

PUBLIC AUDIT COMMITTEE

7th Meeting, 2024 (Session 6), Thursday 29 February 2024

The 2022/23 audit of NHS Forth Valley

Introduction

1. The Public Audit Committee will take evidence today from NHS Forth Valley on the Auditor General for Scotland's (AGS) section 22 report, [The 2022/23 audit of NHS Forth Valley](#), which was published on 5 December 2023. A copy of the report can be found at **Annexe A**.
2. The Committee previously took evidence from the AGS on the section 22 report on [25 January 2024](#).
3. In advance of the evidence session today, NHS Forth Valley has provided written evidence to the Committee which can be found at **Annexe B**.
4. The Public Audit Committee will decide any further action it wishes to take following the evidence session today.

Clerks to the Committee
26 February 2024

The 2022/23 audit of NHS Forth Valley



AUDITOR GENERAL 

Prepared for the Public Audit Committee by the Auditor General for Scotland
Made under section 22 of the Public Finance and Accountability (Scotland) Act 2000

December 2023

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Introduction

1. I have received the audited annual report and accounts and the independent auditor's report for NHS Forth Valley for the year ended 31 March 2023. I submit these financial statements and the auditor's report under section 22(4) of the Public Finance and Accountability (Scotland) Act 2000, together with this report which I have prepared under section 22(3) of the Act.

2. The purpose of this report is to draw Parliament's attention to concerns in relation to the governance, leadership and culture of the organisation and set out the progress NHS Forth Valley is making in addressing these issues.

Auditor's opinion

3. The auditor issued an unmodified audit opinion on NHS Forth Valley's 2022/23 financial statements. They highlighted that the board met its financial targets for 2022/23, achieving a small surplus of £229,000.

Summary

4. This report highlights concerns raised by a range of review bodies in 2022/23, in relation to the governance, leadership and culture of NHS Forth Valley and the progress the board is making in addressing these issues.

5. In 2022/23, NHS Forth Valley delivered a break-even position, achieving an underspend of £0.229 million against its Revenue Resource Limit (RRL). However, the board experienced significant financial challenges, during the course of the year, due to ongoing capacity and staffing pressures, increases in medicine costs, ongoing Covid-19 legacy expenditure, delays in delivering recurring savings plans and inflationary pressures affecting costs.

6. The board met its total efficiency savings target and delivered £29.3 million in 2022/23, but a significant proportion (£20.305 million) are on a non-recurring basis.

7. NHS Forth Valley's financial plan for 2023/24 has identified an initial financial gap of £40.591 million, before savings. A residual deficit of £15.6 million remains after the total planned savings that have been identified. There is therefore a significant risk that the board is not financially sustainable in the short term. There continues to be an unsustainable reliance on non-recurring savings, and this is reflected in the board's three-year plan, which identifies an increasing level of savings required to break even. These financial challenges are not unique to NHS Forth Valley and are being felt by boards across Scotland.

8. On 23 November 2022, NHS Forth Valley was escalated to stage 4 of the NHS Scotland Performance Escalation Framework due to concerns relating to governance, leadership and culture.¹ Concerns have been raised by Healthcare Improvement Scotland (HIS) and the National Planning and Performance Oversight Group (NPPOG) in relation to a range of performance-related issues, notably GP and primary care out-of-hours services, unscheduled care, mental health and integration. In January 2023, NHS Education for Scotland also reported concerns in terms of clinical supervision.

9. In their letter to NHS Forth Valley to inform them of their escalation status, the Director General and Chief Executive of NHS Scotland said that while poor

¹ The Scottish Government has a five-stage escalation process to provide boards with additional support when they are unable to meet financial or performance targets. Most boards are at stage 1, which means that they are deemed to be performing steadily and are reporting normally. Stage 5 means that the Scottish Government deems that a board's organisational structure is unable to deliver effective care. On 23 September 2023, the escalation framework was renamed the NHS Scotland: support and intervention framework.

performance in any discrete area is of concern, they expect effective governance, strong leadership and improved culture to deliver sustainable change. Unfortunately, they had not seen the necessary leadership required to drive improvement in these areas of concern.²

10. Stage 4 escalation brings direct formal oversight and coordinated engagement from the Scottish Government in the form of an Assurance Board. An Escalation Improvement Plan was developed by NHS Forth Valley's Executive Leadership Team and agreed by the NHS Forth Valley Board in December 2022, with the aim of strengthening leadership, supported by effective governance and improved culture. A HIS Action Plan is also in place to address the requirements arising from HIS's unannounced, safe delivery of care inspections. Regular monitoring and updates have been provided on the actions in both plans.

11. The mid-year review from the Scottish Government, reported to the board in May 2023, confirmed they had received assurance from: the Assurance Board; the Chair of NHS Forth Valley's Board; and NHS Forth Valley's Executive Leadership Team, that the board's leadership remained committed to delivering the required change. It highlighted the importance of achieving the changes within the timeframe set out in the Escalation Improvement Plan and keeping staff, local people and their representatives informed of progress. It also highlighted that the board's focus should be on sustaining progress.

12. The Chief Executive announced her intention to retire from the board in September 2023 and an interim Chief Executive has now been appointed. There are plans to start the process for recruiting permanently to the Chief Executive role early in the new year.

13. The board is responding positively to the escalation framework, has put appropriate governance arrangements in place and has made progress in the months since agreeing the Escalation Improvement Plan. It is critical that progress is sustained, especially under the new leadership, with sufficient resources in place to drive forward the change needed.

² [NHS Forth Valley escalation status: letter](#), Scottish Government, December 2022.

Findings

14. This report highlights concerns raised by a range of review bodies in 2022/23, in relation to the governance, leadership and culture of NHS Forth Valley and sets out the progress the board is making in addressing these issues.

Financial management

15. The external auditor reported that NHS Forth Valley continues to have effective budget-setting and monitoring arrangements in place. This is supported by an experienced finance team and a robust independent internal audit function, as well as appropriate arrangements for the prevention and detection of fraud and error.

16. NHS Forth Valley delivered a break-even position in 2022/23, achieving an underspend of £0.229 million against its Revenue Resource Limit (RRL). A break-even position was also achieved against the Capital Resource Limit (CRL). While an overall surplus was achieved, this was through a combination of both over and underspends in key areas, including:

- An overspend of £3.23 million in acute services.
- An underspend of £1.355 million in corporate functions.
- An underspend of £2.245 million in ringfenced and contingent budgets.
- Within delegated functions, operational services reported an underspend of £5.336 million, which was largely offset by overspends of £5.558 million in universal services (ie, prescribing and family health services).

17. Significant financial challenges were experienced during the course of the year due to:

- ongoing capacity and staffing pressures (including temporary workforce costs to cover sickness absence)
- increases in medicine costs across both hospital and community settings
- ongoing Covid-19 legacy expenditure
- delays in delivering recurring saving plans

- inflationary pressures affecting energy costs and a range of contracts which are linked to Retail Price Index (RPI).

18. The board delivered total efficiency savings of £29.3 million (4.9 per cent of baseline funding) in 2022/23. This was largely in line with the savings targets set in previous years. While overall savings were achieved, a significant proportion (£20.305 million) are on a non-recurring basis.

Financial sustainability

19. NHS Forth Valley's financial plan for 2023/24, after inflationary adjustments to costs and uplifts in funding, has identified an initial financial gap of £40.591 million, before savings, representing 5.4 per cent of the board's core Revenue Resource Level (RRL). Total planned savings identified are £25 million, £10 million (40 per cent) of which are expected to be recurring, with the balance relating to various non-recurring measures and one-off funding sources. A residual deficit of £15.6 million remains. The Scottish Government have asked boards to further develop plans to deliver 3 per cent recurring savings in 2023/24 and develop options to meet any unidentified or high-risk savings balances. This will prove challenging for NHS Forth Valley, and it is progressing work to identify further savings proposals.

20. In setting its 2023/24 budget, the board has recognised a number of risks, including:

- Potential delays in delivering efficiency savings due to the lead-in time needed, coupled with limited staff capacity to drive progress.
- Recruitment and retention challenges, impacting on continued use of bank and agency staff.
- Failure to implement Covid-19 exit strategies to ensure costs cease at 31 March 2023.
- Whole-system capacity and workforce pressures across the health and social care sector.
- Significant inflationary pressures.
- Affordability challenges regarding the introduction of new drugs and therapies.
- Financial pressures associated with the disproportionately high prison population in Forth Valley.
- The recurring funding gap associated with the full implementation of the Primary Care Improvement Plan if not addressed by the Scottish Government.

21. Overall, there remains a significant funding gap in 2023/24 where savings plans have not yet been identified. There is a considerable risk that the board is not financially sustainable in the short term. There continues to be an unsustainable reliance on non-recurring savings, and this is reflected in the board's three-year plan, which identifies an increasing level of savings required. These financial challenges are not unique to NHS Forth Valley and are being felt by boards across Scotland.

NHS Scotland Performance Escalation

22. In November 2022, NHS Forth Valley was escalated to stage 4 of the NHS Scotland Performance Escalation Framework (now called the NHS Scotland: support and intervention framework) due to concerns relating to governance, leadership and culture. [Exhibit 1](#) provides a timeline of significant events surrounding the decision to escalate NHS Forth Valley.

Exhibit 1 Timeline of events

Date	Event
6 & 7 Apr 2022	<p>Healthcare Improvement Scotland (HIS) carried out an unannounced, safe delivery of care inspection of Forth Valley Royal Hospital.³</p> <ul style="list-style-type: none"> • HIS's inspection report highlights that, at the time of their inspection, NHS Scotland was experiencing a range of pressures associated with Covid-19, including increased hospital admissions and reduced staff availability. • The inspection report states that during the course of their inspection HIS escalated a number of serious concerns to the NHS board on two occasions, in line with their escalation process. The first escalation related to the care of a patient where hospital staff had raised concerns around the patient's ability to consent to treatment. HIS found a lack of documented risks assessments and formal Adult with Incapacity Assessment. • The second escalation related to increased bay capacity and the addition of a fifth bed within a four-bedded bay area. In addition, HIS raised a serious concern around the use of treatment rooms as non-standard care areas for in-patients. HIS also raised a serious concern relating to the NHS board's application of their own policies, their risk assessments on the placement of patients in these areas, restricted access in an emergency situation and the privacy and dignity of patients residing in additional beds and non-standard care areas. • Throughout the inspection HIS observed staff working together to deliver patient care. However, some of the multidisciplinary team they spoke with expressed feelings of frustrations at staffing levels and the senior

³ [Forth Valley Royal Hospital - safe delivery of care inspection report: June 2022](#), Healthcare Improvement Scotland.

Date	Event
	<p>leadership decision-making in relation to this, which they believed left wards short of staff and unsupported.</p> <p>As a result of findings from this inspection, HIS escalated a number of serious concerns to NHS Forth Valley, requesting assurances on the improvement actions that would be taken to address these concerns. Sufficient assurances were not received from NHS Forth Valley.</p>
19 Apr 2022	<p>HIS carried out a return visit to Forth Valley Royal Hospital, and following that concerns were again raised by HIS around contingency beds and associated risks.</p>
May 2022	<p>The Scottish Government's National Planning and Performance Oversight Group (NPPOG) met to consider the issues raised by HIS after their April inspections. Members of the group noted other performance concerns relating to NHS Forth Valley across a range of areas, including:</p> <ul style="list-style-type: none"> • unscheduled care (NHS Forth Valley's performance related to the 4-hr emergency access standard has been variable but is consistently in the lower quartile for NHS Scotland) • out-of-hours (OOH) services (following a number of major concerns regarding the resilience of OOH services in NHS Forth Valley being identified, Professor Sir Lewis Ritchie carried out an independent review of progress in OOH services in October 2022 and made 12 recommendations) • mental health (NHS Forth Valley is performing below target in both psychological therapies and Child and Adolescent Mental Health Services (CAMHS)) • integration • governance, leadership and culture.
27 & 28 Sep 2022	<p>Due to the serious concerns raised during their April 2022 inspections, HIS returned to carry out an unannounced follow-up inspection of Forth Valley Royal Hospital.⁴</p> <ul style="list-style-type: none"> • This follow-up inspection highlighted the limited improvement made against the nine requirements from their April 2022 inspection. The requirements that had not been met remained in place and in addition, there were a further 11 new requirements for improvement arising from this follow-up inspection. • These concerns included a deterioration in the procedures and processes for safe and fully risk-assessed 'contingency beds', specifically a fifth patient being hosted in a four-bedded area. • In addition, HIS observed patients being seated in corridors and other overcrowded areas for prolonged periods of time with fundamental care

⁴ [Forth Valley Royal Hospital - safe delivery of care inspection report: December 2022](#), Health Care Improvement Scotland.

Date	Event
	<p>needs unmet. HIS also identified concerns in relation to patient and staff safety in the planning for emergency fire evacuation procedures in areas with extreme overcrowding, such as the emergency department.</p> <ul style="list-style-type: none"> • HIS's inspectors identified instances of unsafe practice around medicines governance which could result in serious harm to patients. In addition, staff shared with inspectors their concerns about patient safety due to staff levels, skill mix and unsafe working conditions. They also described a lack of senior management oversight and a culture of staff not being listened to or supported by senior management. <p>In response to further serious concerns identified throughout this follow-up inspection, HIS again initiated their escalation process. This was the third time HIS had escalated concerns about safety and quality of care at Forth Valley Royal Hospital since April 2022.</p>
26 Oct 2022	NPPOG convened for a special meeting. Members noted that the situation in NHS Forth Valley was of continuing concern.
11 Nov 2022	NPPOG re-convened and the decision to escalate NHS Forth Valley was taken. A letter regarding the escalation of NHS Forth Valley was sent to the Convener of the Scottish Parliament's Public Audit Committee and which was copied to the Auditor General. This letter stated that the decision to escalate NHS Forth Valley was taken following a consistent demonstration that the NHS Forth Valley leadership team had been unable to follow through with the transformational change required without additional formal support and monitoring.
Dec 2022	Direct formal oversight and coordinated engagement from the Scottish Government was implemented in the form of an Assurance Board (see paragraph 24). An Escalation Improvement Plan was developed by NHS Forth Valley's Executive Leadership Team and agreed by the NHS Forth Valley Board, and which sets out short-, medium- and longer-term actions, with the aim of strengthening leadership, supported by effective governance and improved culture.
Jan 2023	NHS Education for Scotland also reported concerns as a result of observing departments within Forth Valley Royal Hospital experiencing significant challenges, giving rise to serious concerns in terms of clinical supervision. ⁵

Response to escalation and progress

23. In their letter to NHS Forth Valley to inform them of their escalation status, the Director General and Chief Executive of NHS Scotland said that while poor performance in any discrete area is of concern, they expect effective

⁵ Scotland Deanery, Specialty quality management visit report: [Forth Valley Royal Hospital - General Internal Medicine](#), NHS Education for Scotland, January 2023.

governance, strong leadership and improved culture to deliver sustainable change. Unfortunately, they had not seen the necessary leadership required to drive improvement in these areas of concern.⁶

24. Stage 4 escalation brings direct formal oversight and coordinated engagement from the Scottish Government in the form of an Assurance Board. This board is chaired by the Scottish Government's Director of Population Health, with the Assurance Board reporting to the Director General and Chief Executive of NHS Scotland.

25. A Programme Board, led by the Chief Executive of NHS Forth Valley, provides the direction and oversight to ensure delivery of the agreed actions within the Escalation Improvement Plan. The board membership includes the Executive Leadership Team (including the Employee Director) and Chair of the Area Clinical Forum. The Programme Board is held to account by the NHS Forth Valley Escalation Performance and Resources Committee and is also responsible for developing and agreeing formal progress reports to the Assurance Board on a monthly basis.

26. The Escalation Improvement Plan, which aims to strengthen leadership, supported by effective governance and improved culture, focuses on three key priorities:

- Putting patients first.
- Supporting staff.
- Working in partnership.

A HIS Action Plan is also in place, to address the requirements arising from HIS's unannounced, safe delivery of care inspections.⁷

27. Regular monitoring and updates have been provided on both the Escalation Improvement Plan (the Plan) and the HIS Action Plan. An update to the NHS Forth Valley Board, in March 2023, noted that all immediate and short-term actions in the Plan have been progressed with board members seeking assurance on implementation of these and the steps being taken to continue to update the Plan to ensure the delivery of sustainable improvement. Version two of the Plan, agreed in March 2023, sets out NHS Forth Valley's actions to respond to the medium to longer-term actions. An 18-week progress update in relation to the HIS Action Plan was also approved.

28. A Measurement Framework was also agreed in March 2023 to enable the board and its Assurance Committees to monitor and measure progress against key actions, timescales and outcomes as set out in the approved Escalation Improvement Plan. The Measurement Framework is intended to complement

⁶ [NHS Forth Valley escalation status: letter](#), Scottish Government, December 2022.

⁷ [Forth Valley Royal Hospital - safe delivery of care inspection action plan: February 2023](#), Health Care Improvement Scotland.

the Escalation Improvement Plan and describe metrics being used to provide evidence and to give assurance that improvements and/or corrective actions are being taken to support sustained, improved performance. It reports the progress being made against each of the priority areas: putting patients first, supporting our staff and working in partnership through the lens of the three escalated domains of leadership, governance, and culture.

29. This Measurement Framework does not replace key performance indicators currently used to monitor organisation performance. Implementation of the Measurement Framework is a key element for the board to be able to demonstrate that the actions being taken are improving outcomes. It will be important that the board can demonstrate it has the data systems in place to be able to capture the information to measure outcomes.

30. The board continues to report actions being taken to improve service performance, and in particular in the areas of concern raised by the NPPOG including unscheduled care, out-of-hours services, mental health and integration.

31. In response to the concerns raised around culture, leadership and governance, the following actions have been taken:

- NHS Forth Valley is about to embark on a Culture Change and Compassionate Leadership programme, based on a programme that has been successfully introduced within a number of NHS organisations across the UK.
- As a result of the escalated governance arrangements, the Chair of NHS Greater Glasgow and Clyde, has undertaken an independent review of the board and Assurance Committee governance arrangements. The terms of reference for this review were agreed by the board in January 2023. The review is intended to assist the board in identifying any improvements to their approach to corporate governance that will be required to address the range of performance-related issues included in the Improvement Plan. The report resulting from this review is due to be considered by the NHS Forth Valley Board in late November 2023.
- New performance management meetings have been put in place for board Directorates and Health and Social Care Partnerships to manage and monitor performance.

32. The mid-year review from the Scottish Government, reported to the board in May 2023, confirmed they had received assurance that the board's leadership remained committed to delivering the required change. It highlighted the importance of achieving the changes within the timeframe set out and keeping staff, local people and their representatives informed of progress. It also highlighted that the board's focus should be on ensuring progress is sustained over time.

33. The most recent NHS Forth Valley Board meeting papers from September 2023 included a draft minute of the Escalation Performance and Resources Committee meeting held on 15 August 2023.⁸ The Committee had received an escalation update which included consideration and discussion regarding the Escalation Improvement Plan and a performance update.

34. The minute of the Escalation Performance and Resources Committee noted that the NHS Forth Valley Chief Executive discussed the previous Assurance Board meeting (July 2023). It was clear the key areas of focus for escalation would continue to be centred on the Executive Leadership Team's relationships and behaviours and how they lead, manage, and demonstrate shared organisational values in their everyday interactions with each other and staff. The minute also noted that the Chair and other members of the Assurance Board had expressed frustration at the pace to improve performance, implement the agreed actions and demonstrate improvement, however there was an acknowledgement that progress is being made and the board is now in a better place to support and deliver sustainable improvement.

35. Overall, the Escalation Performance and Resources Committee agreed it was assured that progress was being made subject to caveats in the following specific areas:

- The receipt and analysis of the report from the independent review of the board and Assurance Committee governance arrangements is the key action in relation to the governance domain.
- The Committee has not yet seen how the whole Measurement Framework knits together as a cohesive narrative and evidence base.
- It is not yet clear how overall improvement in leadership and culture will be evidenced.
- It is unclear whether it will be possible to achieve sustainable improvement in Urgent and Unscheduled Care.
- The projected rate of improvement in Psychological Therapies and, especially, CAMHS appears extremely challenging.
- Further work is required on supporting middle management to be comfortable with the 'Speak Up' service. This service provides a confidential, impartial service where NHS Forth Valley employees can discuss concerns in a safe space.

36. While leadership remained relatively consistent during 2022/23, the Chief Executive announced her intention to retire from the board in September 2023. An interim Chief Executive has been appointed, who was formerly Chief Nursing Officer for the Scottish Government and Chief Executive of NHS

⁸ [NHS Forth Valley Board Meeting Papers, 26 September 2023.](#)

Grampian. There are plans to start the process for recruiting permanently to the Chief Executive role early in the new year.

Conclusion

37. The board is responding positively to the escalation framework. It has put appropriate governance arrangements in place and has made progress in the months since agreeing the Escalation Improvement Plan. It is critical that sustained progress is made, especially under the new leadership, with sufficient resources put in place to drive forward the change needed. Implementation of the Measurement Framework is also a key element for the board to be able to demonstrate that the actions being taken are improving outcomes.

38. Some of the challenges the board faces are not unique to NHS Forth Valley and are being felt by boards across Scotland. The external auditor will continue to monitor the board's performance and will report progress in the 2023/24 annual audit report to be published next year. The Auditor General will report further to the Scottish Parliament's Public Audit Committee, if necessary.

The 2022/23 audit of NHS Forth Valley



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NHS Forth Valley Public Audit Committee Brief

On the 23 November 2022, NHS Forth Valley was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework (now Support and Intervention Framework) for concerns relating to Governance, Leadership and Culture. Concerns were also raised in relation to the completion of integration of health and social care in addition to a range of performance-related issues, notably in GP Out of Hours services, unscheduled care and mental health, specifically, Child and Adolescent Mental Health Services and Psychological Therapies.

Stage 4 escalation brought direct formal oversight and coordinated engagement from Scottish Government in the form of an Assurance Board chaired by Christine McLaughlin, Director of Population Health.

The purpose of the Assurance Board is to support NHS Forth Valley in providing focus and direction through strong leadership and effective governance and improved culture to deliver the sustainable changes and improvements required.

On the 19 December 2022, the Board of NHS Forth Valley approved the approach to the development and delivery of NHS Forth Valley's plan response to escalation. This included approving the NHS Board's:

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

The Escalation Improvement Plan was centred around putting patients first, supporting our staff, and working in partnership whilst strengthening our leadership informed by effective governance and cultural improvement.

A number of immediate and short-term actions were agreed for the period to the end of March 2023. This included NHS Forth Valley reaching out to other NHS Boards who had been escalated to Stage 4 in the past to learn from their experiences and to ascertain best practice to help inform and support our own response. It was recognised that the Board's response, whilst learning from elsewhere, would also take direction and be informed by a number of diagnostic reviews notably in determining the effectiveness of our governance arrangements and cultural challenges. An independent review of Corporate Governance was commissioned in January 2023 and the work previously started around the Culture Change and Compassionate Leadership Programme was refocussed.

The Corporate Governance Review was commissioned to assist NHS Forth Valley in identifying any improvements to the approach taken to corporate governance that would be required to address the range of performance-related issues included in the NHS Forth Valley Improvement Plan. The Corporate Governance Review Terms of Reference were approved by the NHS Board in January 2023 with the review outputs anticipated in June 2024.

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

Escalation Improvement Plan version 2 was in place for the period March to August 2023. This included new and ongoing actions from the first iteration of the plan and focussed on medium to longer term achievements. In November 2023 the NHS Board noted a paper 'Escalation Improvement Plan v2: Close out Report', which detailed completion and progress of actions. It highlighted that the Plan had identified 17 high level actions broken down into 64 sub actions. In reviewing progress with the plan, 61% of the sub actions were complete. The remaining actions that were underway continued into the third iteration of the Escalation Improvement Plan known as the Assurance and Improvement Plan and have been monitored within that governance structure.

In November 2023, the NHS Board also approved the Assurance and Improvement Plan. This built upon the work already undertaken in the first two versions and aimed to provide an overview of the key actions and priorities for the period to the end of March 2024, along with details of specific outcomes, leads and timescales. It was agreed that the plan would be updated to reflect the recommendations from the Corporate Governance review report to ensure that any outstanding actions are addressed.

A Board self-assessment was undertaken in September 2023 with the review of Corporate Governance Report received in October 2023. Work was concluded to map these two pieces of work to ensure that any outstanding actions were captured within the Assurance and Improvement Plan.

Figure 1: Timeline of escalation and improvement work undertaken.



It is acknowledged that focussed work needs to continue to support NHS Forth Valley to embed activities as business as usual however progress has and continues to be made in a number of areas regarding Culture, Leadership, Governance, Integration, Healthcare Improvement Scotland (HIS) actions and Performance.

Culture

Whistleblowing is one of a number of ways in which staff can raise concerns and the NHS Board regularly scrutinises Whistleblowing activity on a quarterly basis at its Board meetings.

The whistleblowing infrastructure has been significantly strengthened as a direct result of staff using the process. The infrastructure includes administrative support for the processes, an increase in confidential contacts which improves access for concerned staff to advice, support and guidance. The whistleblowing investigations have also been enhanced with an increase in the number of lead investigators which will continue to strengthen overtime.

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

Further training in addition to the TURAS training modules was undertaken by the Confidential Contacts and Lead Investigators in October 2023. The training included a combination of Whistleblowing Scenarios and a dedicated session on courageous conversations. Further training will be provided as the process evolves and there is an opportunity to share and learn from experiences.

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

NHS Forth Valley is in the process of updating the intranet page relating to Whistleblowing to inform the organisation of the details and profiles of the confidential contacts and also the lead investigators. This is designed to support people with concerns, giving them the opportunity to approach a confidential contact as early as they need to ensure the right level of support is available to them at the time of their concerns. This is hoped to support early intervention, visibility of staff who are providing this support and confidence in the Board's commitment to the whistleblowing process.

Work has been carried out to review different approaches to improving culture in a range of NHS organisations across the UK. This has resulted in the development of our Culture Change and Compassionate Leadership Programme which is being taken forward across NHS Forth Valley and our two local Health and Social Care Partnerships.

The programme is being taken forward in separate phases starting with awareness raising, led by the Executive Leadership Team (ELT) who highlighted the programme at meetings and walk rounds across the organisation during April 2023. The ELT is led by the Chief Executive and consists of the Executive Directors, Chief Officers from the Health and Social Care Partnerships, Employee Director, Director of Acute Services, and other senior managers representing the whole system functions.

This awareness raising was followed by a discovery phase from May to July 2023 where work was carried out to find out what staff across the organisation really think and feel about working in NHS Forth Valley. Staff were invited to participate in a range of different ways, including 1:1 interviews as well as focus groups, drop in sessions and surveys to give as many people as possible the opportunity to contribute and share their views.

The feedback and information from the discovery phase was reviewed during August and September 2023 to help identify key themes and priorities. Information already gathered from recent staff and patient surveys and events, the development of our Quality Strategy, complaints and incidents reports was also be considered. Outputs have been shared with ELT and Staff Side colleagues in with a number of information sessions currently taking place (19 February to 15 March) for staff to receive the feedback and key themes from the surveys, focus groups and meetings held with staff and partners over the last 6 months.

An improvement plan will then be designed, developed and implemented to address the key themes, issues and priorities identified by staff to help improve the culture across the organisation with progress monitored and assessed on an ongoing basis to ensure it delivers the changes and improvements required.

This approach to culture change and compassionate leadership is based on listening to the views and experiences of a broad range of staff to get a better understanding of what the real issues are. As a result, action can be taken to directly address these issues and make tangible changes to improve the experience of staff and the wider culture.

The Staff Governance Committee received an iMatter presentation in December 2023. This focussed on comparisons with NHS Scotland and learning from the 2023 cycle that would help inform the 2024 cycle.

There were a number of areas that require to be monitored for improvement however it was highlighted that gradual improvements for 2023 were noted in:

- Managers approachability.
- Role clarity.
- Support for wellbeing.
- Teamwork: Empowered to influence, involvement in decision making within teams.
- Management of performance and receiving feedback within teams.
- Job satisfaction and appreciation.
- Access to time and support to do a good job.

Planning for the 2024 cycle has begun with commitment and support at senior level required to encourage greater uptake and engagement, and the importance of action planning across the service reinforced.

There is increased visibility of ELT through staff videos posted on the intranet. These will continue to be rolled out every 4 to 6 weeks, with ELT members introducing themselves and highlighting their role within the organisation. This provides an opportunity to share information organisation wide and enables teams to discuss and disseminate further. Initial feedback has been encouraging with the Area Partnership Forum highlighting the positive response from colleagues across the organisation. ELT members are role modelling behaviours that they have agreed which are evidenced through meeting agendas and feedback. This is reaffirmed within the ELT Terms of Reference.

Through November and into December 2023, Forth Valley has undertaken a 'firebreak' or system reset aiming to decompress the Forth Valley Royal Hospital site, increase understanding of system constraints, capture areas of good practice that support safe, timely coordinated discharge and improve the focus on patient flow to improve productivity and quality of care.

The firebreak has been a whole system endeavour bringing together teams across the system to facilitate a real time gathering of patient intelligence to aid discharge planning and coordination through a collaborative approach to care coordination.

There has also been a detailed evidence-based review undertaken by the Centre for Sustainable Delivery (CfSD) which complements the work of the Firebreak.

From this a refreshed action plan has been developed that aligns to the National Urgent and Unscheduled care work streams and also addresses the local requirements for improvement.

There are six main areas of work which follow the Urgent and Unscheduled care framework:

- Community urgent care
- Flow Navigation
- Hospital at Home

- Front Door
- Optimising flow
- Whole system working

This action plan is aiming to improve our system from pre-hospital to discharge and care in the community. It is co-produced and owned by the acute team and both partnerships, with input from partners such as primary care and Scottish Ambulance Service. Opportunities to keep people at home, reduce ED attendances and safely escalate people through the hospital system will allow for better care for patients who require to use our services.

Given these work streams are aligned with the Urgent and Unscheduled care objectives, the governance process and accountability is through the Urgent and Unscheduled care board.

This allows for transparency of Scottish Government initiatives to be followed through to local service delivery. Co ownership and co delivery with all partners will ensure we provide the best value and experience for staff and patients.

Leadership

The ELT continues to develop and evolve as a team with the Assurance and Improvement Plan created and owned by them. Membership of ELT has been broadened to ensure that all organisational functionalities are represented, and the meeting format has been developed to ensure appropriate and focussed time is given to the business required. Meetings alternate between a business agenda focussing on finance, performance and risk issues, and a strategy agenda which provides time for focussed discussion to take place as plans are formulated to support required areas of work.

Open, honest, and constructively challenging conversations are taking place within ELT and feedback is requested following each meeting. Examples of feedback following the meeting held on Monday 8 January are detailed below:

'Respectful challenge and discussion. Productive meeting with positive outputs.'

'Good understanding and respect of organisational roles and particularly expertise. Good diversity of contribution in today's agenda items.'

'Good meeting. Good discussion. Everyone was heard and given space and time to make comment or ask questions.'

'Good discussion on a wide range of issues. Good to see approval of Patient Hub, as digital transformation important.'

Improved decision making has been seen within ELT. An example of which is the approval of the Patient Hub Business Case. The business case, circulated ahead of the ELT meeting, was supported by a short presentation led by Associate Director of Facilities & Infrastructure – Digital & eHealth and the Digital Programme Delivery Manager. All members of ELT participated in what was a constructive conversation with time given to all, ensuring everyone's voice was heard. The business case was approved however it was agreed that this would still be presented at the Strategic Prioritisation Review and Implementation Group (SPRIG) to ensure governance processes are followed.

The Well Led Framework is a well-established tool developed by NHS England and it covers a broad range of elements explicitly covering leadership, culture, and governance. It has a strong focus on integrated quality, operational and financial governance, and the characteristics of good organisations. The guidance should not be used as a checklist for mechanical ticking off. The attitude of organisational leaders to the review process, the connections they draw between the framework's different areas and their judgements about

what needs to be done to continually improve are much more important. There are 8 key lines of enquiry designed to support assessment. These are detailed in Figure 2.

Figure 2: Well Led Framework – Key Lines of Enquiry

<p>1</p> <p>Is there the leadership capacity and capability to deliver high quality, sustainable care?</p>	<p>2</p> <p>Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</p>	<p>3</p> <p>Is there a culture of high quality, sustainable care?</p>
<p>4</p> <p>Are there clear responsibilities, roles and systems of accountability to support good governance and management?</p>	<p>Are services well led?</p>	<p>5</p> <p>Are there clear and effective processes for managing risks, issues and performance?</p>
<p>6</p> <p>Is appropriate and accurate information being effectively processed, challenged and acted on?</p>	<p>7</p> <p>Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</p>	<p>8</p> <p>Are there robust systems and processes for learning, continuous improvement and innovation?</p>

The Framework has been successfully piloted in Unscheduled Care and has produced a valuable action plan for the Senior Responsible Officer.

A conversation-based approach to assessment of the system across the eight domains or key lines of enquiry was undertaken with a mixed assessment of green, amber and red. This resulted in fourteen recommendations being made which have all been fed into unscheduled care improvement work. Nine of the actions are currently nearing completion.

Two key learning points have been identified as a result of this pilot:

- Learning 1 - This is a useful assessment tool for analysing leadership, culture and governance and can be endorsed as a way to decide if a service or system is 'Well Led'.
- Learning 2 - Implementation of learning requires resource to be immediately available so should be identified before the process commences.

Interim roles remain however these have created stability within ELT noting that there is a risk to the operational management of the organisation if these roles were not in place. There is a recruitment plan in place for all posts with an associated timeline, noting the Director of Acute Service currently out to advert.

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

Governance

Work to develop an NHS Forth Valley Assurance Framework is ongoing however several component parts are in place including the Performance Management Framework and the Risk Management Strategy. Work to review and standardise the Assurance Committee paper template has been undertaken with a model Assurance Committee paper in place. This highlights a requirement for authors to propose an assessment of the level of assurance, regarding processes, presented in papers. This should also align with the Risk Assessment / Management section of the paper making explicit links to any strategic or organisational risks. Work regarding the review of existing strategies previously presented to ELT requires to be completed, however, a checklist aligned to the Blueprint for Good Governance is now in place supporting the development of new strategies. Work is underway 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.

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

There is better organisation of the Board assurance committees, with more effective working, increased development time and improved direction with this highlighted in the NHS Forth Valley Internal Control Evaluation 2023/24. 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 aligned to the Performance Framework. A culture of respectful, constructive healthy challenge has developed, 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 conducted in September 2023. To reflect upon the results of the Survey and capture any additional actions, two Board Development sessions run by an external consultant have taken place (5 December 2023 and 1 February 2024). The mapping exercise has been a significant piece of work to carefully review all current actions, ensure any gaps are filled, and to avoid duplication of remaining or additional actions.

Integration

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

As we take cognisance of the challenging financial position, work has commenced to support improvements and to plan for the future. Finance conversations are being undertaken on a whole system basis, including our staff side colleagues, and began at ELT in early January.

A pan Forth Valley review of integration schemes commenced in early 2024 providing an opportunity to further strengthen integrated services and ensure accountabilities and

responsibilities. A project team has been established with the first meeting held in January to ensure full engagement with the process. The reviewed integration schemes will ensure better processes and clearer lines of governance and accountability.

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

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

Work to review Falkirk Community Hospital is being undertaken on a whole system basis taking a Population Health approach. Community Planning Partnership (CPP) work has been revisited with the Director of Public Health taking a lead role with senior strategic planning support. This will support a population health focus to the development of the Healthcare Strategy which requires a collaborative approach with CPPs integral to this work.

The Assurance and improvement Plan has been developed by ELT in collaboration. Chief Officers have been integral to this development and ongoing review and update. Relationships with the Chief Executive Officers of the Local Authorities and Health and the Chief Officers have improved with open and honest discussions taking place.

Healthcare Improvement Scotland

An unannounced Healthcare Improvement Scotland (HIS) inspection was undertaken in Forth Valley Royal Hospital on 5-7 April 2022, with a follow-up inspection visit on 19 April 2022. Following both inspection visits nine requirements were made to NHS Forth Valley Board.

The HIS Inspection Team carried out a further unannounced visit to Forth Valley Royal Hospital on 27-28 September 2022. This follow-up unannounced inspection highlighted limited improvements against the original nine requirements from the April 2022 inspection. In addition, a further eleven new requirements for improvement were identified from the follow-up inspection.

In December 2022, the Executive Director of Nursing identified a need to enhance current governance structures to ensure effective leadership was in place to address the concerns identified from the HIS follow up inspection, looking at the 'Safe Delivery of Care'. The Executive Director of Nursing on receipt of the inspection report established an Oversight Group to address the HIS findings and requirements and to ensure NHS Forth Valley whole system delivery of improvement and learning.

The Oversight Group is accountable to the Clinical Governance Committee. The Oversight Group is supported in the main by a Working Group and several Short Life Working Groups (SWLG). These Groups include leaders and multiprofessional practitioners from across the

organisation and are taking forward actions to address HIS specific requirements, as well as understanding impact of these actions. The SLWGs report progress to the Oversight Group via the main working group and the use of SLWGs has increased the cultural reach of the Oversight Group. This structured governance approach has ensured clear accountability and strong leadership to drive cultural changes forward.

Work continues to ensure that all actions against the recommendations are delivered as part of the improvement plan through the Safe Delivery of Care Working Group with a focus on evidencing sustainable assurance mechanisms and measure impact. Most of the actions are now complete and, in a position, to move into a business-as-usual function. However, there remains a particular focus across a number of recommendations and associated actions to give assurance that appropriate processes and mechanisms are in place.

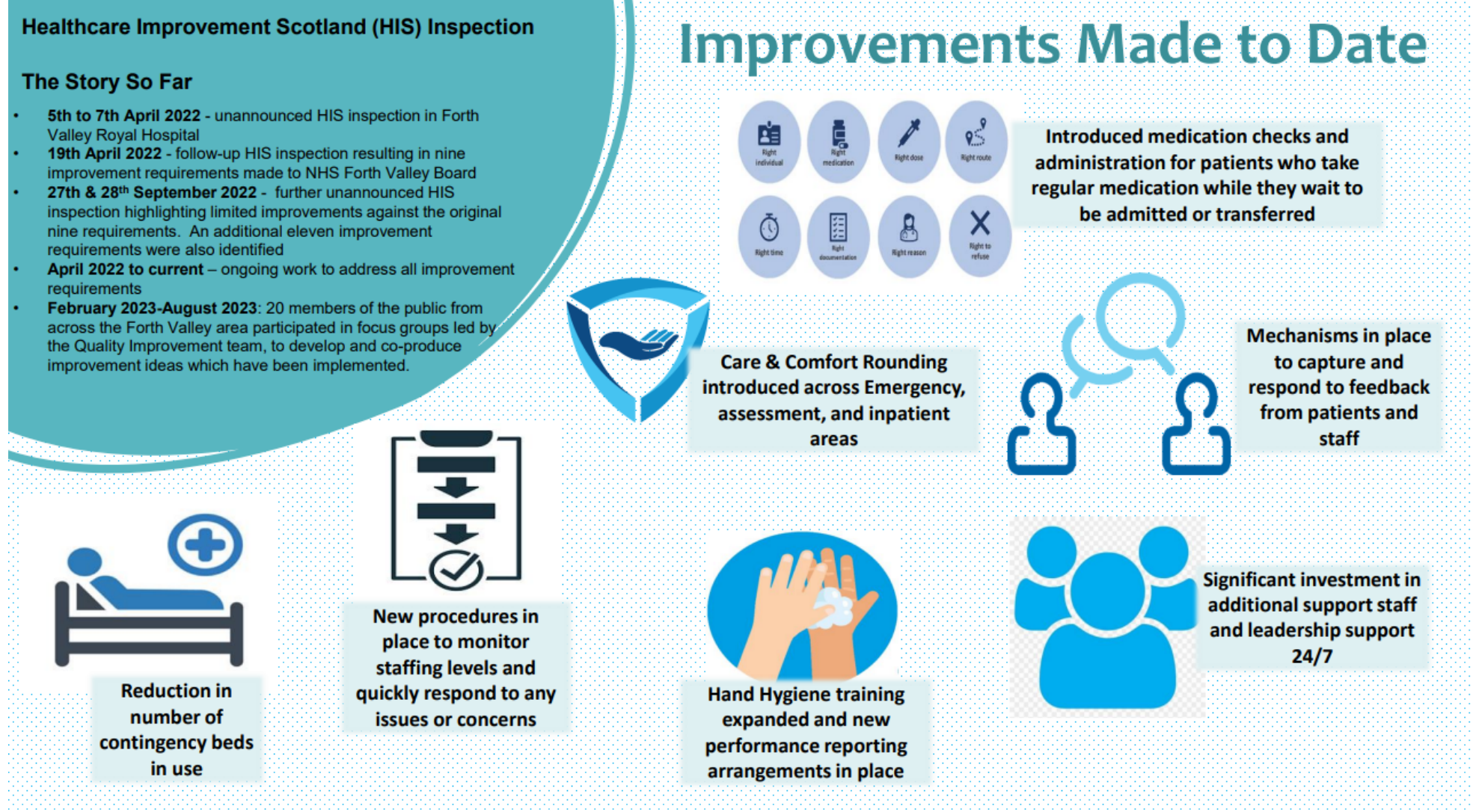
The Working Group will continue to deliver on the outstanding actions until complete. All actions will then be summarised against each recommendation with an ability to evidence normal arrangements through business as usual and then transposed into a closure report as part of the Corporate Portfolio Management Team methodology. This closure report is anticipated in January or February 2024 with progress made in 2023 highlighted in Figure 3.

The Safe Delivery of Care work continues to focus on understanding impact of all actions taken on both patient safety and staff wellbeing. Progress is being made in areas where indicators did not exist in the past, there has been an intense staff focus on the areas for improvement and there has been an intense leadership drive to deliver the desired outcomes.

There remains a significant leadership responsibility to support cultural development in openness and transparency, as well as a need to evidence impact over time in relation to patient safety and experience, and staff wellbeing and experience.

Healthcare Improvement Scotland conducted an unannounced Safe Delivery of Care inspection of Forth Valley Royal Hospital from the 22 to 24 January 2024. This visit was a follow up visit from the visit of 27 and 28 September 2022 and the findings detailed in the Safe Delivery of Care report of the 6 December 2022. The report following this most recent inspection is awaited.

Figure 3: Healthcare Improvement Scotland Inspection Progress



Improvements Made to Date

Performance

Out Of Hours (OOH)

Action has been taken to develop and improve local GP and Primary Care Out-of-Hours (OOH) services in response to the recommendations from an independent review carried out by Professor Sir Lewis Ritchie in October 2022.

In responding to the recommendations, Forth Valley aims to provide an integrated person centred, safe, and sustainable Primary Care Out of Hours service. The long-term redesign of primary care OOH services as part of a wider out of hours health and social care provision continues, which is being taken forward through the Reimagining Care Closer to Home programme and which aims to ensure that people who need care out of core hours receive the right care, at the right place, at the right time, by the right healthcare professional. The developing model outlined in the Reimagining Care Closer to Home programme continues to be progressed and was shared with colleagues at the event held in October 2023. Senior colleagues in the Falkirk HSCP are finalising a detailed project plan to work through and implement the next phase of the integrated service model.

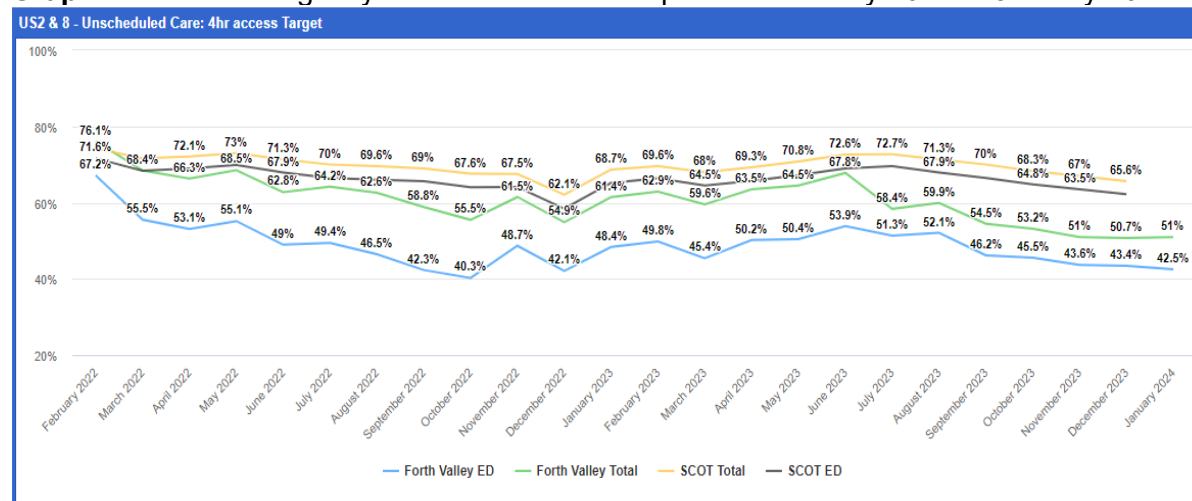
The integrated, multidisciplinary approach remains the priority for the OOH Service with the foundations for this firmly established with the current structure in place. The transition of the Forth Valley OOH night nursing team into the OOH service is further evidence of the continuous development of the service to ensure it remains resilient and flexible to meet the changing demands.

To support resilience within the workforce a number of actions are underway including development of a multidisciplinary workforce, hybrid roles and rotational posts. In response to the ongoing challenge of sufficient GP coverage within the service there is a priority focus on securing the sufficient number of salaried GPs to reduce reliance on sessional GPs, which present the challenge of low levels of engagement. Alongside, there is a proposal being submitted to increase the levels of engagement for the GP on-call service which will ensure appropriate GP coverage on a daily basis. There is ongoing work to optimise the service as a learning environment for all disciplines of staff making the service a more attractive place to work.

A number of further actions are being undertaken as part of the OOH Improvement Plan.

Urgent and Unscheduled Care (UUSC)

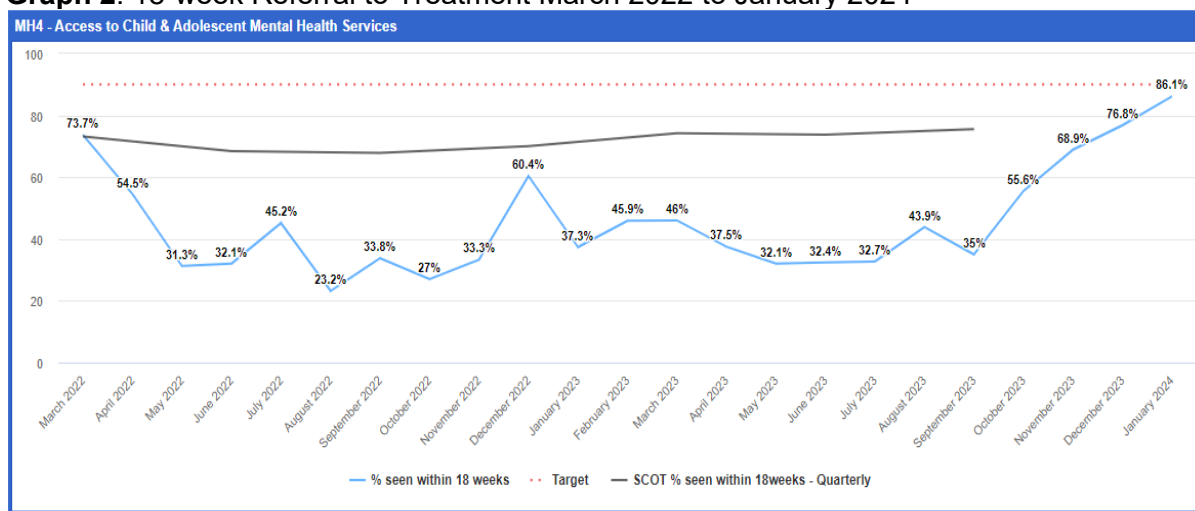
Graph 1: 4-hour emergency access standard compliance February 2022 to January 2024



Improving performance against the 4-hour emergency access standard remains challenging with overall compliance 51%. Collaborative work on a whole system basis is ongoing however pressures seen nationally are impacting on the system’s ability to see improvements in terms of site decompression. The work undertaken around the whole system firebreak has provided intelligence and diagnostic data to understand system processes, system constraints, bottlenecks and queue burden. This is being utilised to support continued improvement work through the system. In addition, the Centre for Sustainable Delivery undertook an analysis of urgent and unscheduled care designed to help Boards to develop evidence-based planning assumptions upon which to base whole-system improvement plans, and ultimately Annual Delivery Plans and improvement trajectories. The outputs from both pieces of work and from the experience of colleagues have informed an action plan that will support system wide improvements.

Child and Adolescent Mental Health Services (CAMHS)

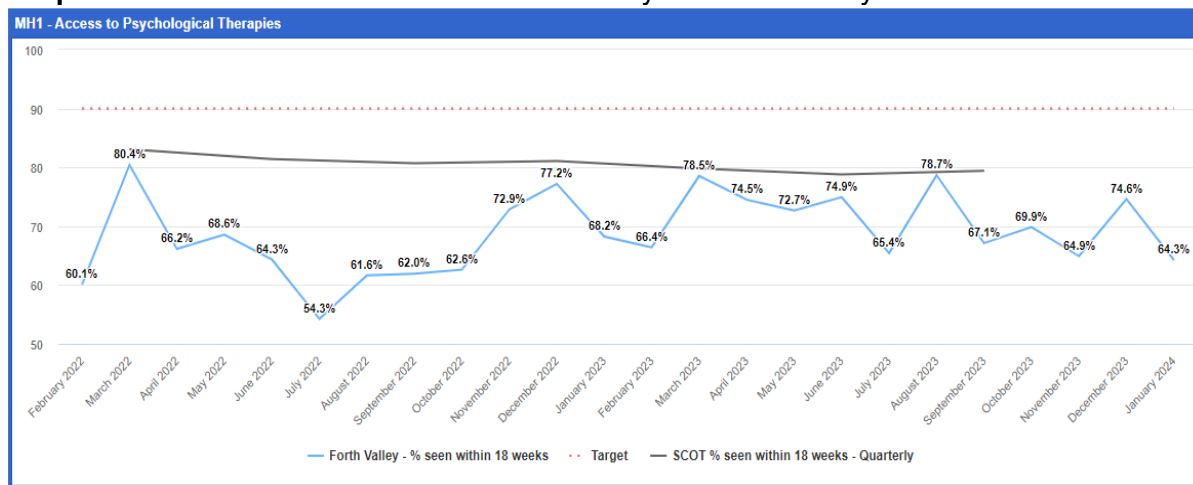
Graph 2: 18-week Referral to Treatment March 2022 to January 2024



Performance against the LDP standard indicates a further improved position of 86.1% in January, an increase of 9.3% when compared to the previous reporting period. RTT compliance has exceeded the projection and remains on track to achieve full compliance within quarter 4. This will continue to be monitored closely and is dependent on new and increased capacity, steady demand, workforce with no unpredicted changes.

Psychological Therapies

Graph 3: 18-week Referral to Treatment February 2022 to January 2024



Performance against the 18-week referral to treatment standard has been consistently above 60% however it has displayed in-month variation. The current position is that 64.3% of patients started treatment within 18 weeks of referral. The 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 people who had been waiting a long time started in January 2024 which may explain the lowering of the RTT to 64.3%.

Conclusion

The journey since escalation to Stage 4 of the NHS Scotland Performance Escalation Framework (now Support and Intervention Framework) has been supported by three versions of an Improvement Plan along with outputs from the External Review of Corporate Governance and findings from the Board Self-Assessment Survey.

As highlighted, work continues to progress with many improvements highlighted. Although not all actions can be measured numerically, there has been a shift in the way NHS Forth Valley ELT and the organisation work. This will become normal as both usual and new business processes are monitored and scrutinised more effectively. Work across all of the priority areas will be embedded in existing and future plans and business arrangements, to support continuous improvement and progress changes across the whole system.

As we look to the future and the development of our Population Health Strategy, there will be increased linkage to the Annual Delivery Planning process with a focus on finance and workforce, acknowledging that our approach needs to be different.