ACTION LOG

Number	Related Milestone	Action Details	Impact & Measures
1	**Culture**		**Colleagues feel valued** **Colleagues have a voice** **NHS Forth Valley promotes positive behaviours** **Provide feedback and close the loop** **Promote equity and fairness**
1.1	Culture	Review arrangements for annual iMatter staff experience survey to ensure effective organisational engagement	Improved engagement scores and number of local action plans reviewed and completed. Positive movement in iMatter scoring, contextual comparison to learning from NHS national reporting. Undertake regular check-ins of local action plans within business units. Informed preparation for 2024 iMatter Survey.
1.1.1	Culture	a) Review 2023 / 24 Plans and progress for NHS Forth Valley	
1.1.2	Culture	b) Regular iMatter reporting on progress of current plan and regular reports / updates to Staff Governance Committee	
1.1.3	Culture	c) Reflecting on any lessons or learning from the NHS Scotland iMatter report and findings - presentation due early 2024	
1.1.4	Culture	d) Prepare for 2024 / 25 cycle of iMatter taking into consideration any lessons learned	

1.2	Culture	Provide assurance that Whistleblowing Policy and Speak Up initiative are embedded across the organisation	The Whistleblowing Policy and Speak Up are embedded across the organisation. Whistleblowing network established. Appropriate local investigators and confidential contacts in place. Colleagues are informed of local processes on timelines and resolution through line management in the first instance. If unresolved, colleagues are fully informed of the escalation processes through Whistleblowing Policy and Speak Up. Colleagues feel listened to and empowered to speak up and raise concerns without detriment or fear. Communications and signposting clearly articulated on NHS Forth Valley Intranet.
1.2.1	Culture	a) Continue to promote Whistleblowing Policy and Speak Up arrangements incorporating organisational learning and organisational action plans	
1.2.2	Culture	b) Establish Whistleblowing Network	
1.2.3	Culture	c) Review of existing arrangements for Speak Up initiative to develop a more integrated approach	
1.2.4	Culture	d) Review and further develop Whistleblowing / Speak Up feedback and arrangements	

1.3	Culture	Ensure that NHS Forth Valley has made progress on recommendations outlined in the Sturrock Report	Actions undertaken to improve colleague wellbeing and retention aligned to the report recommendations. Colleagues feel listened to and valued. Improvement in process for raising concerns and scores.
1.3.1	Culture	a) Review Sturrock report	
1.3.2	Culture	b) Carry out stock take of work undertaken in response to Sturrock Report and identify any gaps and develop recommendations	
1.3.3	Culture	c) Map and mainstream actions into existing work programmes	
1.4	Culture	Implement learnings from colleagues, patients, and public representatives in respect of incident reporting e.g. Incident Reports (IR1s), complaints and significant adverse events	Increased evidence of learning from incidents, adverse events, complaints and all other sources of feedback, including inspection reports and plaudits. The organisation takes appropriate learning from incident reporting. Implements and communicates actions to improve the provision of services, through monitoring of IR1 feedback reports, accountability for improvement plans, and emerging issues identified. Increased monitoring to provide greater visibility of issues and allow action to be taken by clinical leaders across the organisation.
1.4.1	Culture	a) Review and implement learning from all patient / stakeholder feedback	

1.4.2	Culture	b) Implement a feedback mechanism for IR1 Incident Reporting to check action is being taken to ensure that colleagues are informed of outcomes	
1.4.3	Culture	c) Implement a Quality Management Dashboard to provide greater visibility of hotspots / local issues (ward / dept level)	
1.4.4	Culture	d) Consider output of Quality Management of the Practice Learning Environment (QMPLE) Survey (Student Nurse Survey) to incorporate into Board Intelligence around culture	
1.4.5	Culture	e) Consider output of General Medical Council (GMC) survey to incorporate into Board Intelligence around culture	
1.5	Culture	Improve equitable access to eHealth Systems	Implementation of the Data Sharing Partnership Plan will inform on progress and compliance Each Business Unit will have reviewed and developed an action plan to ensure colleagues have access to all eHealth systems relevant to role.
1.5.1	Culture	a) Implement system wide review of access to information systems, to enable colleagues access required for their role	
1.5.2	Culture	b) Development of Clackmannanshire & Stirling and Falkirk Partnerships action plans to address any issues or deficits	

1.6	Culture	Deliver Culture Change and Compassionate Leadership Programme to promote and lead the development of a positive organisational culture	NHS Forth Valley is an employer of choice with colleagues wellbeing prioritised. Compassionate leadership activities and programmes with development measures identified to inform on improvement. Colleagues will feel included and valued. Sickness absence reduced. Reduced attrition rates
1.6.1	Culture	a) Presentation of Diagnostic Feedback	
1.6.2	Culture	b) Share diagnostic feedback and seek contributions from colleagues to develop an improvement plan	
1.6.3	Culture	c) Develop programme of activity in response to feedback	
1.7	Culture	Include issues relating to culture and learning as part of service performance reviews	Improved performance against Key Performance Indictors (KPI) with early identification and action to mitigate any issues. Assurance reporting metrics/framework to provide greater visibility of culture for each Business Unit.
1.7.1	Culture	a) Build in a culture of change by identifying measures / indicators linked to current culture change programme within Business Units and Partnership performance reviews	
1.8	Culture	Embed staff side colleagues' involvement within Business Unit structures, Organisational Governance structures and appropriate operational working groups	Increased efficiency of organisational change processes. Proactive management and resolution of issues. Colleagues feel empowered to influence change. Formal employee relation issues reduced.

1.8.1	Culture	a) Review existing meeting structures to ensure staff partnership involvement	
2	**Leadership**		**Demonstrate positive behaviours** **Define clear responsibilities and accountabilities** **Openness and honesty** **Effective two-way communication** **Encourage and be open to new ideas**
2.1	Leadership	Executive Leadership Team (ELT) promote and role model positive behaviours	ELT operating as a cohesive team, evidencing improved collaboration, with standardised governance practice in place which is disseminated to all Business Units.
2.1.1	Leadership	a) ELT Development Programme Phase 1 Specific to Escalation	
2.1.2	Leadership	b) ELT Development Programme Phase 2	
2.2	Leadership	Ensure professional and managerial structures are fit for purpose	Clearly defined structure and roles to evidence hierarchy and accountability. Clear leadership and better understanding of responsibilities and accountabilities aligned to NHS Forth Valley purpose / vision and values
2.2.1	Leadership	a) Review the Nursing Midwifery and Alied Health Profesional (NMAHP) professional leadership structures	
2.2.2	Leadership	b) Review the medical professional leadership structures	
2.2.3	Leadership	c) Review the managerial leadership structures	
2.2.4	Leadership	d) Review and appoint to all senior manager vacancies, interim or permanent	

2.2.5	Leadership	e) Review of Programme Boards	
2.2.6	Leadership	f) Acute sector management structure to be reviewed to support capacity management	
2.3	Leadership	Ensure corporate objectives are aligned with the aims of the organisation	Objectives are monitored and reviewed to ensure they align with the aims of the organisation. Prioritising time guides decision making
2.3.1	Leadership	a) Ensure an appraisal process is in place for the review year	
2.4	Leadership	Ensure the Quality Strategy is embedded across the organisation and an evaluation process is in place	The Quality Strategy has been evaluated and reviewed All organisational priorities and captured and fit for purpose Better outcomes for stakeholders and continuous improvement is evidenced The new Well-led framework maintains focus on strong integrated governance and leadership
2.4.1	Leadership	a) Evaluation - complete gap analysis, review and ensure that all organisational priorities are captured and fit for purpose	
2.4.2	Leadership	b) Implement and evaluate the Well-led Framework	

3	Governance		**Setting the direction** **Holding to account** **Managing risk** **Engaging stakeholders** **Influencing culture** **Assurance Framework** **Integrated governance system and** **operating system and separate line for** **evaluation**
3.1	Governance	Complete the work on the Board Assurance Framework and ensure it is aligned to the Scottish Government NHS Blueprint for Good Governance	Clear alignment to Blueprint for Good Governance outcomes, aims and outputs Assurance that strategies and best practice guidance meet improvement requirements Clear framework to ensure the right plans are in place to deliver outcome priorities All information cascaded to colleagues across the organisation
3.1.1	Governance	a) Construct an assurance framework bringing together existing components of strategic planning, risk management and assurance systems	
3.1.2	Governance	b) Collate a suite of operating guidance and documentation to support delivery of the assurance framework	
3.1.3	Governance	c) Ensure arrangements are widely communicated across the organisation	
3.1.4	Governance	d) Produce a plan to support the delivery of an integrated governance system	

3.1.5	Governance	e) Develop and finalise a 5 year Healthcare Strategy ensuring further appropriate clinical engagement for consideration by the NHS Board	
3.1.6	Governance	f) Develop a process to ensure that supporting strategies adhere to best practice detailed within the Blueprint for Good Governance	
3.1.7	Governance	g) Develop and implement a clear prioritisation and investment decision making process	
3.2	Governance	Ensure appropriate induction and ongoing development for Board members is in place	Board members are informed and appropriately developed to deliver an effective contribution to the governance of the organisation
3.2.1	Governance	a) Review and update existing Board member induction pack	
3.2.2	Governance	b) Ensure consistent application of the induction arrangements for all new Board members	
3.2.3	Governance	c) Prepare a calendar of formal and informal development for new and existing Board members focussing on individual and collective development needs	
3.3	Governance	Ensure regular monitoring of performance, scrutiny of results and outcomes	Services and relevant leads are held to account for delivery of effective performance
3.3.1	Governance	a) Develop a programme of performance reviews, building on existing work undertaken and align to key priorities	

3.3.2	Governance	b) Continue to work with Non Executive colleagues to review reports received by assurance committees to ensure that reporting is adequate to support effective decision making and scrutiny	
3.3.3	Governance	c) Finalise the performance management framework for consideration by the Performance & Resources Committee	
3.4	Governance	Address any outstanding recommendations from the external review of governance	
3.5	Governance	Reflect any further recommendations arising from the Board self assessment feedback	
4	**Integration**		**All actions will be undertaken in conjunction with partners** **Transfer of pan Forth Valley operational management of services** **A shared strategic narrative of ambition for health and social care integration** **Whole System governance in place to support decision across partnerships for decisions** **Integration Schemes reviewed and implementation plan in place**
4.1	Integration	Ensure transfer of pan Forth Valley operational management of services, colleagues, and budget responsibilities for delegated functions	Health Board can provide assurance that teams responsible for services have clear roles / remit / decision making authority and accountability

4.1.1	Integration	a) Undertake facilitated session to review budgets, risks to self assessment completeness of transfer	
4.1.2	Integration	b) Complete recruitment	
4.2	Integration	Discuss and agree management of prison healthcare services transfer to Health & Social Care Partnerships (HSCPs)	Appropriate accountabilities and management structure in place
4.3	Integration	Review the Integration Schemes for both Falkirk and Clackmannanshire & Stirling HSCPs	Integration Scheme Reviews completed and agreed including consultation requirements Redefined meeting and reporting structures in place MSG will be completed and an Improvement Plan developed, delivered and monitored, reported through IJBs Impact on delivery plan to improve outcomes for stakeholders e.g. reduction in delayed discharge, and an increase in end of life care at home. Evidence reduced demands on senior managers and team members who work across multiple public bodies, streamlining and prioritising meetings HSCPs are fully integrated within the Health Board and colleagues feel empowered
4.3.1	Integration	a) Agree external support	
4.3.2	Integration	b) Undertake review	

4.3.3	Integration	c) Refresh self-assessment against all Ministerial Strategic Group (MSG) Principles to improve scores and evidence improvement	
4.3.4	Integration	d) Work together to produce a shared strategic narrative and vision that expresses a collective (Local Authorities, Integration Joint Boards and NHS Board) ambition for health and social care integration and wider areas of opportunity	
4.3.5	Integration	e) Include colleague survey pre and post improvement plan implementation	
4.3.6	Integration	f) Consider impact of meeting demand on service leaders and agree a condensed reporting structure	
4.4	Integration	Build on existing business processes and decision-making matrix to deliver effective governance across and between Integration Joint Boards, HSCP Leadership Teams, Local Authority Leadership Teams and the NHS Board Executive Leadership Team.	There will be capacity to deliver the strategy The workforce and public bodies are clear about where decision making should take place, and the processes required before presentation of proposals are embedded in practice. Everyone will have clarity around operational and professional decision making.
5	**Performance**		**Urgent and Unscheduled Care Programme Out of Hours Programme CAMHS RTT Plan Psychological Therapies RTT Plan**

5.1	Performance	Work to improve the emergency 4 hour access standard through delivery of the Urgent and Unscheduled Care Programme	NHS Forth Valley delivers improved performance in line with agreed targets / trajectories for the 4 hour emergency access standard
5.2	Performance	Deliver the Out of Hours Programme / Action Plan and recommendations	Ensure NHS Forth Valley consistently delivers comprehensive Out of Hours services
5.2	Performance	Improve compliance with Child & Adolescent Mental Health Service (CAMHS) 18 week Referral to Treatment (RTT) standard	Improved performance in relation to the 90% aim for 18 week RTT standard, in line with agreed trajectory.
5.4	Performance	Improve compliance with Psychological Therapies 18 weeks RTT standard	Improved performance in relation to the 90% aim for18-week RTT standard, in line with agreed trajectory
6	**Healthcare Improvement Scotland**		**Safe Delivery of Care**
6.1	Healthcare Improvement Scotland	Deliver the Safe Delivery of Care Programme including requirements outlined in the Health Improvement Scotland (HIS) report on Forth Valley Royal Hospital	Meet requirements of the HIS recommendations in relation to Forth Valley Royal Hospital. Improved safety around delivery of care for all stakeholders. Improved staff and patient experience and feedback.

NHS FORTH VALLEY ASSURANCE AND IMPROVEMENT PLAN

Number	Programme Execution (Improvement Actions)
1	**Culture**
1.1	Review arrangements for annual iMatter staff experience survey to ensure effective organisational engagement
1.2	Provide assurance that Whistleblowing Policy and Speak Up initiative are embedded across the organisation
1.3	Ensure that NHS Forth Valley has made progress on recommendations outlined in the Sturrock Report
1.4	Implement learnings from colleagues, patients, and public representatives in respect of incident reporting e.g. Incident Reports (IR1s), complaints and significant adverse events
1.5	Improve equitable access to eHealth Systems
1.6	Deliver Culture Change and Compassionate Leadership Programme to promote and lead the development of a positive organisational culture
1.7	Include issues relating to culture and learning as part of service performance reviews
1.8	Embed staff side colleagues' involvement within Business Unit structures, Organisational Governance structures and appropriate operational working groups
2	**Leadership**
2.1	Executive Leadership Team (ELT) promote and role model positive behaviours
2.2	Ensure professional and managerial structures are fit for purpose
2.3	Ensure corporate objectives are aligned with the aims of the organisation
2.4	Ensure the Quality Strategy is embedded across the organisation and an evaluation process is in place
3	**Governance**
3.1	Complete the work on the Board Assurance Framework and ensure it is aligned to the Scottish Government NHS Blueprint for Good Governance
3.2	Ensure appropriate induction and ongoing development for Board members is in place
3.3	Ensure regular monitoring of performance, scrutiny of results and outcomes
3.4	Address any outstanding recommendations from the external review of governance
3.5	Reflect any further recommendations arising from the Board self assessment feedback

4	**Integration**
4.1	Ensure transfer of pan Forth Valley operational management of services, colleagues, and budget responsibilities for delegated functions
4.2	Discuss and agree management of prison healthcare services transfer to Health & Social Care Partnerships (HSCPs)
4.3	Review the Integration Schemes for both Falkirk and Clackmannanshire & Stirling HSCPs
4.4	Build on existing business processes and decision-making matrix to deliver effective governance across and between Integration Joint Boards, HSCP Leadership Teams, Local Authority Leadership Teams and the NHS Board Executive Leadership Team.
5	**Performance**
5.1	Work to improve the emergency 4 hour access standard through delivery of the Urgent and Unscheduled Care Programme
5.2	Deliver the Out of Hours Programme / Action Plan and recommendations
5.3	Improve compliance with Child & Adolescent Mental Health Service (CAMHS) 18 week Referral to Treatment (RTT) standard
5.4	Improve compliance with Psychological Therapies 18 weeks RTT standard
6	**Healthcare Improvement Scotland (HIS)**
6.1	Deliver the Safe Delivery of Care Programme including requirements outlined in the Health Improvement Scotland (HIS) report on Forth Valley Royal Hospital