Generic description of equipment to be replaced in year	Generic description of equipment to be procured in year	Number of items	Indicative Total Cost of Replacement and Works (including VAT)	Revenue costs	Funding Source NIB / Formulae	Comments / Risk assessment
Forth Valley Royal		4	4	15	10	Fresenius 5008	Fresenius 6008	10	£160,000		Equipment reached planned replacement date
Forth Valley Royal		5	4	15	10	Isolette 8000	BabyLeo Draeger	6	£60,000	£42,000	Equipment reached planned replacement date
Forth Valley Royal		1	4	12	10	Olympus scopes	Olympus scopes	7	£400,000	£280,000	Equipment reached planned replacement date
Forth Valley Royal		2	4	12	10	Endoscopy Camera Stacks	Olympus Endoscopy Camera Stacks	4	£400,000	£280,000	Equipment reached planned replacement date
Forth Valley Royal		6	4	12	10	ENT Camera Stacks	Olympus ENT Camera Stack	2	£60,000	£42,000	Equipment reached planned replacement date
Forth Valley Royal		10	4	12	10	Visual Field Analyser	Visual Field Analyser	1	£65,000	£45,500	Equipment reached planned replacement date
Forth Valley Royal (SCV)		3	4	15	8	Logic S8 ultrasound	Ultrasound machine	1	£60,000	£42,000	Equipment reached planned replacement date
Forth Valley Royal (SCV)		7	4	15	8	HS70A Ultrasound	Ultrasound machine	1	£50,000	£35,000	Equipment reached planned replacement date
Forth Valley Royal		8	4	6	10	Pulmonary Function Equipment	Pulmonary Function Equipment	3	£100,000	£70,000	Equipment reached planned replacement date
Forth Valley Royal		12	4	4	10	CSM Patient Monitors	CSM Patient Monitors	50	£200,000	£140,000	Equipment reached planned replacement date
Forth Valley Royal		9	4	4	10	Eli 280 ECG machines	Eli 280 ECG Monitors	8	£50,000	£35,000	Equipment reached planned replacement date
Forth Valley Royal		11	4	4	10	Dialysis Chairs	Fresenius Dialysis Chairs	12	£54,000	£24,500	Equipment reached planned replacement date
Forth Valley Royal		14	4	12	10	Variety of beds	innov8's		£100,000	£70,000	Rolling replacement plan
Forth Valley Royal		13	4	4	10	Prime Bladderscanner	Verathon Bladderscanner	2	£20,000	£14,000	Equipment reached planned replacement date
Forth Valley Royal		15	4	4		Breast Biopsy System	Breast biopsy system		£40,000	£28,000	Equipment reached planned replacement date
Forth Valley Royal		16	4	12	11	Hoverjack Air Patient Lift	Air Patient Lift	3	£40,000	£28,000	Equipment reached planned replacement date

Replacement Plan

	Medical Device	Price including VAT	Priority	Comments
2025/2026	Dialysis Machines x 10	£160,000	4	Equipment has reached planned replacement date
	Incubators x 6	£60,000	5	Equipment has reached planned replacement date
	Endoscopes	£400,000	1	Equipment has reached end of support date
	Endoscopy Camera Stacks x 4	£400,000	2	Equipment has reached planned replacement date
	ENT Camera Stacks x 2	£60,000	6	Equipment has reached planned replacement date
	Visual Field Analyser	£65,000	10	Equipment has reached planned replacement date
	OPD Ultrasound x 1 (SCV)	£50,000	7	Equipment has reached planned replacement date
	Radiology Ultrasound x 1 (SCV)	£60,000	3	Equipment has reached planned replacement date
	Lung Function Equipment	£100,000	8	Equipment has reached planned replacement date
	Ward BP Monitors x 50	£200,000	12	Equipment has reached planned replacement date
	Ward ECG Machines x 8	£50,000	9	Equipment has reached planned replacement date
	Ultrasounds & Scopes	£600,000	2	Equipment has reached end of support date
	Dialysis Chairs x 12	£54,000	11	Equipment has reached planned replacement date
	Bladder Scanners x 2	£20,000	13	Equipment has reached planned replacement date
	Bed Replacement Programme	£100,000	14	Rolling replacement programme
	Breast Biopsy System	£40,000	15	Equipment has reached planned replacement date
Hoverjack x 4	£40,000	16	Equipment has reached planned replacement date	
	<b>total</b>	<b>£2,459,000</b>		

Additional asks for BCP	Description	Costs
<b>FVRH Bed Replacement programme</b>	Replacement beds for FVRH as all of the beds purchased for FVRH have an end of support date of 2027. Even if this was phased approach over so many years. X650 beds in total to replace at £2.2k per bed.	<b>£500k</b>

Scheme Title	Cost	Comments	
FVRH Lab Cabinet replacement	£200k	Replacement of class 1 cabinets in Labs at FVRH due to end of life and increased repairs.	
Phlebotomy trolleys	£15k	9 x Phlebotomy Trolleys	Equipment needing replaced due to not being fit for purpose and causing musculo-skeletal issues for the team
Ultra Sound Machine for Chronic Pain team	£30k	Ultra Sound Machine for Chronic Pain team	Equipment needing replaced due to not being fit for purpose.
Radiology Information System replacement	£900k	Radiology Information System replacement	This is an essential system impacting significantly on the provision of community and acute diagnostics, clinical decision making and patient care. The capital cost to replace this critical system was c. £900,000 in 2025/26 .
Right of Use Assets - Leased Vehicles	£100k	Right of Use Assets - Leased Vehicles	SG have informed of the end of Ring-fenced funding for ROU Assets and that ROU assets should be included in BCP submissions - Identified 5 vehicles whose lease will terminate in 2025/26 and will need to enter into a new lease agreement. This is in line with directive to have all fleet vehicles (other than the tail lift and tipper vans) electric by end of 2025.

Additional asks for BCP		
Scheme	Description	Costs
Anti Ligature risks	Anti ligature works following a suicide and intervention by HSE at FVRH and our other MH properties. This is to address issues with ligature risk on doors, windows, pipe casings, nurse call improvements, wardrobe alterations and door handle replacements. A paper has been taken to the Board to highlight these issues which sit as a very high risk and needs significant funding. The infrastructure needs improved to avoid the risk of further suicide and HSE enforcement action.	£1M

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

	2024/25	2025/26			
	£'m	£'m			
<b>SOURCES OF GENERAL FUNDING</b>					
Scottish Government General Allocation		6.389			6.389
SGHD - Improving Access to Elective Care		0.750			
SGHD - LIMS Implementation		0.144	0.144		
SGHD - Capital Grants - Revenue to Capital		0.245		£'m	£'m
SGHD - Right of Use Assets IFRS16		0.718	0.736	6.389	6.389
SGHD - Return of Banked Funding		0.590	0.000		
SGHD - Project rephasing to 2024/25		1.426	0.000	0.016	
SGHD - Indirect Capital Exp. Charged to Revenue		-1.000	-0.900		



SGHD - Asset Sales Retained	0.188	1.500	0.754	1.269	1.302
			0.000	0.000	0.000
<b>Total Net Core Capital Resource Limit</b>	<b>9.450</b>	<b>7.869</b>	0.000	0.000	0.000
			-0.600	-0.600	-0.600
			0.000	0.500	0.000
<b>PLANNED CAPITAL EXPENDITURE Budget Manager</b>	<b>£'m</b>	<b>£'m</b>	<b>6.559</b>	<b>7.558</b>	<b>7.091</b>
Elective Care G Morton	0.750				
Information Management & Technol S Jaffray	3.769	2.389			
Medical Equipment A Murray	2.986	2.459			
Facilities & Infrastructure M Farquhar	1.874	3.185	£'m	£'m	£'m
Energy Efficiency Capital Grants D Jarvie	0.245				
NHS Board S Urquhart	0.826	0.736	2.211	1.500	1.500
Capital Grants & Capital to Revenue S Urquhart	-1.000	-0.900	2.230	3.285	2.785
			1.931	1.520	1.520
<b>Total Capital Expenditure</b>			0.787	1.853	1.886
			-0.600	-0.600	-0.600
<b>Balance Available / (Required)</b>					

<b>Memorandum - Forecast Property Sales</b>	<b>2024/25</b>	<b>2025/26</b>			
Bellsdyke Land					
Barnton Street	0.105				
Bracklinn Road, Callander	0.083				
Surplus Stirling Royal Infirmary Site Land		1.500	2026/27	2027/28	2028/29
<b>Total Forecast property Sales</b>				0.500	

Year 1 Allocation £6.4 M + 33% (£2.1 M) = £8.5 M

Department/Directorate	Item	Description	Risk rating(5x5)	Indicative Project costs (£'000)	>£2M - Written explanation/evidence	£2M - £10M - Technical SBAR	£10M + OBC	Corporate Risk Number
Facilities	FCH Building Fabric improvements	Falkirk Community Hospital window replacements across the site at Block 9 and the huts as well as OPD where the roof is flat and causing leaks due its age and replacement required.		500	See attached word document detailing all projects and brief description	N/A	N/A	Risk No 6463, 7176 and 7415
Facilities	FCH ASDU and Boiler house risks	Risk that the ageing infrastructure will fail, heating system for the site would fail and steam provided to Area sterilisation and decontamination unit (ASDU) unit would mean a risk to clinical teams and decontamination department.		200	See attached word document detailing all projects and brief description	N/A	N/A	
Facilities	CSD windows and roof replacement	Central Stores department (CSD) has building fabric improvement requirements including windows failing and the roof is leaking regularly with patch repairs required numerous times		350	See attached word document detailing all projects and brief description	N/A	N/A	
Facilities	Bellsdyke fabric issues	Bellsdyke improvement including flat roofs noted as requiring replacement and general fabric issues of the buildings on site.		200	See attached word document detailing all projects and brief description	N/A	N/A	
Facilities	Lochview Bungalows fabric improvement works	Bungalows have fabric improvement requirements including replacement roofs and windows		100	See attached word document detailing all projects and brief description	N/A	N/A	
Facilities	SHCV Roof repairs and window replacements	Stirling Health & Care Village (SHCV) retained estate has significant backlog including fabric and engineering		1,000	See attached word document detailing all projects and brief description	N/A	N/A	
Facilities	Hybrid Heating roll-out	In order to comply with DL (2021) 38, Electric boilers - small - Health centre £80k, medium - westburn medical practice £160k, large - Meadowbank HC - £300k includes DNO upgrade.		540	See attached word document detailing all projects and brief description	N/A	N/A	
Facilities	Solar PV roll-out	In order to comply with DL (2021) 38, PV to provide on site generation to offset increased revenue costs. Small - Health centre £50k, medium - westburn medical practice £80k, large - Meadowbank HC - £100k		230	See attached word document detailing all projects and brief description	N/A	N/A	
Facilities	Bo'ness HC RAAC	Funding to reinforce the RAAC planks and any associated repairs or removal of any RAAC planks which have deteriorated as per the annual surveys and regular planned checks that have been put in place. Also includes improvement to rainwater goods and roof coverings to ensure the RAAC is not penetrated with water leading to a higher risk.		200	See attached word document detailing all projects and brief description	N/A	N/A	
Facilities	Killin MP IPC etc related risks	Funding to reduce IPC related issues at Killin MP as well as sustainability issues such as old lighting and storage heaters which are causing significant electricity bills with a low efficient system. Windows are also at risk and need replaced due to being timber framed.		200	See attached word document detailing all projects and brief description	N/A	N/A	
Facilities	FCH Theatre Ventilation improvements	The existing ventilation system is not SHTM compliant and may not be achieving the necessary level of control to minimise the possibility of airborne infection. Patients and staff may be exposed to airborne bacteria. Needs replaced and is high risk.		1,500	See attached word document detailing all projects and brief description	N/A	N/A	

Facilities	Fire door replacement	Across the estate there are fire doors in need of replacement. There is also the recent SAN2405 specifically for Georgian wired glass which exists in the Mental Health properties as this poses a significant risk to patients and staff. Funding to replace high risk doors of this nature as well as other across the estate which are in need of urgent repair/replacement.		200	See attached word document detailing all projects and brief description	N/A	N/A	SAN2405
Facilities	Bridge of Allan HC Lift replacement	Replacement passenger lift for Bridge of Allan HC as it is in disrepair and needs fully replaced. Currently no available funding to proceed with this.		50	See attached word document detailing all projects and brief description	N/A	N/A	
Facilities	Community premises heating repairs/replacement	FCH Admin, Lochview, Tullibody HC, Meadowbank HC and Central stores sites all have issues with heating failures.		150	See attached word document detailing all projects and brief description	N/A	N/A	
Labs	FVRH Lab Cabinet replacement	Replacement of Class 1 cabinets in Labs at FVRH due to end of life and increased repairs.		£200	See attached word document detailing all projects and brief description	N/A	N/A	
Acute	8 x Phlebotomy Trolleys	Equipment needing replaced due to not being fit for purpose and causing musculo-skeletal issues for the team		15	See attached word document detailing all projects and brief description	N/A	N/A	
Acute	Ultra Sound Machine for Chronic Pain team	Equipment has reached its planned replacement date		30	See attached word document detailing all projects and brief description	N/A	N/A	
Other	Radiology Information System replacement	This is an essential system impacting significantly on the provision of community and acute diagnostics, clinical decision making and patient care.		900	See attached word document detailing all projects and brief description	N/A	N/A	
Other	Anti Ligature risks board wide	Anti ligature works following a suicide and intervention by HSE at FVRH and our other MH properties. This is to address issues with ligature risk on doors, windows, pipe casings, nurse call improvements, wardrobe alterations and door handle replacements. A paper has been taken		1000	See attached word document detailing all projects and brief description	N/A	N/A	MHLD SET WEDNESDAY 10th July 2024 MHLD Ligature Assessment and
Other	FVRH Bed Replacements	Replacement beds for FVRH as all of the beds purchased for FVRH have an end of support date of 2027. Even if this was phased approach over so many years. X650 beds in total to replace at £2.2k per bed.		500	See attached word document detailing all projects and brief description	N/A	N/A	
Facilities	CADS and Tullibody HC security improvements	St Ninians HC (CADS) and FCH Community (CADS) departments and Tullibody HC security improvement works including intruder alarms, CCTV and panic alarms.		80	See attached word document detailing all projects and brief description	N/A	N/A	
Facilities	Bracklinn Road board owned property roof repair	Roof of Bracklinn Road owned board property is in serious disrepair and needs urgently repaired.		100	See attached word document detailing all projects and brief description	N/A	N/A	
Other	Right of Use Assets - Leased Vehicles	SG have informed of the end of Ring-fenced funding for ROU Assets and that ROU assets should be included in BCP submissions - Identified 5 vehicles whose lease will terminate in 2025/26 and will need to enter into a new lease agreement. This is in line with directive to have all fleet vehicles (other than the tail lift and tipper vans) electric by end of 2025.		100	See attached word document detailing all projects and brief description	N/A	N/A	
Digital	Digital Pathology	Implementation of Digital Pathology solution, critical for long term service viability of pathology in FV		307	See attached word document detailing all projects and brief description	N/A	N/A	
				8,652				

Item Ref		Item	Description	SAMS Site Categorization	Business Financial & Service Impact - Score and explain potential increased costs, negative impact on service delivery, delay in delivery of services	Staff Staff Impact - Score and explain the potential negative impact on staff well being, recruitment and retention, burn, redundancy, industrial action	Clinical Clinical Impact - Score and explain the potential negative effect on the ability to continue to provide safe, effective care of the standard required, loss of services, harmful incidents to patients, delays access to diagnostics & treatment	Reputational Reputational Impact - Score and explain the potential negative effect on the perception of staff, service users and the wider public, of NHS services	Overall RAG Rating 0-30 Green, 31-40 Amber, 41-50 Red																	
Item Ref	Item Ref	Item	Description	SAMS Site Categorization	likelihood (L to S)	Score Notes	Impact (I to S)	Score Notes	Score	likelihood (L to S)	Score Notes	Impact (I to S)	Score Notes	Score	likelihood (L to S)	Score Notes	Impact (I to S)	Score Notes	Score							
NHSFV1	NHS FV	FCH Building Fabric Improvements	Community Hospital windows replacements across the site at Block 9 and the lifts as well as ODF where the roof is flat and causing leaks due to age and equipment required.	Community Hospital	3	High risk PC risks due to age and building fabric concerns and issues.	3	Service activity will be reduced, some increased waiting times / cancellations.	10	3	Increased pressure on ADU and Acute staff and possible relocation of services at Community Hospital.	3	Impact on loss of service and pressure will increase on other areas of the site. Due to current age of the system/equipment the likelihood of this is possible.	10	3	Impact scenario planning shows some risk to clinical services and potential patient harm but services would need to be relocated and is mainly vaccination clinics and health records.	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	6	33	33%					
NHSFV2	NHS FV	FCH ADU and Boiler house risks	Risk that the ageing infrastructure will fail, heating system for the area will fail and steam provided to Area sterilisation and decontamination unit (ADU) unit would mean a risk to clinical teams and decontamination department.	Community Hospital	4	Imminent given equipment failure rate and previous issues.	4	Community hospital activities and decontamination unit will be affected also affecting the acute site and decontamination to be rescheduled or done elsewhere.	12	4	Increased pressure on ADU and Acute staff and possible relocation of services at Community Hospital.	4	Impact on Community and ADU function in a serious and would be very likely if essential upgrades are not carried out moving away from reliance on steam plant.	12	4	Impact scenario indicates localized disruption and some delay to clinical activity.	4	Local community and PC services under Board and media scrutiny	2	Specific PC areas and rest region wide	8	52	52%			
NHSFV3	NHS FV	CSO windows and roof replacement	Central Stores department (CSO) has building fabric improvement requirements including windows, falling and the roof is leaking requiring work which requires regular numerous times	Other	4	Imminent given equipment failure rate and issues with building fabric.	4	Service activity will be severely reduced and relocation of Stores Dept.	12	4	Specific service will directly affected.	4	Redeployment of staff needed, damage to staff motivation	12	4	Impact on stock to all of NHSFV if needs rescheduled temporarily.	4	Service restricted, significantly delayed patient activity leading to negative outcomes.	4	Visible service and already reported in local media previously	3	Stock delivery times increases and patient impact likely to be equal as could call on other health boards in an emergency and NCC.	6	43	43%	
NHSFV4	NHS FV	Bethelby fabric issues	Bethelby improvement including Ref roofs and building fabric concerns and general fabric issues of the buildings on site.	Mental Health	3	High risk PC risks due to age and building fabric concerns and issues.	3	Service activity will be reduced, some increased waiting times / cancellations.	10	3	Staff would be impacted and lower morale but staff could be redeployed if required.	3	Redeployment of staff needed, damage to staff motivation	10	3	Some impact on loss of service and pressure will increase on other areas of the site. Due to current age of the system/equipment the likelihood of this is possible.	10	3	Impact scenario planning shows some risk to clinical services and potential patient harm but services would need to be relocated and is mainly vaccination clinics and health records.	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	6	30	30%		
NHSFV5	NHS FV	Lochwinch Bungalows fabric improvement works	Bungalows have fabric improvement requirements including replacement roofs and windows	Mental Health	3	High risk PC risks due to age and building fabric concerns and issues.	3	Service activity will be reduced, some increased waiting times / cancellations.	10	3	Staff would be impacted and lower morale but staff could be redeployed if required.	3	Redeployment of staff needed, damage to staff motivation	10	3	Some impact on loss of service and pressure will increase on other areas of the site. Due to current age of the system/equipment the likelihood of this is possible.	10	3	Some risk to staff on the site if roof moved elsewhere but mainly the specific service meeting site.	3	NHSFV might come under media scrutiny but unlikely	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	6	30	30%
NHSFV6	NHS FV	DHCV Roof repairs and window replacements	Strling Health & Care Village (DHCV) retained fabric with significant leaking including fabric and engineering	Community Hospital	3	High risk PC risks due to age and building fabric concerns with windows and roof, leading to further issues with leaks and damage.	3	Service activity will be severely reduced, increased waiting times / cancellations.	10	3	Potential Estates and Property staff affected. Awful as clinical teams due to more repairs and staff having to move out of areas where the building is falling	3	Increased workload on emergency repairs and likely industrial action in due course. Also increase in pressure on staff in clinical teams due to a backlog of appointments if clinics are non operational.	12	3	Some impact on loss of service and pressure will increase on other areas of the site. Due to current age of the system/equipment the likelihood of this is possible.	12	3	Service will need to be re-located elsewhere and could mean cancellation of clinics and appointments.	3	NHSFV might come under media scrutiny but unlikely	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	6	36	36%
NHSFV7	NHS FV	Hybrid Heating roll-out	In order to comply with DL (2021) 38, Electric boilers - small - Health centre ESD, medium - medical practice ESD, large - Madhuban HC - ESDS includes DNO sign-off.	Community Hospital	3	Unlikely to comply with DL (2021) 38 as we will still be relying on gas fired boilers at some of our sites.	3	Unlikely to comply with DL (2021) 38 as we will still be relying on gas fired boilers at some of our sites.	10	3	Low impact on staff with this piece of work as it relating to the infrastructure.	3	Low impact on staff with this piece of work as it relating to the infrastructure.	10	3	Low clinical impact as the infrastructure is still working only relates to impact on complying with DL (2021) 38.	3	Low clinical impact as the infrastructure is still working only relates to impact on complying with DL (2021) 38.	3	Local community and PC services under Board and media scrutiny as we don't meet the deadline for DL (2021) 38.	4	Risk meeting environmental targets could be highlighted in the public domain and confidence in NHS from the public could be affected.	12	29	29%	
NHSFV8	NHS FV	Solar PV roll-out	In order to comply with DL (2021) 38, PV to provide an generation to offset increased revenue costs. Small - Health centre ESD, medium - westwood medical practice EBN, large - Madhuban HC - ESDS	Community Hospital	3	Unlikely to comply with DL (2021) 38 as we will still be relying on the main electrical supply at our sites and not generating our own electricity and reducing the reliance on the grid at some of our sites.	3	Unlikely to comply with DL (2021) 38 as we will still be relying on the main electrical supply at our sites and not generating our own electricity and reducing the reliance on the grid at some of our sites.	10	3	Low impact on staff with this piece of work as it relating to the infrastructure.	3	Low impact on staff with this piece of work as it relating to the infrastructure.	10	3	Low clinical impact as the infrastructure is still working only relates to impact on complying with DL (2021) 38.	3	Low clinical impact as the infrastructure is still working only relates to impact on complying with DL (2021) 38.	3	Local community and PC services under Board and media scrutiny as we don't meet the deadline for DL (2021) 38.	4	Risk meeting environmental targets could be highlighted in the public domain and confidence in NHS from the public could be affected.	12	29	29%	
NHSFV9	NHS FV	Bo House HC	Funding to reinforce the BACB plants and any associated repairs or removal of any BACB plants which have deteriorated as per the annual surveys and regular planned checks that have been put in place. Also includes improvement to concrete ground and roof coverings to ensure the BACB is not penetrated with water leading to a higher risk.	Community and Health Centres	4	High risk as the BACB is dangerous if it is penetrated with water.	4	PC services will be limited in activity and high emergency repair or containment costs.	12	4	Unlikely to possible due to nature of BACB but it is currently managed correctly with correct measures in place.	4	High impact to staff if the BACB plants fail. Staff would need to be moved elsewhere and could be impacted if patient fall during work hours but as a whole they are managed.	12	4	Some impact on loss of service and pressure will increase on other areas of NHSFV.	4	Service will need to be re-located elsewhere and could mean cancellation of clinics and appointments.	4	Local community and PC services under Board and media scrutiny	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	12	36	36%	
NHSFV10	NHS FV	Kiln AP PC related risks	Funding to reduce PC related issues at Kiln AP as well as sustainability issues such as off-peak lighting and storage heaters which are causing significant electricity bills with low efficient system. Windows are also at risk and need replaced due to being timber framed.	Community and Health Centres	2	Minor risk to being a possible health centre up to it PC-related standards.	2	Lowly impact that we want to comply with national cleaning standards and SHHS and the environment is in fit for purpose clinically.	4	2	Low staff impact but the environment would not allow the correct methods of working and a safe clean environment.	2	Staff would be less affected than patients but the environment still would not be the best to work within.	4	2	Low clinical impact as the infrastructure is still working only relates to impact on complying with PC and SHHS etc. as this building is currently a GP surgery but is being purchased due to service demands.	2	Low clinical impact as the infrastructure is still working only relates to impact on complying with PC and SHHS etc. as this building is currently a GP surgery but is being purchased due to service demands.	2	NHSFV might come under media scrutiny but unlikely	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	6	30	30%	
NHSFV11	NHS FV	FCH Theatre Ventilation Improvements	The existing ventilation system is not SHTM compliant and may not be achieving the necessary level of control to minimise the possibility of airborne infection. Patients and staff may be exposed to airborne bacteria. Needs replaced and is high risk.	Community Hospital	5	Imminent given equipment failure rate and the age of the equipment.	5	Catastrophic loss of the services at FCH if the ventilation fails and will affect the delivery of services within theatre.	18	5	Potential clinical staff affected due to having to move out of areas where the building is falling.	5	Increased workload on emergency repairs and likely industrial action in due course. Also increase in pressure on staff in clinical teams due to a backlog of appointments if clinics are non operational.	18	5	Major risk clinical view was that the theatre ventilation isn't adequate to perform procedures safely.	5	Clinically not safe enough to perform procedures due to lack of ventilation air changes and system performance.	5	Local community and PC services under Board and media scrutiny	4	More likely to occur than rest - FVNB could have had press in the local and national media.	18	69	69%	
NHSFV12	NHS FV	Fire door compliance improvements	Across the estate there are fire doors in need of replacement. There is also the recent SHTM20 specifically for Georgian wood glass which results in the Mental Health properties as this poses a significant risk to patients and staff. Funding to replace high risk doors of this nature as well as other across the estate which are in need of urgent repair/replacement.	All	4	Imminent given the state of some of the doors that need replaced.	4	Service can continue but could be non compliant with fire safety.	16	4	Unlikelihood of this affecting staff save. To do with the environment.	4	Very little impact on staff but could lower morale if staff see no improvements with regards to their safety with fire doors.	16	4	Low clinical impact as the infrastructure is still working but isn't as safe as possible.	4	Low clinical impact as the infrastructure is still working but isn't as safe as possible.	4	Local community and PC services under Board and media scrutiny	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	12	34	34%	
NHSFV13	NHS FV	FVNB Lab Cabinet Replacement	Replacement of Class 1 cabinets in Labs at FVNB due to end of life and increased repairs.	Acute Hospital	3	Risk of cabinets falling due to lifecycle and age and would put pressure on other cabinets and department.	3	More pressure on the service and to deliver to needs. Risk of failure to deliver service. Two rooms have clinical impact, loss of turnaround time, and	10	3	Lab staff affected by increase in workload and pressure on delivering service. Potential failure to deliver service if both rooms fail.	3	Lab staff affected by increase in workload and pressure on delivering service. Potential failure to deliver service if both rooms fail.	10	3	Impact on services as would not be able to carry out Category 3 work e.g. VPH, MPO and HCL isolator would not be able to be handled. Contingency would be required from.	3	Service will be impacted and clinical pressure will increase significantly due to demand.	3	NHSFV might come under media scrutiny but unlikely	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	6	48	48%	
NHSFV14	NHS FV	8 x Phlebotomy Trolleys	Equipment needed replaced due to not being fit for purpose and causing musculo-skeletal issues for the team	Acute Hospital	2	Low risk as currently have three trolleys but to do with due for replacement.	2	If current trolley fails will adversely impact upon the phlebotomy service.	4	2	Unlikely of this affecting staff save. To do with the equipment.	2	Some impact on staff if the old equipment fails during operation but contingencies would be in place and managed.	4	2	Low clinical impact as the trolley is still working but isn't safe as possible.	2	Low clinical impact as the trolley is still working but isn't safe as possible.	2	NHSFV might come under media scrutiny but unlikely	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	6	20	20%	
NHSFV15	NHS FV	Ultra Sound Machine for Chronic Pain team	Equipment has reached its planned replacement date	Acute Hospital	2	Low risk as currently have a machine but to do with due for replacement.	2	If current machine fails it will adversely impact upon the chronic pain team service.	4	2	Unlikely of this affecting staff save. To do with the equipment.	2	Some impact on staff if the old equipment fails during operation but contingencies would be in place and managed.	4	2	Low clinical impact as the machine is still working but isn't as safe as possible.	2	Low clinical impact as the machine is still working but isn't as safe as possible.	2	NHSFV might come under media scrutiny but unlikely	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	6	20	20%	
NHSFV16	NHS FV	Radiology Information System replacement	This is an essential system impacting significantly on the provision of community and acute diagnostics, clinical decision making and patient care.	Acute Hospital	5	The current system will not be supported by the provider after December 2023.	5	This is an essential system impacting significantly on the provision of community and acute diagnostics, clinical decision making and patient care.	18	5	Unlikely of this affecting staff save. To do with the provision of community and acute diagnostics, clinical decision making and patient care.	5	Staff affected by increase in workload of issues occurring on delivering service.	4	4	If this doesn't proceed then likelihood of issues occurring on delivering service. Of major concern due to the release effects.	4	This is an essential system impacting significantly on the provision of community and acute diagnostics, clinical decision-making and patient care.	4	More likely to occur than rest - FVNB could have had press in the local and national media.	18	66	66%			

NHSFV18	NHS FV	Anti Lignure risks	Anti Lignure works following a suicide and intervention by HSE at FVM and can either fix properties. This is to address issues with furniture risk on doors, windows, pipe canopy, door call improvements, window alterations and door handle replacements. A paper has been taken to the board to highlight these issues which sit as a very high risk and needs significant funding. The infrastructure needs improved to avoid the risk of further suicide and HSE enforcement action.	Acute Hospital			5	The likelihood of a further suicide using the existing furniture points which have not been engineered out is a 5 based on the fact that patients have come to harm / died and there is nothing to suggest they won't continue to do so.	5	Service activity will be severely reduced, increased waiting times / cancellations and risk to patients. Impact response would be against the potential for civil action and / or prosecution by HSE.	5	Moderate risk to staff having to manage patients and furniture risks. The likelihood of a further suicide using the existing furniture points which have not been engineered out is a 5 based on the fact that patients have come to harm / died and there is nothing to suggest they won't continue to do so.	5	Staff will be impacted by the pressure to ensure patients don't use furniture and this adds to workload and stress. Impact response would be against the potential for civil action and / or prosecution by HSE.			5	If this doesn't proceed then likelihood of issues occurring are of major concern due to the adverse effects. The outcome have been death which is the highest risk.	4	Clearly it's a risk to patients and staff and doesn't ensure a safe environment for all. The likelihood should be scored a 5 as it's almost certain to occur again if no improvements are made.			Local community and PC services under Board and media scrutiny	4	More likely to occur than not - FVM could have had press in the local and national media.	10	80	60%
NHSFV19	NHS FV	FVM Bed Replacement	Replacement beds for FVM as all of the beds purchased for FVM have an end of support date of 2027. Even if this was phased approach over six many years, 8000 beds in total to replace at £2.2k per bed.	Acute Hospital			3	Risk of patient beds falling due to flexible and age and would put pressure on the service and board.	3	More pressure on the board to ensure beds are working and safe.	3	Moderate risk to medical physics department and porters dealing with facility beds.	3	Staff in medical physics and porters may have problems with bed management and repair itself as missing beds. More issues and increased workload.			2	Low likelihood as is more to do with the equipment failing.	4	Low clinical impact as the equipment is still working only relies to needing replaced so could be prioritized slightly for replacement.			NHSFV might come under media scrutiny but unlikely	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	6	28	20%
NHSFV20	NHS FV	Bridge of Allan HC LIR replacement	Replacement passenger lift for Bridge of Allan HC as it is in danger and needs fully replaced. Currently no available funding to proceed with this.	Community and Health Centres			3	High risk PC lifts due to age and equipment age and failure rate.	3	Service activity will be severely reduced, increased waiting times / cancellations.	3	Staff would be impacted and lower morale but staff could be redeployed if required.	3	Redeployment of staff limited, damage to staff motivation.			2	Low likelihood as is more to do with the equipment failing.	4	Low likelihood as is more to do with the equipment failing.			NHSFV might come under media scrutiny but unlikely	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	6	25	25%
NHSFV21	NHS FV	Community premises heating repairs/replacement	FCU, Admin, Lachryna, Tullbody HC, Broadhead HC and Central stores. Site all have issues with heating failures.	Community and Health Centres			3	High risk PC lifts due to age and equipment age and failure rate.	3	Service activity will be severely reduced, increased waiting times / cancellations.	3	Staff would be impacted and lower morale but staff could be redeployed if required.	3	Redeployment of staff limited, damage to staff motivation.			2	Low likelihood as is more to do with the equipment failing.	4	Low likelihood as is more to do with the equipment failing.			NHSFV might come under media scrutiny but unlikely	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	6	25	25%
NHSFV22	NHS FV	CADS and Tullbody HC security improvements	St Ninians HC (CADS) and FCH Community (CADS) departments and Tullbody HC security improvement works including intruder alarms, CCTV and panic alarms.	Community and Health Centres			3	High risk PC lifts due to age and equipment age and failure rate.	3	Service activity will be severely reduced, increased waiting times / cancellations.	3	Staff would be impacted and lower morale but staff could be redeployed if required.	3	Redeployment of staff limited, damage to staff motivation.			2	Low likelihood as is more to do with the equipment failing.	4	Low likelihood as is more to do with the equipment failing.			NHSFV might come under media scrutiny but unlikely	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	6	25	25%
NHSFV23	NHS FV	Brackin Head board owned property roof repair	Brackin Head board owned property roof repair	Community and Health Centres			3	High risk PC lifts due to age and equipment age and failure rate.	3	Service activity will be severely reduced, increased waiting times / cancellations.	3	Staff would be impacted and lower morale but staff could be redeployed if required.	3	Redeployment of staff limited, damage to staff motivation.			2	Low likelihood as is more to do with the equipment failing.	4	Low likelihood as is more to do with the equipment failing.			NHSFV might come under media scrutiny but unlikely	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	6	25	25%
NHSFV24	NHS FV	Right of Use Assets - Leased Vehicles	SO have informed of the end of Ring fenced funding for RCU Assets and that RCU assets should be included in BCP submissions - identified 5 vehicles whose lease will terminate in 2025/26 and will need to enter into a new lease agreement. This is in line with directives to have all fleet vehicles (other than the call lift and tippers vans) electric by end of 2025.	Community and Health Centres			2	Low risk as currently have a machine but its now due for replacement.	2	If current machine fails it will severely impact upon the chronic pain team service.	2	Unlikely of this affecting staff as new. To be in line with the equipment.	2	Some impact on staff if the old equipment fails during operation but contingencies would be put in place and managed.			2	Low likelihood as is more to do with the equipment failing.	4	Low clinical impact as the machine is still working but isn't as safe as possible.			NHSFV might come under media scrutiny but unlikely	3	Risk to patients and staff could be highlighted in the public domain and confidence in NHS from the public could be affected.	6	20	20%
NHSFV25	NHS FV	Digital Pathology	Implementation of Digital Pathology solution, critical for long term service viability of pathology in FV	Acute Hospital			5	The system is critical for long term service viability of pathology	5	This is an essential system, impacting significantly on the provision of community and acute diagnostics, critical decision making and patient care	5	Unlikely of this affecting staff as new. To be in line with the equipment but could affect morale and other staff in other departments adversely affected.	5	Staff affected by increase in workload and pressure on delivering service.			4	If this doesn't proceed then likelihood of issues occurring are of major concern due to the adverse effects.	4	This is an essential system, impacting significantly on the provision of pathology service at FVM.			Local community and PC services under Board and media scrutiny	4	More likely to occur than not - FVM could have had press in the local and national media.	10	60	60%

**FORTH VALLEY NHS BOARD**  
**Tuesday 28 January 2025**

**17. Radiology Information System Business Case**  
**For: Approval**

**Executive Sponsor:** Mr Scott Jaffray, Director of Digital  
**Author:** Mrs Janette Fraser, Head of Strategic Planning

**Executive Summary**

This paper presents the Business Case for a replacement Radiology Information System (RIS) which was considered by SPRIG at the meeting on 20 September 2024 and was highlighted to the Financial Sustainability Oversight Group on 30 September.

This paper was subsequently approved by the SPP&RC on 17 December 2024. The key discussion point at this committee was related to the difference between option 4 (Non-Cloud Hosted) and option 5 (Cloud hosted), the core difference being the significantly increased cost implication (& complexity) of cloud hosting. If this is deemed necessary in the future a separate business case can be made to support this development.


**Recommendation**

Forth Valley NHS Board is asked to:

- **approve** the Radiology Information System Replacement Business Case.

**Assurance**

Proposed assurance level:

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

A reasonable level of assurance has been reported on the basis that the SPRIG review and prioritisation process is aligned to financial recovery, value based health and care and delivery of population health

**Key Issues to be considered**

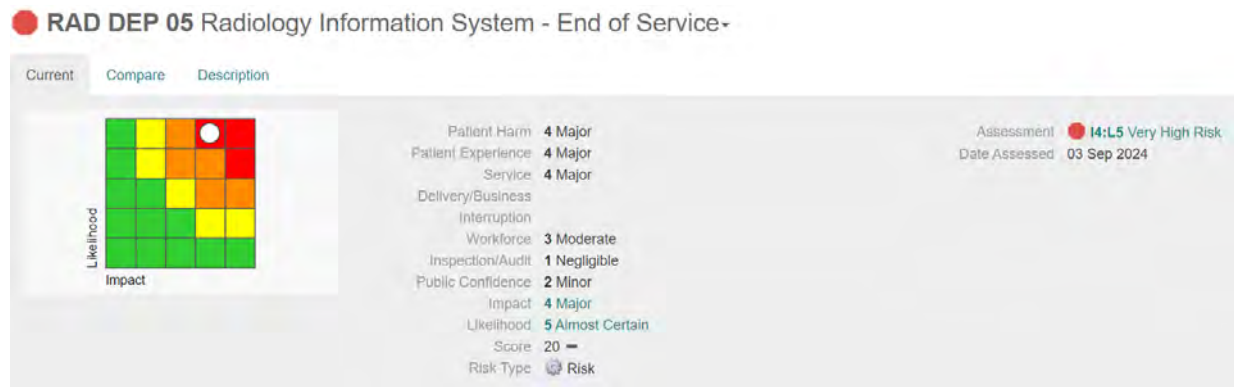
The final draft Business Case is provided as an appendix to this report.

An End of Service notice has been served by the provider of the current RIS system which will be unsupported from December 2025. At this point, the system will have no further updates and if the system then fails, there would be no service team to make any necessary changes or developments to fix the system. End of service also means that the ability to protect the cyber footprint in NHS Forth Valley would be compromised, as no further security updates will be applied to the existing system. A replacement system is therefore essential to maintain clinical services across Forth Valley.

A very high risk has been identified for the Radiology Information System given that the current system will be at End of Service from December 2025. The Corporate Risk for the current system is scoring Very High at 20 (RAD DEP 05). The scored impact of the current system is major at 4, with the likelihood of the current system failing post End of Life and Support, being a score of 5 – almost certain. This will remain the case until a long-term solution is sought which will reduce the likelihood of this event occurring.

The service has robust business continuity plans but these cannot be relied upon for a prolonged period due to the nature of the plan i.e. these are very resource intensive to ensure delivery of the RIS. Due the position of this risk, the Radiology service is currently operating significantly outwith the Board's agreed appetite and tolerance levels for Service Delivery and Business Interruption. The clinical impact of continuing to be unable to effectively track cancer patient pathways and date specific scanning is particularly significant.

Currently NHS Forth Valley has an appetite for this risk to score 6, with a tolerance level of 10. It is clear from the below, that the current RIS will significantly become a risk at End of Life and Support in December 2025.



An option appraisal was undertaken as part of the development of the RIS Replacement Business Case and the highest scoring option presented in the Business Case is **Option 5 – Procure a new RIS including Cloud**. This option is line with local and national Digital policy. However, Option 5 is the mostly costly option in terms of capital and revenue requirement.

**Option 4 – Procure a new RIS without Cloud** is identified in the Business Case as the preferred option. This is essentially the same as Option 5 but with the solution being hosted locally, with both capital and revenue costs lower than for Option 5.

**Option 4** does not provide the Radiology department with the full benefits of moving to Cloud, as explained in the risk section of the Business Case. The main benefits of the cloud are access to the system from anywhere, although this can be mitigated using the already established remote access functionality, and the patching and updates, which again will be provided by the core Digital compliance service.

It should be noted that Cloud could be added at a later stage, if this is considered necessary or appropriate. Additional recurring funding would require to be obtained, and that the benefits meet the requirements of making a change are achievable.

The costs set out in the business case are summarised in the table below. There is currently funding of £60,000 per annum available as a contribution towards the recurring costs, however this leaves a recurring shortfall of £106,000. The one-off costs are estimated to be in the region of £740,473 less the identified capital allowance of £45,678, leaving a shortfall of £694,795 which is not currently included in the capital plan for 2025/26. It should be noted that the estimated costs are based on quotes provided from 4 suppliers and include a 40% optimism bias. The true costs will be known once procurement progresses.

	One off Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Implementation	£64,754						£64,754
Professional Services	£52,520						£52,520
Data Migration	£15,000						£15,000
Software Costs	£207,044						£207,044
Hardware Costs	£50,000						
Licencing Costs	£201,695						£201,695
Interfaces/API's	£149,460						£149,460
Maintenance Costs		£166,804	£166,804	£166,804	£166,804	£166,804	£834,020
<b>Total costs</b>	<b>£740,473</b>	<b>£166,804</b>	<b>£166,804</b>	<b>£166,804</b>	<b>£166,804</b>	<b>£166,804</b>	<b>£1,574,493</b>

	One off Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Current Funding	45,678 (Capital allowance yr 24/25)	£60,000	£60,000	£60,000	£60,000	£60,000	<b>£345,678</b>
Proposed Costs	£740,473	£166,804	£166,804	£166,804	£166,804	£166,804	<b>£1,574,493</b>
Shortfall	<b>£-694,795</b>	<b>£-106,804</b>	<b>£-106,804</b>	<b>£-106,804</b>	<b>£-106,804</b>	<b>£-106,804</b>	<b>£-1,22,815</b>

The business case also sets out the expected benefits of the replacement RIS and how these will be measured, against the baseline information provided, as requested by SPRIG.

### SPRIG Recommendation

SPRIG members agreed that it would be challenging to use the prioritisation scoring template for the RIS replacement business case as it was recognised that the scores would not reflect the significant risk associated with the current RIS system to NHS Forth Valley. It was also recognised that given the very short timeline available to procure and implement a replacement RIS system, SPRIG would need to present this to SLT for a decision, without delay.

SPRIG members agreed that the level of risk to the organisation was more important than all of the other prioritisation criteria and that scoring the RIS business case using the prioritisation criteria below would not accurately reflect the scale and impact of the risk. However, SPRIG members have been asked to score this, to help develop our learning and to determine how risk is assessed as part of the SPRIG process in the future. The SPRIG prioritisation scoring template is included below for information.

SPRIG recommends that the RIS replacement is approved, on the basis of Option 4, preferred option, given the significant risk to NHS Forth Valley, but recognising that there are no capital or revenue funding sources identified for this, as yet.



	Prioritisation Criteria	Weighting
1	Does the change offer increased value in outcomes and benefits for patients, staff, services, or society?	22
2	Will the service change deliver improvements in prevention, promotion and early intervention?	18
3	Is the service change affordable? Has a funding source e.g. disinvestment, been identified?	16
4	Would this improve equity of access to services, care and treatment and address health inequalities?	15
5	To what extent will the service change reduce risk?	11
6	Does this meet a national target or policy requirement, or legislation, not currently met or a NHS Forth Valley strategic aim or objective?	10
7	Will the service change ensure effective and efficient use of resources?	8
	<b>TOTAL WEIGHTING</b>	<b>100</b>

### **Implications**

#### **Financial Implications**

One off capital and revenue implications are set out in the paper.

#### **Workforce Implications**

There are no workforce implications associated with this paper.

#### **Infrastructure Implications including Digital**

These are set out in the appended Business Case.

#### **Sustainability Implications**

To be determined.

#### **Sustainability Declaration**

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

Yes

N/A

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

#### **Quality / Patient Care Implications**

Significant Risks to quality and continuity of patient care, from failing to replace current RIS, are set out in the Business Case.

#### **Information Governance Implications**

There are no Information Governance implications associated with this paper.

**Risk Assessment / Management**

Comprehensive risk assessment was undertaken and the significant level of risk has informed the SRPIG recommendation.

**Relevance to Strategic Priorities**

Value based health and care, prevention, quality and patient centred care.

**Equality Declaration**

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

Further to an evaluation it is noted that:

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

**Communication, involvement, engagement and consultation**

SPRIG members and stakeholders set out in the papers considered by SPRIG.

**Additional Information**

N/A

**Appendices**

- Appendix 1: Radiology Information System (RIS) Replacement – Local Business Case.



# **NHS Forth Valley**

## **Radiology Information System (RIS) Replacement**

### **Local Business Case**

Version: 08
Author: John Wells
Issue Date:

## Document Management

### Version History

Version No:	Date	Author	Details of Changes included in Update
V0.1	20/09/23	Bruce Young	Update business info
V0.2	02/02/24	Jennifer Gilchrist	Amendments/additions after comments from Rachel Marshal
V0.3	05/02/24	John Wells	Management Case redrafted
V0.4	08/03/24	John Wells	Redraft
V0.5	19/04/24	Rachel Marshall	Updated benefits and options sections
V0.6	12/07/24	John Wells	Updated financial case and executive summary
V0.7	19/08/24	Jennifer Gilchrist	Updated risks
V0.8	23/09/24	Jennifer Gilchrist	Updated Corporate risk
V1.0			

### Distribution

Version No:	Date	Distribution
V0.1		
V0.2	02/02/24	John Wells & Lynn McCallum
V0.3	05/02/24	Jennifer Gilchrist & Lynn McCallum
V0.4	11/08/24	Jennifer Gilchrist & Rachel Marshall
V0.5	19/04/24	John Wells, Lynn McCallum, Jennifer Gilchrist & Rachel Marshall
V0.6	12/07/24	John Wells, Lynn McCallum, Jennifer Gilchrist & Rachel Marshall
V0.7	19/08/24	SPRIG
V0.8	23/09/24	John Wells, Lynn McCallum, Rachel Marshall, Jennifer Gilchrist
V0.9	27/09/24	John Wells, Rachel Marshall, Jillian Thomson, Vikki Webb, Jennifer Gilchrist and Janette Fraser

### Signatories

The issue of this document requires the approval of the signatories below.

Name	Title	Signature	Date

### Document Location

This document is stored in the following location:

V:\eHealth\Programme Office\eHealth Project Files\eHealth Projects current\RIS Replacement 2024\1. Initiation

## Contents

<b>1. Executive Summary</b> .....	<b>4</b>
1.1 Background .....	4
1.2 Recommendation.....	4
1.3 The Economic Case.....	4
1.4 The Financial Case.....	4
1.5 The Commercial Case .....	4
1.6 The Management Case .....	5
<b>2. Strategic Case</b> .....	<b>6</b>
2.1 Context .....	6
2.2 Links to Strategy .....	6
2.3 Case for Change.....	7
2.4 Investment Objectives.....	8
2.5 Risks.....	8
2.6 Benefits Realisation & Measurements .....	12
2.7 Constraints and Dependencies .....	14
2.7.1 Constraints .....	14
2.7.2 Dependencies.....	15
<b>3. Economic Case</b> .....	<b>16</b>
3.1 Critical Success Factors.....	16
3.2 Long List of Options .....	17
3.3 Short-Listed Options .....	19
3.3 Assessment of Short-Listed Options .....	23
3.4 Recommended Option .....	23
<b>4. Financial Case</b> .....	<b>24</b>
5.1 Cost and Funding for the Preferred Option.....	24
<b>5. Commercial Case</b> .....	<b>25</b>
5.1 Procurement Strategy .....	25
<b>6. Management Case</b> .....	<b>26</b>
6.1 Project Governance .....	26
6.2 Project Management Plans .....	26
6.3 Change Management Strategy .....	27
6.4 Approach to Benefits Management.....	28
6.5 Approach to Risk Management.....	28
6.6 Post Implementation Evaluation.....	28
6.7 Contingency Arrangements / Exit Strategy.....	28
<b>7. Conclusion</b> .....	<b>29</b>
<b>8. Appendices</b> .....	<b>30</b>
<b>Appendix A - References</b> .....	<b>30</b>
<b>Appendix B - Benefits</b> .....	<b>30</b>
<b>Appendix C - Project Team Roles, Responsibility and Resource</b> .....	<b>31</b>
<b>Appendix D – Acronyms</b> .....	Error! Bookmark not defined.

## 1. Executive Summary

### 1.1 Background

The purpose of this Local Business Case is to set out the context and investment options available to NHS Forth Valley Health Board for the Radiology Information System (RIS) Replacement Project.

The NHS Forth Valley Radiology Information system (RIS) was upgraded to RIS Web (known as RIS Clinic) 21.0.2.1-b9289 in November 2021. This upgrade was a necessary move to Windows 10 and was required for compliance with essential NHS FV cyber security strategies. Post upgrade the Radiology Department still have outstanding, high priority issues that Philips (the supplier) have not been able to resolve.

NHS FV have now been presented End of Life, and End of Service notices for the current Philips RIS system, which will render the system completely unsupported by December 2025. This presents FV with an urgent need to procure a fit for purpose Radiology Information System, and to scan the potential vendors on the UK Framework.

### 1.2 Recommendation

Option 4 is the preferred option. Although the costliest option, following a full SWOT analysis, this option provides the best solution to NHS Forth Valley and will guarantee a reliable, secure, and resilient RIS system.

### 1.3 The Economic Case

An assessment of the Benefits and Critical Success Factors in relation to the different options has been undertaken. The appraisal demonstrates that using the NHS Supplier Framework Contract to procure a new system will provide the service with the best solution that will future proof the delivery of Radiology services and meet business needs.

### 1.4 The Financial Case

To implement a replacement RIS system, NHS Forth Valley would require:

- A capital spend of **£740,473**, which covers software licensing and implementation costs
- Recurring costs from years 1 - 5 will total **£1,524,493**, which covers annual support and maintenance contracts.
- The current system costs are **£345,678** over 5 years, so the funding gap of **-£1,22,851** over 5 years will require funding.
- A Capital and Revenue Solution is to be sought, however, unaffordable at present.
- Funding not required until 2025/26.

A source of funding has not yet been identified and this Business Case aims to provide information to allow the organisation to make a decision on whether to proceed.

### 1.5 The Commercial Case

It is recommended the new solution should be procured via the NHS Supply Chain Framework - 2020/S 114-277934 – Medical IT Departmental Software and Hardware Solutions.

This procurement exercise must be completed before March 2025, when the existing Framework is due to expire.

### **1.6 The Management Case**

The Business Case recommends an overarching governance structure that aligns with PRINCE2 methodology. It sets out the formation of a project board and project team, alongside a change management strategy.

Key resources have been identified and costed within the Business Case, however there is an expectation that digital champions will be nominated to assist with training and implementation. The estimated project timelines from kick-off are expected to last 4-6 months and it is recommended to take a big bang approach, implementing across Radiology and Heath Records.

## 2. Strategic Case

### 2.1 Context

Imaging is a crucial clinical diagnostic and surveillance tool to investigate, monitor, and treat diseases and injuries. It is integral to all clinical services - hospital-based clinicians and general practitioners refer patients to radiology departments to undergo a wide range of imaging examinations. The nature of technological development and advances in drug, surgical and medical technologies have meant that there is a key dependency on imaging investigations to deliver timely and accurate diagnoses and assessments, facilitating timely care. The data from these investigations are evaluated, analysed, and reviewed by a clinical radiologist, radiographer, or sonographer to produce a clinical report, which the requesting clinician will use to guide the management of the patient.

Diagnostic radiology has evolved over the last century from the plain film x-ray to the modern suite of digital imaging services and different diagnostic procedures, which are integral to healthcare across Forth Valley. Modern diagnostic imaging is vital to diagnosis and treatment in modern patient care. Imaging services provide a core diagnostic function, along with therapeutic interventional imaging, in delivering key patient pathways, including screening services, cardiac, stroke, cancer, orthopaedics and emergency care, which facilitates timely diagnosis for patients and facilitate quality patient outcomes.

Equitable access to a robust, quality, and timely imaging service and its output is vital for all clinicians to ensure optimal patient outcomes.

A Radiology Information System is essential for NHS FV to support radiology services across all clinical areas. Phillips, the supplier of the current system used in NHS FV, has given notice that the current system will not be supported past December 2025. Therefore, it is essential that NHS FV replaces the current RIS before this date.

Given that many RIS systems have a prolonged lifespan >15yrs, it can be challenging to assess when replacement or upgrade is required. Until 2024/25, a nominal sum has been identified to enable the upgrade option in the Digital Workplan. However, NHS Forth Valley has now been forced by the current vendor to seek the highest fiscal option of replacement with an entire new system; due to the End of Life, **and** End of Service notifications served by the current vendor in late 2023/24.

There is no “preferred system for Scotland”, and NHS Scotland does not currently hold any Framework for RIS procurement. Each NHS Scotland Health Board is therefore required to utilise the English NHS Supply Chain framework to procure a replacement RIS.

A new, modern Radiology Information System will be required to maintain clinical services across NHS Forth Valley. The Board will need to review systems and suppliers available via the NHS Supply Chain framework and make a choice based on functionality, usability and affordability. The procurement exercise for a new RIS needs to be completed by the end of 2024/25 to enable a seamless transition from the current system to the new system. This transition will take place in 2025/26 Q1-Q3.

### 2.2 Links to Strategy

The new system will help Radiology Services aligned to Scotland’s Digital Health and Care Strategy and the Digital First Service Standards.

In particular, the new RIS will support the following themes in NHS FV’s Digital Health and Care Strategy:



- Theme 1 – Improving Quality:
  - Modernising our core business and clinical systems
  - Improved Cyber Security
  - Improved compliance with national standards
  - Newer, refreshed clinical systems on the life-cycle plan
- Theme 2 – Improving Public Health and Wellbeing:
  - Better access to appropriate data and analyses to better inform planning priorities
- Theme 3 – Transforming Unscheduled Care:
  - Benefits of collaboration, integration and patient record sharing
- Theme 4 – Transforming Scheduled Care
  - A range of innovative developments, building in security by design, while taking a risk managed approach
- Theme 7 – Recognising Sustainability and Climate Change:
  - Increase use of ‘Cloud’ hosted systems
- Theme 8 – Building Workforce and Leadership:
  - Ensure all staff have the equipment to do their job
  - Enable relevant training for our staff to improve the ability to understand and interrogate data-driven recommendations and decision support tools

## 2.3 Case for Change

With the current RIS moving to End of Life with no further upgrades planned, now is the ideal time to implement a new, modern RIS which will provide enhanced functionality, improved integration with other clinical systems and the Electronic Patient Record, and reside on robust, resilient, secure infrastructure. This leaves a very high risk rating out with the Boards appetite and tolerance for this system.

The key business drivers for this project are to maintain the provision of service and safety of patients. Sustainability and improvement of the current processes and workflows in Radiology are paramount. The lack of ongoing support, and lack of development, of the current RIS presents a high risk of potential system downtimes, poor performance and increases the risk of complete system failure. Should the RIS have a massive outage the Radiology department within NHS FV, will have to revert to paper requesting, appointing, and reporting. This would create a clinical risk to patients and severely impact the provision of services. While this risk is associated with any digital RIS system, the current version has no further development capacity according to the vendor – therefore if the system fails – there is no team to make necessary changes or developments to fix the system after End of Life. At this point the ability to further protect the cyber footprint in NHS Forth Valley will be compromised as no further security updates will be applied to the existing system.

Any new system will have the development and support functionality readily available in the event of a system failure. Therefore, the risk is substantially lower with a fully supported system.

To support the development of radiology services, and improve the morale of staff, it is essential that the current technology is replaced with a modern, user friendly, system that supports the needs of both patients and staff.

The key shortcomings identified with the current situation are:

- **Poor Architecture:** The current architecture does not support cloud-based architecture. This incurs additional costs for development – however there are no further developments available.
- **Clinical Risk:** The current RIS system is out of support with no further upgrades planned. If system fails – all patient Radiation Dose Data (required under IR(ME)R 2017 Legislation) is lost, along with all data associated with each patient.
- **Does not support NHS Forth Valley’s Digital Strategy.**
- **Unavailability of Data:** Limited data availability to support audit, research, training, service evaluation and improvement. Also, a loss of the Cancer tracked patients and what dates etc follow-up scans are required due to treatment plans.
- **Inefficiency:** Inefficient processes and duplication of data entry, reduce time for patient care and increased the risk of inaccurate patient records. Inability to accurately contribute to the National Radiology Information and Informatics Platform (NRIIP). Inability to accurately track Cancer patients and scans expectations in treatment pathways.
- **Poor Value for Money:** All of the above results in an increasing cost of ownership, through inefficiency and duplication of effort.

## 2.4 Investment Objectives

A new RIS will address current challenges and needs with the potential to support future service developments and better information sharing while delivering improvements in effectiveness, efficiency, and quality of health care delivery.

A new RIS will:

- support all existing radiology functions.
- provide a modern cloud hosted solution that can integrate with other NHS FV systems.
- support the Digital Health and Care Strategy.
- provides a flexible solution that can respond to future strategic and business requirements.
- ensure the transition to a replacement system is undertaken with minimal disruption to stakeholders (service providers and patients).
- support Business Analysts in the creation of ad hoc reporting by allowing NHS FV access to data tables.

While service efficiencies are expected, it is unlikely these will result in tangible cost savings, but intangible savings may be obtained by reducing the time clinical staff spend in putting data and allows multiple functions within the same system thus allowing them more time for patient care. Although a qualitative measure, the current screentime for clinical staff is significant due to slow processing of system, and challenging platforms to navigate. This would improve with a new system – many of which have been installed in NHS Scotland in last 5years, and some for many years. NHS Forth Valley are the only NHS Scotland site to have the current version of RIS in NHS Scotland.

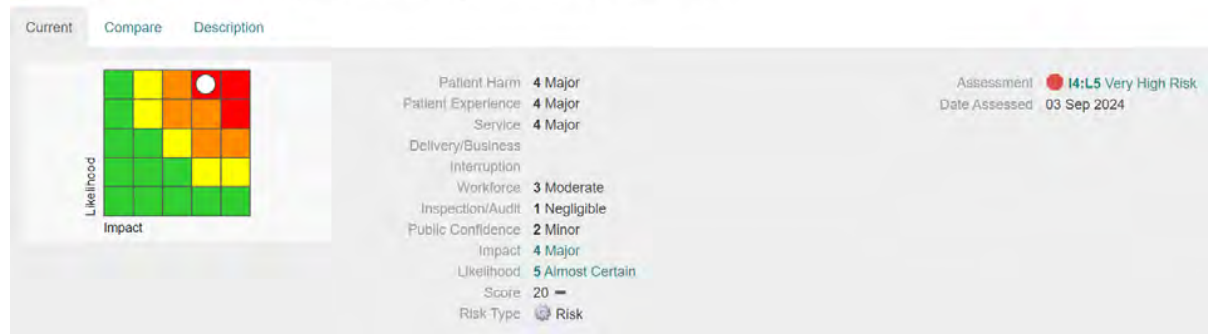
## 2.5 Risks

. This will support the aims of the Project and help maximise value for money.

Currently for the service, and for the organisation, a very high risk has been identified regarding the Radiology Information System as it has been noted from our current provider that our system will be at End of Service from December 2025. As such, the current Corporate Risk for this system is currently scoring Very High at 20 (RAD DEP 05). The scored impact of the current system is major at 4, with the likelihood of the current system failing post End of Life and Support being a score of 5 – almost certain. This will remain the case until a long-term solution is sought which will reduce the likelihood of this event occurring. The service has robust business continuity plans developed in the event that something were to occur, but these cannot be relied upon long-term due to the nature of the plan (i.e. very resource intense to ensure delivery of the RIS). Due the position of this risk, we are currently operating significantly out with the Boards agreed appetite and tolerance levels for Service Delivery/Business Interruption. The clinical impact of continuing to be unable to effectively track cancer patient pathways and date specific scanning is significant.

Currently NHS Forth Valley has an appetite for this risk to score 6, with a tolerance level of 10. It is clear from the below, that the current RIS will significantly become a risk at End of Life and Support in December 2025:

**RAD DEP 05 Radiology Information System - End of Service-**



This Strategic Case highlights the key risks relevant to successfully implementing a replacement RIS. The Project will employ risk management techniques to monitor how risks materialise appropriately. A project risk register is used to record, and risk assess all project risks. Each risk is documented and evaluated based on the impact and likelihood to the Project. The risks will be discussed and updated monthly via the project team meetings and the Project Board meetings.

Below details the specific scenarios and outcomes that could arise if we do not implement a new RIS:

Scenario	Solution	Risks - HIGH
Referrers unable to submit radiology requests via order comms	Revert to paper referrals	<ul style="list-style-type: none"> <li>No electronic time stamp on referrals</li> <li>Difficult to monitor patient waits and demand for services</li> <li>No file store for requests</li> <li>Lost/misplaced referrals</li> <li>Lack of staff to facilitate paper-based workflows</li> <li>Difficult to provide diagnostic waiting times target as per Scottish Government policy</li> <li>No ISD reporting to Scottish Government</li> <li>No equity of access for patients</li> </ul>
No booking system for appointments	Investigate use of TRAK. Otherwise, ledger	<ul style="list-style-type: none"> <li>TRAK would need to be scoped/developed for Radiology use + associated costs</li> <li>Staff training to use other systems</li> </ul>

		<ul style="list-style-type: none"> <li>• If TRAK not possible revert to MS word template or similar solution for appointment letters</li> <li>• Patient information entered into ledger for patient exams and attendances</li> <li>• Unable to co-ordinate patient pathway through different modalities</li> <li>• Difficult to apply the access policy</li> <li>• Difficult to provide diagnostic waiting times target as per Scottish Government policy</li> <li>• Increased patients wait</li> <li>• No equity of access for patients</li> </ul>
No modality (eg CT, US, DX etc) worklists on imaging equipment	Manually enter patient details, exam description and patient identifier on modality	<ul style="list-style-type: none"> <li>• No unique accession number generated. This is required for long term image store and retrieval on National PACS archive</li> <li>• Data not 'clean' and easy for staff to make mistakes</li> <li>• Time consuming for staff to enter information</li> </ul>
No radiation dose information recorded electronically	Record on paper requests	<ul style="list-style-type: none"> <li>• Would not comply with IRMER regulations</li> <li>• Difficult to set baseline radiation levels for exams, non-compliance</li> <li>• Health and Safety Executive non-compliance</li> <li>• Health improvement Scotland non-compliance</li> </ul>
No clinical alerts eg previous contrast reactions, special handling	Investigate use of HePMA	<ul style="list-style-type: none"> <li>• Hepma would need to be scoped/developed for Radiology use + associated costs</li> <li>• Staff training to use other systems</li> </ul>
No transfer of clinical information to PACS. This information is required for reporting staff	Reporting will require the paper referrals for clinical information	<ul style="list-style-type: none"> <li>• Mistakes with transcribing clinical information into incorrect patient record on PACS</li> <li>• Increase to reporting time</li> <li>• Lost/misplaced referrals will delay reporting</li> <li>• Difficult to prioritise urgent reports as no RIS feed into PACS</li> </ul>
No electronic method for tracking critical alerts raised at point of reporting	Revert to manual process	<ul style="list-style-type: none"> <li>• Reporting staff would need to rely on emails</li> <li>• Difficult to audit</li> <li>• Risk to patient</li> <li>• Risk to organisation</li> </ul>
No electronic method for disseminating reports to downstream systems – SCI Store, Clinical Portal, Order Comms, EDMS	Clinical staff including GP would need access to PACS	<ul style="list-style-type: none"> <li>• Clinical staff would be reliant on checking PACS for reports</li> <li>• PACS is not configured for batch printing reports</li> </ul>
Loss of RIS interface with	Use 3 <sup>rd</sup> party reporting	<ul style="list-style-type: none"> <li>• Increase costs to the organisation</li> </ul>

Scottish National Reporting Service (SNNRS)	company to maintain reporting times	
Golden Jubilee Service – access to FV patients attending GJNH	reliant on National PACS for reports	<ul style="list-style-type: none"> <li>• No mechanism for alerting referrers to GJNH reports of FV patients</li> </ul>
Tracking outsourced exams	Revert to manual process and fully reliant on PACS	<ul style="list-style-type: none"> <li>• No conference functionality for recording outsourced exams</li> <li>• Difficult to track patient waits</li> <li>• No equity of access</li> <li>• Delay to patient care</li> </ul>
No audit trail	Administrative processes would be required	<ul style="list-style-type: none"> <li>• Inability to track patients effectively</li> <li>• Unable to provide audit trail for patient complaints</li> <li>• Lack of staff to facilitate paper-based workflows</li> </ul>
As per BIARP – Service delivery severely impacted at 48hrs	Emergency and in-patients only service provided	

Key risks to the realisation of some benefits of the RIS replacement project:

Risk Outline	Risk Description	Mitigation
Ability for Radiology Dept to release the required resources to work on the procurement.	Possible delays to the procurement process.	Project team established and the work has been factored into their roles. Risk is low.
Affordability of preferred system.	May not be able to procure the system of choice.	Indicative costs suggest variance between what suppliers are charging is low. All tenders will be scored and a 2 <sup>nd</sup> option will be available.
Engagement of the wider radiology team.	Staff will be required to conduct UAT and data validation.	Develop a comprehensive communication plan that engages with all stakeholders and keeps key management staff informed. Ensure all roles and responsibilities are clearly established from the outset.
Availability of local ICT and supplier resource for system implementation.	Procurement and implementation could be delayed if resource unavailable.	Project planning has started early to ensure sufficient time to procure and implement solution of choice.
Staff training.	There will be a large training requirement to support staff in transitioning to new RIS System	Develop a comprehensive training strategy that considers different learning needs and the scale of training.

		Consider different training options to optimise the approach, for example: eLearning, Workshops, Face to Face. Consider reducing lists to ensure training can be completed.
Implementation timescales.	Chosen supplier may not be able to meet our timescales to deliver before current system is out of support.	Open negotiations with Philips to extend support (incurring additional costs). Consider using a different supplier.
Support from third party suppliers – Order Comms; PACS; TrakCare.	Implementation success will be reliant on 3 <sup>rd</sup> party suppliers supporting integration with chosen system.	Start engagement with 3 <sup>rd</sup> party suppliers as soon as procurement has been agreed.

This Strategic Case highlights the key risks relevant to successfully implementing a replacement RIS. The Project will employ risk management techniques to monitor how risks materialise appropriately. A project risk register is used to record, and risk assess all project risks. Each risk is documented and evaluated based on the impact and likelihood to the Project. The risks will be discussed and updated monthly via the project team meetings and the Project Board meetings.

## 2.6 Benefits Realisation & Measurements

Category	Benefit Description	Beneficiary	How will it be measured
Patient Benefits	Improved processing times	Patients Admin Staff	Accurate data available from the system with current and national codes in use to align with NHS Scotland. Ability to track date specific imaging. (including Cancer tracked) Baseline measurement 0% accuracy at present.
	Improved patient experience	Faster operational times for processing of patient's data. Auditable trail with detail of each process. Cumulative Radiation dose feature.	Admin team will book an increased number of patients in the same timeframe as current. Productivity saving. Detailed audit trail will demonstrate each process accessed and by which operator. Note of cumulative dose to enable IR(ME)R2017 legislation compliance

			Baseline zero @ present.
<b>Organisational Benefits</b>	Increased time spent on another administrative duties	Patients, Admin team	Due to more efficient workflows, patient focused enquiries can be addressed, statistics downloaded, and KPI targets set and monitored in knowledge they are accurate. Current system does not allow for 50-70+ voicemail messages to be answered each day with patient specific enquiries as to appointments. This system will enable faster and more accurate processing of patient data, therefore allowing for increased phone enquires. Current Baseline 0-50% of calls returned each day.
	Improved data quality	Waiting times teams, Cancer tracking teams, management	Full sight of all cancer and W/T patients and pathway will ensure explicit information for each patient is clear and accurate.
	Improved Audit Trail	All users HIS	Ability to track who has accessed what function and when in a clear audit trail.
	Improved referrer/justifier communication	Patient, Consultants	Ability to demonstrate that information is flowing bidirectionally between referrer and Radiologist. Also demonstrate that quick links are fully functional and operate as expected. No open flow of communications able at present. New system will have this ability. Zero compliance currently. Qualitative data collection in pre-go-live, and in 6-months post go-live of new system.
	Improved safety mechanisms,	Scottish Government, FV Board, ELT, HIS	Demonstration of automated waiting list



	report conciliation and report actioning	(Health Improvement Scotland)	management in a fair and clinically appropriate manner. Provide proof of operations and ensure flexibility through maximisation of time. Manual management of waiting lists will cease, system rules will automatically select next patient to be booked by date. Zero compliance currently of automated process.
	Improved end user experience	All users of system	Responsive system, that provides confidence in its use, accurate data, complex ability to store patient sensitive and vital information, no work-rounds, intuitive processes, cyber secure, adheres to Clinical Governance requirements for patient record storage, multidirectional data transference, and ability to link with NHS FV Current and future EPR systems. Happy Staff. Imatter has captured the discontent from Admin and Clinical Teams alike in previous years since last system update. Imatters will again demonstrate the admin team's new opinion, and the imatters discussion will capture specifics post go-live.

## 2.7 Constraints and Dependencies

### 2.7.1 Constraints

Rapidly changing technological developments in Radiology software supply.

- Procurement and implementation must be completed by Dec 2025 as current RIS will be end of life.
- New national PACS due to be implemented October 2025. New RIS needs to begin implementation before this date.
- Limitations of available funding for a new RIS



- Capacity of the Radiology Department to support the project, and the business change associated with moving to a new RIS.
- Current Order Comms system will not be replaced in the next 18- 24 months. New RIS will need to be compatible with current order comms system.
- System choice made by other health boards also undergoing RIS replacement.
- New Trak interface for Master Patient Index needs to be in place in time for RIS implementation.

### **2.7.2 Dependencies**

A Short Life Working Group has been established to scope and gather information in respect to the requirements for, and impact of, the implementation of a new Radiology Information System.

Other systems/interfaces:

- Order comms (current system being reviewed. Potential risk that:
  - Current OC system won't be compatible with chosen RIS
  - New OC system won't be compatible with chosen RIS
  - Supplier will not be able to provide required integration within timescales
- TrakCare to be Master Patient Index (MPI):
  - Potential risk of poor demographic information/not matching with data migrated from legacy RIS
- PACS
  - New PACS system being implemented nationally. New RIS will need to be compatible
  - New RIS will need to be implemented prior to new PACS

Other Dependencies:

- Supplier of chosen system must be available to implement within our timescale constraints.
- Availability of ICT/eHealth/Med Physics/Radiology/Health Records staff for project.
- Availability of clinical staff and admin to complete eLearning/attend training sessions prior to the system go-live date.
- Agreement by clinical service to take ownership of staff training and user needs support.
- Agreement by ICT/eHealth to take on user boarding activities and system administration as BAU.

### 3. Economic Case

#### 3.1 Critical Success Factors

<b>CSF</b>	<b>How well the option...</b>
<b>Strategic Fit</b>	Aligns with the Scottish Government and NHS Forth Valley strategy and objectives
<b>Business Needs</b>	Deliver improved services with enhanced patient flow supporting the efficient operation of the hospital.  Improve delivery of patient care
<b>Optimisation of Costs and Benefits</b>	Enables the use of modern services and future proofs the technical investment
<b>Supplier Capability and Capacity</b>	Appeals to the supply side to deliver a supported solution
<b>Affordability</b>	Implements the latest, secure technology to deliver an effective and safe service, which offers best value for money
<b>Achievability</b>	Will likely be delivered as the organisation has shown a great ability to respond to the changes required.  Matches the level of skills required for successful delivery.

### 3.2 Long List of Options

Project	Option 1 Business as Usual	Option 2 Do Minimum Option	Option 3 Intermediate Option	Option 4 Intermediate Option	Option 5 Do Maximum Option
Service Scope (the “what”)	Remain with existing RIS system	Upgrade current RIS system (No upgrade available due to End of Life)	Use of module within current EPR system, TRAK (not commercially available at present)	Buy an off the shelf product <i>and host locally within current infrastructure</i>	Buy an off the shelf product <i>including</i> Cloud solution
	<b>Discount</b>	<b>Discount</b>	<b>Carry Forward</b>	<b>Meets Criteria</b>	<b>Meets Criteria</b>
Service Solution (the “how”)	Continue with the use of the existing RIS system (No technical support/development post Dec 2025)	Engage with current supplier to apply upgrade (No upgrade available due to End of Life)	Adopt use of TRAK RIS module (not commercially available at present)	Procure solution from existing Framework Contract	Procure solution from existing Framework Contract
	<b>Discount</b>	<b>Discount</b>	<b>Carry Forward</b>	<b>Meets Criteria</b>	<b>Meets Criteria</b>
Service Delivery (the “who”)	Current arrangements	Use in-house resources	Out-sourcing / in-sourcing hybrid	Out-source to specialist Supplier	Out-source to specialist Supplier
	<b>Discount</b>	<b>Carry Forward</b>	<b>Discount</b>	<b>Meets Criteria</b>	<b>Meets Criteria</b>
Implementation (the “when”)	n/a	Within the next 5 years	Within the next 12 months	Before December 2025	Before December 2025
	<b>Discount</b>	<b>Discount</b>	<b>Meets Criteria</b>	<b>Carry Forward</b>	<b>Carry Forward</b>
Funding (affordability)	n/a	Find funding from within existing budgets	Income generated, such as cross-border reporting	Request funds from FV Board	Request funds from FV Board



### 3.3 Short-Listed Options

Option	Strength / Opportunities	Weakness / Threats
<p><b>Option 1</b> BAU – Do Nothing</p>	<p>Minimum ICT impact across NHS FV</p>	<p>Doesn't support the NHS FV's eHealth Strategy.</p> <p>Limited integration and data sharing.</p> <p>Increasing costs of ownership.</p> <p>Does not support the 'Cloud First' approaches.</p> <p>Post 31st Dec 2025 – completely unsupported major patient appointing and tracking Radiology system</p> <p>Failing of system renders loss of patient data, and return to high-risk paper-based: booking, appointing, monitoring, recording of exams, and physical constraints of dissemination of reports. Full Business Continuity Plan actioned. Unsustainable for over 7-days.</p>
<p><b>Option 2</b> Do Min – Upgrade current RIS system</p>	<p>none</p>	<p>Current system is end of life and will be going end of support in December 2025. No plan to produce future upgrades</p> <p>System will be out of support and end of life by December 2025</p> <p>High risk of returning to a paper-based system.</p> <p>Opportunities for efficiencies in clinical processes would not be fully met.</p> <p>Current vendor has confirmed there is no upgrade available for the current system as it is a legacy system.</p>
<p><b>Option 3</b> Intermediate – Adopt use of TRAK RIS module</p>	<p>Limits costs of implementing new solution</p>	<p>TRAK module does not meet the needs of the system required: only NHS Lothian have this RIS in place across NHS Scotland. Historically when NHSL introduced their TRAK system, this version of TRAK RIS was designed and built according to the needs of the Radiology service in NHSL at that time. This has proven to be a challenging system, and</p>

		TRAK have never moved to commercially produce this system. TRAK not part of National Framework for RIS systems.
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<p><b>Option 4</b> Intermediate – Procure new system sans Cloud solution</p>	<p>Complies with the Clinical Governance and IR(ME)R2017 policies and legislation for recording of data where patients are exposed to medical radiation doses.</p> <p>Eliminates clinical risk associated with ageing, out of support legacy systems including downtime Improved integration removes pain points, duplication of data entry and manual workarounds.</p> <p>Improved cyber security and information governance.</p> <p>Lowers the burden, and cost, of maintenance within NHS FV where multiple teams support multiple systems.</p> <p>Less system and service downtime due to upgrades and bug fixes.</p> <p>Lowers the burden, and cost, of maintenance within NHS Forth Valley where multiple teams support multiple systems.</p> <p>Interface with CHI will improve data quality and reduce the risk of transcription errors with the associated reduction in clinical risk.</p> <p>Increased efficiency for clinicians and appointment booking staff.</p> <p>Removes the operational challenges and risk of a key clinical application being unavailable to support patient care.</p> <p>Increased availability of electronic records and reduction in paper records</p>	<p>Does not support the ‘Cloud First’ approach as per NHS Scotland Digital Strategy Will incur double integration costs both internally and externally from provider for second tranche of implementation of further solution. One server installed at non-cloud stage of implementation, then an alternative server build required for Cloud implementation.</p> <p>Costly solution</p> <p>Major disruption to staff</p> <p>NHS FV responsible for the maintenance and replacement of infrastructure</p>
<p><b>Option 5</b> Do Max – Procure new system</p>	<p>Improved integration removes pain points, duplication of data entry and manual workarounds.</p> <p>Cloud storage capacity is able to flex and ramp up to meet the needs of the service.</p>	<p>Costly solution</p> <p>Major disruption to staff</p>

	<p>Cloud storage capacity is able to flex and ramp up to meet the needs of the service.</p> <p>Contributes to the overall transformation of NHS Forth Valley systems moving away from mainframe technologies.</p> <p>Increased service resilience and reduced system downtime</p> <p>Supported cloud systems have increased security due to regular patching and upgrades.</p> <p>Supports the delivery of the NHS Scotland Digital Health and Care Strategy</p> <p>Ensures high quality clinical information at the point of care.</p> <p>Complies with the Clinical Governance and IR(ME)R2017 policies and legislation for recording of data where patients are exposed to medical radiation doses.</p> <p>Eliminates clinical risk associated with ageing, out of support legacy systems including downtime Improved workforce development and sustainability</p> <p>Improved cyber security and information governance.</p> <p>Lowers the burden, and cost, of maintenance within NHS FV where multiple teams support multiple systems.</p> <p>Less system and service downtime due to upgrades and bug fixes.</p> <p>Lowers the burden, and cost, of maintenance within NHS Forth Valley where multiple teams support multiple systems.</p> <p>Interface with CHI will improve data quality and reduce the risk of</p>	
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	<p>transcription errors with the associated reduction in clinical risk.</p> <p>Increased efficiency for clinicians and appointment booking staff.</p> <p>Removes the operational challenges and risk of a key clinical application being unavailable to support patient care.</p> <p>Increased availability of electronic records and reduction in paper records</p> <p>Potential for improved cross border/outsourcing working</p>	
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### 3.3 Assessment of Short-Listed Options

Option Description	Option 1 BAU	Option 2 Do Min	Option 3 Intermediate	Option 4 Intermediate	Option 5 Do Max
Service Scope	Red	Red	Yellow	Green	Green
Service Solution	Red	Red	Red	Green	Green
Service Delivery	Red	Red	Red	Yellow	Green
Implementation	Red	Red	Red	Green	Green
Funding	Red	Red	Red	Green	Green
<b>Critical Success Factors</b>					
Strategic Fit	Red	Red	Yellow	Yellow	Green
Business Needs	Red	Red	Red	Green	Green
Benefits & Costs Optimisation	Red	Red	Yellow	Green	Green
Supplier Capability and Capacity	Red	Red	Red	Green	Green
Affordability	Red	Red	Yellow	Green	Green
Achievability	Red	Red	Yellow	Green	Green

### 3.4 Recommended Option

Option 1 is discounted because the current RIS Clinic system is end of life and will be going out of support in December 2025.

Option 2 is discounted as there is no upgrade available to the current RIS Clinic version and it will be at end of life by Dec 2025.

Option 3 is a potential option, however, the RIS module within TRAK has been assessed and deemed not fit for purpose or commercially available. There is a lot of activity going on in the TRAK / EPR programme, tying up all the internal and external resources for the next 2 to 3 years. TRAK do not appear on the National Framework for RIS Systems, therefore high risk.

Option 4 is the preferred option. This is the same as Option 5 but with the solution being hosted locally. This does not provide the Radiology department with the full benefits of moving to cloud, as explained in the risks section.

Option 5 is a potential option but it is the costliest option. Option 4 provides all the same functionality that option 5 does but comes at a more affordable cost.

## 4. Financial Case

### 4.1 Cost and Funding for the Preferred Option

The table below shows indicative costs based on quotes provided through the from the following four suppliers, Sectra, Philips, Soliton, and Magentus (previous HSS). Accurate costs will not be available until NHS FV has gone out to tender after the Business Case has been approved.

	One off Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Implementation	£64,754						£64,754
Professional Services	£52,520						£52,520
Data Migration	£15,000						£15,000
Software Costs	£207,044						£207,044
Hardware Costs	£50,000						
Licencing Costs	£201,695						£201,695
Interfaces/API's	£149,460						£149,460
Maintenance Costs		£166,804	£166,804	£166,804	£166,804	£166,804	£834,020
<b>Total costs</b>	<b>£740,473</b>	<b>£166,804</b>	<b>£166,604</b>	<b>£166,604</b>	<b>£166,604</b>	<b>£166,604</b>	<b>£1,574,493</b>

	One off Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Current Funding	45,678 (Capital allowance yr 24/25)	£60,000	£60,000	£60,000	£60,000	£60,000	<b>£345,678</b>
Proposed Costs	£740,473	£166,804	£166,804	£166,804	£166,804	£166,804	<b>£1,574,493</b>
Shortfall	<b>£- 694,795</b>	<b>£- 106,804</b>	<b>£- 106,804</b>	<b>£- 106,804</b>	<b>£- 106,804</b>	<b>£- 106,804</b>	<b>£- 1,22,815</b>

## 5. Commercial Case

The Commercial Case demonstrates that the project will result in a viable and well-structured procurement solution. This section includes details relating to the planning and management of the procurement. It shows how the service will be procured competitively and in accordance with procurement requirements.

### 5.1 Procurement Strategy

The framework public body (NHS Supply Chain) should issue their complete brief in accordance with schedule 5 (Standard Terms of Supply) ensuring that the contractor is made aware that the requirement is a call-off under the framework and forward to the first ranked contractor for consideration. The contractor should review the brief and submit a short proposal along with pricing to the framework public body.

The framework public body should set a time limit for the receipt of the direct award proposal which takes into account factors such as the complexity of the subject matter of the order and the time needed to submit a proposal.

On the basis set out above, the framework public body can award its service requirements by placing an order with the successful framework contractor in accordance with the following:

- states the services requirements within the brief
- states the charges payable for the services requirements in accordance with the proposal submitted by the successful framework contractor
- incorporates the Standard Terms of Supply (Schedule 5)

Framework Public Bodies must ensure that the hourly rates charged and the roles allocated in a quotation are an accurate reflection of the level of work to be undertaken.

[Using the framework - Procurement - marketing services framework: buyer's guide - gov.scot \(www.gov.scot\)](http://www.gov.scot/using-the-framework-procurement-marketing-services-framework-buyer-s-guide)

## 6. Management Case

This section demonstrates that there are robust arrangements in place for project management, change management and contract management, the delivery of benefits and the management and mitigation of risk.

It also requires the project team to specify the arrangements for monitoring during implementation and for post implementation evaluation, and the contingency plans for risk management.

### 6.1 Project Governance

Project management would follow PRINCE2 methodology, and a Project Board would be the key governance group that would oversee the project. The proposed membership is detailed below:

<b>Role</b>	<b>Individual</b>
Radiology Department Manager	Jennifer Gilchrist
Director of Digital	Scott Jaffray
PACS/RIS Imaging Team Lead	Lynn McCallum
Digital & eHealth Programme Delivery Manager	Rachel Marshall
Digital & eHealth Project Manager	John Wells
Information Governance	Sarah Hughes-Jones
Information Services	Viv Meldrum
Finance	Carol Fish
Consultant Radiologist	Raj Burgul
Consultant Radiologist	Ewen Robertson
Head of Health Records Services	Karyn Gibson

The RIS Project Board would report to the eHealth & Digital Programme Board.

Key project documentation will be maintained by the Project Team, who will report and present to the Project Board where applicable. The Project Team would be managed by the Project Manager and would include staff from a range of departments including ICT, Information Services, Information Governance, Radiology, and Health Records staff.

### 6.2 Project Management Plans

A high-level overview that includes indicative timelines will be developed as part of the Project Initiation Document (PID).

Key tasks that would need to be included in the project plan would involve:

- Establishing the governance structure.
- Setting up key project documentation (risks, issues, actions, and benefits logs; detailed communication, training, and project plans).
- Process mapping and information gathering workshops.
- Technical infrastructure review and set up.

- Interface review and set up.
- Set up and configuration of system.
- Information Services reports review and set up.
- User Acceptance Testing (UAT).
- End user training.
- Rollout of system.

### 6.3 Change Management Strategy

The change management section sets out the approach to help deliver the preferred option. The introduction of a new RIS will be a change for Radiology and Health Records staff.

The impact of these changes is summarised below:

Area	
Systems	The use of a new digital solution will lead to improved models of care, both within the hospital and patient arena.
Processes	The introduction of a new system will result in current processes changing.
People	Staff will need to adapt to new ways of working and new technology.

The significance of these changes should be recognised, and as a result the project should be implemented in a structured and well managed manner to maintain control. Following approval of the Full Business Case, a detailed implementation plan will be created and will feed into the Core Change Management Plan, detailed below:

Stage	Details
Initiation	<ul style="list-style-type: none"> <li>• Implement key project structures, including Project Sponsor – confirming responsibilities and leadership.</li> <li>• Confirmation of stakeholders.</li> <li>• Confirmation of engagement, roles and responsibilities of all departments, managers and other key individuals.</li> </ul>
Planning	<ul style="list-style-type: none"> <li>• Development of implementation plan in more detail, identifying key milestones and related communication points.</li> <li>• Development of communication plans and actively engage with key stakeholders identified during the initiation stage.</li> </ul>
Execution	<ul style="list-style-type: none"> <li>• Identify the training and development required to adapt to the proposed changes.</li> <li>• Develop the training plan and link into wider programmes of work to improve patient safety and care.</li> <li>• Cascade details on the transition to the new changes (implementation of the new RIS system).</li> </ul>
End	<ul style="list-style-type: none"> <li>• Execute transition to BAU.</li> <li>• Capture learnings from the changes to cascade to others where appropriate.</li> </ul>

## **Approach to Benefits Management**

As part of the project approach, the benefits realisation process will be carried out by the Project Team, with support of key stakeholders and the Project Sponsor. Baseline measurements for the benefits summarised in Section 2.6, and detailed in Appendix B, will be used as a basis for the Benefits Management approach.

### **6.4 Approach to Risk Management**

Risks will be monitored continuously throughout the project and any risks identified will be assessed with an impact, likelihood, and mitigation response. All risks will have an owner who will be responsible for monitoring and implementing any mitigating measures. The risks identified in Section 2.7 will form the basis of the initial Project Risk Log.

### **6.5 Post Implementation Evaluation**

The project will be reviewed and assessed post-implementation to evaluate whether the project has been a success. This will be achieved through Benefits Realisation work, where post-implementation measurements would be captured to compare against the pre-implementation measurements. The assigned benefits owners are responsible for ensuring these measurements are completed.

The project can be evaluated through a review of the project documentation, for example ensuring the agreed project deliverables as set out in the PID were achieved. Furthermore, the success of the project can be reviewed against the planned versus actual resources, timescale and budget.

End user feedback is important to understand the experience of those involved in the project. Lessons Learned workshops and evaluations would be used to gather feedback on what went well, what could have been better and what could have been done differently. Lessons Learned is an important tool that can be useful for further rollouts or projects of a similar nature.

### **6.6 Contingency Arrangements / Exit Strategy**

As detailed in Section 6.5, risks will be constantly documented, assessed, mitigated, and monitored throughout the project lifecycle. However, contingency planning is required when any unexpected risks that threaten the project deliverables or project tolerances.

Should there be a threat to project deliverables or agreed tolerances, the following approach will be adopted:

- Identify the trigger that will result in tolerances being exceeded (e.g. timescales, budget).
- Agree who needs to be involved and what decisions are required (i.e. Project Board).
- Agree when the contingency plan needs to be in place and how it will be executed.
- Establish the communication plan for cascading information and reporting progress during the implementation of the contingency plan.
- Monitor and adapt the plan as required.

## 7. Conclusion

Radiology as a service is under increasing demand from all patient referrals both locally and nationally. As a demand led service it requires to have complimentary electronic systems that are compliant with the Ionising Radiation (Medical Exposure) Regulations 2017, and provide a robust and sustainable replacement option for the current system that will be End of Life, and End of Service in December 2025. This notice of intention has been served with no advance or forward notice. Except for the minimal 18-months period as per National Procurement. To find an alternative RIS provider requires a procurement process to be undertaken, via the NHS England Framework – as no supplier Framework for such systems exists in NHS Scotland.

As such, no significant capital has been allocated to the existing Digital Workplan to accommodate this costly replacement. While Option 5 in this paper is the preferred option, it is accepted that Option 4 may be the financially more astute route in the initial procurement. While double costs will evolve once Cloud based solutions are required, Option 4 remains to bear the lowest annual revenue requirement.

The current software provider does not provide any upgrade options. Along with the Corporate Risk Score of 20, outweighing both the appetite and tolerance significantly; it is accepted by SPRIG (Sept 24), that Radiology requires a replacement system that will provide a sustainable option for the future. Most RIS systems (In NHS Scotland), last much longer than the equipment used to generate the images, so the return on the initial Capital outlay, would span beyond the usual expected 10-year life cycle of a Medical Device.

It is imperative to have software functionality that supports current & future work, provides greater flexibility to all parties, and is fully compliant with Radiology developments. While NHS Forth valley can provide internal firewall security, subsequent mitigations bespoke to the current system will no longer be available after December 2025. It is however to be noted that the full Cloud option is not a mandatory start point for any replacement system, this could be achieved later; considering the significant financial burden this replacement system will bring to NHS Forth Valley.

For the accurate tracking and scanning of Cancer and date specific patients to start – only a new system will address this ongoing concern. However, the benefits of automated and auditable processes will allow NHS Forth Valley to monitor the increased accuracy in reporting to the Centre for Sustainable Delivery via our Scottish Government Colleagues.

This is possible with a significant investment to replace the Radiology Information System, and this is the principal request.

The purpose of this Business Case is to clearly define the benefits and risks, and to seek approval for the costs and funding requirements associated with implementing a replacement RIS system in NHS Forth Valley.

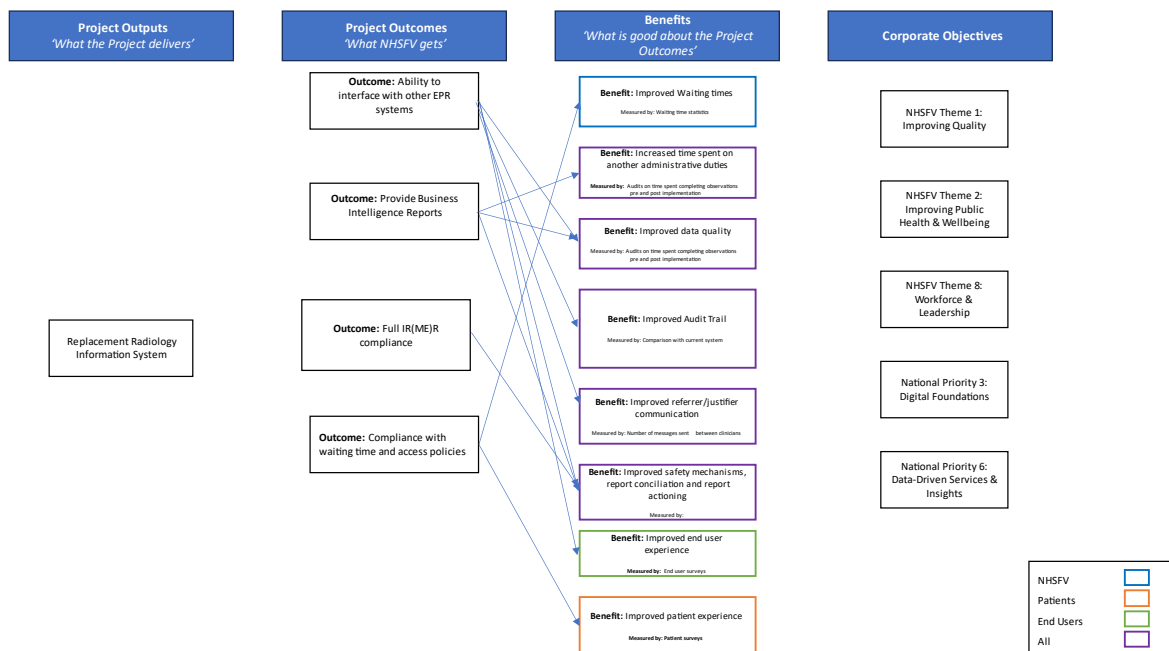
## 8. Appendices

### Appendix A - References

1. [NHS Scotland performance against LDP standards - gov.scot \(www.gov.scot\)](http://www.gov.scot)
2. [The Ionising Radiation \(Medical Exposure\) Regulations 2017 \(legislation.gov.uk\)](http://legislation.gov.uk)
3. [rcr-publications\\_alerts-and-notification-of-imaging-reports-recommendations\\_october-2022.pdf](#)
4. [NHSScotland: national access policy - gov.scot \(www.gov.scot\)](http://www.gov.scot)
5. [Patient Rights \(Scotland\) Act 2011 \(legislation.gov.uk\)](http://legislation.gov.uk)
6. [Using the framework - Procurement - marketing services framework: buyer's guide - gov.scot \(www.gov.scot\)](http://www.gov.scot)

### Appendix B - Benefits

#### RIS Benefit Map v0.1





**Appendix C - Project Team Roles, Responsibility and Resource**

<b>Role</b>	<b>Individual</b>	<b>Description</b>
SRO	Jen Gilchrist	Radiology
Senior User	Lynn McCallum	Radiology
Senior User	Claire Kerr	Health Records
Senior Clinical User	Raj Burgul	Radiology
Senior Clinical User	Ewan Robertson	Radiology
Project Manager	John Wells	Digital and eHealth
Project Assurance	Rachel Marshall / Scott Jaffray	Digital and eHealth
System Administrator	Owen Cattigan	Digital and eHealth

**FORTH VALLEY NHS BOARD**

Tuesday 28 January 2025

**18. Culture Change & Compassionate Leadership Programme Update**

**For:** Assurance

**Executive Sponsor:** Kevin Reith, Director of People

**Author:** Jo Tolland, Programme Director - Culture Change & Compassionate Leadership Programme

**Executive Summary**

The Culture Change & Compassionate Leadership (CC&CL) Programme was launched in early 2023. In July 2024 the successful completion of the Data Gathering Phase (Staff Feedback & Organisational Data), Data Synthesis Phase (Identification of Key Themes) and the sharing of the Programme findings across the organisation was reported to the Board. As reported to Staff Governance Committee in December the Solution Design Phase has now concluded and the Programme Implementation Plan has commenced.

8 Project Teams have been recruited to lead the further development and delivery of this programme of improvement and an Executive Sponsor has also been appointed to each workstream. The launch of these projects is being executed in two phases over 6 months commencing in December 2024. Ultimately, it is envisaged that all CC&CL activity will eventually be built into business as usual activity and processes.

The main assurance reporting will continue to be through the Staff Governance Committee. Organisational commitment to the CC&CL programme will be reflected in updates to the Board as the work progresses, with specific engagement work planned with the Board on proposals arising from the first phase of the Living our Values workstream.


**Recommendations**

The Forth Valley NHS Board is asked to:

- **note** the activity and progress of the Culture Change & Compassionate Leadership Programme
- **note** the internal governance arrangements in place for progress reporting, including assurance role of the Staff Governance Committee

**Assurance**

Proposed assurance level:

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

A Reasonable level of assurance has been reported on the basis that the Programme has progressed within adjusted timescales in the context of significant organisational change since initiation.

- The level and nature of staff engagement and participation has been extremely positive and effective.
- Monthly Strategic Risk Review meetings have been in place since July 2023

- A Programme Board commenced from March 2024 to ensure ongoing monitoring of the programme delivery in line with Corporate Programme Management (CPMO) best practice. Regular updates are provided to the Senior Leadership Team and Area Partnership Forum with assurance reporting to Staff Governance Committee.

### **Key Issues to be Considered**

The 8 projects which form the CC&CL Programme will be launched in two phases over the coming 6 months during which each project team will complete two 1-day 'mobilisation' events. The first of these launched on 9<sup>th</sup> December and all 8 projects will have completed this mobilisation process in full by June 2025. The details of the projects, their members and the order of mobilisation events can be found in Appendix 1. The overarching programme timeline for roll out of all the workstreams within the programme is included at Appendix 2.

Throughout the programme the essence of this work has been listening and responding to what our staff are telling us about what it is like to work in NHS Forth Valley and what they feel would improve their experience. The programme has therefore aimed to practice behaviours which exemplify our aspired culture in terms of open, responsive and staff led action. This will create the sustainable and impactful changes which will underpin our aims for strategic transformation.

The first phase priorities have been deliberately selected to reflect the top priorities of our staff. Appendix 3 provide a summary 'Plan on a Page' which describes the focus of this work. It should be noted that this will evolve and adjust given the nature of our collaborative approach. Part of this work is asking our leaders to fulfil enabling roles, which may be slightly different to past ways of working. Our Executive and Senior Leaders are already embracing their roles in facilitating the delivery of programme goals.

All those identified for lead roles within the projects have accepted the opportunity and have already engaged with the Programme. Information packs have been issued to all 36 project members and Executive Sponsors. Health & Social Care Partnership colleagues have been specifically encouraged to be part of this initiative and are represented in the project teams.

The Culture Change & Compassionate Leadership Programme has continued to work collaboratively with colleagues across a range of initiatives, interventions and workshops throughout the development of this programme to reflect the work which aligns with our cultural improvement aims. This has included 'Step In My Shoes', NMAHP Development Events, Realistic Medicine, Values Based Health & Care promotion and Anchor Service Design. Where possible, each project will engage with continuing or planned initiatives relating to Culture & Leadership to maximise resources, streamline activities and support the transition into business as usual.

There has been positive recognition of the progress on Culture at the Forth Valley Non-Ministerial Annual Review in November 2024.

Appendix 1 contains the governance structure which is in place to oversee the work. The programme has adopted a CPMO approach to ensure delivery and escalate risks and issues as appropriate to the Programme Board established in March 2024 as a partnership group with staff side membership. Reporting is also provided to the Area Partnership Forum and Senior Leadership Team. Ongoing assurance reporting sits with the Staff Governance Committee which will receive ongoing updates on progress to deliver the programme aims.

Although the emphasis is on staff led changes, in the same way that senior leaders are asked to be change enablers for culture improvement, it is important that the Board plays its role in creating the conditions which support our cultural journey. As part of our Values work, early

support from the Board will be sought on our plans to refresh the way we express our Vision and Values for NHS Forth Valley. This will be brought back to the Strategic Planning & Performance Committee in due course as part of our engagement process before sign off by the Board.

The Staff Governance Committee received the last report on the programme at its December meeting. The Committee asked that the programme activity was clearly described and the additional content in relation to the high-level programme schedule and the 'Plan on a Page' appendices included with this report have been developed and shared with Committee members in response to this request. The committee's request for regular updates will be actioned through the inclusion of routine reporting as part of approval of the 2025/26 Committee workplan.

## **Implications**

### **Financial Implications**

The key aims of the programme are aligned to wider financial sustainability themes in terms of improved staff experience translating through to a more stable and engaged workforce.

Support for the programme has been managed within existing resources to date. The programme support arrangements are presently built into the CPMO. As we establish the agreed Action Plan for implementation, we will review the financial implications in liaison with the Finance team and through the appropriate approval process where required.

### **Workforce Implications**

The links between organisational culture and behaviours and levels of staff absence and turnover are widely recognised as having a direct correlation. NHS Forth Valley Organisational data indicates higher levels of staff absence and turnover. The Culture Change & Compassionate Leadership Methodology has been proven to have a positive impact on these indicators in other organisations and therefore has the potential to increase attendance and retention (and therefore resources) through higher levels of staff engagement and tangible improvements in culture and leadership.

### **Infrastructure Implications including Digital**

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

### **Sustainability Implications**

There are no specific sustainability implications in respect of this paper.

### ***Sustainability Declaration***

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

N/A

### **Quality / Patient Care Implications**

Implementation of the Culture Change & Compassionate Leadership Methodology in other organisations evidenced a direct correlation between positive employee experience and positive patient experience in organisations.

### **Information Governance Implications**

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

### **Risk Assessment / Management**

The work of the Culture Change and Compassionate Leadership Programme relates directly to the strategic risk SRR019 Culture & Leadership on NHS Forth Valley's strategic risk register which is overseen by the Staff Governance Committee. As noted above the Programme Board oversees a programme risk register which monitors operational risks. Monthly Risk Review meetings have been in place since July 2023 and have demonstrated that controls are operating effectively. All operational red status risks are reviewed with the Programme Board every 4-6 weeks and in the event of a requirement for escalation will be reported to SLT through the Corporate Risk Register and if required to the Strategic Risk Register reported to Staff Governance Committee and Board.

### **Relevance to Strategic Priorities**

The work and objectives of the CC&CL Programme is relevant to the following:

- NHS National Quality Ambitions of 'Person-centred', 'Safe' and 'Effective'
- NHS Forth Valley Strategic Ambitions of 'Better Workforce' and 'Working together to protect the health and wellbeing of our patients and staff and to be a great place to work and an outstanding place to receive care'.
- NHS Forth Valley's Corporate Objectives, specifically in relation to Culture and Leadership.

### **Equality Declaration**

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

Further to an evaluation it is noted that: *(please tick relevant box)*

- Paper is not relevant to Equality and Diversity
- Screening completed - no discrimination noted
- Screening completed and has been reviewed on a quarterly basis - no discrimination noted for this report.

However, it is important to note that throughout the Programme, screening has been ongoing to identify and address any areas of inequality and potential discrimination for staff members who fall under any (or multiple) of the nine protected characteristics. Accessibility considerations and mitigating actions have been proactively taken to help improve engagement and minimise barriers to this. Support has been offered on a case-by-case basis for any additional needs beyond this. As part of the next phase of the programme, a full EQIA will accompany the Action Plan and the Programme team will ensure any projects or workstreams they are linking with across the organisation adhere to Equality and Inclusion standards and have EQIAs completed individually.

### **Communication, involvement, engagement and consultation**

As well as the extensive consultation with staff through the programme, updates are provided to the Area Partnership Forum and progress monitoring is provided through the Programme Board reporting to Senior Leadership Team and Staff Governance Committee. With the programme implementation phase commencing the reporting of progress will be built into our 2025-26 governance calendar.

### **Appendices**

- Appendix 1: Programme Information Pack 2024
- Appendix 2: Programme Schedule
- Appendix 3: Phase One and Two 'Plan on a Page'

# Culture Change & Compassionate Leadership Programme

## Staff Governance Programme Mobilisation Update

December 2024



Improving  
Our  
Culture

# Programme Roles & Mobilisation

PROJECTS	ASSIGNED CULTURE LEAD	DEPUTY CULTURE LEAD	PROGRAMME TEAM LEAD	SENIOR LEADER	EXEC SPONSOR	SUBJECT MATTER EXPERTS (TBC)
<b>PHASE 1 - Mobilising Dec 2024 – Feb 2025</b>						
<b>INVEST &amp; CELEBRATE</b>	Wendy Nimmo	Michelle Bonnar	Brian McAuley	Eilidh Gallagher	Frances Dodd	OD Team & HR
<b>SAFE, WELL &amp; HEARD</b>	Julie Mardon	Fiona Sharples	Rachel Tardito	Sara Else	Scott Urquhart	Speak Up Team, Staff Side & HR
<b>GREAT COMMUNICATION</b>	Charlie McCarthy	Kelly Higgins	Jo Tolland	Paul Cameron	Andrew Murray	Staff Side & Communications Team
<b>LIVE THE VALUES</b>	Karren Morrison	Fiona Rosser	Maggie MacKinnon	Laura Byrne	Ross McGuffie	Staff Side, HR, Wellbeing & Peer Support
<b>PHASE 2 - Mobilising Mar 2024 – May 2024</b>						
<b>DEVELOP OUR LEADERS</b>	Sharon Oswald	Paul Smith	Jo Tolland	Karen Goudie	Garry Fraser	OD Team & Professional Development Unit
<b>ATTRACT &amp; RETAIN</b>	Jude Rooney	Adelwale Samuel Akinosun	Brian McAuley	Karen Adamson	Kerry Mackenzie	HR, Communications Team, Hiring Managers & new recruits
<b>LEARNING &amp; CONTINUOUS IMPROVEMENT</b>	Prakash Shankar	Cameron Raeburn	Maggie MacKinnon	Falkirk Head of Planning & Strategic Planning & Transformation	Kevin Reith	Quality Improvement & Innovation Team, CPMO Team and H&S
<b>GET CONNECTED</b>	Aileen Schofield	Ian McNeill	Rachel Tardito	Kathleen Brennan	Gail Woodcock	Speak Up Team & HSCP colleagues

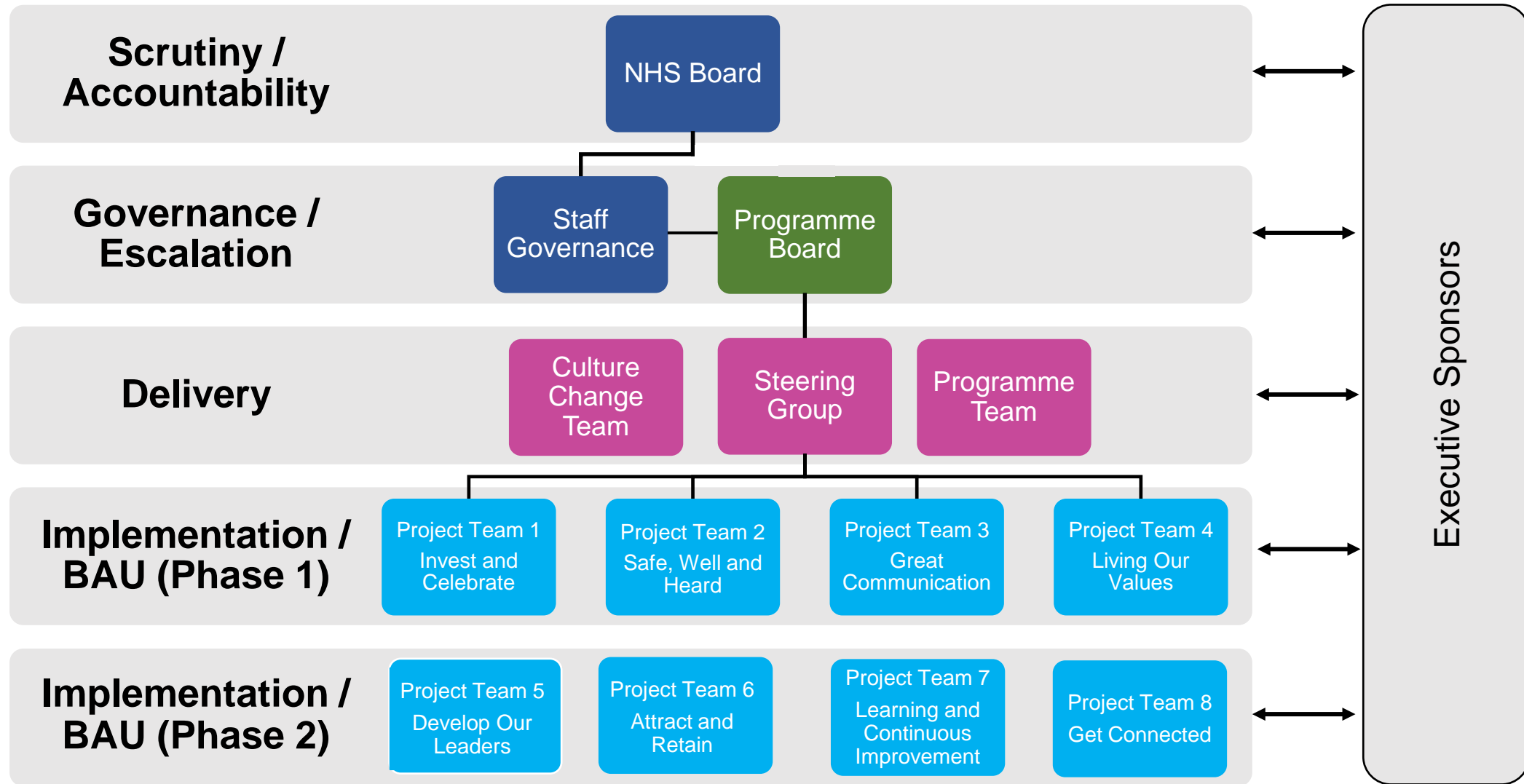


# 1-Day Mobilisation Events





# Culture Change and Compassionate Leadership Programme Governance



## Our Projects

Following the experiences and feedback you shared during the previous phases of the Programme, 8 key projects have been developed to progress the work needed to make the improvements we all want to see in our organisation.





**The over-arching Goals of the CC&CL Programme based on Staff Feedback**

# HIGH LEVEL CULTURE CHANGE & COMPASSIONATE LEADERSHIP ACTION PLAN

(Please note estimated timescales subject to Project Team mobilisation & development process)

\* Gold priority voting during Solution Design process

INITIATED / IN PROGRESS / COMPLETE

PLANNED FOR IMPLEMENTATION

COMPLETE TRANSITION TO BAU

NHS FORTH VALLEY

PROGRAMME LEAD: JO TOLLAND

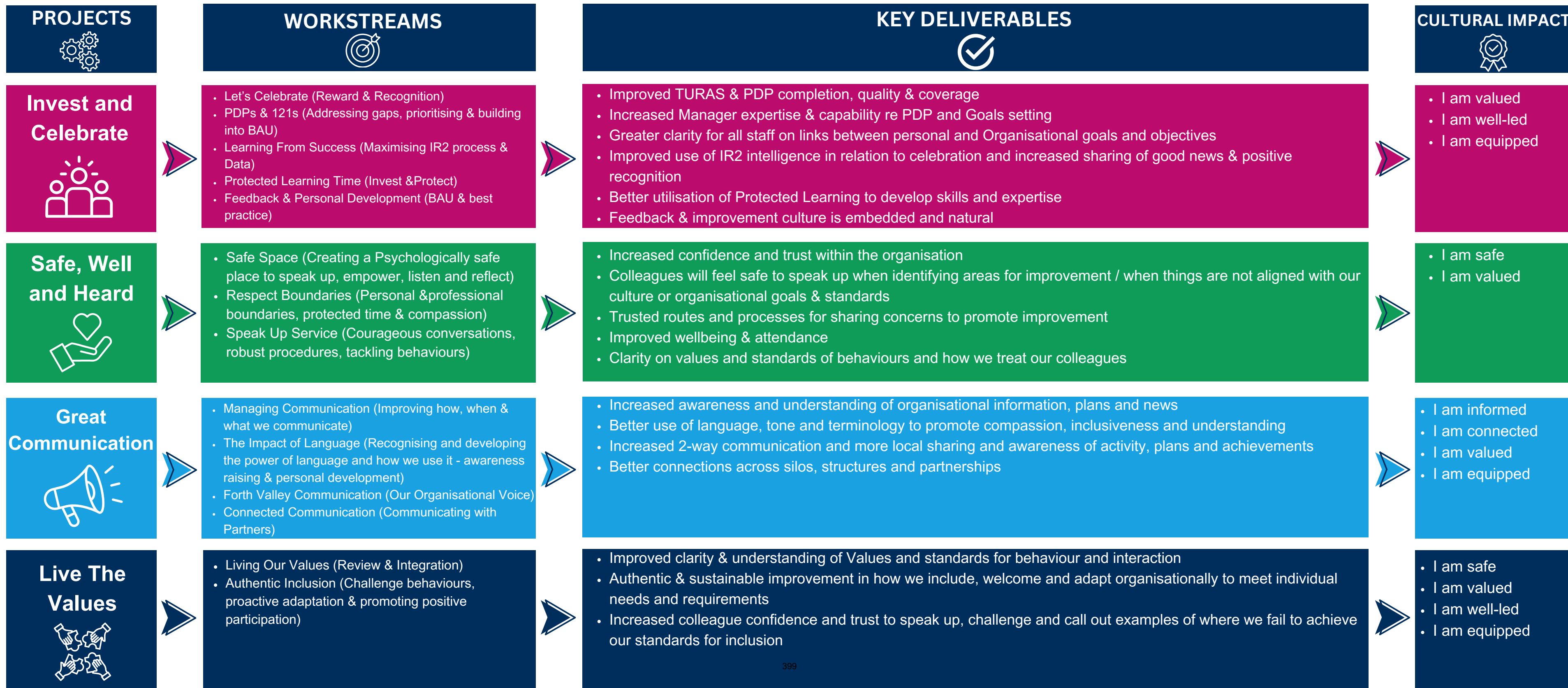
TASK	* GOLD STAFF PRIORITY	STATUS	PROGRESS	START	END	Q2 2023		Q3 2023		Q4 2023		Q1 2024		Q2 2024		Q3 2024		Q4 2024		Q1 2025		Q2 2025		Q3 2025		Q4 2025		Q1 2026		Q2 2026		Q3 2026		Q4 2026		2027		2028		
						APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC		
<b>PROJECT 1 - SAFE, WELL &amp; HEARD</b>																																								
MOBILISATION WORKSHOP 1 - DEFINING & PLANNING THE PROJECT		COMPLETE	100%	9/12/24	9/12/24																																			
MOBILISATION WORKSHOP 1 - PRESENTING THE PROJECT PLAN		PLANNED	0%	17/3/25	17/3/25																																			
WS 1 - SAFE SPACE (Creating a Psychologically safe space to speak up, empower, listen and reflect)	GOLD STAFF PRIORITY	IN PROGRESS - Peer Support, Staff Networks, Wellbeing Team & NMAHP	35%	Q4 2023	Q4 2026																																			
WS2 - RESPECT BOUNDARIES (Personal & professional boundaries, protected time & compassion)		IN PROGRESS - OD & HR Teams	5%	Q4 2024	Q4 2026																																			
WS3 - SPEAK UP SERVICE (Courageous conversations, robust procedures, tackling behaviours)	GOLD STAFF PRIORITY	IN PROGRESS - Frances & Speak-Up Team	30%	Q4 2023	Q4 2026																																			
<b>PROJECT 2 - LIVING OUR VALUES</b>																																								
MOBILISATION WORKSHOP 1 - DEFINING & PLANNING THE PROJECT		COMPLETE	100%	9/12/24	9/12/24																																			
MOBILISATION WORKSHOP 2 - PRESENTING THE PROJECT		PLANNED	0%	17/3/24	17/3/24																																			
WS1 - LIVING OUR VALUES (Review & Integration)		IN PROGRESS - MOBILISED	15%	Q1 2025	Q4 2025																																			
WS2 - AUTHENTIC INCLUSION (Challenge behaviours, proactive adaptation & promoting positive participation)	GOLD STAFF PRIORITY	IN PROGRESS - Equality, Inclusion & Wellbeing Team , Ethnic Diversity Forum	20%	Q4 2025	Q4 2026																																			
<b>PROJECT 3 - INVEST &amp; CELEBRATE</b>																																								
MOBILISATION WORKSHOP 1 - DEFINING & PLANNING THE PROJECT		PLANNED	0%	17/1/24	17/1/24																																			
MOBILISATION WORKSHOP 2 - PRESENTING THE PROJECT		PLANNED	0%	17/3/24	17/3/24																																			
WS 1 - LET'S CELEBRATE (Reward & Recognition)		IN PROGRESS - OD	20%	Q1 2024	Q2 2025																																			
WS2 - PDPs & 121s (Addressing Gaps, Prioritising & building into BAU)	GOLD STAFF PRIORITY	IN PROGRESS - OD	15%	Q1 2024	Q1 2026																																			
WS3 - LEARNING FROM SUCCESS (Maximising Excellence Reporting process & data)		PLANNED	0%	Q1 2026	1/10/25																																			
WS4 - PROTECTED LEARNING TIME (Invest & Protect)		IN PROGRESS - HR	5%	Q1 2024	Q4 2025																																			
WS5 - FEEDBACK & PERSONAL DEVELOPMENT (BAU & Best Practice)		PLANNED	0%	Q3 2025	2027 / 28																																			
<b>PROJECT 4 - GREAT COMMUNICATION</b>																																								
MOBILISATION WORKSHOP 1 - DEFINING & PLANNING THE PROJECT		PLANNED	0%	17/1/24	17/1/24																																			
MOBILISATION WORKSHOP 2 - PRESENTING THE PROJECT		PLANNED	0%	17/3/24	17/3/24																																			
WS1 - MANAGING COMMUNICATION (Improving how, when & what we communicate)		IN PROGRESS - Comms Team	25%	Q4 2023	Q4 2026																																			





# 2024/25 CULTURE CHANGE & COMPASSIONATE LEADERSHIP PROGRAMME

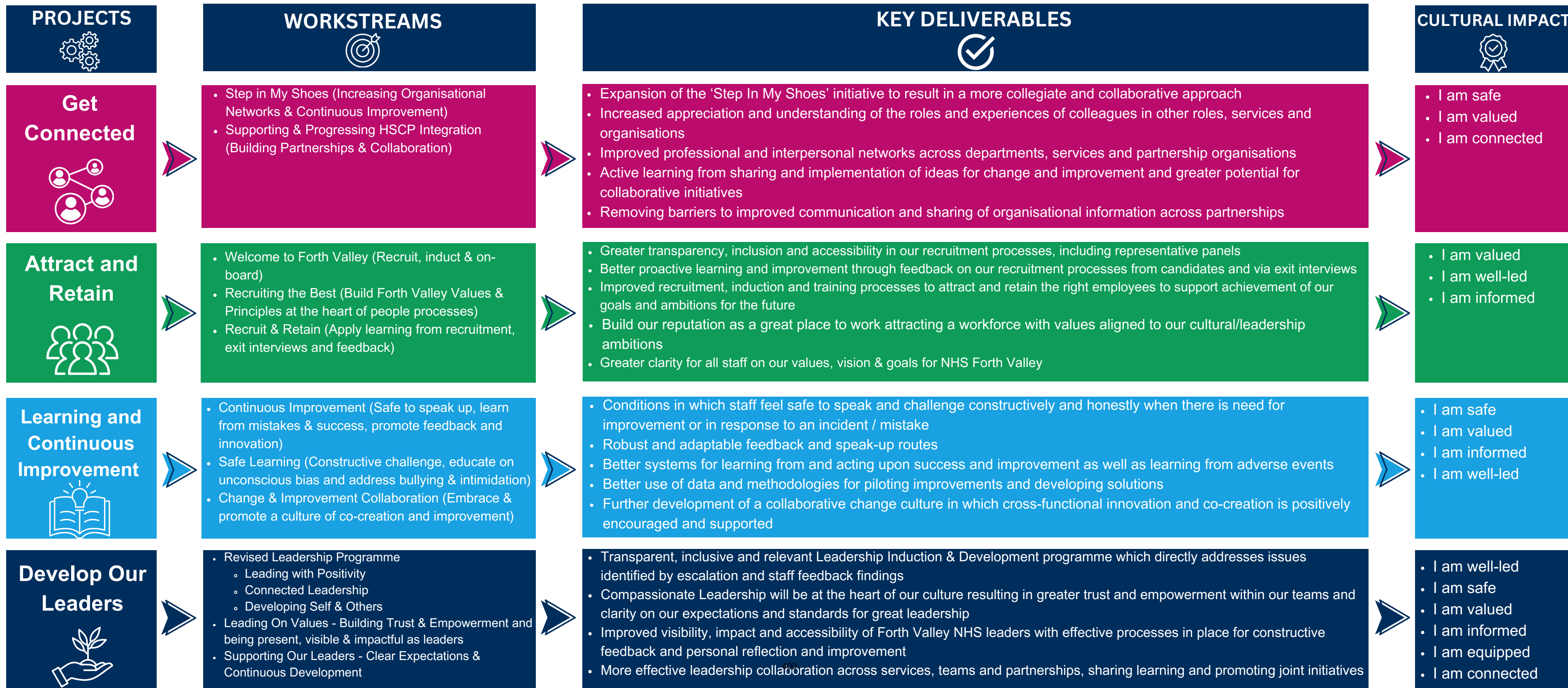
## DELIVERY PLAN - PHASE 1





# 2024/25 CULTURE CHANGE & COMPASSIONATE LEADERSHIP PROGRAMME

## DELIVERY PLAN - PHASE 2





**FORTH VALLEY NHS BOARD**  
 Tuesday 28 January 2025

**19. Performance Report**  
**For Assurance**

**Executive Sponsor:** Professor Ross McGuffie, Chief Executive  
**Author:** Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance; Ms Claire Giddings, Corporate Performance Manager

**Executive Summary**

The overall approach to performance within NHS Forth Valley underlines the principle that performance management is integral to the delivery of quality improvement and core to sound management, governance, and accountability.

The Performance Report was presented to the Strategic Planning, Performance & Resources Committee in December 2024, with key performance information reviewed in support of effective monitoring of system-wide performance.


**Recommendation**

The Forth Valley NHS Board is asked to:

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

**Assurance**

Proposed assurance level:

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

A Reasonable level of assurance is proposed on the basis that a comprehensive performance report supported by a scorecard, graph and narrative detail is presented to the NHS Board and Strategic Planning, Performance and Resources Committee on a monthly basis for scrutiny and discussion. The scorecard is continually reviewed to ensure appropriate revisions or amendments are included in a responsive and timely manner.

Performance reporting and monitoring links to a number of strategic and organisational risks detailed in the Risk Assessment / Management section of the report.

**Key Issues to be considered**

The Performance Report considers key metrics in relation to system-wide performance and provides a month-on-month progress overview. Included within the metrics are the eight key standards that are most important to patients: 12-week outpatient target, diagnostics, 12-week treatment time guarantee, cancer targets, access to Psychological Therapies, access to Child & Adolescent Mental Health Services and Accident & Emergency 4-hour waits. Following

review, a number of metrics previously reported pre-covid have been reintroduced and additional metrics have been added to support the provision of a more detailed system-wide picture.

Areas of performance cited in NHS Forth Valley's escalation to Stage 4 of the NHS Scotland Performance Escalation Framework (now Support and Intervention Framework) are included within the report and continue to be monitored following a move to Stage 3.

The scorecard provides a comprehensive 'at a glance' view of measures with work on-going to ensure accuracy of data, and that all the definitions and reporting periods remain appropriate and meaningful.

The Performance Report is routinely presented to the scheduled meetings of the Strategic Planning, Performance & Resources Committee ahead of the NHS Board.

## **1. Key Performance Issues**

### **• *Unscheduled Care***

Overall compliance with the 4-hour emergency access standard (EAS) in November 2024 was 51.6%; Minor Injuries Unit 100%, Emergency Department 43.4%. A total of 2,826 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,308 waits longer than eight hours, 635 waits longer than 12 hours and 93 waits longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,708 patients, noting this is higher than 1,564 in November 2023. Wait for a bed accounted for 584 patients waiting beyond 4 hours with Clinical reasons accounting for 170 breaches.

In November 2024 there were 537 new attendances to Rapid Assessment and Care Unit (RACU), 120 of which were via ED.

### **• *Delayed Discharges***

The November 2024 census position in relation to standard delays (excluding Code 9 and guardianship) is 82 delays; this is compared with 78 in November 2023. There was a total of 52 code 9 and guardianship delays and no infection codes. The total number of delayed discharges was noted as 134.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the November 2024 census was 3,276, this is an increase from 3,394 in November 2023.

### **• *Scheduled Care***

At the end of November 2024, the number of patients on the waiting list for a first outpatient appointment was 12,639 compared with 16,566 in November 2023 with the number waiting beyond 12 weeks 3,396 compared to 7,133 in November 2023. Activity against the 2024/25 annual delivery plan highlights we have completed 113% of the predicted activity up to the end of the second quarter 2.

The number of inpatients/daycases waiting increased to 6,223 with an increase in those waiting beyond 12 weeks against the previous year. Activity against the 2024/25 annual delivery plan highlights we have completed 106% of the predicted activity at the quarter 2 position.

At the end of November 2024, 3,528 patients were waiting beyond the 6-week standard for imaging with 260 patients were waiting beyond 6 weeks for endoscopy. Activity against the

2024/25 annual delivery plan highlights we have completed 124% and 137% respectively of the predicted activity for quarter 2.

Cancer target compliance in October 2024:

- 62-day target – 77.9% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is compared with the October 2023 position of 77.1%.
- 31-day target – 98.2%

The position for the July to September 2024 quarter is that 84.0% of patients were treated within 62 days of referral with a suspicion of cancer. This is a small increase from 82.1% the previous quarter. During the same period, 99.3% of patients were treated within 31 days of the decision to treat.

- ***DNA***

The new outpatient DNA rate across acute services in November 2024 is noted as 4.4% which is an improvement from the position in November 2023 of 6.0%. The return outpatient DNA rate across acute services in November 2024 was 5.3%.

- ***Psychological Therapies***

In November 2024, 72.6% of patients started treatment within 18 weeks of referral.

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

In November 2024, 96.5% of patients started treatment within 18 weeks of referral.

- ***Workforce***

The sickness absence target is 4.0%. Absence remains above the target at 7.60% in October 2024 noting an increase from 7.35% in October 2023.

## **2. Report format**

- The report details Key Performance Issues, Key Performance Measures, and Key Performance Graphs.
- Notes have been included within the Key Performance Measures and provide additional information including definitions and detail in relation to the indicators and targets.
- Measures, Graphs and Key Performance Issues narrative are linked and should be viewed collectively.
- The Scotland comparison has been included where possible in the Key Performance Measures and Key Performance Graphs sections.  
*Note that the Scotland figures are typically a month or quarter behind.*
- Where a Forth Valley wide measure is reported any areas of challenging or poor performance within a specialty will be highlighted in the narrative.
- Performance data and graphs continue to be developed within the Pentana Performance & Risk Management System with graph detail from Pentana included in the report.

## 2.1. Performance Scorecard

BETTER CARE													
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL (YEAR ON)	SCOTLAND POSITION	SCOTLAND DATE	NOTES
<b>HOSPITAL STANDARDISED MORTALITY RATE</b>													
MR1	SG	Rolling 12 mth	Hospital Standardised Mortality Ratio (HSMR)	30-Sep-24	<= 1.00	0.96	0.94	0.92	-	▼	1.00	30-Sep-24	Hospital Standardised Mortality Ratio (HSMR) is a measure of mortality adjusted to take account of some of the factors known to affect the underlying risk of death. The data is calculated on a rolling 12 months and published quarterly.
<b>UNSCHEDULED CARE</b>													
	FV	Monthly	Total Number of ED Attendances	30-Nov-24	Reduction	5,047	5,335	5,138	-	▲	-	-	<p>Number of ED attendances and a target of 'Reduction' is relevant in relation to capacity and flow.</p> <p>National standard for A&amp;E waiting times is that unplanned attendances at an A&amp;E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place.</p> <p>The measure is the proportion of all attendances that are admitted, transferred or discharged within four hours of arrival. 95% of patients should wait no longer than four hours from arrival to admission, discharge or transfer for A&amp;E treatment.</p>
US1	SG	Monthly	Number of ED Attendances (4 hour access target)	30-Nov-24	Reduction	4,821	5,064	4,859	-	▲	-	-	
US2	SG	Monthly	Emergency Department % compliance against 4 hour access target	30-Nov-24	95%	43.4%	44.2%	43.6%	✓	▼	63.0%	31-Oct-24	
US3	S5	Monthly	Number that waited >4 hours in ED	30-Nov-24	Reduction	2,731	2,826	2,739	-	▲	-	-	
US4	SG	Monthly	Number that waited >8 hours in ED	30-Nov-24	Reduction	1,308	1,374	1,295	-	▼	-	-	
US5	SG	Monthly	Number that waited >12 hours in ED	30-Nov-24	Reduction	635	631	591	-	▼	-	-	
US6	SG	Monthly	Number that waited >23 hours in ED	30-Nov-24	Reduction	93	73	13	-	▼	-	-	
	FV	Monthly	Total Number of MIU Attendances	30-Nov-24	Reduction	1,656	1,699	1,673	-	▲	-	-	
US7	SG	Monthly	Number of MIU Attendances (4 hour access target)	30-Nov-24	Reduction	824	901	734	-	▲	-	-	
US8	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	30-Nov-24	95%	100.0%	99.9%	99.5%	-	▲	-	-	
US9	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	30-Nov-24	95%	51.6%	52.6%	51.0%	✓	▲	66.6%	31-Oct-24	
US12	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	30-Nov-24	-	537	545	544	-	-	-	-	
US13	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	30-Nov-24	-	120	109	122	-	-	-	-	
US14	FV	Monthly	Number of Re-directions from ED	30-Nov-24	-	539	553	589	-	-	-	-	
US15	FV	Monthly	Re-directions from ED %	30-Nov-24	-	10.7%	10.4%	11.5%	-	-	-	-	
US16	FV	Monthly	Number of Emergency Admissions	30-Nov-24	Reduction	3,189	3,387	3,188	-	▼	-	-	
<b>OUT OF HOURS</b>													
OH1	FV	Monthly	Number of Out of Hours Presentations	30-Nov-24	Reduction	4,767	4,599	4,884	-	▲	-	-	
	FV	Monthly	Advice	30-Nov-24	-	3,204	3,127	3,457	-	-	-	-	
	FV	Monthly	Attend OOH Appointment	30-Nov-24	-	1,307	1,233	1,184	-	-	-	-	
	FV	Monthly	Home Visit	30-Nov-24	-	155	141	153	-	-	-	-	
	FV	Monthly	Mental Health	30-Nov-24	-	28	41	29	-	-	-	-	
	FV	Monthly	SAS In Attendance	30-Nov-24	-	60	51	59	-	-	-	-	
	FV	Monthly	Remote Consultation	30-Nov-24	-	13	6	2	-	-	-	-	
OH2	FV	Monthly	Out of Hours % Rota Fill	30-Nov-24	-	98%	97%	93%	-	▲	-	-	

SCHEDULED CARE													
<b>OUTPATIENTS</b>													
SC1	SG	Monthly	Total Number of New Outpatients Waiting	30-Nov-24	Reduction	12,639	12,520	16,566	✓	▲	-	-	An outpatient is categorised as a new outpatient at his first meeting with a consultant or his representative following an outpatient referral. Outpatients whose first clinical interaction follows an inpatient episode are excluded. Scotland position quarterly
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	30-Nov-24	Reduction	3,396	3,270	7,133	✓	▲	-	-	
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	30-Nov-24	95%	73.1%	73.9%	56.9%		▲	39.0%	30-Sep-24	
SC6	Audit	Monthly	Outpatient Unavailability	30-Nov-24	Monitor	1.3%	0.8%	1.1%	✓	▼	0.8%	30-Sep-24	
SC7	FV	Monthly	New Acute Services Outpatient % DNA	30-Nov-24	5%	4.4%	5.3%	6.0%	-	▲	6.4%	30-Sep-24	A patient may be categorised as did not attend (DNA) when the hospital is not notified in advance of the patient's unavailability to attend on the offered admission date, or for any appointment. Scotland position quarterly
SC8	FV	Monthly	Return Acute Services Outpatient % DNA	30-Nov-24	5%	5.3%	6.2%	7.3%	-	▲	-	-	
<b>DIAGNOSTICS - Imaging</b>													
SC10	SG	Monthly	Total number waiting - Imaging	30-Nov-24	Reduction	7,002	7,792	8,716		▲	-	-	Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations - Xray, Ultrasound, CT, MRI, Colonoscopy, Upper Endoscopy, Lower Endoscopy, Cystoscopy. Scotland position monthly, available quarterly
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	30-Nov-24	0	3,528	4,187	4,631	-	▲	-	-	
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	30-Nov-24	100%	49.6%	46.3%	46.9%	✓	▲	57.4%	30-Sep-24	
<b>DIAGNOSTICS - Endoscopy</b>													
SC15	SG	Monthly	Total number waiting - Endoscopy	30-Nov-24	Reduction	874	785	940		▲	-	-	Scotland position monthly, available quarterly
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	30-Nov-24	0	260	287	340	-	▲	-	-	
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	30-Nov-24	100%	70.3%	63.4%	63.8%	✓	▲	41.3%	30-Sep-24	
<b>CANCER</b>													
SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	31-Oct-24	95%	77.9%	84.1%	77.1%	✓	▲	70.1%	31-Oct-24	Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 62 and 31 day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance.
SC21	SG	Monthly	62 Day Cancer - Number seen within target against total	31-Oct-24	-	60/77	53/63	64/83	-	-	-	-	
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	31-Oct-24	95%	98.2%	100.0%	99.0%	✓	▼	94.1%	31-Oct-24	
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	31-Oct-24	-	112/114	92/92	100/101	-	-	-	-	
SC24	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	30-Sep-24	95%	84.0%	82.1%	68.2%	✓	▲	70.6%	30-Sep-24	The 62-day standard states that 95% of eligible patients should wait no longer
SC25	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	30-Sep-24	95%	99.3%	99.7%	98.1%	✓	▲	94.0%	30-Sep-24	
<b>INPATIENTS &amp; DAYCASES</b>													
SC26	SG	Quarterly	Number of patients that waited >12 weeks - Completed Wait	30-Sep-24	0	1490	1238	1244	-	-	-	-	Treatment Time Guarantee (TTG) - There is a 12 week maximum waiting time for the treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis. Scotland position quarterly
SC27	SG	Quarterly	% Compliance with 12 week TTG Standard	30-Sep-24	100%	44.1%	47.7%	48.6%	-	▼	57.7%	30-Sep-24	
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	30-Nov-24	Reduction	6,223	5,876	5,107	✓	▼	-	-	
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	30-Nov-24	Reduction	3,521	3,124	2,549	✓	▼	-	-	
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	30-Nov-24	100%	43.4%	46.8%	50.1%	✓	▼	32.2%	30-Sep-24	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly
SC33	Audit	Monthly	Inpatient/Day case Unavailability	30-Sep-24	Monitor	5.9%	6.3%	5.9%	✓	◀▶	3.6%	30-Sep-24	
<b>READMISSIONS</b>													
R1	FV	Monthly	Readmissions - Surgical 7 day	30-Nov-24	Reduction	2.2%	2.8%	4.5%	-	▲	-	-	This is the measure of patients readmitted as an emergency to a medical/surgical speciality within 7 days or 28 days of the index admission. Emergency readmissions as a percentage of all admissions.
R2	FV	Monthly	Readmissions - Surgical 28 day	30-Nov-24	Reduction	5.6%	6.5%	7.4%	-	▲	-	-	
R3	FV	Monthly	Readmissions - Medical 7 day	30-Nov-24	Reduction	1.9%	1.2%	0.8%	-	▼	-	-	
R4	FV	Monthly	Readmissions - Medical 28 day	30-Nov-24	Reduction	4.7%	4.8%	3.4%	-	▼	-	-	

MENTAL HEALTH													
PSYCHOLOGICAL THERAPIES													
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	30-Nov-24	90%	72.6%	76.3%	64.9%	✓	▲	81.5%	30-Sep-24	The 18 Weeks RTT is a whole journey waiting time standard from initial referral to the start of treatment. The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.
MH2	FV	Monthly	Total Number Waiting for Psychological Therapies Initial Assessment	30-Nov-24	Reduction	855	881	593	-	▼	-	-	
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	30-Sep-24	90%	73.2%	71.5%	74.0%	✓	▼	80.0%	30-Sep-24	
CHILD & ADOLESCENT MENTAL HEALTH SERVICES													
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Nov-24	90%	96.5%	97.7%	68.9%	✓	▲	91.3%	30-Sep-24	The Scottish Government set a Standard that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	30-Nov-24	Reduction	50	70	156	-	▲	-	-	
MH6	SG	Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Sep-24	90%	99.2%	97.9%	37.2%	✓	▲	89.0%	30-Sep-24	
SUBSTANCE USE													
SM1	SG	Quarterly	% Compliance with the 3 Week target - ADP (excluding Prisons)	30-Jun-24	90%	94.0%	82.5%	96.5%	✓	▼	93.2%	30-Jun-24	The Scottish Government set a Standard that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.
SM2	SG	Quarterly	% Compliance with the 3 Week target - Prisons	30-Jun-24	90%	98.9%	96.7%	100.0%	✓	▼	95.0%	30-Jun-24	
COMPLAINTS													
C1		Monthly	% Compliance Forth Valley (inc. prisons)	31-Oct-24	100%	68.8%	73.0%	56.0%	✓	▲	-	-	Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda
C2		Monthly	% Compliance Stage 1 (inc. prisons)	31-Oct-24	100%	67.4%	76.4%	82.8%	✓	▼	-	-	
C3		Monthly	% Compliance Stage 2 (inc. prisons)	31-Oct-24	100%	25.7%	28.3%	8.6%	✓	▲	-	-	
BETTER WORKFORCE													
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL (YEAR ON)	SCOTLAND POSITION	SCOTLAND DATE	
WF3	SG	Monthly	Overall Absence	31-Oct-24	4.0%	7.60%	7.62%	7.35%	✓	▼	6.41%	31-Oct-24	From 1st April 2024 all coronavirus absences are included within the sickness absence totals. Hours lost due to sickness absence / total hours available (%). Short Term Absence - a period of sickness absence of 28 days or less Long Term Absence - a period of sickness absence lasting over 28 days
WF4	FV	Monthly	Short Term Absence	31-Oct-24	-	2.58%	2.51%	2.77%	-	▲	-	-	
WF5	FV	Monthly	Long Term Absence	31-Oct-24	-	5.01%	5.11%	4.58%	-	▼	-	-	
WF6	FV	Rolling 12 mth	Overall Absence	31-Oct-24	-	7.62%	7.71%	7.25%	-	▼	6.49%	31-Oct-24	
BETTER VALUE													
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL (YEAR ON)	SCOTLAND POSITION	SCOTLAND DATE	
DELAYED DISCHARGES													
VA1	FV	Monthly	Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays)	30-Nov-24	Reduction	82	78	78	✓	▼	-	-	A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date
			Falkirk	30-Nov-24	Reduction	59	46	49	✓	▼	-	-	
			Clackmannanshire	30-Nov-24	Reduction	9	10	9	✓	◀▶	-	-	
			Stirling	30-Nov-24	Reduction	11	17	16	✓	▲	-	-	
			Outwith Forth Valley	30-Nov-24	Reduction	3	5	4	✓	▲	-	-	
VA2	FV		Code 9 & Guardianship Delays	30-Nov-24	Reduction	52	49	57	✓	▲	-	-	
			Falkirk	30-Nov-24	Reduction	19	19	28	✓	▲	-	-	
			Clackmannanshire	30-Nov-24	Reduction	10	11	6	✓	▼	-	-	
			Stirling	30-Nov-24	Reduction	18	15	20	✓	▲	-	-	
			Outwith Forth Valley	30-Nov-24	Reduction	5	4	3	✓	▼	-	-	
VA3	FV		Total Bed Days Occupied by Delayed Discharges	30-Nov-24	Reduction	3,276	3,394	2,710	✓	▼	-	-	
			Falkirk	30-Nov-24	Reduction	2,005	1,586	1,646	✓	▼	-	-	
			Clackmannanshire	30-Nov-24	Reduction	658	655	123	✓	▼	-	-	
			Stirling	30-Nov-24	Reduction	266	463	294	✓	▲	-	-	
			Outwith Forth Valley	30-Nov-24	Reduction	347	690	647	✓	▲	-	-	
VA4	FV	Daily	Number waiting for a Community Bed	30-Nov-24	Reduction	51	46	62	-	▲	-	-	

AVERAGE LENGTH OF STAY													
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	30-Nov-24	Reduction	6.37	6.45	7.77	-	▲			This is the mean length of stay (in days) experienced by inpatients in FVRH Acute wards, does not include MH or W&C. Scotland position quarterly - All Inpatients
EFFICIENCY													
E1	FV	Monthly	ED Attendances per 100,000 of the population - Forth Valley	30-Nov-24	Reduction	1,593	1,672	1,589	-	▼	-	-	
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	30-Nov-24	Reduction	805	879	814	-	▲	-	-	
E3	FV	Monthly	% Bed Occupancy - FVRH	30-Nov-24	Reduction	106.7%	104.3%	113.4%	-	▲	-	-	The percentage occupancy is the percentage of average available staffed beds that were occupied by inpatients during the period. 85% is the nationally agreed standard supporting optimum flow
E4	FV	Monthly	% Bed Occupancy - Assessment Units	30-Nov-24	Reduction	107.0%	110.0%	112.8%	-	▲	-	-	
E5	FV	Monthly	% Bed Occupancy - ICU	30-Nov-24	Reduction	93.7%	85.7%	86.0%	-	▼	-	-	
EQUITABLE													
EQ1		Rolling 3 year	Scottish Breast Screening Programme	2020/23	70%	76.4%	74.4%	74.4%	-	▲	75.9%	2020/23	Percentage uptake (three-year rolling periods), females aged 50-70 years
EQ2		Annually	Scottish Cervical Screening Programme	2021/22	-	72.5%	73.2%	73.2%	-	▼	68.7%	2021/22	The percentage of eligible women who are up-to-date with their screening participation
EQ3		Rolling 2 year	Scottish Bowel Screening Programme	2021/23	60%	66.6%	67.3%	67.3%	-	▼	66.1%	2021/23	Overall uptake of screening - percentage of people with a final outright screening test result, out of those invited (2 year reporting period)
EQ4		Annually	Scottish Abdominal Aortic Aneurysm (AAA) screening programme	2022/23	75%	24.1%	80.8%	80.8%	-	▼	70.7%	2022/23	Percentage of eligible population who are tested before age 66 and 3 months
		Annually	Surveillance AAA scan (quarterly)	2022/23	90%	81.0%	94.2%	94.2%	-	▼	93.2%	2022/23	Due to attend quarterly surveillance and tested within 4 weeks of due date
		Annually	Surveillance AAA scan (annually)	2022/23	90%	84.4%	97.6%	97.6%	-	▼	94.0%	2022/23	Due to attend annual surveillance and tested within 6 weeks of due date
EQ5		Quarterly	NHS stop smoking services: Local Delivery Plan (LDP) - Number of 12-week quits	31-Mar-24	86.75	79	39	69	-	▲	-	-	The LDP Standard for NHS Scotland in 2022/23 is to achieve at least 7,026 self-reported successful twelve-week quits through smoking cessation services in the 40% most deprived areas
EQ6		Quarterly	NHS stop smoking services: 12-week quits as a % of the LDP Quarterly Target	31-Mar-24	100%	91.1%	45.0%	79.5%	-	▲	98.8%	31-Mar-24	
FINANCE													
F1	SG	FYTD	Year to date revenue position	31-Oct-24	Breakeven	-£18.162m	-£20.139m	-£9.062m	-	▼	-	-	

Scorecard Detail	
Target Type	FV - Local target/measure set and agreed by NHS Forth Valley; SG - Target/measure set by Scottish Government
Frequency	Frequency of monitoring in relation to scorecard
Measure	Brief description of the measure
Date	Date measure recorded
Target	Agreed target position
Current Position	As at date
Previous Reporting Period	Previous year, quarter, month, week or day dependent on frequency of monitoring
Previous Year	Same reporting period in previous year
Run Chart	✓ - indicates run chart associated with measure is available
Key to Direction of travel	▲ - Improvement in period or better than target ▼ - Deterioration in period or below target ◄► - Position maintained
Scotland Position	Scotland measure
Scotland Frequency	Frequency of Scotland measure
Notes	



### 3. Performance Exceptions Report

#### 3.1 Unscheduled Care

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

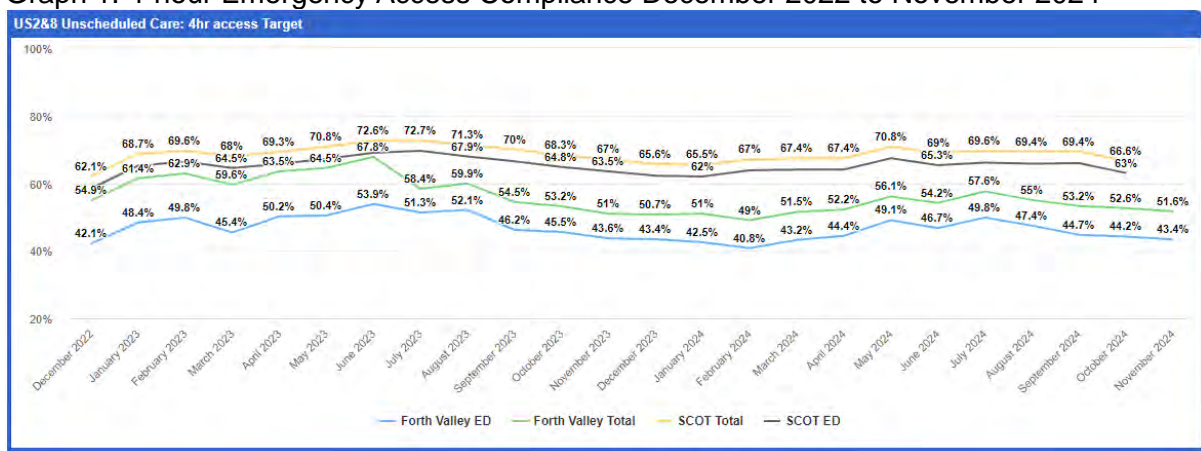
#### Current Performance

- November 2024 ED Compliance 51.6% - Forth Valley Total.
- November 2024 ED Compliance 43.4% - ED Only.

#### Scotland Performance

- October 2024 ED Compliance 66.6% - Scotland Total.
- October 2024 ED Compliance 63.0% - Scotland ED Only.

Graph 1: 4-hour Emergency Access Compliance December 2022 to November 2024



Overall compliance with the 4-hour emergency access standard (EAS) in November 2024 was 51.6%; Minor Injuries Unit 100%, Emergency Department 43.4%. A total of 2,731 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,308 waits longer than eight hours, 635 waits longer than 12 hours and 93 waits longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,708 patients, noting this is higher than 1,564 in November 2023. Wait for a bed accounted for 584 patients waiting beyond 4 hours with Clinical reasons accounting for 170 breaches.

It was identified that to enable improved focus on, and governance around the urgent and unscheduled care work underway, one whole system plan should be developed by identifying current work and workstreams and mapping these to align to the areas of, Population Health and Data, Right Care Right Place, Flow Navigation, Front Door Model, Ward Flow, Home First, and Communication. This work was also designed to ascertain and understand any gaps and to identify where further actions are required and to ensure an action focussed plan with leads and timescales. The Plan is currently in draft form and will be presented to the Urgent & Unscheduled Care Programme Board in January for completion, sign-off and oversight, with reporting to SLT and the Strategic Planning, Performance & Resources Committee.

The aim is to improve the patient and staff experience, building towards better performance and flow through the hospital. This in turn will reduce patient length of stay and reduce the financial burden.

In November 2024 there were 537 new attendances to Rapid Assessment and Care Unit (RACU), 124 of which were via ED. This is compared to 544 new attendances in November



2023, 136 of which presented via ED. There were 120 scheduled returns in November 2024 compared with 122 in November 2023. 539 patients were redirected from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time. This number equates to 10.7% of all ED attendances in November.

NHS Forth Valley is working to improve the delivery of Out of Hours services on an ongoing basis.

### 3.2 Delayed Discharge

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

#### Current Performance

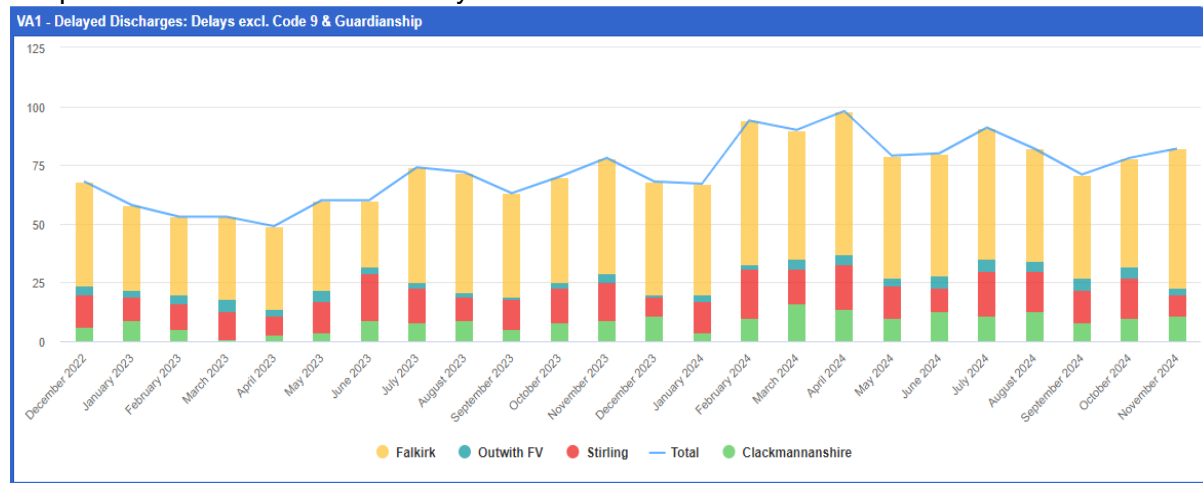
At the November 2024 census:

- 52 patients were delayed in their discharge for more than 14 days.
- 30 patients delayed less than 14 days.
- 37 guardianship delays.
- 15 code 9 delays.
- 134 delays in total.
- 2 code 100 delays.
- 3,276 bed days were lost due to delays in discharge.

#### Scotland Performance

- There is no direct Scotland comparison.

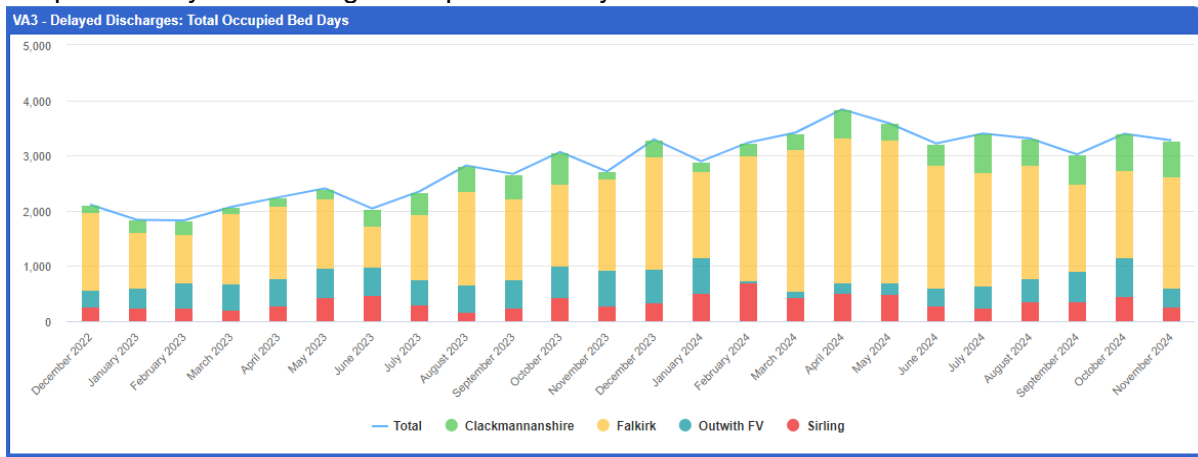
Graph 2: Number of standard delays – December 2022 to November 2024



Graph 3: Number of Guardianship or Code 9 delays – December 2022 to November 2024



Graph 4: Delayed Discharge occupied bed days – December 2022 to November 2024



The November 2024 census position in relation to standard delays (excluding Code 9 and guardianship) is 82 delays; this is compared to 78 in November 2023. There was a total of 52 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 134.

In addition, there were 2 code 100 patients. (These patients are undergoing a change in care setting and should not be classified as delayed discharges however are monitored).

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the November 2024 census was 3,276, this is an increase from 3,394 in November 2023. Local authority breakdown is noted as Clackmannanshire 658, Falkirk 2,005, and Stirling 266. There were a further 690 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

The issue of delayed discharges is receiving considerable daily focus and attention by the respective HSCP Chief Officers and their teams, jointly with the Acute hospital site. There is a focus on refining processes across our whole system discharge and flow activity. This includes process improvements around assessment and for adults with incapacity. Colleagues are visiting other board areas to learn from what is working well elsewhere and developing tests of change locally. There continues to be a focus on the delayed discharge position through Scottish Government and COSLA.

## Scheduled Care

### **3.3 Outpatients**

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

#### **Current Performance**

- November 2024 9,243 patients waiting within 12 weeks for new outpatient appointment – 73.1% compliance.
- In quarter 2, 72.6% of new outpatients were waiting less than 12 weeks.

#### **Scotland Performance**

- In quarter 2, 39.0% of new outpatients were waiting less than 12 weeks.

Graph 5: Outpatient waits over 12 weeks – December 2022 to November 2024



NHS Forth Valley concurrently treat patients that require urgent clinical care as well as those waiting for long periods, in line with associated Scottish Government targets.

At the end of November 2024, the number of patients on the waiting list for a first outpatient appointment was 12,539 compared with 16,566 in November 2023 with the number waiting beyond 12 weeks 3,396 compared to 7,133 in November 2023. Note 73.1% of patients were waiting less than 12 weeks for a first appointment; an improvement in performance from 56.9% the same period the previous year. Activity against the 2024/25 annual delivery plan highlights we have completed 113% of the predicted activity for quarter 2.

### **3.4 Inpatients**

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

#### **Current Performance**

- Inpatient/Daycase treatment time guarantee Quarter 2 – 44.1%
- November 2024 – 5,876 patients waiting on an inpatient/daycase treatment – 44.1% waiting under 12 weeks.
- In quarter 2, 43.9% of inpatients and daycases had an ongoing wait under 12 weeks.

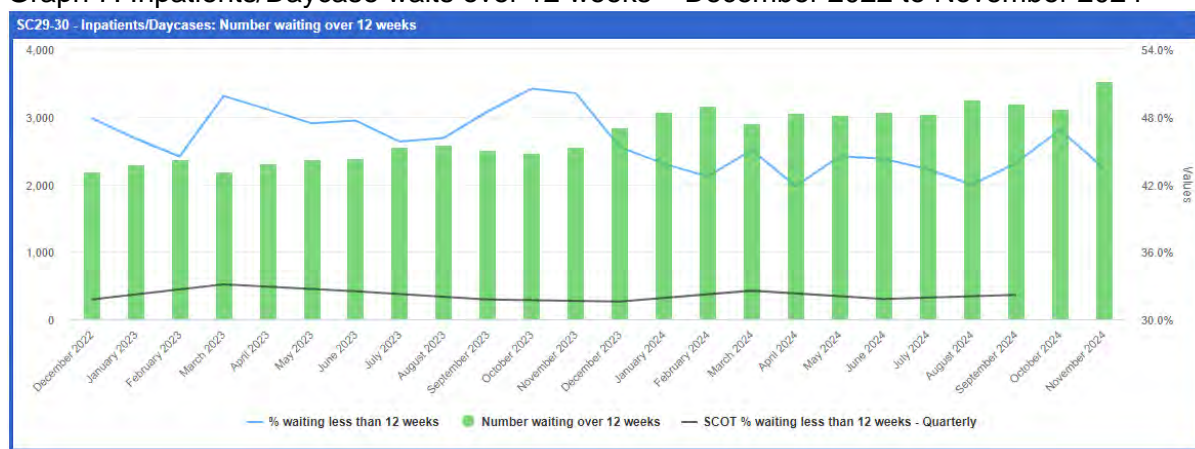
#### **Scotland Performance**

- Inpatient/Daycase treatment time guarantee Quarter 2 – 57.7%.
- In quarter 2, 32.2% of inpatients and daycases had an ongoing wait under 12 weeks.

Graph 6: 12 Week Treatment Time Guarantee



Graph 7: Inpatients/Daycase waits over 12 weeks – December 2022 to November 2024



In November 2024, the number of inpatients/daycases waiting increased to 6,223 from 5,876 the previous month and from 5,107 in November 2023. An increase from the previous year in those waiting beyond 12 weeks was also noted. Activity against the 2024/25 annual delivery plan highlights we have completed 106% of the predicted activity for quarter 2.

### 3.5 Unavailability

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

- Outpatient unavailability in November 2024 was 1.3% of the total waiting list.
- Inpatient/daycase unavailability in November 2024 was 5.9% the same as November 2023. The unavailability rate is less than 8% for all specialties except for Cardiology at 12.5% (1 patient). The highest in terms of numbers is Orthopaedics with 131 patients unavailable (6.25%). This position is monitored on an ongoing basis.

### 3.6 Did Not Attend (DNA)

The new outpatient DNA rate across acute services in November 2024 is noted as 4.4% which is an improvement from the position in November 2023 of 6.0%. Variation across specialties continues with rates ranging from 10.8% to 0%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 6.8% (61 patients) and Orthopaedics 3.1% (35 patients).

The return outpatient DNA rate across acute services in November 2024 was 5.3%. There continues to be a high number of DNAs in Ophthalmology with 265 patients (4.2%), Diabetes 167 patients (10.2%) and Orthopaedics 115 patients (4.9%).



A number of actions are ongoing to support a reduction in the number of DNAs including the roll out of patient focus booking. Application of the Access Policy is actively endorsed and there is ongoing benchmarking against national DNAs and removal rates. Patient information provides detail on the process to cancel or change an appointment with the relevant contact information.

### 3.7 Diagnostics

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

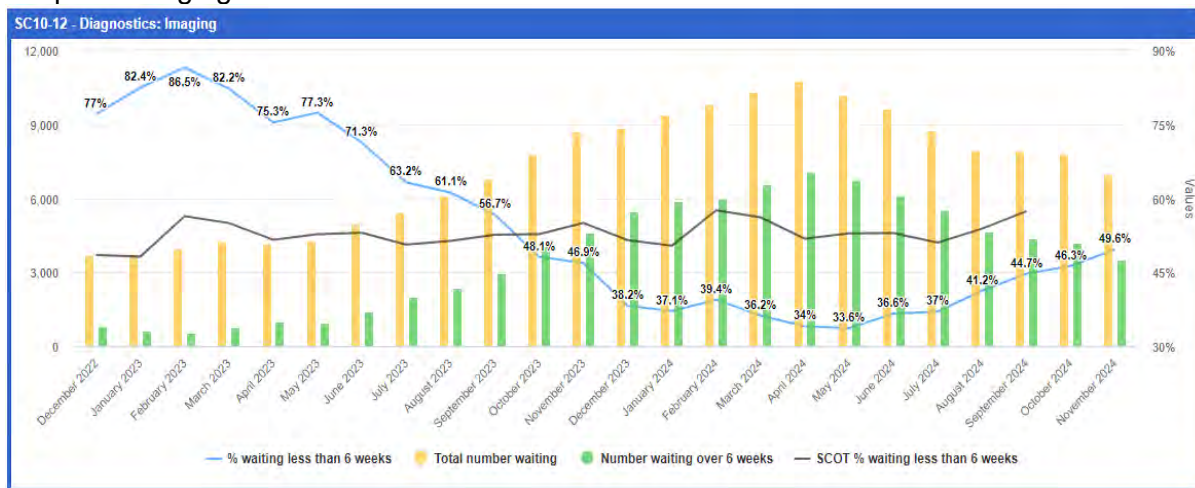
#### Current Performance

- November 2024 - Imaging – 3,528 patients waiting beyond 6 weeks; 49.6% were waiting less than 6 weeks.
- November 2024 - Endoscopy - 260 patients waiting beyond 6 weeks; 70.3% were waiting less than 6 weeks.

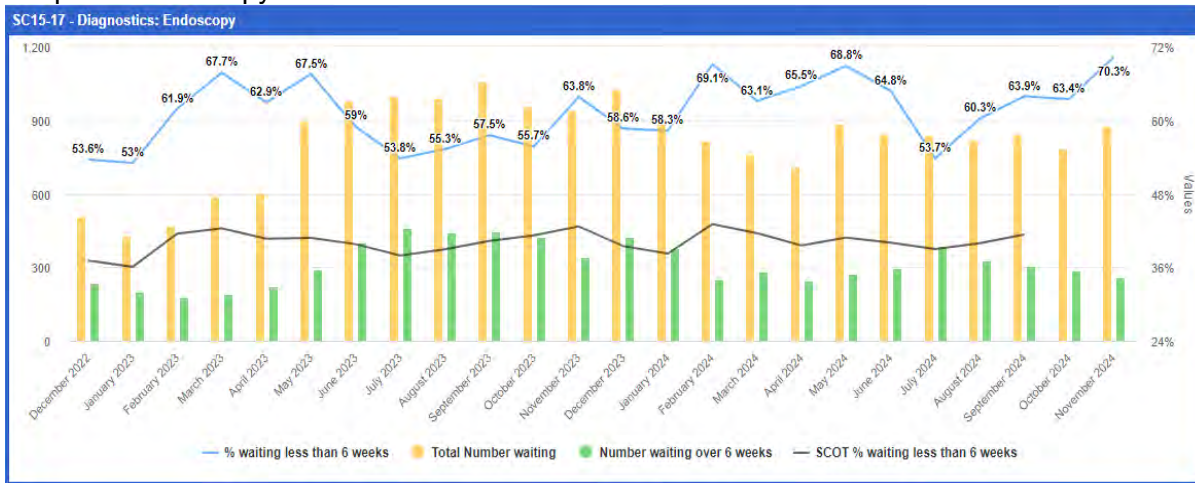
#### Scotland Performance

- Imaging – 57.4% of patients were waiting less than 6 weeks in September 2024.
- Endoscopy – 41.3% of patients were waiting less than 6 weeks in September 2024.

Graph 8: Imaging waits over 6 weeks and total - December 2022 to November 2024



Graph 9: Endoscopy waits over 6 weeks and total - December 2022 to November 2024



### **3.7.1 Imaging**

At the end of November 2024, 3,528 patients were waiting beyond the 6-week standard for imaging, a reduction from 4,631 in October 2023 and noting an in-month improvement. 49.6% of patients waiting less than the standard noting an improvement since April 2024. Activity against the 2024/25 annual delivery plan highlights we have completed 124% of the predicted activity at quarter 2.

Patients continue to be seen on a priority basis with waiting lists actively monitored and managed on an ongoing basis. The total number of patients waiting for imaging in November 2024 was 7,002; compared with 8,716 in November 2023 however a month-on-month reduction has been seen since April 2024. Note that scan requests for urgent suspicion of cancer are prioritised.

A CT van is on-site, funded by Scottish Government, to support bring our longest waiting patients in line with the 6-week target. Activity is shared 50:50 with NHS Lanarkshire.

MRI has been impacted this year due to the National Treatment Centre allocations being applied. The performance in MRI continues to be consistent however as the scanners run 13hrs/day, 7-days/week there is no scope for increased capacity at present. The Forth Valley NTC allocation for 2024/2025 has been increased by 20%.

### **3.7.2 Endoscopy**

At the end of November 2024, 260 patients were waiting beyond 6 weeks for endoscopy compared to 340 in November 2023. 70.3% of patients waiting less than the 6-week standard. Activity against the 2024/25 annual delivery plan highlights we have completed 137% of the predicted activity at quarter 2. Despite this level of activity, the total number of patients waiting for endoscopy remains significant with 874 patients in November 2024 noting a reduction or improvement from 940 in November 2023.

The Endoscopy team is working closely with the Quality improvement team to move forward improvement work at pace. Modernising ways of working will ensure compliance with the national strategy and guidelines and will maximise current resource and ensure all endoscopy pathways are as efficient as possible.

### **3.8 Cancer**

The 62-day standard states that 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment.

#### **Current Performance**

- In October 2024, 77.9% of patients were seen within the 62-day standard.
- In the quarter ending September 2024, 84.0% of patients were seen within the 62-day standard.

#### **Scotland performance**

- In the quarter ending September 2024, 70.6% of patients were seen within the 62-day standard.

The 31-day standard states that 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment.

#### **Current Performance**

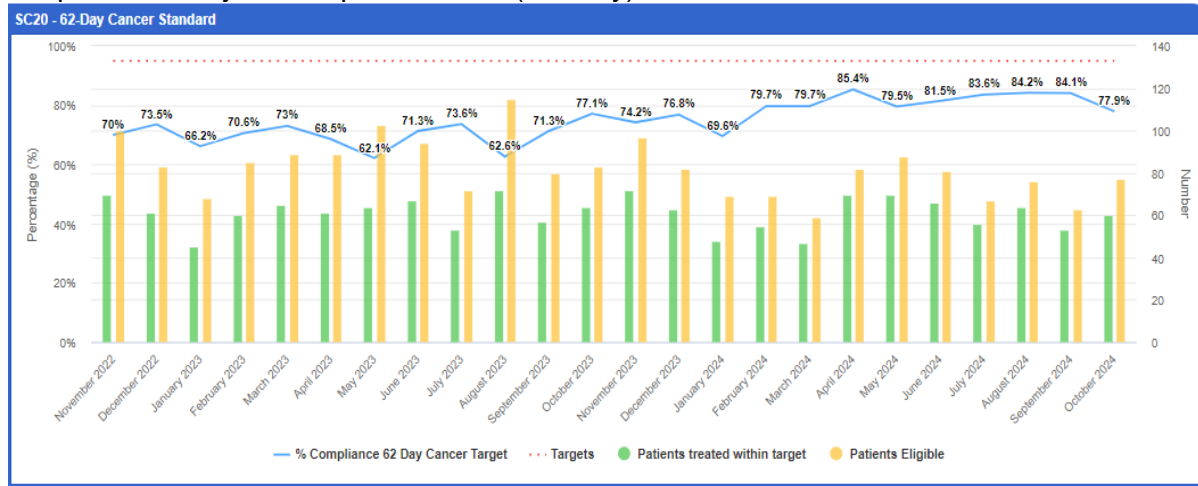
- In October 2024, 98.2% of patients were seen within the 31-day standard.

- In the quarter ending September 2024, 99.3% of patients were seen within the 31-day standard.

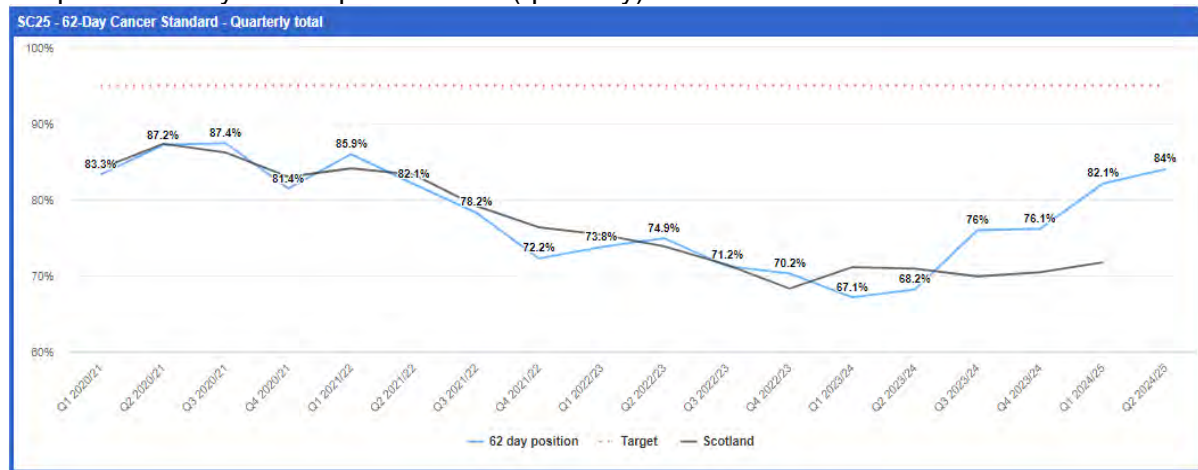
### Scotland Performance

- In the quarter ending September 2024, 94.0% of patients were seen within the 31-day standard.

Graph 10: 62-day cancer performance (monthly) – November 2022 to October 2024



Graph 11: 62-day cancer performance (quarterly)



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

The number of patients being tracked on the 62-day cancer pathway is currently approximately 915 of which 8% are confirmed cancer patients.

Six of the 10 cancer pathways achieved 100% with lung 82.4% (14/17), ovarian 66.7% (2/3), urology 45.5% (10/22) and head & neck 0% (0/1). The highest number of breaches are within the urology pathway with 12 out of 22 patients not meeting the standard.

### 3.9 Psychological Therapies

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

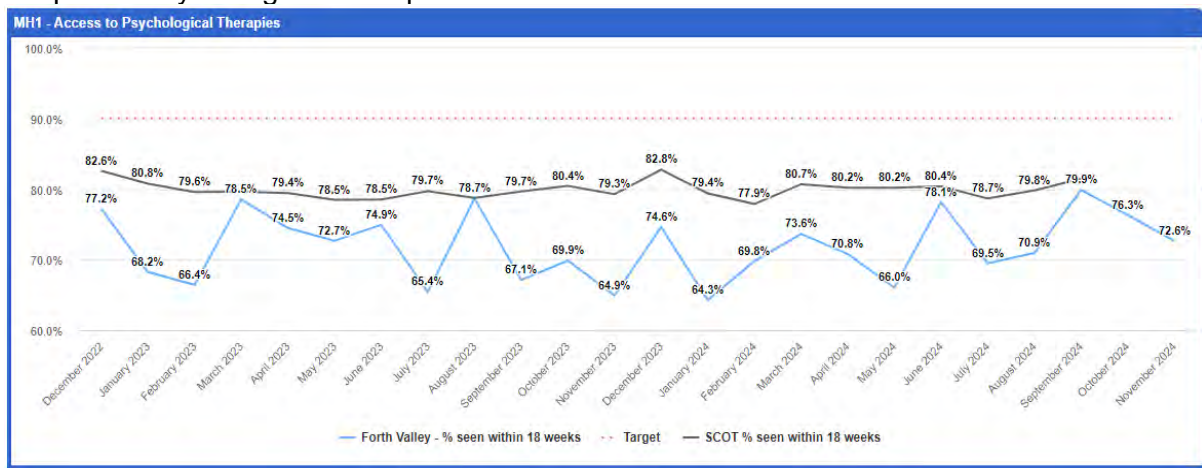
#### Current Performance

- In November 2024, 72.6% of patients were treated within 18 weeks.
- In quarter 2, 73.2% of patients were treated within 18 weeks.

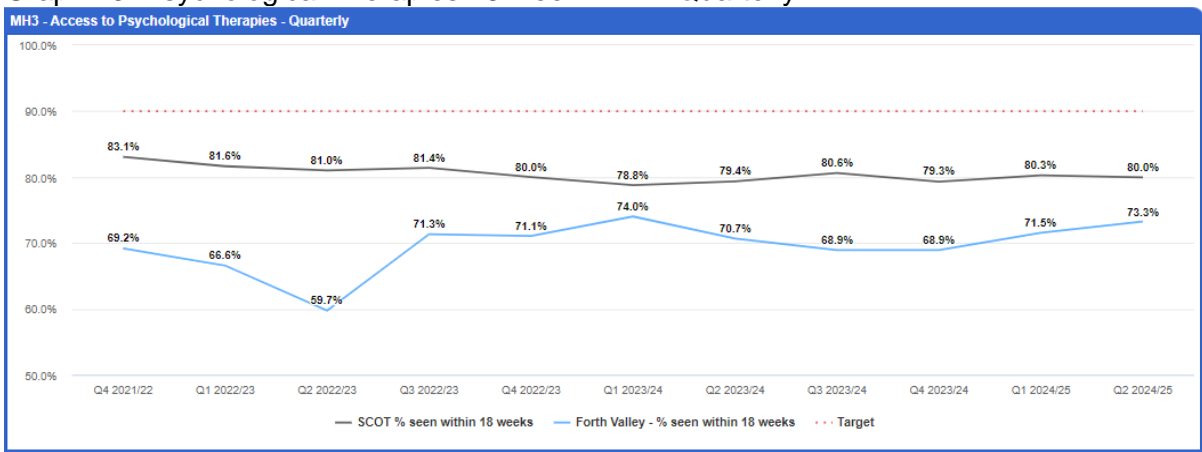
#### Scotland Performance

- In September 2024, 81.5% of patients were treated within 18 weeks.
- In quarter 2 Compliance, 80.0% of patients were treated within 18 weeks.

Graph 12: Psychological Therapies 18-week RTT – December 2022 to November 2024



Graph 13: Psychological Therapies 18-week RTT – Quarterly



In November 2024, 72.6% of patients started treatment within 18 weeks of referral. This is a reduction in performance from the previous month position of 76.3% however an improvement from 64.9% in November 2023. The declining compliance in October and November, is explained by an increase in the number of people who had been waiting longer than we would like starting therapy due to new staff members taking up caseloads. Compliance, however, remains above 70% reflecting continued good uptake of digital therapies.

The number of people awaiting assessment has generally been increasing since quarter 1 of 2023/2024 with 861 people awaiting assessment in October 2024. This is largely explained by the increase in referrals to the service over the same time period, with these now impacting the numbers waiting over 18 weeks for assessment. While there is a genuine trend towards



increasing numbers of people waiting, the November 2024 data is inflated because it includes people who may not opt-in or will fail to respond to contact the department letters and will be discharged over the coming weeks.

### 3.11 Workforce

To reduce sickness absence to 4%

#### Current Performance

- 7.60% absence rate in October 2024

#### Scotland Performance

- 6.41% absence rate in October 2024

Graph 14: Sickness Absence - November 2022 to October 2024



The sickness absence target is 4.0%. Absence remains above the target at 7.60% in October 2024 noting an increase from 7.35% in October 2023. The 12-month rolling average October 2023 to September 2024 is noted as, NHS Forth Valley 7.71%; Scotland 6.51%.

The management of absence and the improvement of staff wellbeing remain key priorities for NHS Forth Valley noting a 2% reduction in absence has been agreed as part of the escalation response and has been included in the Executive Leadership Team objectives.

Work to improve attendance is focussed on the 3 key areas of Attendance Management, Occupational Health and Staff Wellbeing. An Attendance Management Plan has been developed in partnership with staff side colleagues and an audit of the implementation of the NHS Once for Scotland Attendance Policy had been undertaken to review adherence and to understand any barriers.

A range of Occupational Health support services are undertaken with a recent review and redesign of core clinical work to align with Once for Scotland Policies. A review of managerial and self-referral pathways has been undertaken along with the development of a proactive Occupational Health consultation advice line and educational training package for accessing Occupational Health services.

With research evidence highlighting the link between the health and wellbeing of the workforce, and the ability to deliver high-quality patient care, work to support employee wellbeing continues supported by the Staff Support and Wellbeing Programme Group.

Issues in relation to workforce continue to be examined and discussed at the quarterly Staff Governance Committee

## 4. Implications

### **Financial Implications**

Financial implications and sustainability are being considered on an ongoing basis working closely with Scottish Government colleagues and Health & Social Care Partnership Chief Finance Officers. The Finance Report is a standing item on the Performance & Resources Committee and Forth Valley NHS Board meeting agendas.

Financial Breakeven is detailed on the Strategic Risk Register as a Very High risk for NHS Forth Valley. As such it is reviewed and managed as a risk assigned to the Performance & Resources Committee.

- **SRR.005: Financial Breakeven**

If our recurring budget is not sufficient to meet the recurring cost base there is a risk there will be an increasing recurring gap in our finances, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision.

### **Workforce Implications**

Specific workforce issues aligned to areas of performance are highlighted within the report. The NHS Forth Valley Workforce Plan 2022 – 2025 has been developed and is aligned to the Five Pillars of Workforce Planning outlined within the National Workforce Strategy - Plan, Attract, Train, Employ, Nurture.

### **Infrastructure Implications including Digital**

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

### **Sustainability Implications**

There are no specific sustainability implications in respect of this paper.

### ***Sustainability Declaration***

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

- Yes
- N/A

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

### **Quality / Patient Care Implications**

There are no specific quality or patient care implications in respect of this paper.

### **Information Governance Implications**

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

### **Risk Assessment / Management**

Adequate monitoring, scrutiny and management of performance supports the organisation to manage its risk with performance reporting linked to Strategic Risks:

- **SRR.002 Urgent & Unscheduled Care**

If NHS Forth Valley does not have enough whole system capacity and flow to address key areas of improvement there is a risk that we will be unable to deliver safe, effective, and

person-centred unscheduled care resulting in a potential for patient harm, increases in length of stay, placement of patients in unsuitable places, and a negative impact on patients and staff experience.

- **SRR.004 Scheduled Care**

If NHS FV does not consider and plan for current and future changes to population and associated demand/case-mix, there is a risk that the model for delivery of planned care will not meet demand or prioritise effectively, resulting in poorer patient outcomes, avoidable harm and failure to meet targets.

- **SRR.016 Out of Hours**

If NHS Forth Valley is unable to provide a fully staffed OOHS taking an integrated, multidisciplinary approach, there is a risk that the service will not have the resilience and capacity to flex to meet demand, negatively impacting on the patient experience and journey, and ability to deliver care at the right time, right place by the right person.

In addition, there is linkage to Organisational Risks in respect of Waiting Times, Delayed Discharge, Mental Health Services – Psychological Therapies and CAMHS and the 62-day cancer target.

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

### **Relevance to Strategic Priorities**

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

### **Equality Declaration**

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

### **Communication, involvement, engagement and consultation**

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