

# **Agenda Item**

**15**



**Title/Subject:** NHS Forth Valley, Annual Operational Plan 2019/20  
**Meeting:** Integration Joint Board  
**Date:** 6 December 2019  
**Submitted By:** Dr Graham Foster, Director of Public Health and Strategic Planning, NHS Forth Valley Title  
**Action:** For Noting

## **1. INTRODUCTION**

- 1.1. The purpose of this paper is to share the content of NHS Forth Valley's Annual Operational Plan as agreed by the Scottish Government with IJB members.

## **2. RECOMMENDATION**

The Integration Joint Board is asked to:

- 2.1. Note NHS Forth Valley's second Annual Operational Plan, which has been developed in line with guidance received from the Scottish Government. The AOP is the performance contract between NHS Forth Valley and the Scottish Government.

## **3. BACKGROUND**

- 3.1. Our Annual Delivery Plan is our performance contract between NHS Forth Valley and the Scottish Government and it reaffirms our commitment to implement our long term vision as set out in our Healthcare Strategy – Shaping the Future and how it relates to the Government's request to:
- provide an overview as to how we intend to reduce health inequalities whilst improving population health and life expectancy especially for those people living with long term conditions and not in employment
  - set out our access performance trajectories and options with related costs to illustrate our commitment to deliver improvement in elective waiting times across a range of targets/standards including cancer and mental health
  - plan ahead and in partnership with our Integration Authorities to set out our joint plans to manage demand in ED attendances, avoidable admissions and associated occupied bed days and delayed discharges



- anticipated outturn position in both revenue and capital and the savings target to deliver financial balance in 2019/2020
- build strong and resilient primary care and mental health services and continue to support social care - for 2019/2020 we will pass on the core uplift of 1.8% to base budgets plus relevant share of Agenda for Change pay funding to our Integration Authorities, meeting the Scottish Government's requirement to delivering real terms increase in baseline funding over 2018/19 cash levels

#### **4. ANNUAL OPERATING PLAN**

- 4.1. The requirement for an AOP and the process for agreeing the content with the Scottish Government is set out in guidance received annually by the NHS Board. A draft covering the required elements is prepared locally and usually then requires some amendments following feedback from Scottish Government colleagues. In 2019 the feedback mostly related to elective care capacity and specific standards associated with planned care required to be included in the final submission.
- 4.2. Engagement with key staff across NHS Forth Valley was undertaken to ensure the required trajectories were locally considered and appropriately owned. There was also a need to engage with staff and partners including volunteers and Third Sector to ensure local needs were met and to describe the potential of a more personalised approach to care as highlighted in the Chief Medical Officer's report 'Personalising Realistic Medicine'.
- 4.3. Feedback from the Health & Social Care Partnerships related mainly to improving performance in delayed discharges Information should be written in plain English. Technical aspects should be described clearly with minimal use of jargon.

#### **5. CONCLUSIONS**

- 5.1. The NHS Board approved the Draft Annual Operational Plan 2019/2020 at the Board meeting in May 2019 noting that further amendments would be required in line with feedback from local Partnerships and to incorporate further comments and requirements of the Scottish Government. The final AOP was approved at the NHS Board Meeting on 06 August 2019.

##### **Impact on IJB Outcomes and Priorities**

There is no impact on IJB outcomes and priorities arising from this report.

##### **Legal and Risk Implications**

There are no legal and risk implications arising.

**Consultation**

No consultation is necessary.

**Equalities Assessment**

An equalities assessment is not required for this report.

---

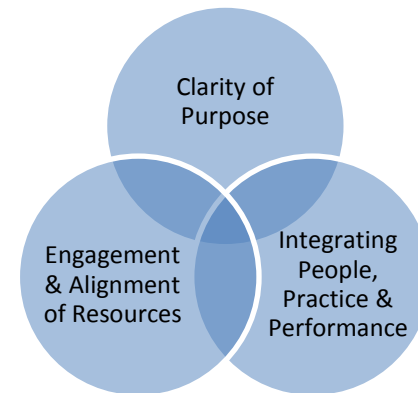
Submitted by: Dr Graham Foster, Director of Public  
Health & Strategic Planning

**Author – Dr Graham Foster, Director of Public Health and Strategic Planning**

**Date: 06 August 2019**

**List of Background Papers: IJB Standing Orders**

# Our Annual Delivery Plan - 2019/2020



At NHS Forth Valley we believe in the importance of aligning strategic direction with staff engagement and maintaining a focus on high quality patient care

Contents	Page
1. Foreword	4
2. Introduction	6
3. Improving Health whilst reducing health inequalities	7
3.1 Primary Care	9
3.2 Best Start	11
3.3 Mental Health & Wellbeing	11
3.4 Prison Healthcare	16
3.5 Substance Misuse	17
3.6 Sustainability Strategy 2019-2024	18
4. Improving Care	19
4.1 Improving Access	21
4.1.1 Emergency Department	21
4.1.2 Cancer	23
4.1.3 Diagnostics	27
4.1.4 Outpatients	28
4.1.5 Treatment Time Guarantee	29
4.2 Elective Care Plans 2019/2020	30
4.2.1 Outpatient and TTG targets	30

4.2.2 Elective Care Centre Development	31
5. Providing Safe Care - Healthcare Acquired Infection	32
6. Working in Partnership	36
6.1 Integration – Health and Social Care	37
6.1.1 Delayed discharges	39
6.1.2 Emergency Admissions and Occupied Bed Days	44
6.1.3 End of Life Care	45
7. Developing our Workforce	45
8. Achieving Service & Financial Sustainability	50
8.1 Appendices - NHS Forth Valley - Financial Plan 2019/20 – 2023/24	51
8.1.1 Core Revenue Outturn Statement	53
8.1.2 Cash –Releasing Savings Requirements	54
8.1.3 Non Core RRL Expenditure	55
8.1.4 Infrastructure Investment Programme	56
8.1.5 Financial Trajectories	57
8.1.6 Financial Planning Assumptions & Risk Assessment	58
9. Strategy Deployment Matrix (Level Zero)	59

## 1. Foreword

**NHS Forth Valley is an organisation that cares:** cares for our patients, cares for each other and cares for the communities we serve and support. Our Annual Delivery **Plan builds on who we are and what we want to achieve during 2019/2020.** Our Plan acknowledges that alignment connects strategy and delivery in ways that enable our staff to make sound judgements and to **work as one to deliver sustained high performance.** We believe that without alignment results are left to chance and without engagement the changes and performance we want for our patients, our staff and our wider communities are not sustainable. In using an established Strategy Deployment approach we can track the implementation of our priorities - **NHS Forth Valley's (Level Zero) Strategy Deployment Matrix attached at Appendix 1.**

To **support our change agenda** the Board of NHS Forth Valley will provide clear leadership and direction to ensure capabilities and connections come together in ways that support a strong and effective healthcare system that is more than the sum of its parts. We will **create a Corporate Programme Management Office** (set up initially to support the expansion of our elective care programme at Forth Valley Royal Hospital) to **mobilise organisational effort**, monitor progress, **direct our improvement work** and focus on specific projects in order to adopt and spread good practice, maximise benefits and accelerate change. Our commitment is three-fold:

- to **exemplify our values** in how we behave and interact with each other
- to promote a **culture that inspires, empowers and encourages** shared learning and innovation; a culture that listens and engages with people, partners and our staff to promote teamwork and collaboration and
- to support a **culture that focuses on the long term and setting direction** in ways that align our strategy with resources to ensure we deliver improvement in our priority areas

Priority areas for 2019/2020 include:

- improve **population health and life expectancy** especially for those people living with long term conditions and furthest away from employment opportunities
- promote the **Detect Cancer Early** programme and timely access to diagnostics for people with urgent suspected cancer referrals
- implement Best Start: A Five Year Forward Plan for **Maternity and Neonatal Care**
- build strong and resilient **Primary Care** Services



- prevent, treat and improve access to **Mental Health** Services for all ages
- redesign our **Elective Care Pathways** locally and regionally to deliver sustainable improvement in all our access standards/targets
- make progress in our **Unscheduled Care Pathways** as part of our commitment to **health and care integration** and delivery of our ED and ED related performance
- build on our achievements to prevent and control **healthcare associated infection**
- work with our **financial allocation** to make best use of our resources to support high quality sustainable services

All of the above will not be possible if **our workforce** is not involved, enabled and/or empowered to support our ambitious improvement agenda. In this regard we will ensure our workforce is developed, equipped and empowered to deliver high quality, safe and effective care and services. **Joy at work** and a commitment to work towards Investors in People (IiP) - Platinum level is high on our agenda and with the support of our Area Partnership Forum and Area Clinical Forum we believe we can achieve a first for the NHS and secure a Platinum rating that builds on our Gold Award secured in 2018. I-matter continues to be important to us and both of us will continue to **champion the benefits of employee engagement** in developing and delivering care and services to the people of Forth Valley. Talent management and succession planning has been raised as a priority by our staff and in response we will work to **establish a Quality Improvement People's Academy** in 2019/2020. The Academy and our Programme Management Office whilst supporting excellence in care will also **inform our transformation of services and the shape of our future workforce and the skills we will need to support a changing operating environment**.

Healthcare delivery needs to be financially and environmentally sustainable. Alongside our ambitions to deliver better health and better care is a commitment to demonstrate better value in our decision making. **A regime of good governance** that manages risks will assure the Health Board of high performance across all of our corporate objectives. Our streamlined decision making environment and **annual Strategy Deployment approach will ensure we align resources to our priorities and deliver on our commitments**. To date, **NHS Forth Valley has achieved great things**. Our NHS Board is keen to **build on our achievements whilst acknowledging what needs to be better**, working closely with our staff, partners, patients, volunteers and community organisations to improve the health and health care of the people of Forth Valley.

**Alex Linkston**

Chair

**Cathie Cowan**

Chief Executive

## 2. Introduction

This is NHS Forth Valley's second Annual Delivery Plan. **The Plan will be our performance contract between NHS Forth Valley and the Scottish Government** and in it we will reaffirm our commitment to implement our long term vision as set out in our Healthcare Strategy – **Shaping the Future** and how it relates to the Government's request to:

- provide an overview as to how we intend to reduce health inequalities whilst improving population health and life expectancy especially for those people living with long term conditions and not in employment
- set out our access performance trajectories and options with related costs to illustrate our commitment to deliver improvement in elective waiting times across a range of targets/standards including cancer and mental health
- plan ahead and in partnership with our Integration Authorities set out our joint plans to manage demand in ED attendances, avoidable admissions and associated occupied bed days and delayed discharges
- append a summary of financial plans and assumptions including our anticipated outturn position in both revenue and capital and the savings target to deliver financial balance in 2019/2020
- build strong and resilient primary care and mental health services with our Integration Authorities and continue to support social care - for 2019/2020 we will pass on the core uplift of 1.8% to base budgets plus relevant share of Agenda for Change pay funding to our Integration Authorities, meeting the Scottish Government's requirement to delivering real terms increase in baseline funding over 2018/19 cash levels

**This Annual Delivery Plan in addition to the above will also focus on:**

- developing a workforce that inspires people to do well through new ways of working
- delivering care closer to home using technology
- enhancing our capacity and capability to support repatriation of services in response to current and future need
- playing a key role in developing local, regional and national solutions with our partners
- partnering with others in joint or shared ventures where it makes clinical and/or financial sense
- continuing to reduce our estate footprint

### 3. Improving Health whilst reducing health inequalities

The [Forth Valley Health Improvement Strategy 2017-2021: A Thriving Forth Valley](#) was published in 2017 and is set in the context of the Forth Valley Healthcare Strategy 2016-2021: Shaping the Future. **The Health Improvement Strategy sets out the way we will work with our local Community Planning Partnerships (CPPs) to enable all of our communities to live healthier lives.** The document sets out our priorities in five strategic themes:

- Children and early years
- Mental health and wellbeing
- Worthwhile work
- The effects of substance use on individuals and families
- Population wide health improvement programmes

We welcome the publication of the six national public health priorities for Scotland and the work to establish Public Health Scotland during 2019. It is clear that the national priorities will support our local ambitions.

We are currently working with Community Planning partners to:

- Ensure every child in Forth Valley has the best start in life
- Support children and young people to become resilient and see themselves as successful
- Reduce the number of people affected by substance misuse
- Increase the number of people, including school leavers, to enter and sustain quality employment
- Improve the health of the people of Forth Valley

**In the Forth Valley area, promoting good health and preventing disease will improve quality of life, keep people well, help to reduce avoidable hospital admissions or attendances and help people to get back home quickly and safely from hospital.** Each of our three Local Authority partners has developed a detailed Local Outcome Improvement Plan (LOIP) to deliver at local level. These plans together with “A

**Thriving Forth Valley” set out a coherent and prioritised plan to address health inequalities and deliver health improvement to our population.** This will also help us to contribute to delivering the Scottish Government’s objectives such as making Scotland the best place to grow up and promoting economic prosperity.

In 2018 it was confirmed that **Stirling Council in partnership with Clackmannanshire Council and the University of Stirling secured investment of 90.2 million from the UK and Scottish Governments in the form of a City region deal** to provide investment, innovation, digital, cultural, heritage, tourism, active travel and connectivity over the next 10 – 15 years. This presents **multiple opportunities to work with local partners to improve population health and wellbeing and reduce inequalities.**

NHS Forth Valley, **keep well project specifically targets health improvement actively to those least likely to be in contact with routine services who some are of the most disadvantaged and deprived member of the local population.** This work will be continued through 2019/2020.

**Tackling child poverty** is one of the most significant issues in protecting children and young people and improving their health and well being. NHS Forth Valley will work with partners to publish child poverty action plans in 2019. **Mental Health and wellbeing is a top priority** and we will continue to promote and provide Mental Health First Aid Training across Forth Valley.

**Drug related deaths are a significant concern** and we will work jointly with partners through our ADPs and other services to promote recovery orientated systems of care for those with addictions and to further develop the growing Forth Valley Recovery Community.

**Hepatitis C and HIV can now be considered preventable diseases** through the treat to prevent approach and in 2019 we will step up action to detect and treat both Hepatitis C and HIV in our local community in support of Scottish Government targets to eliminate Hepatitis C and control HIV.

In summary we remain committed to delivering our priorities as set out in our Health Improvement Strategy notably Early Years (including tackling ACES, neglect, exclusion and poverty), mental health (including suicide prevention), worthwhile work and substance misuse.

### 3.1 Primary Care

**Primary care in its widest sense has served patients, the NHS and the public well since its inception.** However, people's expectations and health care needs have grown in complexity and we have used our infrastructure, workforce and technology to do the right thing (treatment/intervention) in the right place at the right time. **Alongside this changing operating environment has been influential policy direction including the new General Medical Services (GMS) contract** with matched significant the investment to mitigate workforce and service sustainability risks.

The **implementation of the contract is a key plank in our reform agenda** geared to improving population health including mental health and tackling health inequalities through improved health and care access using a multidisciplinary approach.

Our first iteration of the Primary Care Improvement Plan (PCIP) outlined a 3 year plan in line with the Memorandum of Understanding to support the GMS Contract agreed between the Scottish Government, NHS Boards, Integration Authorities and SGPC. Like most NHS Boards we were keen to have **a single Plan spanning across Forth Valley whilst recognising that different local communities will have different needs and priorities.** This work is being taken forward in close collaboration with the 9 Forth Valley GP Clusters and with excellent engagement and support from our GP sub Committee and other Clinical Leaders.

**Sustainability is a key issue** and in line with the GMS contract we are promoting and supporting a more manageable workload for GPs through more effective multi-disciplinary working to deliver services according to need and to allow the GP to develop as an Expert Medical Generalist. The PCIP investment for Forth Valley is in line with delivering the priorities of the new GMS contract, notably:

- Vaccination Transformation Programme
- Community Treatment and Care Services
- Pharmacotherapy Services
- Providing an additional multi-disciplinary workforce of professionals with advanced and additional skills to support those presenting to general practices including patients in need of urgent care

**Work to deliver the Primary Care Improvement Plan in Forth Valley has progressed well and feedback suggests that to date we have had excellent collaboration and engagement from all stakeholders.** Risks to ongoing success have been clearly identified with ongoing monitoring and mitigation where possible. Our work is embedded in associated workstreams at NHS Board and Partnership level in relation to sustainability of primary care services, development of improved models of care across the interface, including work around the community front door and the community workstream for unscheduled care and redesign of our out of hour's services. **The NHS Board provided a non-recurrent fund of £400k for 2019/2020 to enable financial balance of the second year of the plan.**

**In summary, there has been a significant amount of progress achieved in the last year around the PCIP** which has been developed using a three horizon model and is overseen by the Primary Care Improvement Plan Group which is a broad stakeholder group chaired by the Chief Executive of NHS Forth Valley with representation from our Health & Social Partnerships, the GP Sub Committee, GP Clinical Leads and Clinical Services Leads. The Group is also attended by key individuals that provide expert support around project management, HR and workforce, finance, and infrastructure. **A Primary Care Premises Review is underway; the output from this work will draw together investment priorities to support implementation of the Primary Care Plan under the auspices of a Programme (Premises)** approach over the next 5 years. It is intended that a Primary Care Clinical Strategy to inform business cases will be progressed during 2019.

**To date 80 professionals have been recruited to support the PCIP** and the Vaccination Transformation Programme has started providing childhood immunisation services across Clackmannanshire. It is planned to roll this service out across all clusters by 2021. However, there continues to be financial implications due to the scale and pace of the recruitment programme and a **recurrent affordability risk in excess of £1 million after 2021.** Indicative funding allocations from the Scottish Government suggest that a total of £8.401m will be available to implement the contract in FV by 2021/22; we would welcome a more proportionate incremental flow to funding to support progressive growth and development of our services. Our iteration 2 of the PCIP will highlight risks as part of our review and refinement of the original plan without changing the focus on the MOU priorities. Recognising that delivery the PCIP is an evolving process, locally our Forth Valley PCIP Group has agreed a regular 6 monthly review of work around the priorities. This is aligned with delivering a second iteration of the Plan as required by the National GMS Oversight Group to report on progress by the end of April 2019.

### 3.2 Best Start

In January 2017 the Scottish Government published Best Start: A Five Year Forward Plan for Maternity and Neonatal Care. **NHS Forth Valley was chosen to be one of the Early Adopter Boards for the Best Start.** A local Project Board supports the implementation and there are a variety of work streams in place. Relevant actions during 2019/2020 include:

- Full implementation of Best Start Continuity of Care teams by end of June 2019
- Hospital based core staff model agreed and implemented by end of June 2019
- Reconfiguration of Obstetric Consultants to each team completed and will be implemented for patients booking with the service from 1<sup>st</sup> June 2019
- Long term staffing plan for Neonatal Transitional Care has been fully implemented since December 2018
- Further use of identified community hubs to provide antenatal, parent education and postnatal care for women closer to home continues
- Ongoing communication/engagement methodologies to connect with our diverse audiences (e.g. GP events, newsletters, Maternity Services Liaison Committee) to keep stay staff, service users and partners in the know as we implement our new service model
- Evaluation of Continuity of Carer within Best Start model, neonatal transitional care and Alongside Midwifery Unit (MLU)
- Further development of local data collection including maternity dashboard to inform our model of care delivery
- Further evaluation and interrogation of outcomes associated with Midwifery Led Care

### 3.3 Mental Health and Wellbeing Services

In 2017 the Scottish Government launched Action 15 which is intended to increase our workforce to support the implementation of the Government's 10 year mental health strategy. Its timing has been opportune as NHS Forth Valley reflects on the services and arrangements that we have in place for supporting people with mental health needs. **During 2018/2019, we have invested in improving services and waiting times in both Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies** and in going forward we will continue to focus on four key areas which relate to the Scottish Government's four themes, prevention and early intervention; access to

treatment, and joined up accessible services; the physical wellbeing of people with mental health problems; and rights, information use, and planning.

### Start Well

**Prevention, early intervention and early year's approaches for infants, children and young people will be a central plank to improving the health and wellbeing of the people of Forth Valley.** In this regard we will continue to work with our partners in education to help support the attainment of children and young people and for those same people we will offer child and adolescent mental health and well being support when it is needed.

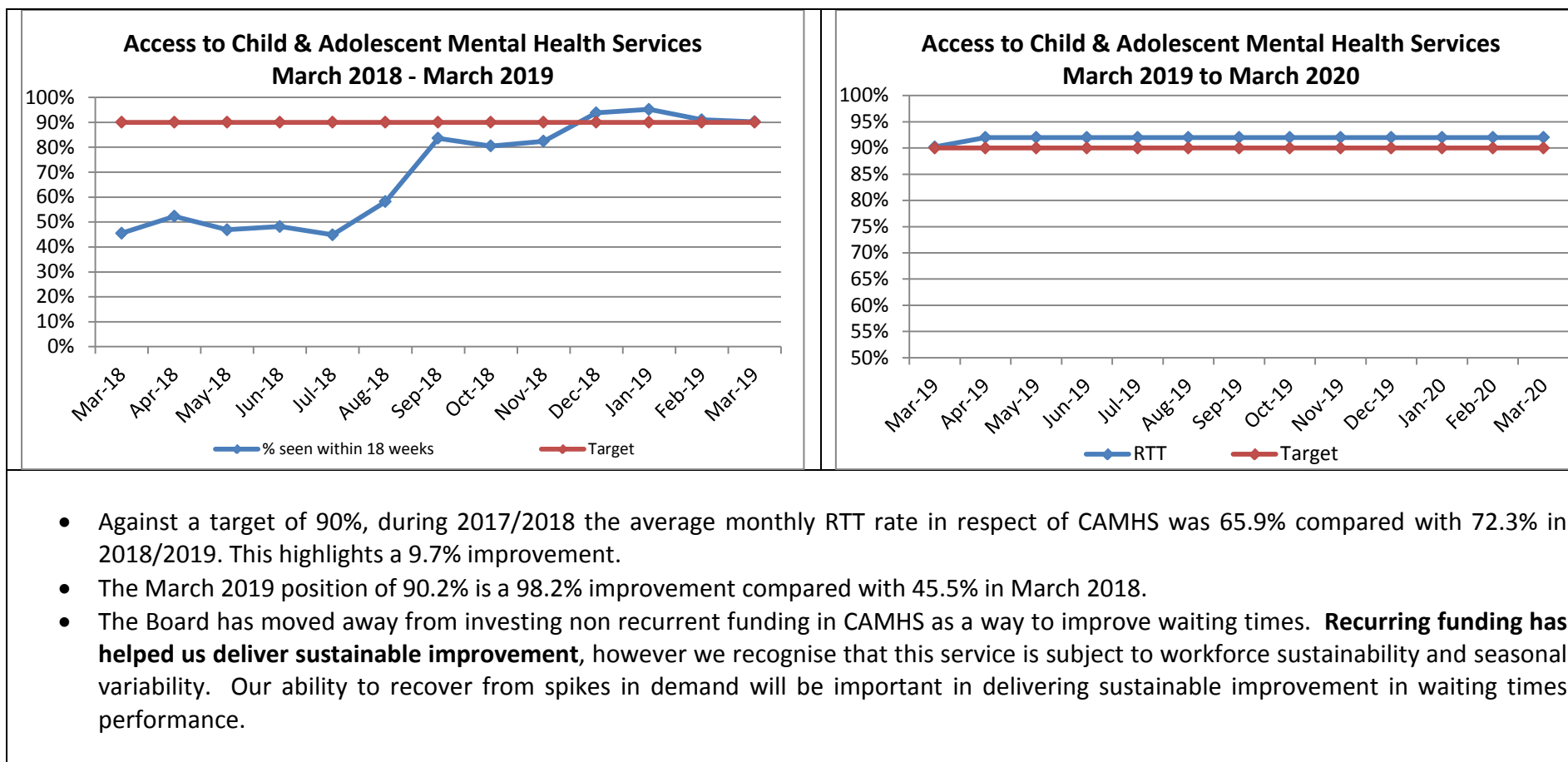
### Live and Keep Well

For the majority of us we will access primary care through GP services when we are feeling unwell. This is no different for us when we have mental health problems. **It is our intention to better join up the work of our community mental health team with the work of our colleagues working in primary care services to ensure timely, co-ordinated and effective care.** We also aim to ensure that the physical health needs of people with severe and enduring mental health problems are met. Equally we are keen to, wherever possible, enhance our working with families where appropriate and partners working in housing, employment and the Third Sector as we look to help people manage their own mental health.

**A key priority for us in 2019/2020 will be to deliver sustainable improvement in waiting times in both CAMHS and Psychological Services.** The Graphs below show performance to date and the level of improvement required to meet the national standards in both CAMHS and Psychological Services.



Graph 1 – Access to CAMHS compliance



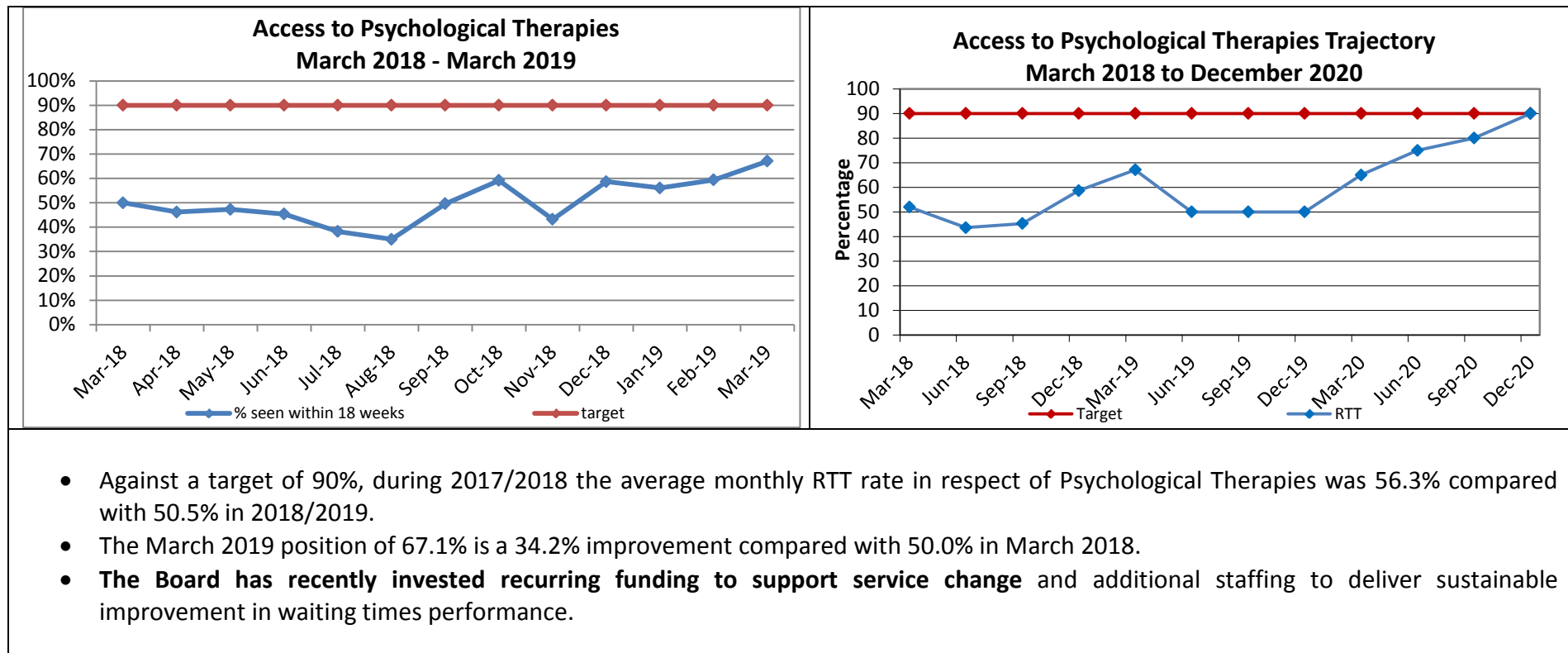
It is our intention during 2019/2020 to:

- use our Child and Adolescent Mental Health Service (CAMHS) comprehensive Realistic Medicine plan as a vehicle to drive forward service improvements focusing on reducing length of treatment, reducing variation, treatment pathways and fidelity to treatment

- continue to update our existing patient pathways, for example, the Anxiety Pathway has been developed with local authorities, the Eating Disorders Pathway has been developed in collaboration with paediatrics and the Neurodevelopmental Disorders Pathway have been rewritten to reduce waste and to ensure they adhere to best practice standards. There is currently a focus on rewriting several other pathways that match the referral criteria for CAMHS to ensure there is consistency, parity and equity for all
- build on our personalised approach to child mental health and invest in prevention time
- work in partnership with key stakeholders and up-skill non - CAMHS staff, such as teachers, youth workers, health visitors and school nurses by supporting them to create conditions, in which young people learn positive help-seeking strategies and resilience, to enable them to grow into resilient adults
- deliver training and coaching in Low Intensity Anxiety Management to school nurses who then deliver this at the primary level rather than refer to CAMHS and feedback from both staff and young people has been positive – we will continue to roll this out during 2019/2020
- implement guidance issued by Scottish Government on supporting transitions, the Service is taking forward the use of a Transition Care Plan (TCP) to better support young people receiving treatment in their transition to adult mental health services
- utilise technology to increase access for young people, for example: investment in the safespot app and we have asked our local schools to share information about this to the relevant school population
- offer 16-18 year olds with mild to moderate mental health difficulties (depression and anxiety) or those who may have more complex needs but are considered suitable access to a computerised CBT programme

**In addition our commitment to partnership working and shared learning will continue.** For example a local high school required support to manage a difficult dynamic of pupils with varying mental health issues. A multidisciplinary short life working group was created. Our CAMHS Team helped to collate the information around pupils open to the service and any potential referrals that were required. Safety and stabilisation training was delivered to support school and families. This collaborative approach supported early intervention and prevention, partnership working, access to treatment and reduced potential admissions.

Graph 2 – Access to Psychological Therapies compliance



During 2019/2020 our Psychological Therapies Team will continue to work with the Mental Health Access Improvement Support Team (MHAIST) around Demand, Capacity, Activity and Queue (DCAQ methodology) and the new Trauma Pathway. There have been several service developments focused on ensuring patients have quicker access to evidenced based therapies, through group work, such as the pain management programme and the trauma pathway. The first trauma pathway emotion regulation group is currently underway with approximately 55% of those assessed deemed suitable for the group.

Not only does this enable patients to access evidenced based psychological therapies in a timelier manner it also ensures standardised practice. In addition we will:

- Support work to improve the quality of referrals (this also reduces the amount of inappropriate referrals received) and in doing so **increase our ability to match the needs of those referred to the correct level of service and provide better care for the client whilst reducing variation and resource wastage.** To facilitate this work a 'create' session has been arranged in collaboration with GP colleagues, this will take place in June 2019.

**Our Psychological Therapies Team continues to work closely with health promotion to ensure ongoing provision of stress control groups.** In addition, the Team will also continue to build a personalised approach to care through ongoing service user engagement - the outcomes of phase one of this work (a service user survey) received a total of 331 responses, results suggest 99% of service users felt listened to by their therapists.

### 3.4 Prison Healthcare

NHS Forth Valley provides care and services to support the healthcare needs of prisoners in the three national prisons located in Forth Valley: Polmont Young Offenders Institute, Cornton Vale and Glenochil. **Almost 25% of the Scottish prisoner population is located in the Forth Valley area which has only 5% of the Scottish population and more than 90% of prisoners are from areas outwith Forth Valley.** The healthcare needs of prisoners are diverse and can be complex. Prison population numbers have risen over the last year with Glenochil numbers increasing by over 50 in the last 4 months with numbers expected to rise in all 3 establishments. This represents a significant challenge for the Health Board (no NRAC weighting or targeted allocation to acknowledge the diverse and complex needs of this significant population) as it responds to the needs of our prison population. **Action 15 funding is being utilised to improve prison health and care services** with Community Justice Partnerships and Health & Social Care Partnerships.

**People in prisons experience significant health inequalities** with multiple and complex short and long-term health issues, including both physical and mental health problems, learning difficulties, substance misuse and increased risk of early death. It is well established that the **Scottish prison population is disproportionately drawn from the most deprived areas in Scotland** and that many of the factors which increase the likelihood of involvement in the criminal justice system are also linked to higher rates of ill health and disability. **NHS Forth Valley is**

**working in partnership with the Scottish Prison Service (SPS) to support a whole prison approach.** A whole prison approach involves addressing the wide range of factors that impact on health and wellbeing such as environment, infrastructure, policy and practice alongside increasing knowledge and skills for prevention and self-management in the community. NHS Forth Valley will consider the two reports on HMP YOI Polmont (published on 21<sup>st</sup> May 2019): a Full Inspection Report (29 Oct – 9 Nov 2018) and a Report on an Expert Review of the Provision of Mental Health Services for Young People entering and in custody at HMP YOI Polmont and make public the actions we intend to progress.

The Health Promotion Service delivers outputs at a strategic level working with Scottish Prison Service Senior Management, and supports operational activities across the 3 establishments in Forth Valley.

Priorities for Prison Healthcare in 2019/2020 are:

- Reducing health inequalities through delivery of a whole prison approach to health and wellbeing
- **Implementing the recommendations arising from the HIMPS inspections and the soon to be published Expert Review of Mental Health Provision in Polmont**
- Reviewing current models of care across all 3 Prisons, taking account of the diverse and complex needs of each Prison population
- Reviewing and updating workforce plans, **supporting staff development and addressing recruitment and retention challenges**

### 3.5 Substance Misuse

NHS Forth Valley leads and co-ordinates area wide actions to address substance misuse. We aim to ensure the provision of an appropriate range of treatment options, required to promote the recovery of those affected by substance use problems, and their availability at point of need. NHS Forth Valley recognizes substance misuse and especially the adverse impact it has on children and families as a specific priority within our health improvement strategy and has continued to maintain funding at previous levels. **Our local approach is to emphasise recovery orientated systems of care and promote person centred support.**

There are two local Alcohol and Drug Partnerships which operate in Clackmannanshire and in Stirling and Falkirk. Integral to this work are the views expressed by service users, their families and carers. Standard expectations of care and support in Drug and Alcohol Services have been

developed to ensure anyone looking to address their problem drug and/or alcohol use receives high-quality treatment and support that assists long-term, sustained recovery and keeps them safe from harm, supporting their physical wellbeing and mental health.

There is a highly successful Forth Valley Recovery Community and seven local recovery cafes with the intention to open additional cafes' through 2019/2020.

### 3.6 Sustainability Strategy 2019-2024

**Healthcare delivery needs to be financially and environmentally sustainable** - so that we can meet the needs of patients today, whilst ensuring we have a service that is fit for purpose and meets the needs of people tomorrow and beyond. We are committed to taking account of account of the Megatrends (global) and in this regard we are signed up to contributing to the delivery of Sustainable Development Goals (Reference: NHS Sustainable Development Unit – Route Map for Sustainable Health) and their far reaching impact on societies, economies, cultures and personal lives.

A significant amount of local work has already been done in many areas by Forth Valley NHS Board to improve environmental sustainability and reduce carbon footprint whilst taking account of local demographics, connectivity and technological advances.

In May 2018, Forth Valley Royal Hospital was audited against the National Award for Environmental Excellence and received a Gold Award. We will continue to work to deliver our Sustainability Strategy and Action Plan 2019-2024.

**In summary**, NHS Forth Valley will continue to focus on prevention in early years, working years and older years. We will use every healthcare contact as a health improvement opportunity and specifically target the following key risk factors:

- harmful use of alcohol
- insufficient physical activity
- current tobacco use
- raised blood pressure
- diabetes and

- obesity

In addition we will:

- work to deliver elimination of Hepatitis C over the next 3 years
- improve mental well being through mental health first aid training
- reduce inequalities through delivery of a whole prison approach to health and wellbeing and supporting the implementation of community justice reform
- support the most disadvantaged, excluded and deprived members of the local population through our keep well programme
- tackle substance misuse and drug related deaths through the local ADPs and recovery orientated systems of care including the Forth Valley Recovery Community
- invest in a Bone Density Service over the next 3 years

Alongside the above will be a **commitment to work with employers and employees to create and sustain a safe and healthy workplace as part of our commitment to Health Working Lives.** It is our intention to progress to the Healthy Working Lives Gold Award during 2019/2020 as part of a number of initiatives, to promote NHS Forth Valley as a great place to live and work.

#### 4. Improving Care

**High performing health care organisations see quality improvement (QI) and leadership development as two sides of the same coin.** It is our intention to create a QI and Peoples Academy to strengthen our internal capability to improve patient care. At the same time we will ensure the voices of our patients and the public are sought and heard in the design of our local health and care services. In this regard NHS Forth Valley is determined to do better as we strive to deliver personal, reliable and safe care and services, timely access to care and services will be a key priority as we look to drive out unnecessary **delays and variation** in our services. **Our performance during 2018/2019 will become our baseline as we set out our aspirations to improve waiting times in line with the National Waiting Improvement Plan.** Our NHS Board regularly reports our performance to enable scrutiny by Non Executive Board members and to seek assurance on the key priorities and actions being taken in a number of key standards. These are listed below for reference:

### Preventing Ill Health and Early Intervention

- Detect cancer early - people diagnosed and treated in the first stage of breast, colorectal and lung cancer (25% increase)
- Cancer - 31 days from decision to treat (95%) and 62 days from urgent referral with suspicion of cancer (95%)
- People will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%)
- 18 weeks referral to treatment for Psychological Therapies (90%)
- 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%)

### Tackling Inequalities

- At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week gestation
- Sustain and embed successful quits, at 12 weeks post quit, in the 40% SIMD areas

### Improving Quality, Efficiency and Effectiveness

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)
- 12 weeks Treatment Time Guarantee (TTG 100%) following the National Waiting Times Improvement Plan (NWTP) milestones
- 18 weeks Referral to Treatment (RTT 90%)
- 6 weeks - eight key diagnostic tests and investigations (endoscopy and radiology) to support RTT compliance
- 12 weeks for first patient outpatient appointment (95% with stretch 100%) following the NWIP milestones



## 4.1 Improving Access

The Scottish Government waiting times improvement plan directs more than £850 million of investment to deliver sustainable improvement in NHS waiting times over the next two and a half years.

**Our immediate focus in line with the National Waiting Improvement Plan will be to improve waits for patients whose treatment is urgent, who have a suspicion of cancer, and those who have waited the longest for an appointment.** The Plan is in line with our key actions, notably to:

- increase capacity across the system
- increase clinical effectiveness and efficiency
- design and implement new models of care

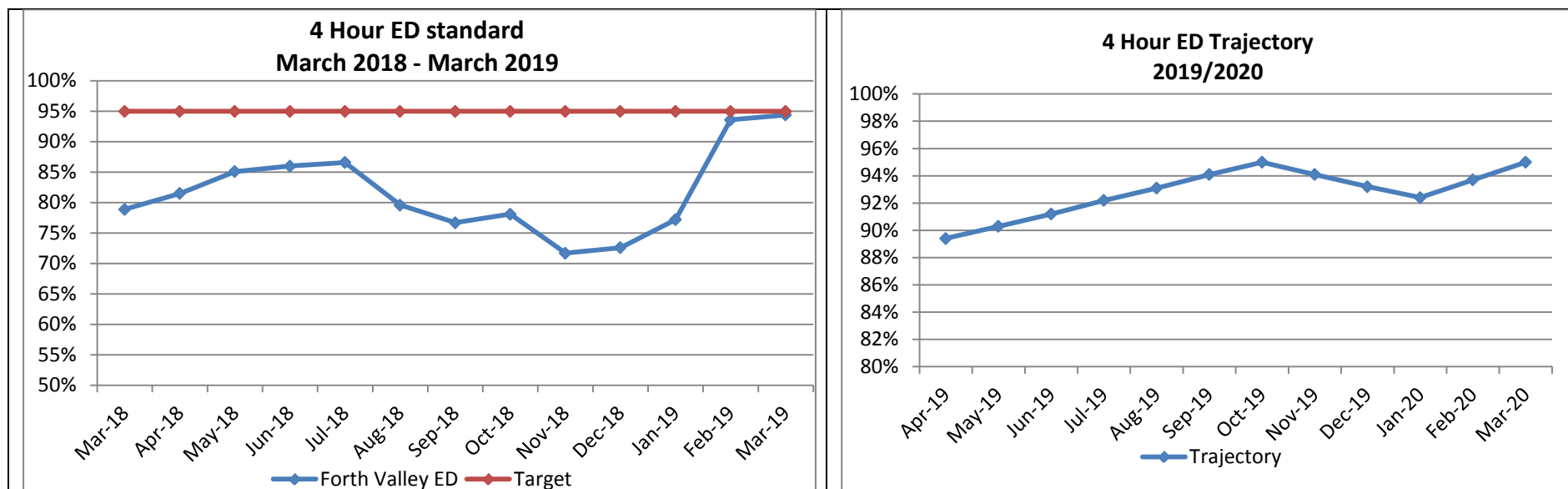
NHS Forth Valley is committed to supporting the national waiting times improvement plan to deliver improved performance on outpatients waiting less than 12 weeks to 95%, and for inpatients and day cases under the treatment time guarantee to 100% in line with the milestones set out including meeting and or exceeding the 95% of patients awaiting cancer treatment to be seen within the 62 day standard.

**In 2019/2020 NHS Forth Valley will undertake an ambitious £17 million change programme to improve waiting times across a number of targets/standards.** The Board will develop an additional Elective Treatment Centre comprising two operating theatres, an additional MRI scanner and an elective ward (up to 32 beds); this resource is intended to be used nationally. The first theatre in response to the Government's request will open in June 2019 with the second theatre to incorporate laminar flow at the request of Government in November 2019. The ward commissioned will open in April 2020 and the MRI scanner commissioned from July 2019. The Graphs below describes our performance (March 2018 to March 2019) against the national standard/target.

### Graph 3 – 4 hour Emergency Access Standard

**In December 2018 NHS Forth Valley received formal notification that as a result of our unscheduled care performance it was to be escalated to level 3 of the 'Escalation Performance Framework'. Prior to the formal notification a number of key changes involving staff had been agreed** these included: creating a consistent operating model supported by processes to address variation supported by metrics, escalation

and governance that included Partnerships in this whole system solution. **During early January to the end of March additional staffing capacity to support flow and facilitate discharge has helped accelerate our improvement work** to support and deliver the 95% standard by March 2019. NHS Forth Valley expects to consistently deliver against this standard in 2019/20 and whilst there was a 'dip' in our April performance this is being addressed by our Director of Acute Services and Clinical Leaders.



- Against a target of 95%, during 2017/2018 the average monthly rate in respect of compliance against the ED standard was 86.8% compared with 81.9% in 2018/2019.
- The March 2019 position of 94.4% is a 19.6% improvement compared with 78.9% in March 2018.

The majority of breaches for patients waiting beyond 4 hours are 'wait for first assessment', **wait for bed breaches has improved** although bed occupancy, boarding and delayed discharges all remain high and impact on flow. For example: in March 2019, 291 patients waited longer than 4 hours. 144 were due to 'wait for first assessment' and 43 due to 'wait for a bed'. **Boarding levels remain high (target reduction of 50%) and present a risk to our patient safety programme.** We intend to **develop a Service Sustainability Plan for the acute site** (medical and surgical emergency and elective services) which will include a review of how we use our acute beds as part of a whole system health and care review.

NHS Forth Valley continues to focus on all aspects of unscheduled care to support improvement in performance as a whole system with the Unscheduled Care Programme Board continually monitoring ED performance and attendance indicators as part of the six essential actions. **‘Getting ForthRight’ is our recovery plan which is designed to support improvements in Emergency Department supporting flow through ED and the Acute Site.** In line with our escalation we have a number of tests of change that will continue to support improvements in this whole system programme of work. **Our Health & Social Care Partnerships and their involvement in supporting flow to reduce bed occupancy, boarding and delayed discharges are vital to the delivery of sustainable improvement.**

#### Graphs 4 and 5 – 31 and 62 day Cancer compliance

**During 2018/2019 there have been a number of key changes and investment to support sustainable improvement in our cancer access standards** and in particular around the 62 day target. With receipt of national funding we have targeted investment in the following areas:

- Skin minor operations team to increase capacity in the Skin Cancer pathway
- Surgical Skin Cancer Clinical Nurse Specialty post to support the above and patients diagnosed with Melanoma
- Dermascope equipment into Primary Care, to help clinicians distinguish benign from malignant skin lesions and so enhance referrals to the Skin Cancer pathway
- Additional trainee Band 6 Nurse Endoscopists to increase scoping capacity whilst also supporting our commitment to succession planning
- Reviewed Cancer pathways with the clinical teams to identify areas for targeting improvement as well as considering escalation requirements

**Following an informal visit from government representatives in December 2017 an action plan was initiated to inform our improvement work** using the “Effective Cancer Access Performance Management Framework”. This work was formalised following the formal visit in December 2018 by Margaret Kelly on behalf of the government. The feedback from this visit has led to further improvements in our monitoring and escalation process to reduce patients exceeding the standards. In addition, a Cancer Operational Policy and greater visibility of the Cancer Target, throughout the pathway and in particular at the MDT, for Clinicians has been achieved.

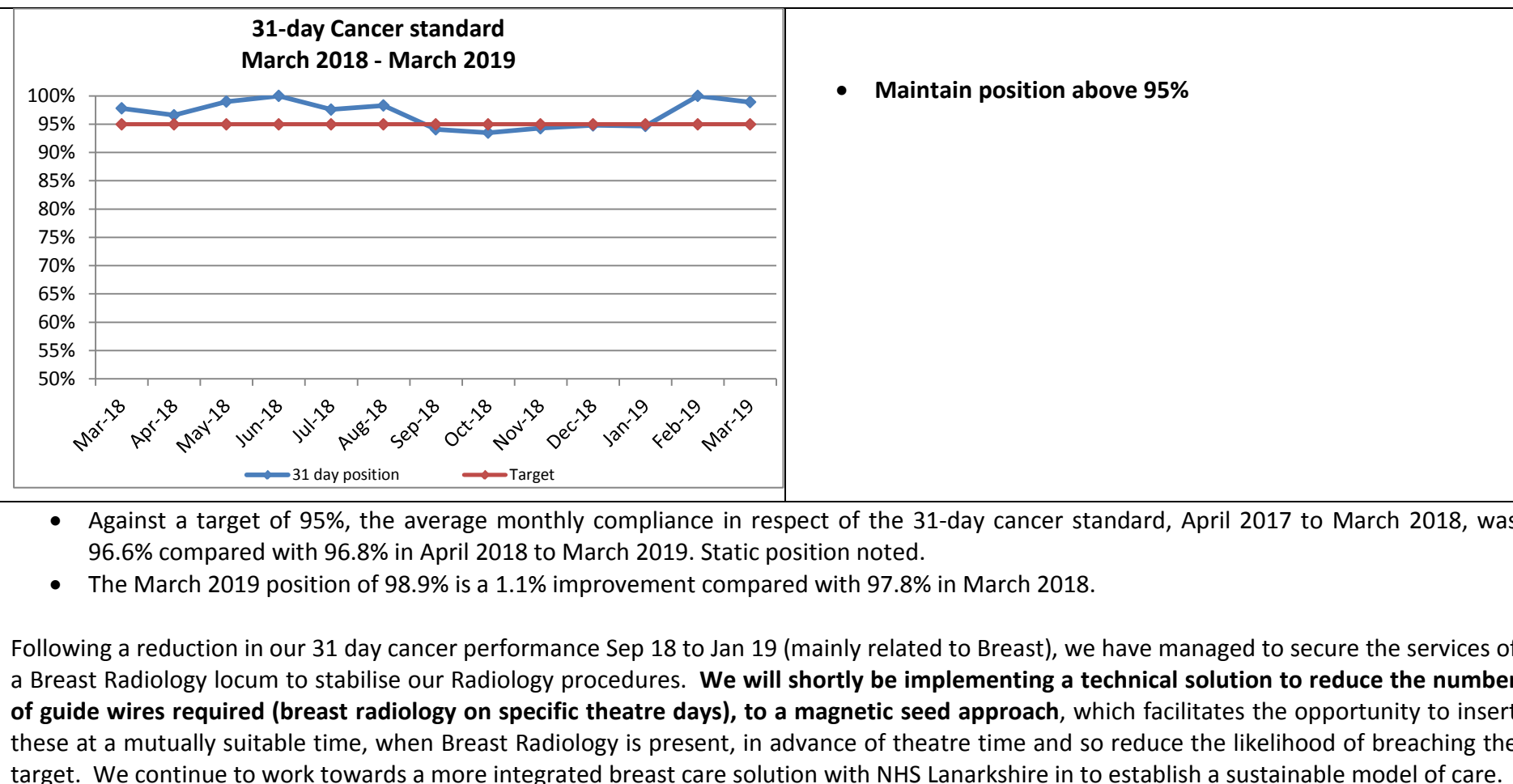
Increasing the sensitivity of some screening test together with increased participation resulting from the success locally of “Detect cancer Early” initiative has resulted in greater demand for diagnostic tests such as colonoscopy and detailed clinical follow up. This presented challenges for the 31 and 62 day cancer standard in 2018/2019.

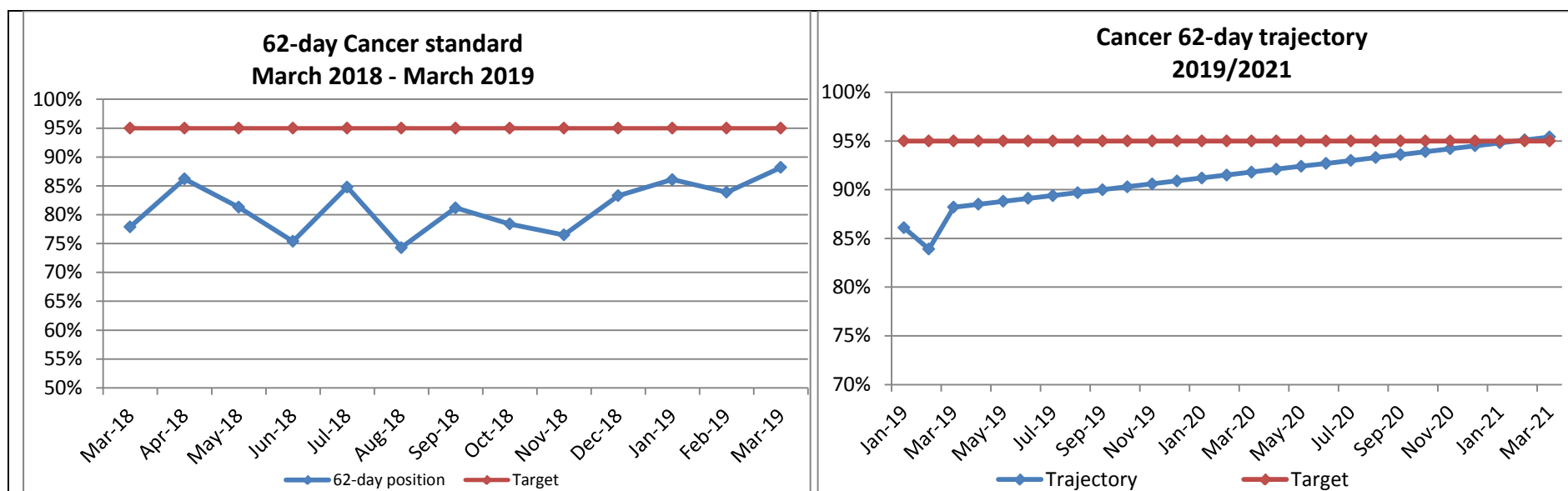
**In 2019/2020 we will continue to transform our processes, systems and services to consistently achieve the 62 day target.** This work will be supported by our Programme Management Office (set up initially to support our elective care national development) which is designed to direct improvement and project specific work which can then be adopted and spread at pace to maximise benefits and embed change in our everyday processes/systems, practices and behaviours.

To date, we have tested improvements in the following areas and intend supporting and/or funding:

- Implementation of QFIT for symptomatic urgent suspected cancer patients should allow the patients at most risk of having colorectal cancer to be prioritised for colonoscopy and result in fewer patients undergoing unnecessary invasive procedures
  - Urology follow-up Innovation – seek to be a pilot site for the TrueNTH programme, which if implemented has the potential to reduce follow-up by adopting innovative methods of patient care whilst improving patient experience
  - Increase Clinical Nurse Specialist input to release Consultant Urology and Uro-oncology time to allow potential reduction in the waiting times
  - Increase theatre elective capacity primarily to reduce waiting times and improve response times for surgery in General Surgery and Breast specialties
  - Redesign areas of cancer nursing: introducing greater skill mix to allow for targeting of specialist nurses to practice areas of greatest need and potential undertake additional training to accommodate redesign of historical Consultant follow-up to increase their capacity to see new patients – this addresses concerns around succession planning
- Review delivery of pre-assessment for Bowel screening and soon to be added Surveillance patients, with view to move to pre-operative service to release highly trained Nurse Endoscopists time to undertake redesign of colonoscopy scoping service e.g. results clinic

Graph 4 and 5





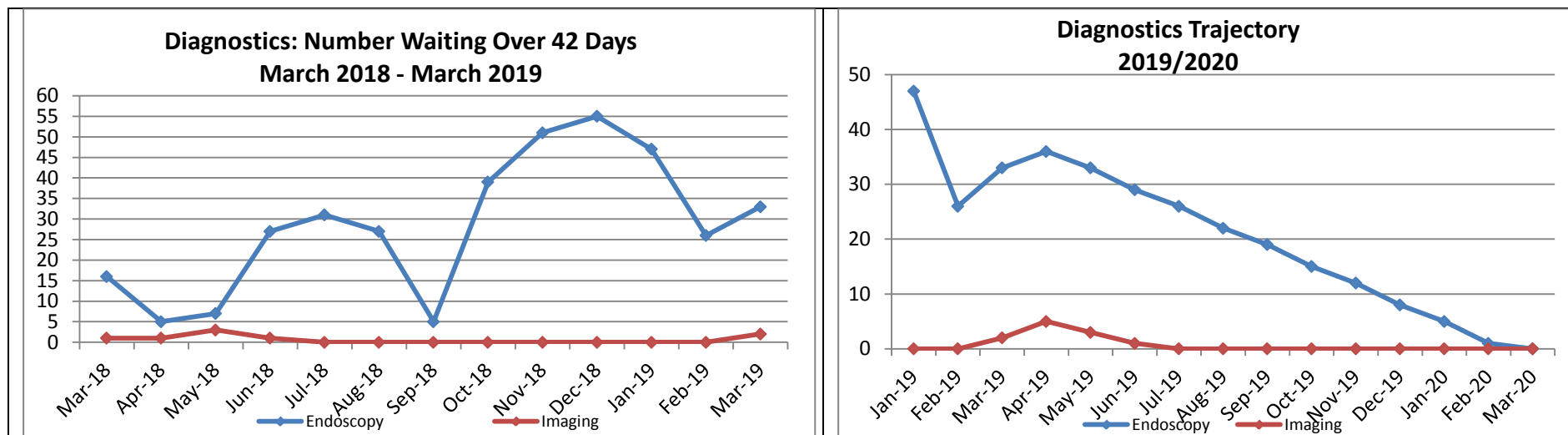
- Against a target of 95%, the average monthly compliance in respect of the 62-day cancer standard, April 2017 to March 2018, was 81.9% compared with 81.6% in April 2018 to March 2019. Static position noted.
- The March 2019 position of 88.2% is a 13.2% improvement compared with 77.9% in March 2018.

**NHS Forth Valley has experienced a number of challenges in its delivery of the 62 day cancer target across a small number of cancer pathways, notably in Urology, Head & Neck and Colorectal specialties. In reviewing performance it is clear that there is room for local improvement.** Investment targeted at improvements in notably colorectal and urology services will address current variation. In relation to Head and Neck Cancer we have started tentative discussions with our local planning officer and clinical/managerial leads in NHS Lanarkshire to try and establish a sustainable solution.

**Opportunities to improve on the above will be progressed both locally and regionally.** Internal reviews of people who breach will continue to ensure learning is appropriately disseminated. There are a number of actions undertaken at each stage in the pathway to maximise capacity including increased access to early diagnosis, outpatient clinics and theatre sessions. Access funding needs to be built into the base budget to ensure improvements are sustainable.

### Graph 6 – Diagnostics 42 day compliance

Diagnostic Waiting Times are an important component in the delivery of the 18 Weeks Referral to Treatment standard. In 2009 the Scottish Government introduced the waiting time standard that patients waiting for one of the eight key diagnostic tests and investigations would be waiting no longer than six weeks. **Our cancer funding allocation will support additional CT and MRI capacity.**



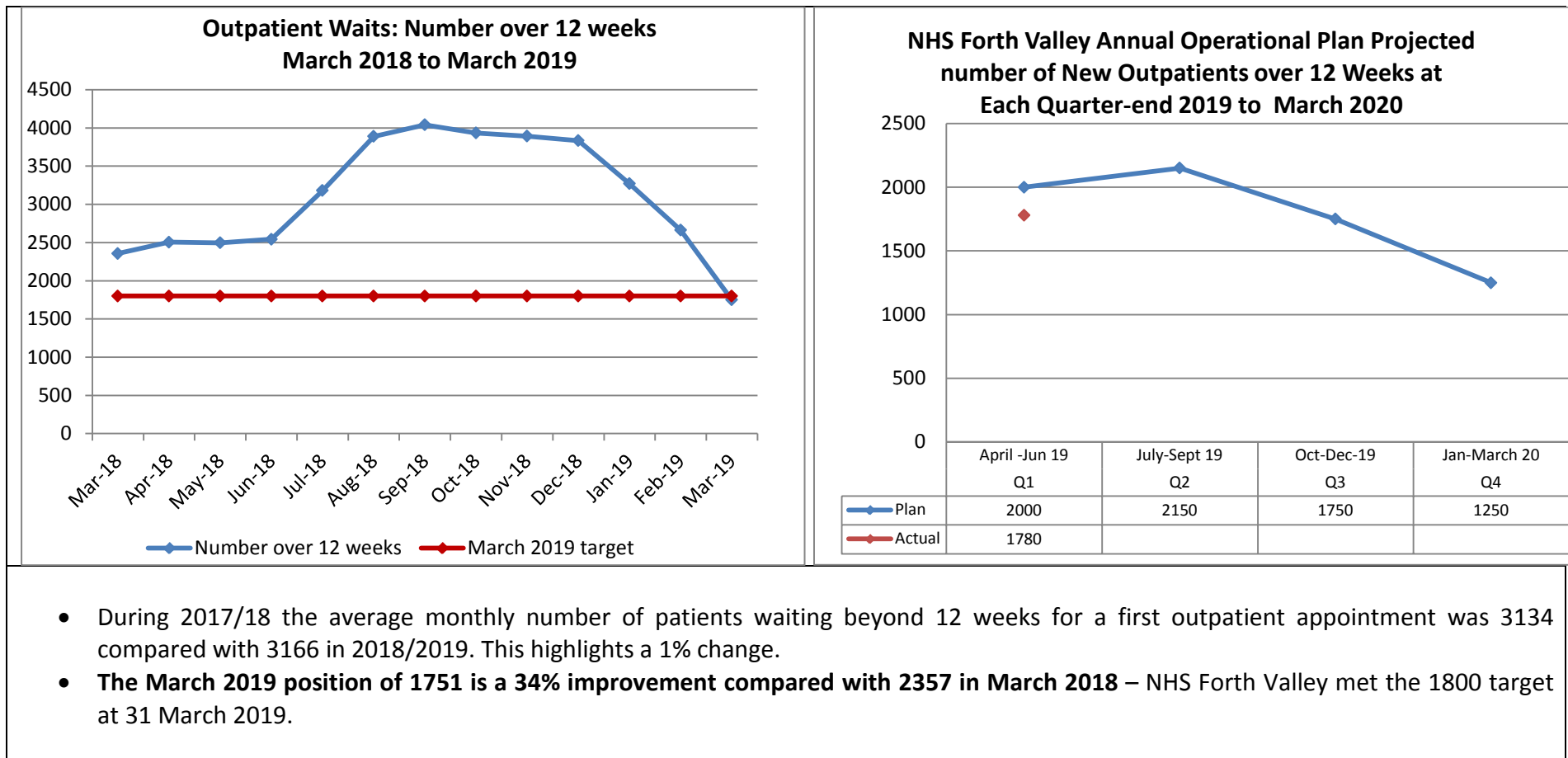
#### Diagnostics (combined endoscopy and imaging)

- Against a target of no patient waiting longer than 6 weeks for a diagnostic test, during 2017/2018 the average monthly number waiting beyond the standard was 10 compared with 31 in 2018/2019.
- The March 2019 position of 35 patients waiting longer than the standard is a worsening position.

**For endoscopic procedures an increasing number of patients are waiting over 42 days, it is our intention to continue to monitor this standard closely to ensure compliance with the standard.** This is important given the new FIT (faecal immunochemical test) home screening test is increasing endoscopy related referrals however the number of confirmed cancer cases has remained stable. Investment to support implementation of QFIT for symptomatic urgent suspected cancer patients should allow the patients at most risk of having colorectal cancer to be prioritised for colonoscopy resulting in fewer patients undergoing unnecessary invasive procedures - **clinical validation of the polyp surveillance waiting list will deliver improvement.**

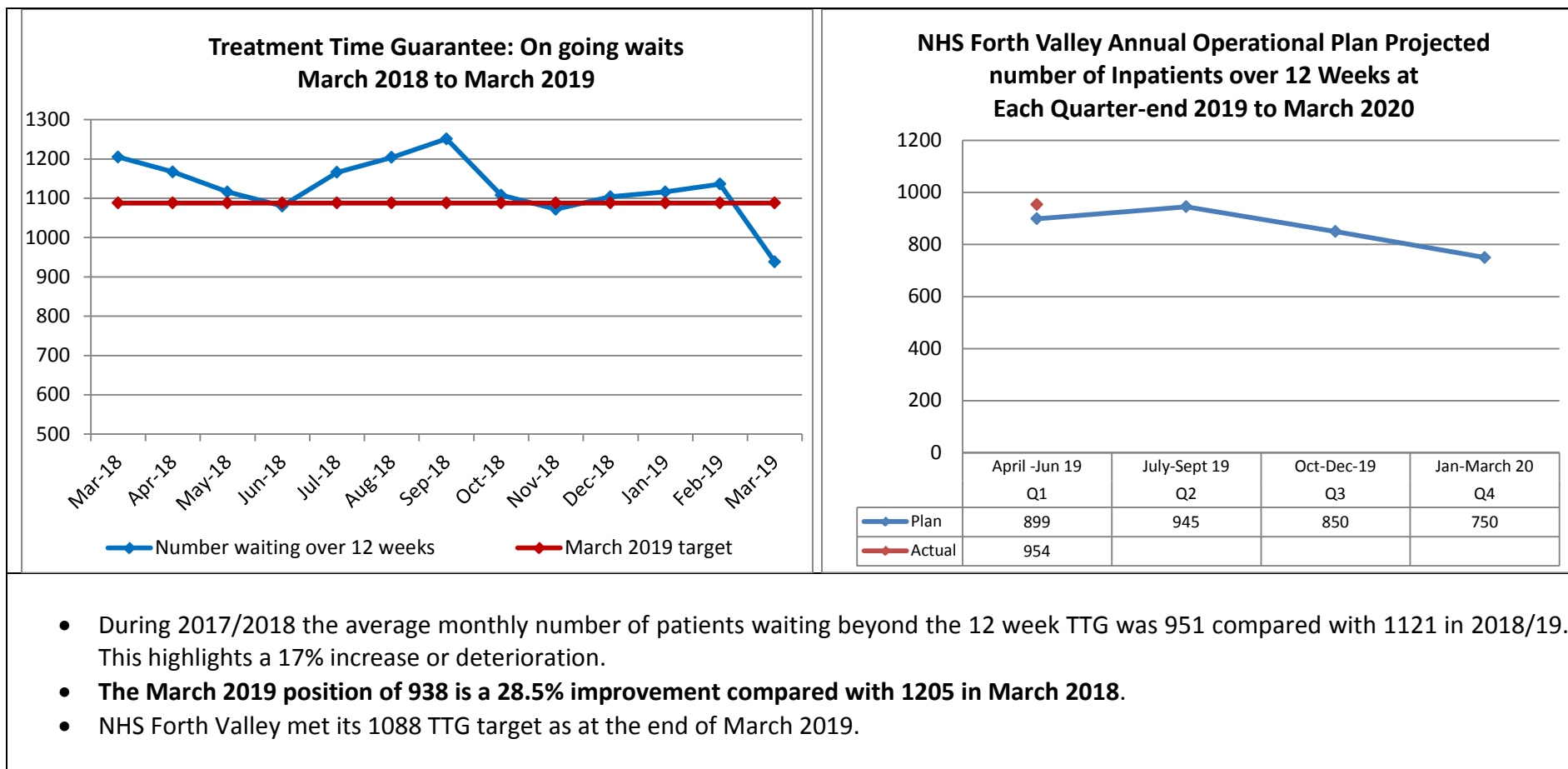
## Elective – Outpatient and Treatment Time Guarantee (TTG)

Graph 7 – Outpatient Waits over 12 weeks compliance





Graph 9 – Treatment Time Guarantee compliance



## 4.2 2019/2020 - Elective Care Plans

### 4.2.1 Out-patient waits and Treatment Time Guarantee Targets

**NHS Forth Valley is committed to achieving the March 2020 targets agreed with Scottish Government**, notably:

- No more than 1250 patients over 12 weeks
- No more than 750 patients waiting over 12 weeks for inpatients / day cases

**£5 million will be invested to achieve the targets set**, including £1m for orthopaedics and £0.1m for ENT.

In going forward we **continue to have recruitment issues in ENT and Urology** and whilst we have enough funded capacity the recruitment issues impact on our waiting times performance. We plan is to ensure the funded capacity is used to support additional sessions using locum and/or private sector capacity.

There are a number of gaps in other specialties and we have assumed we will put **plans in place to close the capacity deficit** via non-recurrent funding whilst working to **create sustainability**, the actions being taken include:

- clinical and management teams are reviewing the job plans to explore opportunities to increase the sessions dedicated to elective care
- testing options to extend best in class type principles to other specialties
- considering extending the Advanced Clinical Referral Triage model aiming for a 5% reduction in demand (5% reduction across the services equates to a reduction of 3,500 referrals to appoint)
- continuing to look at ways to engage in closer integration, planning and co-ordination of services at a local, regional and/or national level to ensure people have better access to clinical decision making support and specialist advice
- through our QI and People Academy exploring new roles within our current workforce to support professionals in working to the top of their licence and/or up-skilling and extending scope of practice to support new ways of working as part of our commitment to developing our workforce

- realigning and giving priority to our EPQI team work to work with the service teams to utilise digital solutions, using Near Me *powered by Attend Anywhere* and FLORENCE to improve access whilst caring for and managing our patients remotely in the comfort of their own homes and or communities
- exploring the roll out of Active Clinical Referral Triage supported by the Scottish Access Collaborative (indications and feedback from our Gastroenterology Team are positive) and the adoption of the Access Collaborative six principles

#### 4.2.2 Elective Care Centre Development

An opportunity was identified to **increase elective surgical capacity at Forth Valley Royal Hospital by bringing into use unused theatres:** including **theatres 15 and 16 coming into operation during 2019**, in addition to unfunded fallow sessions in the current 14 other theatres. The fallow sessions in the existing theatres will be used to improve access to surgery in Forth Valley, whilst the **2 additional theatres will be available for NHS Scotland, with a focus on providing orthopaedic joint surgery**. In order to support an increase in both day and inpatient surgery at FVRH, additional day cases spaces and inpatient beds are required. An **expansion of the day surgery unit has created 12 additional trolley spaces and in the autumn, 3 additional 23 hour beds will be made available**. The inpatient beds necessary to support additional orthopaedic surgery will be constructed as an **extension to the hospital, providing up to 30 beds in the Elective Care Centre Ward**.

**Capital funding for the Elective Care Centre Development is in the region of £8.9 million** and a revenue plan for both workforce and non-staff costs has been presented to Scottish Government, alongside a phased capacity and activity plan. **NHS Forth Valley is working closely with the Scottish Government and Golden Jubilee National Hospital (GJNH) to implement a commissioning model** for the additional elective care centre capacity.

In summary, **theatre 15 opened in June 2019**, providing additional orthopaedic day surgery initially, with a phased scaling up of activity in the autumn. Theatre 16 will open in November, once laminar flow is retro-fitted. As the Elective Care Centre Ward will not open until April 2020, the additional surgical activity associated with Theatres 15 and 16 will be day case only, until the inpatient ward is available in the spring. In addition, the Elective Care Centre Development has included a **2<sup>nd</sup> MRI scanner, which will become operational at the end of July 2019**.

The Elective Care Centre Development is supported by a comprehensive workforce plan, aligned to the phased opening of the theatres, day surgery and inpatient ward. The first tranche of staff for theatres, day surgery and the MRI scanner are in post. **Additional AHPs have been**

**appointed and 5 consultant anaesthetists take up post between June and October 2019.** 2 consultant orthopaedic surgeons, who will be part of the trauma rota in addition to providing elective surgery, will commence in post in August and September 2019. **Recruitment is progressing for General Surgeons, and for additional Orthopaedic Surgeons and Anaesthetists.**

We are **working both locally and with the Scottish Government and the Golden Jubilee National Hospital, to realise the potential of our existing and future staff**, through training and developing our people. This will be supported by the development of our own Academy to enable our people to gain the skills and competencies to deliver the services we require.

Updated detailed cost forecasts based on planned recruitment dates and development milestones have been prepared and shared with Scottish Government colleagues, indicating part year **revenue costs (staffing and supplies) in 2019/20 of £6.7m, increasing to £12.9m** on an ongoing full year basis from 2020/21. Capital costs related to equipment and infrastructure expenditure have also been phased based on expected timing of theatre and bed developments. Initial confirmation of funding was received in September 2018.

## **5. Safe Care – Healthcare Acquired Infection (HAI)**

**For NHS Forth Valley, Infection Control and the prevention of Healthcare Acquired Infections is one of our very highest priorities.** The move to the purpose built Forth Valley Royal Hospital accorded the NHS Board an opportunity to take significant steps to improve patient safety through enhanced hand washing facilities and opportunities for control of visitors and cohorting of patients. Since the move to the new hospital the Board has been pleased to almost completely eliminate the need for winter ward closures due to norovirus and has **sustained one of the very lowest levels of C. difficile infections of any NHS facility across Scotland.**

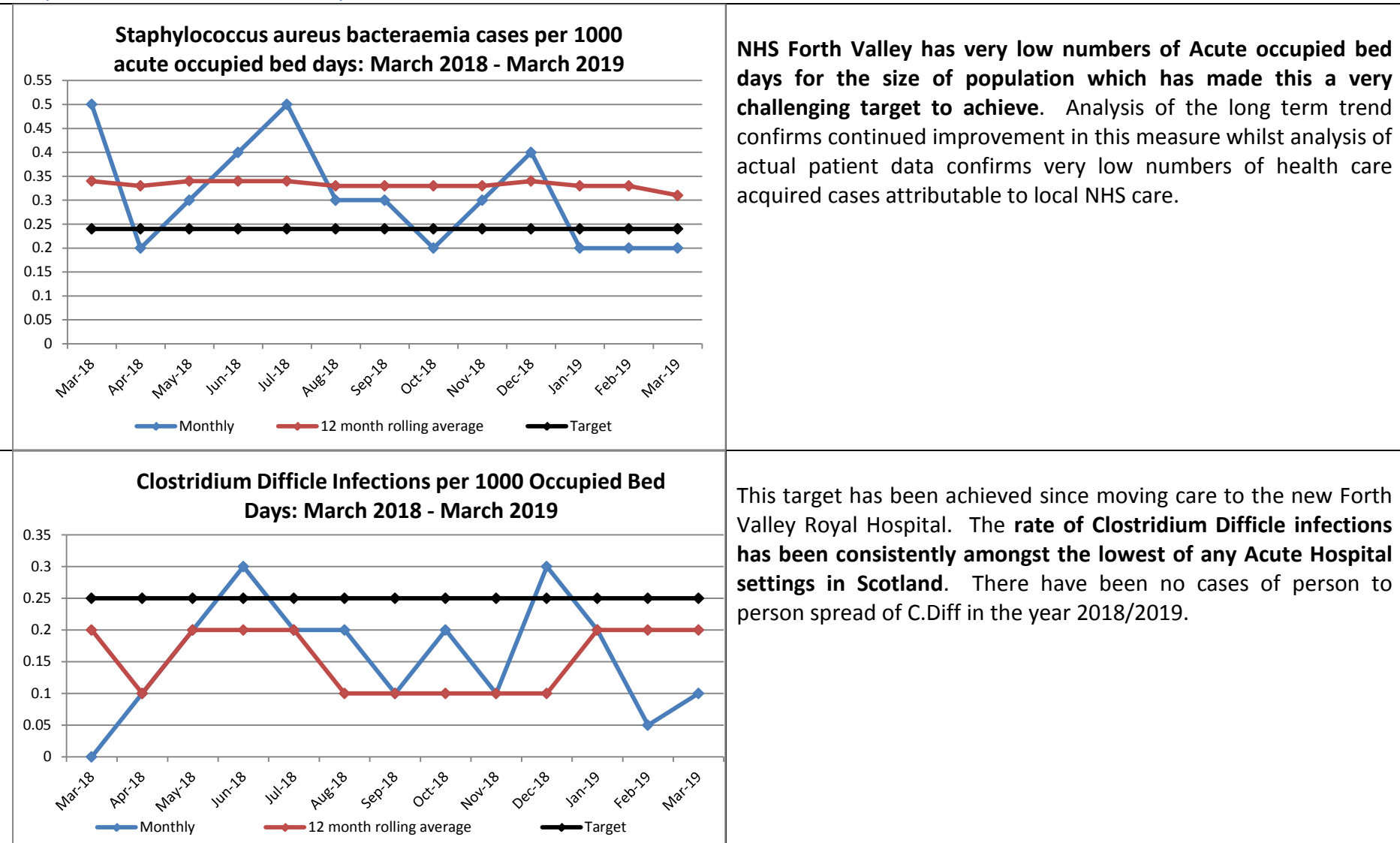
The NHS Board's attention to HAI prevention is not limited to the acute hospital and NHS Forth Valley was the first NHS Board to receive an HEI Community Hospital Inspection Report which identified no requirements or recommendations with the announced inspection of the Falkirk Community Hospital in 2014. This exceptional outcome was repeated with the announced inspection of the Clackmannanshire Community Healthcare Centre in January 2016 and again with the unannounced HEI inspection of Stirling Community Hospital in September 2016.

Similar assurances were received with the most recent unannounced inspection of Forth Valley Royal Hospital which resulted in two simple requirements and only one recommendation which at the time was the lowest number for any acute hospital site in NHS Scotland. An

unannounced inspection of theatres in December 2017 did identify a number of new issues identified from visits to similar sites and a rapid programme of improvements was undertaken to address all of these issues. **The NHS Board continues to closely monitor Surgical Site infections and has consistently had amongst the lowest infection rates for any Scottish Hospital receiving both elective and emergency cases.**

This sustained high performance is felt to be due to the close attention of the Executive and Non Executive Board members and the hard work of the Infection Control Nursing Team led by the Area infection Control Manager and supported by the Hospital Infection Control Doctors. The hospital infection control team is also closely linked to and supported by the Board public health consultants and health protection nurses led by the Director of Public Health. The Lead Infection Control Nurse now also provides clinical supervision and mentoring to the health protection nurses within public health. In addition to the regular Area Prevention and Control of Infection Committee (APCIC) which reports through the Clinical Governance Working Group to the Board Clinical Governance Committee, the NHS Board also receives an Infection Control update from the Executive Lead for HAI at every public Board Meeting. Graphs 11 and 12 illustrate performance over the last 12 months (March 2018 to March 2019).

Graph 10 and 11 – Healthcare Acquired Infections



The Infection Control team receive copies of HEI inspection reports and recommendations from all NHS Sites across Scotland and conducts analysis and recording of all the recommendations to track and identify any areas for local improvement.

**Effective hand washing remains the single most important infection control measure for staff, patients and visitors.** Regular monitoring through weekly ward visits ensures a sustained focus and performance is reported at all levels up to the NHS Board.

The NHS Board also has an antimicrobial management group which monitors antibiotic usage across both secondary and primary care and provides feedback to clinicians on best practice to avoid inappropriate prescribing leading to antimicrobial resistance.

Despite sustained success in delivering on key targets and inspections **the infection control team continues to actively seek new ways to further reduce HAI risks to patients.** NHS Forth Valley is the first NHS Board to have introduced monitoring of all device associated infections (all organisms rather than staphylococcal infections only) in order to enhance the sensitivity of infection monitoring and identify further potential improvements beyond those required by national reporting. Similarly the infection control team have **introduced an enhanced ward monitoring system which has been praised as one of the most comprehensive ward reporting schemes anywhere in Scotland.** The team aims to inspect and report back to every clinical area at least once a month and all in patient acute and community wards and departments receive visits and feedback at least weekly. **Each clinical area receives a detailed feedback report detailing non compliances** and these reports are published on the NHS Board intranet site where they are available to all senior staff including all NHS Board members with the summary data published at public Board meetings.

The APCIC agreed in 2017 to introduce a pilot of near patient influenza testing in the admissions department making Forth Valley amongst the first sites to use this approach which was critical in successful response to the 2017/18 seasonal Influenza A epidemic. By identifying and cohorting Influenza A patients the risk to other patients was minimised and the hospital maintained safe services despite high circulating levels of community acquired influenza. The infection control team have been actively engaged in programmes to introduce insertion and maintenance bundles for all peripheral venous catheters and for long lines and also to reduce the use of urinary catheters to the minimum levels possible.

For **2019/2020 the Infection control team is working on further measures to reduce all infections** (all organisms) resulting from invasive devices as well as continuing the existing intensive inspection and education arrangements in place.

**Staff immunisation against seasonal influenza protects vulnerable patients as well as the staff and their families and will again be a high priority in 2019/20.** As well as occupational health clinics there will be a range of measures including opportunistic immunisation in clinical areas supported by a communications led publicity campaign.

Specific objectives for 2019/2020 include:

- Preparing for winter and repeating the provision of near patient influenza testing for winter 2019/2020 and further increasing the staff uptake of seasonal flu vaccination
- Continuing chlorhexidine body wash pilot for patients with long lines at risk of community infections
- Completing review of use of waterproof dressings post C. Section to eliminate early post op infections
- Further increasing clinical staff resource and resilience by replacing Band 5 audit post with a clinical training post in Infection Control and Health Protection Nursing
- Promoting further joint working with the community health protection service and public health

## **6. Working in Partnership**

**Improving and protecting the health and well being of the population of Forth Valley cannot be delivered by the NHS working alone.** The NHS Forth Valley Health Care Strategy includes a strong commitment to working in partnership. Partnership includes working with partner agencies at national level such as Police Scotland, the Scottish Fire and Rescue Service, the Scottish Ambulance Service, SEPA, Scottish Water, with regional partners including other NHS Boards, with Forth Valley partners such as Forth Valley College and with local partners including the third sector, our three Local Authorities in Falkirk, Stirling and Clackmannanshire, our two Integration Joint Boards, our Community Planning Partnerships and our local Community Justice Partnerships and with individuals in the population.

**Local people are increasingly taking more responsibility for their own health and wellbeing and so we must include local individuals as key partners, we have learned the benefits of this in our CAMHS work with families.**

More people are using the internet to research common health conditions. The NHS needs to welcome and embrace this change and expect to work in partnership with interested and well informed patients. This will require a change in the way that health professionals work. NHS Forth



Valley is committed to working with the local population and has a proactive communication strategy working with local media, placing regular information updates on the intranet and by using social media where appropriate.

The National Conversation (2016) and the public and staff engagement during our local Clinical Services Review, highlighted that, in the 21st Century, a paternalistic “doctor knows best” approach to healthcare is no longer appropriate. Joint decision-making with patients and where appropriate with family and carers, could eventually replace the expectation that a doctor “seeks consent” to treat a patient. **NHS Forth Valley has enthusiastically endorsed and adopted “Realistic Medicine” and is experimenting with the “it is okay to ask” questions** and with other initiatives to better engage patients in joint decision making such as encouraging clinicians to address clinic and discharge letters directly to the patient rather than to their GP.

**Embracing Realistic Medicine is a key element of managing future demand for healthcare and ensuring patients are able to choose the most appropriate interventions** and the stages at which they are appropriate for their own personal circumstances. We know that patients tend to choose less treatment when they are provided with greater detail of the impact, potential benefits and harms of a proposed intervention. We look forward to working with the Chief Medical Officer to deliver “Personalising Realistic Medicine” as launched in April 2019.

## 6.1 Integration – Health and Social Care

**There are two health and social care partnerships** covering the Forth Valley area, one in Falkirk (a partnership between Falkirk and NHS Forth Valley) and one for Clackmannanshire and Stirling (a partnership between Clackmannanshire and Stirling Councils and NHS Forth Valley). **These partnerships were established to ensure that local people receive joined up, seamless support and care and help ensure individuals can live independently in their own homes for as long as possible.** NHS Forth Valley has been working with our two Integration Joint Boards and our three Local Authorities to agree appropriate integrated management arrangements. **The two Chief Officers have been instrumental in designing and securing investment in an integrated management structure that can deliver our collective ambitions for the people of Clackmannanshire, Falkirk and Stirling.** The appointment to senior integrated management posts will enable NHS Forth Valley to further transfer operational management responsibilities during 2019 to the two Chief Officers who in turn will lead and manage integrated services with their respective management teams reporting to the Chief Executives of the Local Authorities and NHS Forth Valley. **They also will continue to be key senior players in the Chief Executive’s Strategic Leadership Team.**

The review of progress under the leadership of the Ministerial Strategic Group (MSG) is intended to look at how local systems align with existing initiatives to ensure integration is a success – **the benefits of integration are hugely significant and our accountability between service delivery and our communities will drive locality based decision making.** This is hugely significant in our ability to improve communities understanding of the impact integration led by our Integration Authorities is making. **We have spent time in 2018/2019 better understanding accountabilities and the governance in each of our respective organisations/bodies.** We are very clear that our Integration Authorities will through good strategic planning and commissioning decisions direct Health Boards and Local Authorities who in turn will be responsible for service delivery. We will use our **local evaluations against each of the 25 principles to self reflect on our leadership, behaviours and contributions** to drive ambitious change and improve outcomes.

Our priorities in 2019/2020 include:

- **reflecting on our MSG evaluation findings** to support our Integration Authorities (and key players) provide collaborative leadership and to use the totality of funding to commission through directions services that improve outcomes for their defined populations (NHS Forth Valley spend profile based on 2017/18 cost book is split as follows: 58% community services and 42% hospital services (£329.4m in community services (including FHS) and £240.9m in hospital services)
- focusing on escalation on the performance framework (unscheduled care) involving our Integration Authorities in a collective Forth Valley response that acknowledges we have one Acute Site serving a population that goes beyond the functions delegated to our Integration Authorities
- **working with our Integration Authorities to enable them to deliver on our collective unscheduled care responsibilities, notably addressing the number of delayed discharges within both our Acute site and community resources which then impact on bed occupancy and boarding (both remain high)**
- developing a Falkirk community resource (that will require a NHS business case process to secure capital and it is intended partners notably Falkirk Council and SAS will play key roles in developing this Case) similar to what has been achieved prior to health and social care integration in both Clackmannanshire and Stirling that takes account of our Forth Valley responsibilities and the need for dedicated Forth Valley community services (economies of scale) that serve both local and area wide need
- appointing to our integrated management structures to support integrated service reform and we have examples of how we have to date can deliver this across all of three our Local Authority areas

- with our Community Planning Partners focus on children and early years, mental health and wellbeing, worthwhile work, the effects of substance misuse and targeted population wide health improvement programmes
- **work with our Integration Authorities to support the Third Sector through greater social prescribing opportunities to increase personal responsibility and choice**
- continue to support families and carers and increase their involvement in care planning

### Reducing Emergency Department (ED) Attendance

The average monthly Emergency Department attendance rate in Forth Valley has increased from 1751 per 100,000 population in 2017/2018 to 1858 per 100,000 population in 2018/2019 although this growth in attendances has not converted into a rise in emergency admissions (Feb 2019 position for 2018/2019 is 3770 compared to 4703 per 100, 000 population in 2017/2018). **‘Getting ForthRight’ (our unscheduled care Recovery Plan) is critical to our improvement across our whole system in response to our escalation to level 3 by Scottish Government.** We continue to work with our Integration Authorities to improve our operational unscheduled care performance.

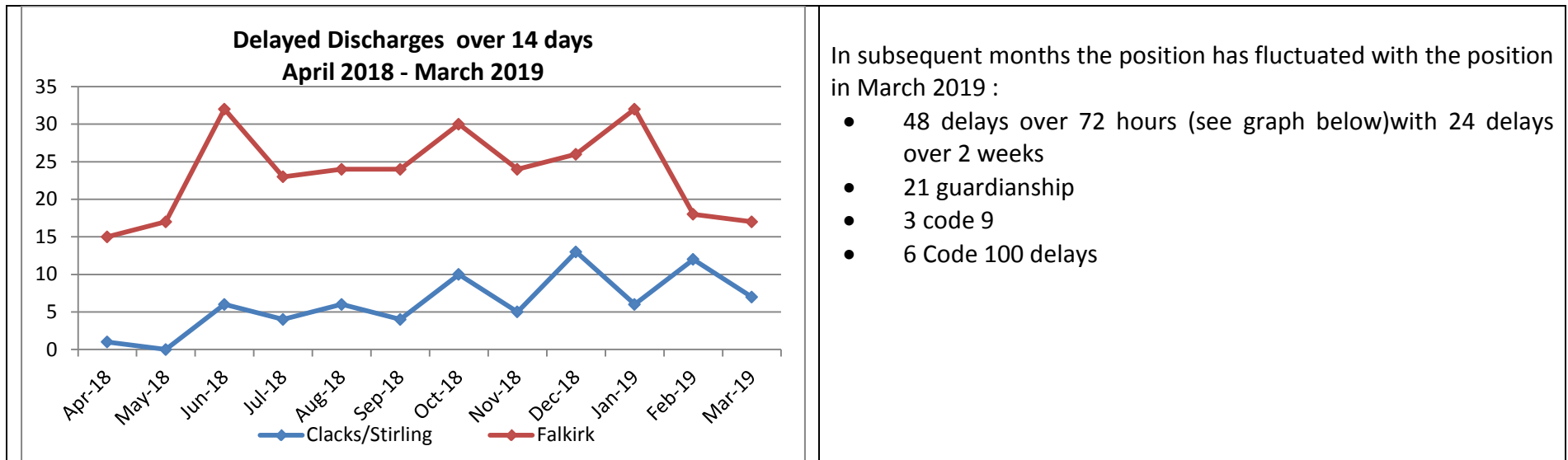
### Delayed Discharges

**Delayed discharges remain challenging across the Partnerships with significant focus at Integration Joint Boards, which requires a whole system approach.** There are a number of issues in relation to waits for care packages and home care places which fluctuate on a day by day basis, with work going on to support this. **The number of available care home places is challenged in respect to demand from the hospital environment as well as out in the community waiting for a placement.** On-going actions to support timely discharge:

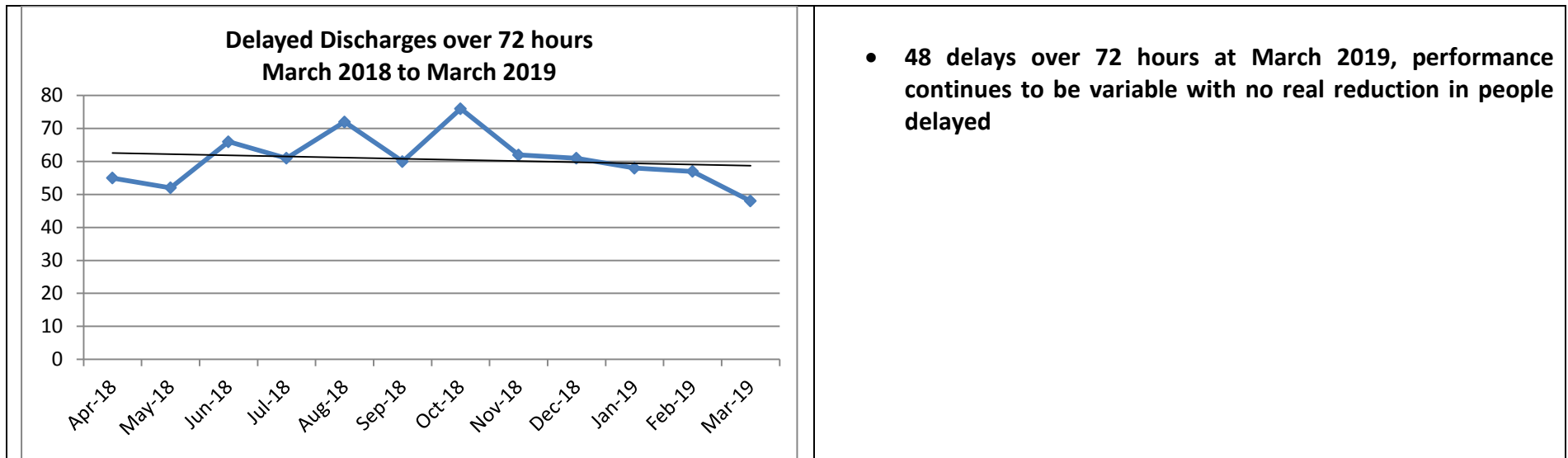
- Input from the discharge team means patients are reviewed within 72 hours including early identification of patients who are ready for discharge either home or if home first not possible to alternative appropriate setting.
- Review of patients with a stay with a length of stay over 7 days with regular monitoring, analysis and improvement with escalation to help prevent extended delays.
- Multi Disciplinary Team (MDT) meetings to identify discharge pathways and goals

- Use of Frailty Model and implementation of Dynamic Daily Discharge taking a proactive and systematic multidisciplinary approach to facilitating early and appropriate discharge plans and ongoing care.
- Introduction of Carer Centre support workers in FVRH to raise awareness of The Carers Strategy, identifying carers who may require assessment and support at discharge.
- **NHS Forth Valley welcomes the commitment by Falkirk's Health & Social Care Partnership Leadership Team to deliver 'a trajectory reduction in delayed discharge bed days by 15% in 2019/20' – it is anticipated that this will be enhanced through the adoption of the whole system approach working with the Institute of Public Care which should deliver more significant reductions as it develops. A review of the model of care at Falkirk Community Hospital led by the Chief Officer to include: a review of AHP input to both community hospitals and Summerford House (includes expansion of 6 assessment beds), implementation of Home First approach, process mapping and redesign of patient pathways across services and through multiagency intervention to transfer of care including transfer to Community Hospitals this work will inform further reductions in the trajectory in light of progress during 2019/20'.**
- **NHS Forth Valley welcomes the commitment of Clackmannanshire and Stirling's Health and Social Care Partnership Leadership Team to aspire 'to achieve the national commitment of reducing the number of people delayed in their discharge from hospital. A Discharge Improvement Plan has been developed with a focus on 10 main areas for action to support safe and timely discharge, linked to the Getting Forthright programme and the effective use of Technology Enabled Care. The Partnership has identified a key priority of Care Closer to Home within its Strategic Commissioning Plan for 2019-2022 which includes the continuation of intermediate care models to support discharge and prevent unnecessary admission. There are risks identified which include the pressures on capacity for Care at Home, particularly in rural communities as well as financial stability of the HSCP, these risks are being considered as part of the development of a more robust medium term financial plan'.**

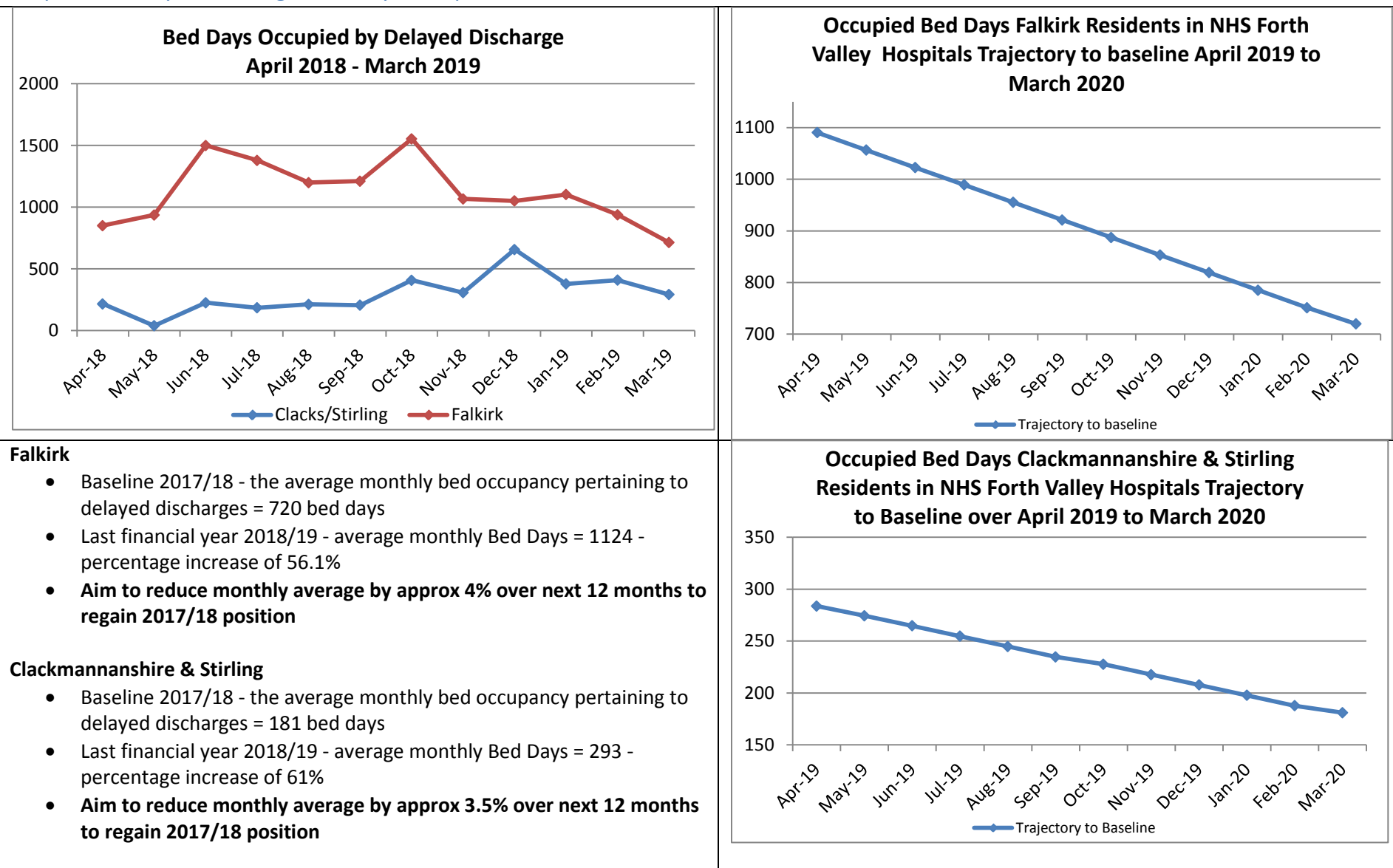
Graph 12 – Delayed discharge 14 day and 72 hour compliance



Graph 13 – Delayed Discharges over 72 hours

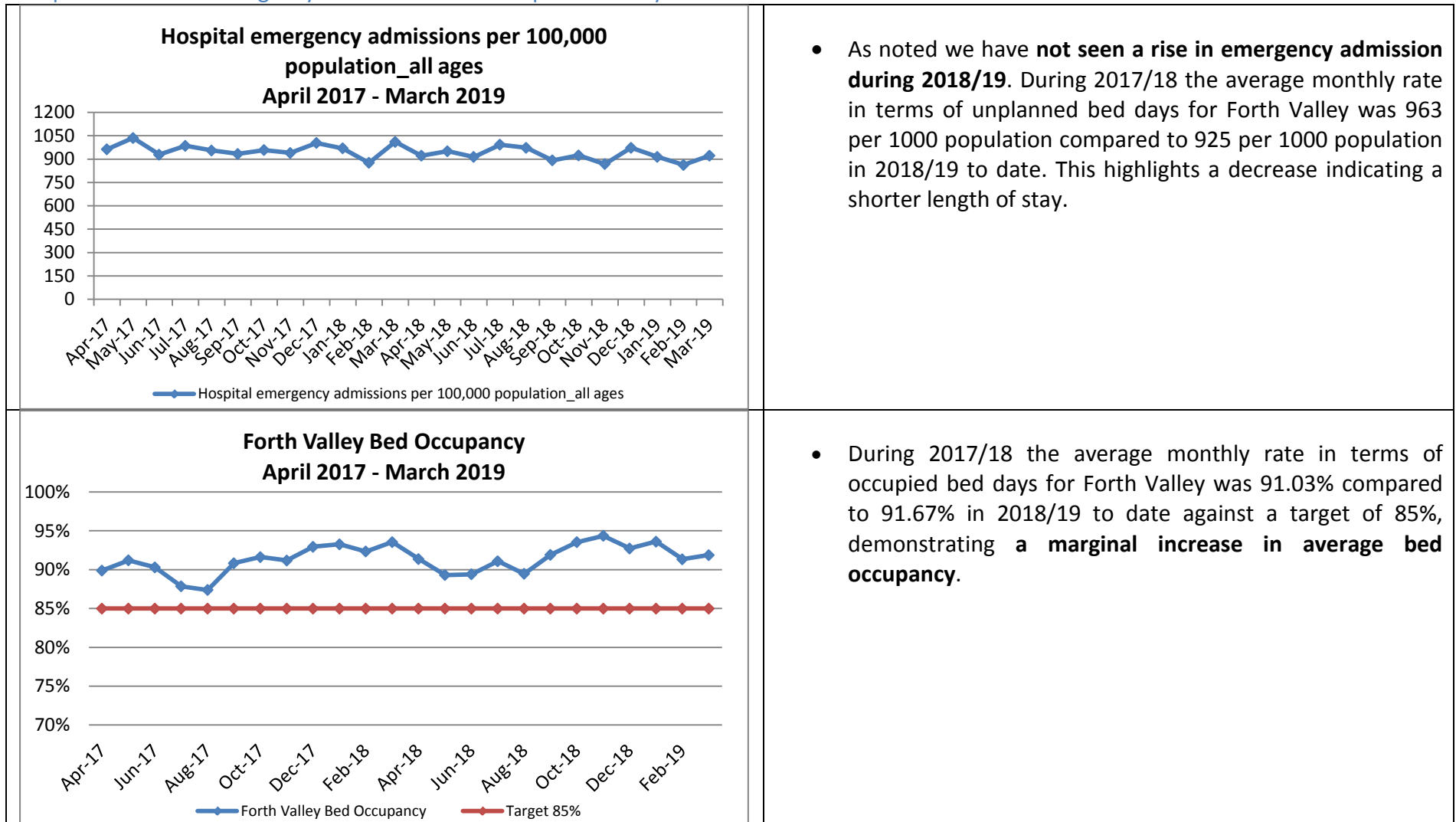


Graph 14 – Delayed Discharges Bed Days Occupied



## Reducing Emergency Admissions and Occupied Bed Days

Graph 15 and 16 – Emergency Admissions and Occupied Bed Days rates





## End of Life Care

**The End of Life and Palliative Care Transformation Group is exploring the need for redesign of end of life patient pathways,** this involve key partners from Strathcarron Hospice, MacMillan and Marie Curie. It is now possible to predict the progress of many diseases, enabling a planned approach using ReSPECT to palliative and end of life care in ways which reflect best practice and which, as far as is practicable, in accordance with the needs and wishes of patients, carers and their families. Integration Joint Boards have the ability to influence this by commissioning high quality end of life services, and working with communities, families and staff to enable discussion about planning for end of life.

## 7. Developing our Workforce

**NHS Forth Valley having engaged staff has agreed 6 key values** to be embedded in leadership and management competencies, recruitment processes, people policy and procedures, our induction process, learning and education programmes and individual personal development plans. The six key values that are most important to us are:

- Being person centred
- Being respectful
- Having integrity
- Being ambitious
- Being supportive
- Being a committed team member

**Every year we develop implementation plans informed by our values that move us towards our Workforce 2020 vision.** The focus of the first implementation plan for Everyone Matters was on embedding our values; the second was on leadership and quality improvement and the third on health inequalities and integration. The current Everyone Matters Implementation Plan 2018-2020 focuses on continuing and consolidating the good work already underway, building on previous annual implementation plans and the actions set out in these, and working towards delivering further progress by 2020. A refreshed version of the existing vision and values is being produced.

**Our Implementation Plan focuses on the need to strengthen workforce planning and development including: recruitment and retention, more multi-professional working whilst supporting the health and wellbeing and resilience of our staff.** We will expect and ensure that our leaders and managers have the necessary skills to lead transformational change at pace and scale. Our Implementation Plan responds to the five national priority areas as follows:

### Healthy organisational culture

**During 2019/2020 we will ensure delivery of our iMatter implementation plans, involve staff in decision making and take meaningful action to further improve our staff experience.** The iMatter process has generated a lot of feedback and NHS Forth Valley has, to date, a 62% response rate with a Board Employee Engagement Index (EEI) score of 75. The areas for improvement are captured in the table below and these are areas that the Board with its staff will focus on during 2019/2020.

iMatter Question	Scottish average response %	Forth Valley average response %
I feel senior managers responsible for the wider organisation are sufficiently visible	62	60
I have confidence and trust in senior managers responsible for the wider organisation	65	64
I feel involved in decisions relating to my organisation	57	56
I am confident performance is managed well within my organisation	64	64

We have a **strong history of engaging with our staff extensively in areas of organisational change and development and will continue to do this throughout 2019**, further supporting the local iMatter team action plans and initiatives. Our Staff Partnership Fora are highly active in supporting our local iMatter action plan and participate directly in initiatives to support a healthy culture. We currently achieve 80% Action Plans at the required 12 weeks post receipt of Team Reports and we would hope to maintain or improve on this during the forthcoming year. iMatter continues to provide a measure of healthy organisational culture for NHS Forth Valley and offers opportunities for improvement at

discrete team level. A number of events led by the Chief Executive involving the Executive Team during 2018 have evaluated positively with staff acknowledging the benefits of this visibility and engagement. These will be re-launched after the **Staff Conference planned for August 2019. The Conference will focus on culture, high performance and the importance of human factors and their relationship with teamwork, our systems/process and tasks within the workplace in times of change.**

### **Sustainable workforce**

The delivery of high quality, **sustainable, person centred, safe and compassionate health and social care services relies on the workforce of the different partners working together. Much progress has been made in 2018/2019 to agree integrated management structures with our Local Authority colleagues.** To date the transfer of operational management to our Chief Officers has been delayed pending completion of this process.

**Integration and the benefits of working with Council colleagues to deliver services in response to our Integration Joint Board's Strategic Plans and commissioning decisions are critical to our ability to respond to demand using our workforces in ways that build capacity and sustainability.** NHS Forth Valley will continue to drive workforce redesign that supports sustainable services in a quality improvement and safe staffing framework. Integrated workforce planning linked with service and financial planning will be further developed on a local, regional and national basis to include all partners.

**The management of absence and the improvement of staff wellbeing are key priorities for NHS Forth Valley.** A stretch target of 4.5% (currently we have absence levels above 5%) has been set and a multidisciplinary improvement programme has commenced with the establishment of a partnership working group. The group will Review and refresh all existing practice to achieve streamlined effective processes; introduce Partnership Absence Management Clinics; introduce an early return to work system and improve available workforce information to all managers

NHS Forth Valley will continue to deliver our Youth Framework which will include the **continued development of our Modern Apprenticeship Programme into other areas and the extension of Project Search programme to include NHS placements.** This is balanced with our focus on a multi-generational workforce including our mature and retired colleagues.

## Capable Workforce

During 2019/20 we will **continue to support all of our staff to have access to the development and training they need to enable them to deliver safe, compassionate, person centred care.** Our work to involve staff in agreeing our corporate objectives provides clarity of purpose and enables us to align NHS Forth Valley's priorities with our objective setting process. **Embedding TURAS Appraisal (launched in April 2018) across the organisation will ensure all of our staff have robust development reviews and take part in meaningful Personal Development Planning.** We will support good practice in these areas through supported local projects in enhancing the skills and practice of high quality appraisals and reviews at every level of our organisation. To date NHS Forth Valley has maintained high levels of completion of staff personal development reviews and planning and the organisation will be able to report accurate statistics by Autumn 2019 via TURAS Appraisal.

We will also continue to support our staff, through a range of training and development opportunities, to develop and extend their existing roles and skill sets, encouraging innovation and creativity in how we deliver services both as individuals and as teams.

## Workforce to deliver integrated services

We have a **high commitment to supporting our workforce to deliver integrated services.** Both Forth Valley Health and Social Care Partnerships have full and detailed Integrated Workforce Plans which were developed involving a wide range of multi-agency stakeholders and are monitored by Partnership Leadership Teams and a Strategic Workforce Group. These plans are further supported by more focused Organisational Development and change project plans aligned with initiatives to support joint development of staff towards fully integrated services.

We will work to understand clearly the detail of the whole health and social care workforce across the Forth Valley area and will achieve this working collaboratively with Local Authority partners, Academic partners and the Third Sector.

We have **engaged with our respective health and social care staff consistently over 2016 – 2019 and will continue to sustain extensive staff engagement, including our trade union and staff partnership colleagues within our Joint Staff Forum.**

## Effective leadership and management

**NHS Forth Valley has an extensive annual Leadership and Management Development Programme** which was developed based on identified local need and projected need for enhanced leadership capacity and capability. The Programme was developed reflecting the national Leadership and Management Development Framework, ensuring leadership and management skills are developed at four levels within the organisation. We have also introduced new opportunities for managers to develop specific skill sets in response to a range of feedback from staff (through iMatter) and managers themselves e.g. Crucial Accountability Programme; providing managers with skills and confidence in having successful accountability conversations wherever they may be required.

We are now **launching our Talent Management and Succession Plan for the organisation**. This provides an integrated structured process to plan succession for critical skills and posts and define the competencies needed to be successful in key posts. To identify through assessment and career conversations, staff who have potential to move to higher or more complex critical posts and align career aspirations to development activities for individuals. This process aims to identify “hot spots” in areas where there are currently no ready or near ready individuals for critical posts likely to become vacant and to create development strategies to fill these gaps and create “ready” employees.

We **support and encourage staff to access Project Lift Self Assessment** and take part in early implementation and testing. In addition to access to National Provision, “Leading for the Future” and “Leadership Cubed”, tailored support for succession planning within the organisation includes a suite of development options and pathways including a bespoke leadership programme, 360 review, MBTI, coaching, mentoring, shadowing, action learning sets and secondment opportunities for development.

Our internal coach bank continues to offer individual coaching to managers and a range of staff throughout the organisation.

We are also **committed to developing teams at every level of the organisation** and offer a range of interventions to support team leaders to sustain successful team and MDT working, e.g. Affina Coaching.

## 8. Achieving Service & Financial Sustainability

**Maintaining sustainable recurring financial balance is increasingly challenging** in the current context of changing demographic factors, introduction of new drugs and technologies, and delivery of performance standards/targets and guarantees. Identifying new areas for cost reductions requires increasingly innovative and partnership based approaches which can take longer than traditional approaches to realise benefits. NHS Forth Valley is committed to delivering better value in how it invests its significant budget. **To help deliver transformation projects we will invest in a Programme Management Office to support our savings and reinvest agenda.** This is reflected in our three year Financial Planning Templates which have been submitted to Scottish Government (appended at Appendix 1).

The financial plan has been prepared for the period 2019/20 to 2021/22 reflecting confirmed baseline allocations plus additional funding anticipated for pay costs for Agenda for Change staff outlined in the indicative allocation letter of 12<sup>th</sup> December 2018, plus further anticipated in-year funding sources. Funding assumptions also include the level of financial support required to return to waiting times performance as outlined in the National Waiting Times Improvement Plan. Based on current assumptions total savings required to deliver financial balance for 2019/20 are £19.214m (4% of recurring baseline). **Savings schemes to the value of £14m have been identified and risk assessed, with an unidentified gap of £5.214.6m.**

A forecast deficit position of £2.4m is anticipated against Revenue Resource Limit for 2019/20 based on the level of risk in fully delivering savings required and a further review of cost improvement options including available non-recurrent sources is ongoing towards improving this position. The position is planned to be recovered over the following two year period delivering break even over the three year planning cycle.

The planned **funding settlement for Integration Authorities includes the appropriate share of both the core cash terms uplift (1.8%) and the consequential impact of the Agenda for Change pay funding towards meeting inflationary pressures on in-scope budgets.** The share of **£357m funding from baseline budgets will continue to pass through to Integration Authorities to support social care reform that takes account of whole system benefit and delivering services at home/close to home.**

The forecast position for **capital remains breakeven** based on funding and cost assumptions at this time.

## NHS Forth Valley - Financial Plan 2019/20 – 2023/24

**NHS Forth Valley has a good record of working within available resources and meeting annual financial targets.** However maintaining sustainable recurring financial balance in the current operating environment is increasingly challenging change at pace is required to meet the scale of anticipated demand and costs in future years.

Given the scale and range of current pressures and complexities, together with rapidly changing population demographics and technological and medicines development, the **status quo is no longer sustainable or affordable**. It is proposed that a new approach to reform based on a longer term strategic vision with a focus on efficiency and improving value across the whole system to ensure ongoing service provision is financially sustainable be adopted.

The Scottish Government has introduced new arrangements from 2019/20 with NHS Boards required to set out plans to deliver a breakeven position over a three year planning period rather than a one year basis, with flexibility to report over or underspends of up to 1% of the Board's core revenue resource funding in-year. This provides an opportunity to take a **more strategic view on managing the planning and implementation of developments** required to respond to the challenges described above.

This revenue financial plan sets out a position to deliver financial balance over the forthcoming three year period meeting the Scottish Government requirements, with a forecast deficit in year 1 (2019/20) of £2.4m, a breakeven position in year 2 (2020/21), and an offsetting surplus on a full year basis in year 3 (2021/22) of £2.4m. In addition the plan confirms financial settlements to Integration Authorities in 2019/20 which meet the criteria set out in the indicative funding allocation letter

**The overarching aim of the rolling five year financial plan is to deliver the best health and wellbeing outcomes for the population of NHS Forth Valley within our available fixed resources on a recurring basis.** Our financial strategy for future years is to deliver better value by driving out waste, inefficiencies and unwarranted variation whilst improving quality of services and outcomes for patients, and maximising opportunities from digital developments and innovation.

Total cost savings required, based on anticipated costs and resources, are approximately £36m over three years. **There is an inherent level of risk associated with delivering cost reductions of that scale and so it is intended to create the conditions for change including clear**

**accountabilities and role clarity with a focus on performance.** In support of this work we will ensure there are well established communications, collaborative working with partners; and clear linkages between financial, service and workforce plans.

The **strategy and approach to delivery of cost improvements is focused on our current PMO model** (set up to successfully manage the Elective Care Project) and this approach will identify, prioritise and target efficiencies against the main areas of spend.



### 8.1.1 Core Revenue Outturn Statement

### Appendix 1

<div style="display: flex; justify-content: space-between;"> <div> <b>NHS FORTH VALLEY</b>  <b>FINANCIAL PLAN 2019-20</b>  <b>Core Revenue Outturn Statement</b> </div> <div><i>select Board from drop-down</i></div> </div>											
Line no	2018-19 Total £000s	Revenue Resource Limit (RRL)	Rec £000s	2019-20 Non-Rec £000s	TOTAL	Rec £000s	2020-21 Non-Rec £000s	TOTAL	Rec £000s	2021-22 Non-Rec £000s	TOTAL
1.01	667,943	Gross Expenditure - Clinical & Non-clinical	617,748	99,775	717,523	629,592	76,502	706,094	638,039	72,369	710,408
1.02	42,246	Less: Gross Income	27,060	10,728	37,788	27,601	8,575	36,176	27,973	6,983	34,956
1.03	625,697	<b>Total Expenditure</b>	<b>590,688</b>	<b>89,047</b>	<b>679,735</b>	<b>601,991</b>	<b>67,927</b>	<b>669,918</b>	<b>610,066</b>	<b>65,386</b>	<b>675,452</b>
1.04	22,443	Less: Total Non-Core RRL Expenditure		29,638	29,638		20,918	20,918		20,777	20,777
1.05	33,758	Less: FHS Non Discretionary Net Expenditure	33,758		33,758	33,758		33,758	33,758		33,758
1.06	569,496	<b>Core Revenue Resource Outturn</b>	<b>556,930</b>	<b>59,409</b>	<b>616,339</b>	<b>568,233</b>	<b>47,009</b>	<b>615,242</b>	<b>576,308</b>	<b>44,609</b>	<b>620,917</b>
1.07	504,017	Baseline Allocation	524,800		524,800	538,303		538,303	546,378		546,378
1.08	2,800	NRAC parity funding uplift	2,200		2,200	0		0	0		0
1.09	65,893	Anticipated Allocations: Rec/ Non-rec/ Earmarked	29,930	57,009	86,939	29,930	47,009	76,939	29,930	47,009	76,939
1.10	572,710	<b>Core Revenue Resource Limit (RRL)</b>	<b>556,930</b>	<b>57,009</b>	<b>613,939</b>	<b>568,233</b>	<b>47,009</b>	<b>615,242</b>	<b>576,308</b>	<b>47,009</b>	<b>623,317</b>
1.11	3,214	<b>Forecast variance against Core RRL</b>	<b>0</b>	<b>(2,400)</b>	<b>(2,400)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(0)</b>	<b>2,400</b>	<b>2,400</b>
1.12	<b>Financial flexibility (% core RRL)</b>				<b>0%</b>	<b>0%</b>				<b>0%</b>	
	2018-19 £000s	Balance of Care Cost Split:	2019-20 £000s	2020-21 £000s	2021-22 £000s						
1.13	239,091	Hospital Services total	270,240	266,337	268,537	<b>Cumulative 3-Year Total Outturn</b> <b>0</b>					
1.14	334,439	Community Services total	352,823	347,727	350,600						
1.15	573,530	Total (inc. FHS)	623062.8377	614064.3193	619136.9281						

<b>Main contact name</b>	Alison Mackintosh	<b>Version number</b>	2	<b>Board Approval Date</b>	26/03/2019
<b>email address</b>	<a href="mailto:alison.mackintosh@nhs.net">alison.mackintosh@nhs.net</a>	<b>Date of submission</b>	29/03/2019		
<b>Phone number</b>	01786 457241				

## 8.1.2 Cash Releasing Savings Requirements

## Appendix 2

### NHS FORTH VALLEY FINANCIAL PLAN 2019-20 Cash-releasing Savings Requirement

		2019-20			2020-21			2021-22		
		Rec £000s	Non-Rec £000s	Total £000s	Rec £000s	Non-Rec £000s	Total £000s	Rec £000s	Non-Rec £000s	Total £000s
2.01	Forecast variance against Core RRL	0	(2,400)	(2,400)	0	0	0	(0)	2,400	2,400
2.02	Savings forecast to be delivered (detailed in table below)	11,455	5,359	16,814	9,320	3,162	12,482	13,895	1,273	15,168
2.03	Savings required to break even	11,455	7,759	19,214	9,320	3,162	12,482	13,895	(1,127)	12,768
2.04	Savings as % of Baseline	2%	1%	4%	2%	1%	2%	3%	0%	2%

		2019-20			Risk rating			2020-21			Risk rating			2021-22			Risk rating		
		Rec £000s	Non-Rec £000s	Total £000s	High £000s	Med £000s	Low £000s	Rec £000s	Non-Rec £000s	Total £000s	High £000s	Med £000s	Low £000s	Rec £000s	Non-Rec £000s	Total £000s	High £000s	Med £000s	Low £000s
Savings planned to be delivered:																			
2.05	Service redesign	795	517	1,312	517	536	259	310	322	632	300	205	127	269	135	404	207	113	84
2.06	Drugs and prescribing	2,262	1,290	3,552	1,364	1,332	856	1,048	769	1,817	940	514	363	697	328	1,025	532	295	198
2.07	Workforce	4,505	2,910	7,415	2,819	2,957	1,640	1,658	1,837	3,495	1,658	995	842	1,415	708	2,123	1,061	637	425
2.08	Procurement	814	392	1,206	395	600	211	244	234	478	235	148	95	204	102	306	149	98	59
2.09	Infrastructure (e.g. facilities management, IT, other support services)	47		47	23	24	0	35		35	35	0	0	0		0	0	0	0
2.10	Other	197	250	447	0	95	352	61	0	61	0	0	61	0	0	0	0	0	0
2.11	Total Efficiency Savings workstreams	8,620	5,359	13,979	5,118	5,544	3,318	3,355	3,162	6,517	3,168	1,862	1,488	2,585	1,273	3,858	1,949	1,143	766
2.12	Financial Management / Corporate Initiatives			0			0			0			0			0			0
2.13	Unidentified savings assumed to be delivered in year	2,834		2,834	2834			5,965		5,965	5965			11,310		11,310	11310		
2.14	Total core NHS Board Savings	11,455	5,359	16,814	7,952	5,544	3,318	9,320	3,162	12,482	9,133	1,862	1,488	13,895	1,273	15,168	13,259	1,143	766

2.15	Savings delegated to Integration Authorities			0			0			0			0			0			0
------	--	--	--	---	--	--	---	--	--	---	--	--	---	--	--	---	--	--	---

2.16	Savings challenge remaining (£000)	0	(2,400)	(2,400)				0	0	0				(0)	2,400	2,400			
------	------------------------------------	---	---------	---------	--	--	--	---	---	---	--	--	--	-----	-------	-------	--	--	--

**NHS FORTH VALLEY  
FINANCIAL PLAN 2019-20  
Non-Core RRL Expenditure**

Line no	2018-19		2019-20	2020-21	2021-22
	Total £000s		Total Non-Rec £000s	Total Non-Rec £000s	Total Non-Rec £000s
3.01	1,200	Capital Grants	4,850	100	100
3.02	8,131	Depreciation / Amortisation	8,444	8,954	8,813
		<b>ODEL - IFRS PFI Expenditure</b>			
3.03	8,877	PFI/PPP/Hub - Depreciation	9,274	9,294	9,294
3.04	0	PFI/PPP/Hub - Impairment	4,500		
3.05	0	PFI/PPP/Hub - Notional Costs			
3.06	8,877	<b>Total IFRS PFI Expenditure</b>	13,774	9,294	9,294
		<b>Annually Managed Expenditure</b>			
3.07	1,000	AME - Impairments	1,000	1,000	1,000
3.08	3,214	AME - Provisions	1,550	1,550	1,550
3.09	21	AME - Donated Assets Depreciation	20	20	20
3.10	0	AME - Movement in Pension Valuation	0		
3.11	4,235	<b>Total AME Expenditure</b>	2,570	2,570	2,570
3.12	22,443	<b>Total Non-Core RRL Expenditure</b>	29,638	20,918	20,777

## 8.1.4 Infrastructure Investment Programme

## Appendix 4

NHS FORTH VALLEY  
FINANCIAL PLAN 2019-20  
Infrastructure Investment Programme

Line No	2018-19 £000s		2019-20 £000s	2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s
4.01	7,796	Capital Resource Limit (CRL)	(4,197)	4,185	5,285	5,285	3,624
4.02	6,085	SGHSCD formula allocation	6,085	6,085	6,085	6,085	6,085
4.03	(1,500)	Asset sale proceeds reapplied (net book value, from line 4.33 below)	(7,032)	(1,600)	0	0	(1,161)
4.04	4,711	Project specific funding (from line 4.24 below)	5,700	0	0	0	0
4.05		Radiotherapy funding					
4.06	900	Other centrally provided capital funding	(2,900)	1,000	500	500	
4.07	(2,400)	Revenue to capital transfers	(6,050)	(1,300)	(1,300)	(1,300)	(1,300)
4.08	7,796	Total Capital Resource Limit	(4,197)	4,185	5,285	5,285	3,624
4.09	0	Saving / (Excess) against CRL (4.08 less 4.01)	0	0	0	0	0

2018-19 £000s	Hub Projects:	2019-20 £000s	2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s
4.10	9,677	Stirling Care Village Balance Sheet Addition	1,028			
4.11						
4.12						
4.13						
4.14						
4.15	9,677	Total Non-Core Capital ODEL	1,028	0	0	0

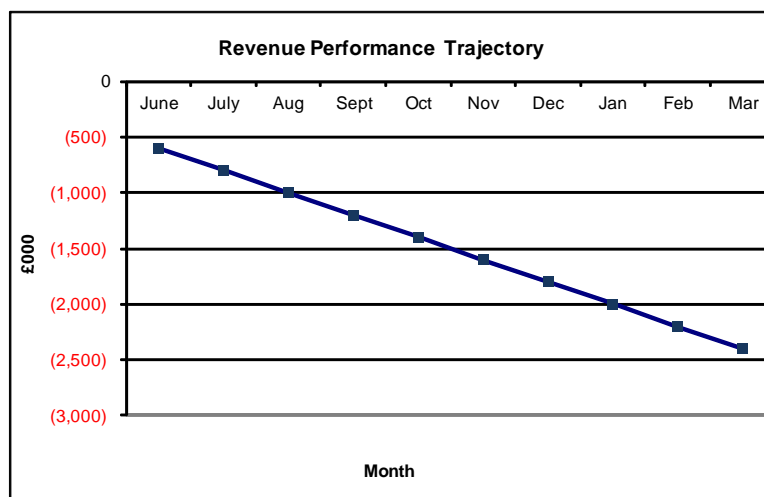
Memoranda

2018-19 £000s	Project Specific Funding:	2019-20 £000s	2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s
4.16	2,700	Improving Access to Elective Care	4,500			
4.17		GP Sustainability Loans	1,200			
4.18	261	Equally Safe				
4.19	1,000	Doune HC				
4.20	750	eHealth Patient System				
4.21						
4.22						
4.23						
4.24	4,711	Total Project Specific Funding (copies to line 4.03 above)	5,700	0	0	0

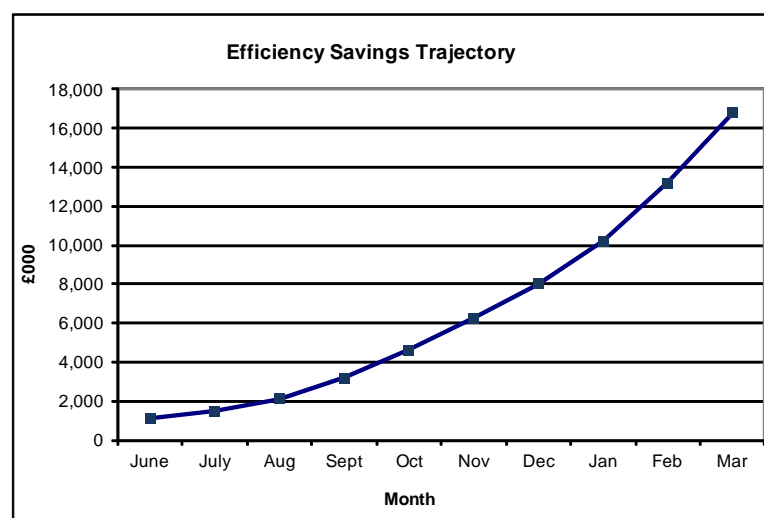
2018-19 £000s	Source of capital receipts (please enter NBV figures as negative):	2019-20 £000s	2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s
4.25		Bellsdyke Land Development	(6,032)			(1,048)
4.26		Orchard House Hospital Land	(450)			
4.27		Graham Avenue				(13)
4.28		Barton Street				(100)
4.29		Westbank Clinic	(150)			
4.30		Surplus Stirling Royal Infirmary Land		(1,500)		
4.31		Field X, old RSNH Site	(400)			
4.32	(1,500)	Doune Health Centre		(100)		
4.33	(1,500)	Total Asset Sale proceeds (at NBV) (copies to line 4.03 above)	(7,032)	(1,600)	0	(1,161)

**NHS FORTH VALLEY  
FINANCIAL PLAN 2019-20  
Financial Trajectories**

Revenue Outturn		RRL Saving/ (Excess)
Saving / (Excess) against Core RRL as at the end of:		£000s
5.01	June	(600)
5.02	July	(800)
5.03	Aug	(1,000)
5.04	Sept	(1,200)
5.05	Oct	(1,400)
5.06	Nov	(1,600)
5.07	Dec	(1,800)
5.08	Jan	(2,000)
5.09	Feb	(2,200)
5.10	Mar	(2,400)



Cumulative value of efficiency savings as at the end of:		Total
		£000s
5.11	June	1,135
5.12	July	1,489
5.13	Aug	2,127
5.14	Sept	3,191
5.15	Oct	4,610
5.16	Nov	6,241
5.17	Dec	8,014
5.18	Jan	10,212
5.19	Feb	13,191
5.20	Mar	16,814



## 8.1.6 Financial Planning Assumptions &amp; Risk Assessment

## Appendix 6

**NHS FORTH VALLEY**  
**FINANCIAL PLAN 2019-20**  
**Financial Planning Assumptions & Risk Assessment**

**Financial Planning Assumptions:**

	2018-19	Assumptions - uplift (%)	2019-20	2020-21	2021-22
6.01		Base uplift	2.58%	2.53%	1.50%
6.02		NRAC	0.43%	0.00%	0.00%
6.03		Other	5.43%	0.15%	0.00%
6.04		Base uplift	2.78%	2.78%	1.50%
6.05		Incremental drift	0.00%	0.00%	0.00%
6.06		Other	4.91%	0.00%	0.00%
6.07		Prices	2.00%	2.00%	1.50%
6.08		GP prescribing	5.24%	5.24%	5.24%
6.09		Price			
6.10		Volume			
6.11		Hospital drugs	10.00%	10.00%	10.00%
		Price			
		Volume			

Risk Assessment				
Line no	Key Assumptions / Risks	£ Value Risk/ £ Assumption/ % Assumption	Impact / Description	Risk rating (please select from drop-down)
6.12	Pay and Pension	£2.48m per 1%	Employer's pension contributions are assumed to be fully funded within the financial plan. From 2021/22, each additional 1% pay equates to £2.48m	Medium Risk
6.13	Waiting Times	£10m	The Board are working towards meeting the commitment of RTT and TTG targets as set out by the Cabinet Minister. The current plan assumes an allocation of £10m. The Board has not yet been advised of the allocation from the SG and it may be insufficient.	Medium Risk
6.14	Prescribing	£0.3m per 1%	The proportion of spend on hospital drugs continues to rise, and there is a financial risk associated with the approval of new drugs and therapies, including as an example CAR-T therapy. Each 1% movement in costs equates to £0.3m	Medium Risk
6.15	Pharmaceutical Price Regulation Scheme (PPRS)			
6.16	Primary Care Improvement Fund		The Board have implemented a phased approach in 2019/20. There is currently a shortfall from 2020-21 to implement all actions to meet the requirements of the FV PCIP. Risk = High	High Risk
6.17	Mental Health			
6.18	Transformational Change Fund			
6.19	eHealth	7.5% of allocation	Our ehealth lead has indicated that there might be a 7.5% reduction in allocation in 19/20.	Medium Risk
6.20	Capital Programme			
6.21	Waste Disposal	£0.160m	Boards were recently advised that the cost of implementing the contract in 2019/20 had moved from £4.9m to between £7m and £8m. Potential additional impact for Forth Valley anticipated to be £0.160m	High Risk
6.22	Brexit		The potential impact of EU withdrawal is uncertain and could impact on supply and cost of workforce and supplies/medicines – Value unquantified.	High Risk
6.23	Integration Joint Boards		Future years outturn risk relating to IJBs in terms of money losing its identity with consequent risk on adult social care impact together with financial risk on set aside.	High Risk
6.24				

59

