

# Follow up written information from NHS Forth Valley

3 April 2024

## NHS Forth Valley – Agency Staff and Vacancy Rates

### Agency Staff

NHS Forth Valley Total WTE for all staffing is 6106.72 (not including Doctors in training as they are employed by NES).

Our weekly agency use on average is 188 WTE for all staff groups.

This calculates to 3.07%.

### Staff Vacancy Rates

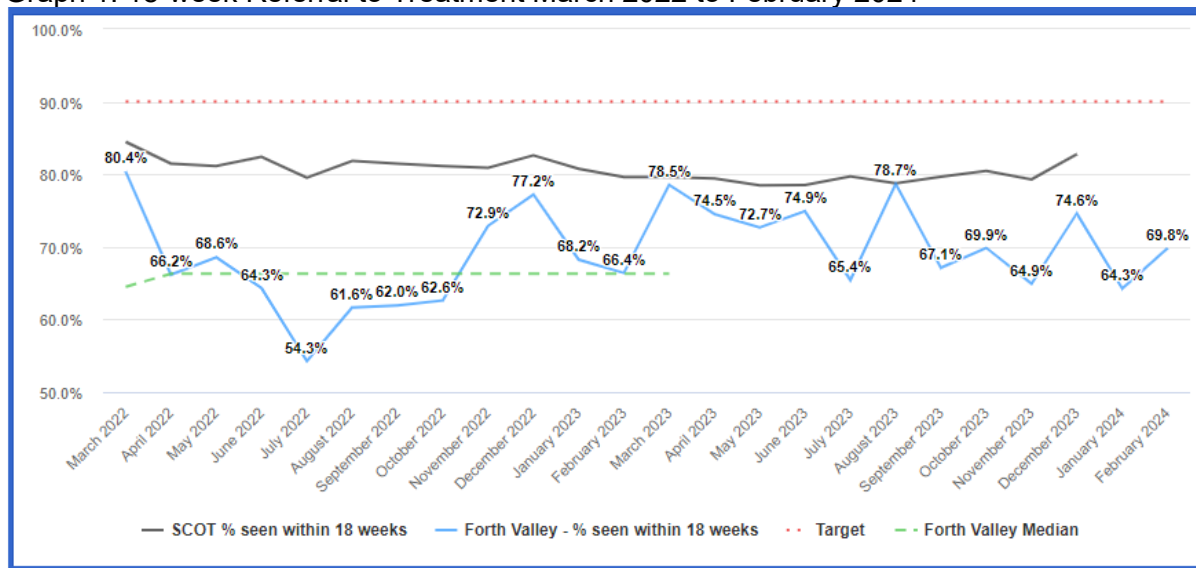
- AHP vacancy factor 4.1%
- Medical 2.2%
- Nursing 7.9%

This vacancy information comes from our recent return to HIS.

## NHS Forth Valley Performance Summary

### Psychological Therapies

Graph 1: 18-week Referral to Treatment March 2022 to February 2024



Performance against the standard has consistently been above 60% with a high of 79% in August 2023, however the 90% target has not been reached. It is acknowledged that as patients that have waited a long period of time, and have already waited longer than 18 weeks, are treated the target will not be achieved. Once the long waiting patients are seen the target will come back into line.

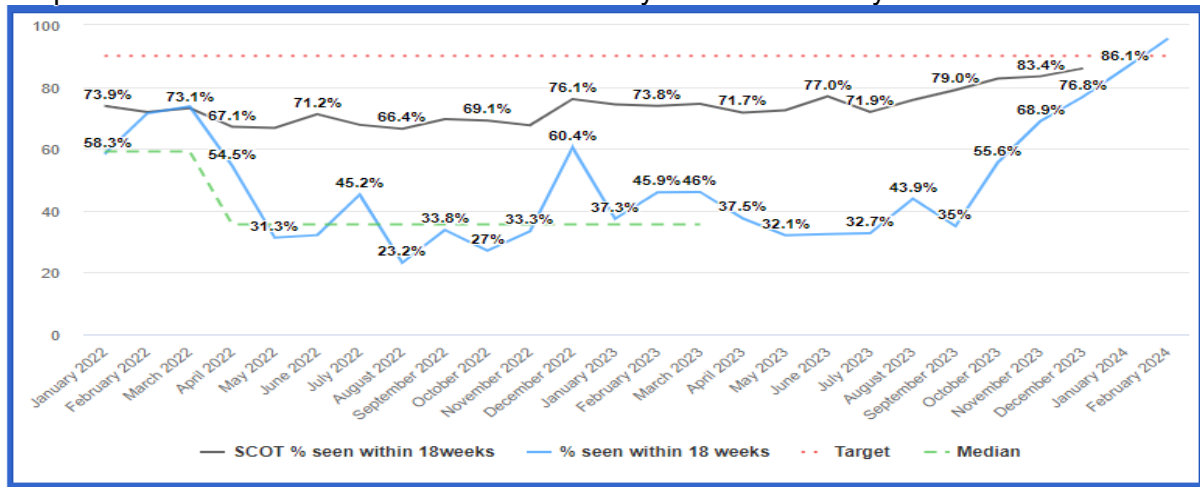
In February 2024, 69.8% of patients started treatment within 18 weeks of referral. This is an improved performance from the previous month and from the February 2023 position.

The improvements to above 70% from March to June 2023 were as a result of significantly improved data quality with ongoing quality checks; alignment of reporting of Digital Therapies with national guidelines; increasing inclusion of psychological therapies from other areas including eating disorders; the expansion of IESO digital therapy with increased uptake initially.

The subsequent variance in the RTT can be explained by seasonal trends; a plateau in terms of IESO uptake by those with short waits as it became business as usual; new clinicians taking up caseloads comprised of patients who had been waiting for a very long time; and group therapy starting for some cohorts of patients who had been waiting a long time. Four groups comprising of people who had been waiting a long time started in January 2024 which may explain the reduction in RTT performance.

## Child and Adolescent Mental Health Services (CAMHS)

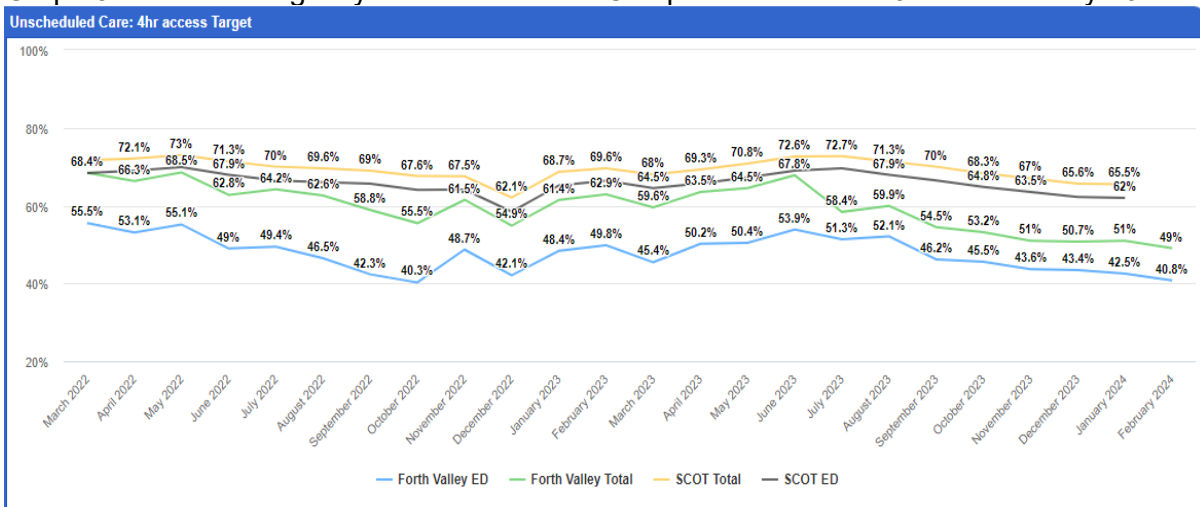
Graph 2: 18-week Referral to Treatment - January 2022 to February 2024



Performance against the 18-week referral to treatment standard indicates a further improvement in the position to 95.6% in February 2024, an increase of 9.5% when compared to the previous reporting period. Having met the standard, the challenge remains to ensure this is maintained. This will continue to be monitored closely and is dependent on new and increased capacity, steady demand, workforce with no unpredicted changes.

## Urgent & Unscheduled Care

Graph 3: 4-hour Emergency Access Standard Compliance - March 2022 to February 2024



Overall compliance with the 4-hour emergency access standard (EAS) in February 2024 was 49.0%; Minor Injuries Unit 99.9%, Emergency Department 40.8%.

Given the performance over recent weeks an immediate intervention plan has been developed to improve the 4-hour performance on the Forth Valley Royal site. This is being progressed in conjunction with the work currently being undertaken through the Urgent and Unscheduled Care Delivery plan. Immediate actions being undertaken are:

- 4-bed bay in the Acute Assessment Unit will be cleared and ring fenced to provide an assessment area for rapid turnover of patients who can be seen, discharged, or moved

on from the ED. A senior decision maker will be brought in to solely undertake this where possible.

- Focus on the Discharge lounge with more patients to be received earlier in the day. Lead nurses to support identification of patients and to provide leadership to ensure rapid movement of patients early in the morning.
- Daily formal meetings with the acute team and CEO.
- Dr Shobhan Thakore to provide assistance and peer support to ED through his role with the Centre for Sustainable Delivery.
- Senior nurse and managerial leadership will start to attend ED OOH.

Discharge without delay work continues with improved discharge and flow last week. Frailty cohorting is in place in the Acute Assessment Unit and the Manchester triage is now being undertaken in ED.

Key performance indicators and trajectories are in place to support and manage performance in this area.

### **Out of Hours**

NHS Forth Valley is working to improve the delivery of Out of Hours services supported by a comprehensive action plan. One of the key issues for NHS Forth Valley was rota fill rate. This has improved from around 60% to 93% in January 2024 and 97% in February 2024.

A meeting with Sir Lewis Ritchie was held on 6 March 2024 to review the current position with positive verbal feedback received.

### **Scheduled Care**

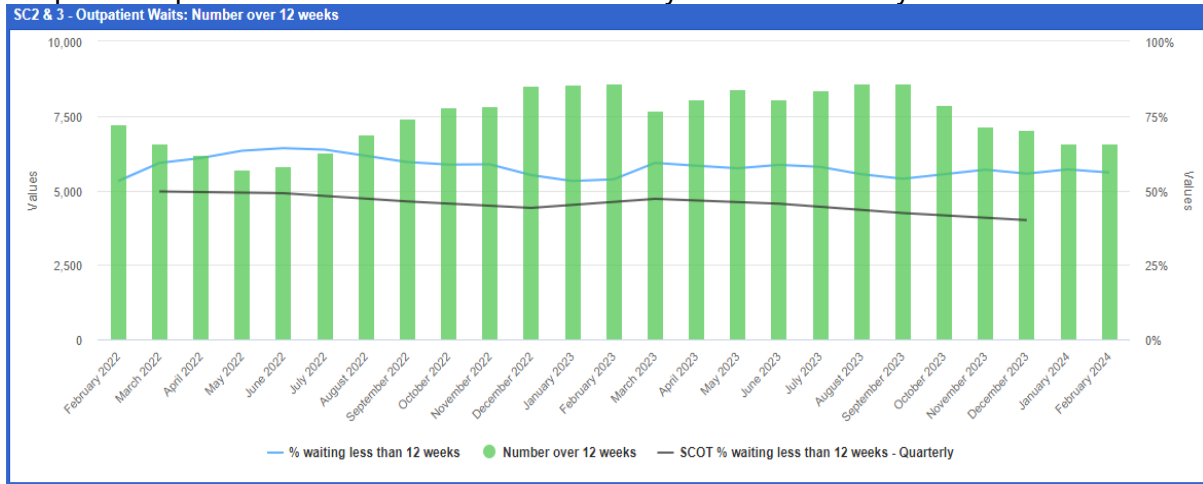
#### **Outpatients**

95% of patients should wait less than 12 weeks from referral to a first outpatient appointment. The NHS Forth Valley position for the quarter ending December 2023 was 56.3% with the Scotland position 40.1%. In February 2024, 56% of patients were waiting less than 12 weeks for a first outpatient appointment.

At the end of February 2024, the number of patients on the waiting list for a first outpatient appointment was 14,915 compared with 18,572 in February 2023 with the number waiting beyond 12 weeks 6,562 compared to 8,599 in February 2023.

Activity against the agreed activity plan highlights that for the period April 2023 to February 2024, 99% of the agreed outpatient activity was undertaken.

Graph 4: Outpatient waits over 12 weeks - February 2022 to February 2024



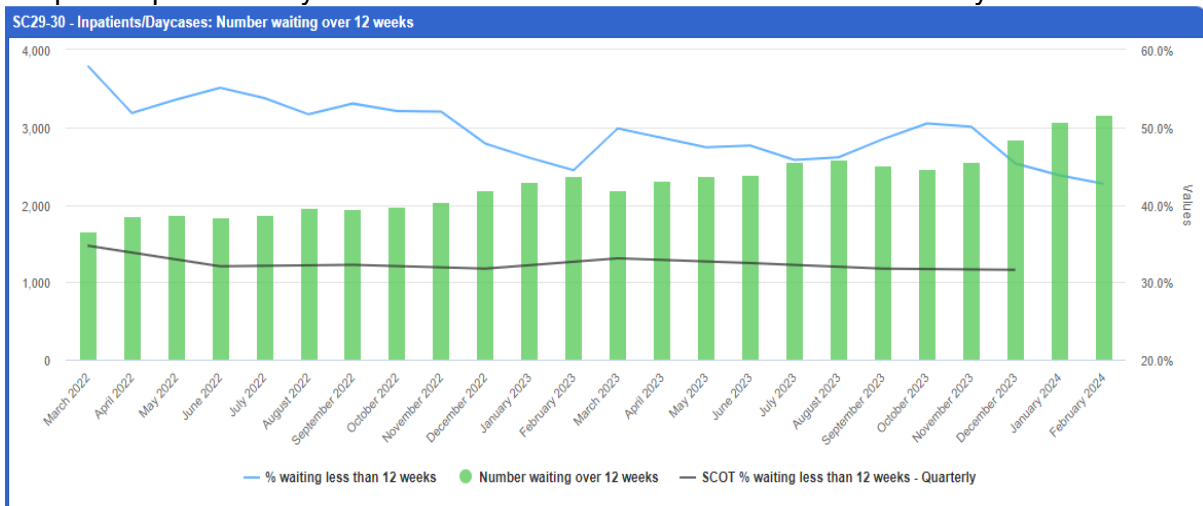
**Inpatients**

100% of eligible patients should start to receive their day case or inpatient treatment within 12 weeks of the agreement to treat. In the quarter ending December 2023, 48.8% of patients in NHS Forth Valley with an ongoing wait were waiting less than 12 weeks. The Scotland position was position 33.1%.

In February 2024, the total number of patients waiting and the number of patients waiting beyond 12 weeks increased compared to February 2023.

Activity against the agreed activity plan highlights that for the period April 2023 to February 2024, 117% of the agreed inpatient and daycase activity was undertaken.

Graph 5: Inpatients/Daycase waits over 12 weeks - March 2022 to February 2024



**Diagnostics**

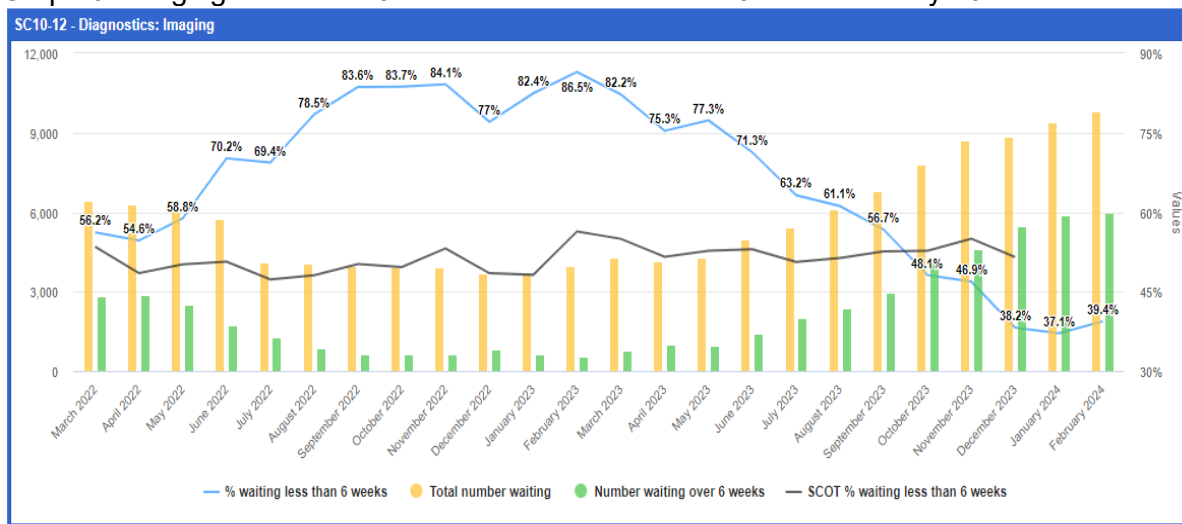
Patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations.

**Imaging**

At the end of February 2024, 39.4% of patients were waiting less than the 6-week standard for imaging with a significant increase in the total number of patients waiting and in those waiting beyond 12 weeks compared to February 2023. Patients continue to be seen on a priority basis noting that scan requests for urgent suspicion of cancer are prioritised however this can have an impact on routine waits.

Activity against the agreed activity plan highlights that for the period April 2023 to February 2024, 96% of the agreed imaging activity was undertaken. Noting the activity in February was 99% of that planned. There are specific challenges with the waiting times for CT scan however NHS Forth Valley is evaluating the feasibility of a third scanner. Funding routes are being explored nevertheless the current financial constraints are having an impact. It is unlikely that our position will improve and may in fact deteriorate further without this additional capacity.

Graph 6: Imaging waits over 6 weeks and total - March 2022 to February 2024

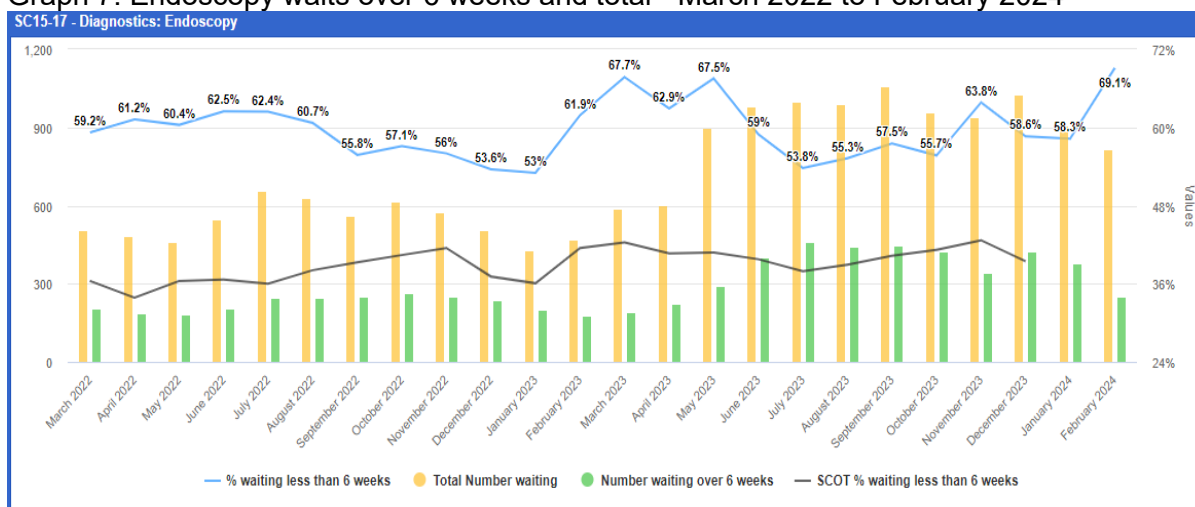


**Endoscopy**

At the end of February 2024, 69.1% of patients were waiting less than the 6-week standard for endoscopy with an increase in the total number of patients waiting and those waiting beyond 12 weeks compared to February 2023. There is however an in-month reduction or improvement.

Activity against the agreed activity plan highlights that for the period April 2023 to February 2024, 157% of the agreed imaging activity was undertaken. Noting the activity in February was 190% of that planned.

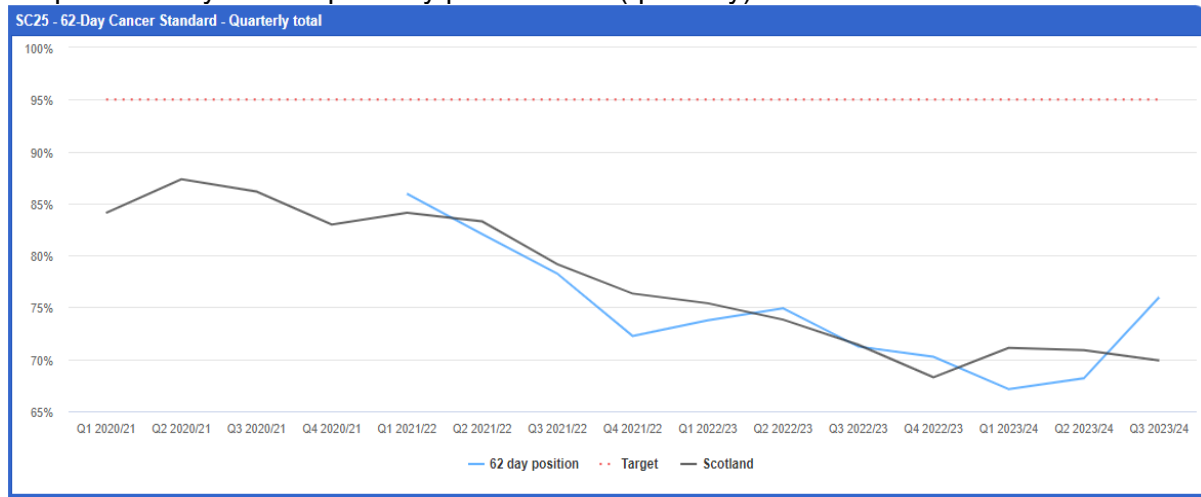
Graph 7: Endoscopy waits over 6 weeks and total - March 2022 to February 2024



## Cancer

The 62-day standard states that 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment. In the quarter ending December 2023, 76.8% of patient in Forth Valley were treated within the standard. The Scotland position was 69.9%.

Graph 8: 62-day Cancer pathway performance (quarterly)



The 31-day standard states that 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment. In the quarter ending December 2023, 98.7% of patient in Forth Valley were treated within the standard. The Scotland position was 93.5%.

## Conclusion

Following a period of remobilisation, the focus for NHS Forth Valley remains on recovery as the Board works to stabilise and improve. The performance related issues highlighted on escalation to Stage 4 of what was at the time the NHS Scotland Performance Escalation Framework are aligned to this as we work system wide to ensure safe and timely care.

Notwithstanding the challenges in delivery of unscheduled care, NHS Forth Valley has consistently performed well in the provision of scheduled care despite the increase in the number of patients waiting in some areas. This is evidenced through the level of activity provided against the plans agreed with Scottish Government colleagues. NHS Forth Valley has also been supporting other NHS Boards with a programme of mutual aid. In the financial year to date 2,478 outpatient and 966 inpatient and daycases have been undertaken for other NHS Board areas.

Focus remains on all areas of performance with particular attention on the eight key standards that are most important to patients namely, 12-week outpatient target, diagnostics, 12-week treatment time guarantee, 62-day and 31-day cancer targets, access to Psychological Therapies, access to Child & Adolescent Mental Health Services and Accident & Emergency 4-hour waits.

## **PUBLIC AUDIT COMMITTEE – UPDATE ON GOVERNANCE RECOMMENDATIONS**

### **Introduction**

In January 2023, an independent review of Corporate Governance was commissioned to assist NHS Forth Valley in identifying any improvements to the approach taken to corporate governance that would be required to address the range of performance-related issues. The review report, published in October 2023, included 51 recommendations across the areas of:

- Diversity, Skills and Experience
- Roles, Responsibilities and Accountabilities
- Values, Relationships and Behaviours
- Assurance Framework
- Integrated Governance System
- Operating Guidance
- Active Governance
- Collaborative Governance
- Continuous Improvement

By the time NHS Forth Valley received the report, it was clear that several recommendations had already been addressed within the NHS Forth Valley Assurance and Improvement Plan. Therefore, to avoid duplication, the 51 recommendations were captured within 13 high-level actions, undergirded by 24 sub-actions (totalling 37 actions). To ensure all recommendations had been accounted for, a further exercise was undertaken to map the findings of the Governance report with outputs from the Board Self-Assessment exercise. All these actions were merged into the NHS Forth Valley Assurance and Improvement Plan.

This paper provides a status update on those high-level actions and the impact this is having on NHS Forth Valley. A summary of the remaining planned work is also provided along with expected dates of completion. Particular focus is placed on key, tangible evidence, including from external reporting where appropriate, to provide robust assurance of completed actions.



## **Summary of Progress of Governance Recommendations**

Significant progress has been made against the Governance actions within the Assurance and Improvement Plan and we are seeing the positive impact and outcomes while continuing to prioritise and close out remaining actions.

There is better organisation of the Board assurance committees, with more effective working, increased development time and improved direction as highlighted in the NHS Forth Valley Internal Control Evaluation 2023/24, which also noted the use of standard committee templates and improved quality of minutes. Information being provided is more relevant and is supporting improved scrutiny leading to improved assurance. Alongside this, lines of responsibility and accountability are clearer, where colleagues are held to account through the performance review process. Structured Board seminars have helped promote a culture of respectful, constructive healthy challenge, allowing for wider viewpoints to be sought.

The recommendations from the External Review of Governance received in October 2023 were mapped against outputs from the Board Self-Assessment Survey conducted in September 2023. To reflect upon the results of the survey and capture any additional actions in the Assurance & Improvement Plan, two Board Development sessions run by an external consultant took place in December 2023 and February 2024. Work has also progressed around creation of a Board Assurance Framework using the model set out in the Blueprint for Good Governance and further guidance from the Good Governance Institute. As part of a scoping exercise for this work, we have linked up with other health Boards, to learn from their own models and produce an overarching framework in line with the recommendations of the External Governance Review.

Whole system working is now taking place across partnerships, with the NHS Forth Valley Chief Executive now meeting regularly with the Chief Executives from Falkirk Council, Stirling Council and Clackmannanshire Council to discuss whole system working and integration. This is evidenced by a collaborative approach to financial challenges. NHS Forth Valley and partners of the Forth Valley region have also agreed to pursue one anchor institute instead of four. This approach to whole system working forms an integral part of ELT development work, both structurally and for the organisational development of the wider team.

**Table 1.** Update on Governance high-level actions – extracted from the NHS Forth Valley Assurance & Improvement Plan.

Number	Action	Summary	Impact
<b>3</b>	<b>Governance</b>		
3.1	Complete the work on the Board Assurance Framework and ensure it is aligned to the Scottish Government NHS Blueprint for Good Governance.	Complete. Component parts in place including performance management framework and risk management strategy along with review and standardisation of assurance committee template. In addition, the Board Self-Assessment was undertaken in September 2023, this will be refreshed on an annual basis. Work to produce an overarching document to ensure appropriate linkage in support of articulating an NHS Forth Valley Assurance Framework aligned to the Blueprint for Good Governance has been completed and this will be presented to the ELT on 25 March.	<b>External Review of Corporate Governance</b> All 51 recommendations were factored into the A&I Plan and mapped against the outcomes of the Board Self-Assessment Survey.
3.2	Ensure appropriate induction and ongoing development for Board members is in place.	Complete. The Board member induction process has been reviewed and is in place. The Board Development Programme scheduled for 2024/2025 is in place to inform and appropriately develop Board members to deliver an effective contribution to the governance of the organisation and improve scrutiny and levels of assurance.	<b>Other</b> Committee structures, membership, Terms of Reference, and forward planners are reviewed regularly to ensure an optimal governance process is in place and papers are distributed on time.
3.3	Ensure regular monitoring of performance, scrutiny of results and outcomes.	Complete. Timetable for Directorate Performance Reviews is in place for 2024. Formal reporting to the Board and Performance & Resources Committee happens monthly, including the regular review of a weekly scorecard by Board members and ELT where consideration is given to content requests. Improved, timely access to information now ensures that Board members and colleagues are well informed and equipped to scrutinise effectively.	More effective working with increased development time and improved direction.
3.4	Address any outstanding recommendations from the external review of governance.	Complete. Following a final mapping exercise in December 2023 - January 2024, all outstanding recommendations from the External Review of Governance have been reflected in the Assurance & Improvement Plan.	Relevant and appropriate information is provided which is supporting improved scrutiny leading to improved assurance.

3.5	Reflect any further recommendations arising from the Board self-assessment feedback.	Complete. Two Board Development Sessions have taken place, led by an external consultant (December and February) to reflect on the outcomes of the Self-Assessment. A mapping exercise of the feedback was completed in January/February 2024 resulting in several additional governance actions, now with clear ownership and timescales. These additional actions have been approved by the NHS Forth Valley Escalation Performance and Resources Committee and NHS Board.	Clear lines of responsibility and accountability.  Through the performance management framework and the performance review process colleagues are being held to account.
3.6	Consider how NHS Forth Valley ensure it reflects the diversity of its population in Senior Management and Board level roles.	<p>Work continues. Prior to recruitment extensive communications and engagement work is carried out to raise awareness of Non-Executive Board member opportunities and to encourage applications from people with a diverse range of backgrounds, skills, and experience. The approach taken in NHS Forth Valley has been highlighted as an example of best practice and has been adopted by several other NHS Boards, supported by stakeholder engagement mapping work to identify, and share details of existing networks which can support information sharing and engagement, in line with the principles of the Communications Framework 2023 - 2028. This recognises the wide range of networks, forums, and groups which the Board can tap into across the Forth Valley area, including CVS networks, BME networks, locality groups within the HSCPs, carers centres and services which support young people and those with disabilities.</p> <p>Work continues on an ongoing basis to build on the Skills Matrix already completed to identify any gaps in the skillset of the Board and inform priority areas for future recruitment initiatives and ensure these are reflected in any adverts and promotional materials. The approach to the development of senior leaders and middle management to support succession planning will link to wider succession planning for Board members.</p> <p>Anticipated completion date: 31 March 2024.</p>	<p>Wider views and opinions sought with evidence of a culture of constructive, respectful, and healthy challenge.</p> <p>Introduction of a quality assurance process for developing Strategic and Commissioning Plans.</p> <p><b>Key ICE Report Findings</b></p> <ul style="list-style-type: none"> <li>- Governance improvements, including wider use of standard templates and improved quality of minutes.</li> </ul>

3.7	Produce a strategic planning framework that supports the development of a planning cycle to be reviewed and updated annually that indicates where and when the Board is considering options, assessing risk, approving, and monitoring delivery of strategic plans.	Work continues. Work required to produce a strategic planning framework - plan on a page. Anticipated completion: 31 March 2024.	<ul style="list-style-type: none"> <li>- Introduction of an Acute Directorate recovery plan and Acute Financial Recovery Group.</li> <li>- Establishment of a Strategic Prioritisation Review Group to review service change proposals.</li> <li>- Planned introduction of Financial Performance Review meetings with Directorates and Partnerships.</li> <li>- Improved clinical governance arrangements including formal papers signposting risks and key points and providing clarity on decision making.</li> <li>- Prominence of public health, health improvement and health protection in the CGC Terms of Reference.</li> <li>- Review of Information Governance assurances to the P&amp;RC.</li> </ul>
3.8	Review inclusion of patient and carer contribution to Board assurances.	Complete. Patient representatives have been a part of several committees and forums in 2023 e.g., Clinical Governance Committee, safe delivery of care programme, involvement in annual review meetings. This action falls under wider stakeholder engagement work required and supported by the implementation of the Communications Framework 2023 - 2028. Further actions required will be identified through the outputs of the stakeholder engagement mapping work (action 3.6).	
3.9	Ensure adequate internal processes are in place to support timely completion of internal audit actions.	<p>Complete. The Audit Follow Up protocol is in place and reviewed annually by the Audit and Risk Committee. The extant protocol approved on 20 June 2023 overtly references the requirements of the Blueprint for Good Governance in NHS Scotland and sets out the escalation process triggered when timely management responses are not provided. The audit follow-up position is regularly reported to the Audit and Risk Committee to provide assurance that timely action has been taken to address identified control weaknesses as expected. Audit recommendations are managed through Pentana with action owners receiving triggers informing them of any required actions to support completion of aligned audit recommendations.</p> <p>Internal audit findings: The 'NHS Forth Valley Internal Control Evaluation 2023/24' report found a range of key developments since the 2022/23 NHS Forth Valley Annual Report was presented in June 2023 – see 'Outcome' column for details.</p>	

3.10	Ensure committee meeting agendas focus on all the challenges faced by the Board and aligned to committee Terms of Reference.	Complete. Committee Terms of Reference reviewed annually and as required in line with Code of Corporate Governance. Next iteration to be approved by the NHS Board in March 2024. Annual Planners are in place for each assurance committee and continue to be updated for 2024/2025 and examined at each committee meeting to ensure focus on current and future challenges. These continue to inform committee meeting agendas, leading to timely and relevant papers. An agreed agenda setting process or meeting is in place for each assurance committee.	
3.11	The Remuneration Committee to review approach to the annual appraisal process of the Chief Executive and ELT to ensure it accurately reflects performance and is equitably applied.	Complete. The approach to the annual appraisal process of the Chief Executive and ELT has been reviewed. This approach, and the associated timeline, was presented to the Remuneration Committee on 19 March 2024 for approval.	
3.12	Repeat the workshop on Active Governance with emphasis on the importance of developing an assurance information system.	Complete. Active Governance Board Seminar to be delivered by NES is scheduled in 2024/25 with the 8 October 2024 being held for this session.	
3.13	Inform and update staff on relevant changes, developments and improvements relating to governance as part of the wider Assurance and Improvement Plan.	Complete. ELT has worked collaboratively to develop the current iteration of the Assurance & Improvement Plan which has incorporated the outstanding recommendations relating to governance with involvement of Staff Side colleagues through regular review at the Area Partnership Forum. This version of the plan has been approved by the NHS Board and has subsequently been shared in the Board Brief update via the staff intranet and included the Staff Brief.	