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Janie McCusker  
Chair  
NHS Forth Valley

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23 January 2024

Dear Janie

## **NHS FORTH VALLEY ANNUAL REVIEW: 20 NOVEMBER 2023**

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings in Stirling on 20 November. I was supported by Caroline Lamb, Director General of Health & Social Care and Chief Executive of NHS Scotland; and by Christine McLaughlin, Director of Population Health at the Scottish Government and Chair of the Forth Valley Assurance Board, linked to NHS Forth Valley's escalation on the NHS Support & Intervention Framework. The focus of the day was the resilience and recovery of local services as we emerge from the Covid-19 pandemic, and I am writing to summarise the key discussion points.

2. This round of Annual Reviews marks the first safe and practicable opportunity since the pandemic began to visit and meet with colleagues and stakeholders in the local area. The key addition to the format this year has been, wherever possible, to include digital access. This hybrid approach has been taken to maximise attendance and participation, including those stakeholders who may have been precluded from attending due to the need to travel, such as those with care/treatment commitments; or those with vulnerabilities who remain nervous about attending potentially large public events.

3. We would like to record our thanks to you and everyone who was involved in the preparations for the day; not least the local estates staff who had worked round the clock to ensure the Review went ahead as planned, despite significant flooding at the Board HQ in the preceding days. I am also grateful to those who attended the various Review meetings; both in-person and by virtual means. We found it a very informative day and hope everyone who participated also found it worthwhile.

## **Meeting with the Area Clinical Forum**

4. We had an interesting and constructive discussion with the Area Clinical Forum. We firstly reiterated our sincere thanks to local staff for their sustained professionalism and commitment, in the face of unprecedented and unrelenting pressures over recent years, for the benefit of local people. It was clear that the Forum continues to make a meaningful contribution to the Board's work, and that the group has effective links to the senior management team. It was reassuring to hear that the Forum felt it had been fully involved in the Board's determined focus on contributing to effective clinical governance and patient safety.

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5. In addition, the Forum has played an important role in terms of informing the Board's approach to other key areas, including performance management and improvement work related to the Board's escalation, financial sustainability/management and workforce recruitment/retention, alongside staff wellbeing. It was fascinating to hear the various clinical teams' presentations: there is clearly no shortage of commitment and enthusiasm amongst clinicians to consistently redesign, improve and innovate, in the best interests of local communities. We were assured that the impressive local work and learning around medicines safety was informing the national realistic medicine action plan. Of particular note was the outstanding work of the local audiology team, which had deservedly been recognised with a UK-wide 'team of the year' award.

6. We had very interesting discussions with the representatives from the various professional committees and undertook to consider some of the points raised: for instance, how new technology and the advent of reliable video-conferencing is helping to facilitate ACF and professions' meetings within busy clinical schedules, as well as improving accessibility by offering other routes to engaging with patients, where appropriate; the importance of new professions and a truly multi-disciplinary healthcare team in addressing the prevalent demand and sustainability challenges facing the NHS; the need to retain as many 'home grown', trained staff as possible, not least through effective partnerships with local educational providers, third sector organisations and others; the need for more focused IT development and integration, whilst investing appropriately in early intervention, health improvement and in primary/community care settings, alongside the focus on acute services; and the need for consistent public messaging around accessing the right services, in the right place and at the right time. We agreed that, as far as possible, there should be consistent attendance at the ACF and its sub-groups from the various professions, to ensure effective representation and continued progress. We were grateful to the Forum members for taking time out of their busy schedules to share their views with us.

### **Meeting With the Area Partnership Forum**

7. We were pleased to meet with the Area Partnership Forum. It was clear that most local relationships have been strengthened by the significant pressures of the pandemic experience, which we recognised had accelerated pre-existing challenges facing local staff and the system. Indeed, the on-going commitment of local staff in the face of unprecedented pressures will have been fundamental to a number of developments and improvements that have been delivered locally over the last year. We also acknowledged that, whilst we hope to be over the most acute phase of the pandemic, very many pressures remain on staff throughout the NHS and with planning partners.

8. Once again, it was reassuring to hear that the Forum continues to meaningfully inform and engage with the Board on the development of the local system strategies and associated workforce plans, alongside key work on staff wellbeing, including the successful introduction of hydration stations for staff at FVRH, and the bullying and harassment/dignity at work agenda; whilst recognising the need for clarity and consistency, as far as possible, with whistleblowing policies and protocols. We noted the view that effective partnership working was not consistent throughout the organisation and agreed that the culture change required through the Board's improvement plan, as part of its escalation on the NHS Support and Improvement Framework, would take time to embed across the wider organisation; and would require consistent, meaningful commitment, trust and support across both the management and staff-side of the partnership.

### **Patients' Meeting**

9. We would like to extend our sincere thanks to all the patients, volunteers and young people who took the time to come and meet with us. We very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services.

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10. We greatly appreciated the openness and willingness of the patients present to share their experiences and noted the specific issues raised, including: the importance of appropriate, local facilities and systems to support patient care/access that were effectively joined up, including better continuity of care and face-to-face treatment options; the need for appropriate and adaptable services to effectively meet the needs of local people suffering from long-Covid; the importance of investing appropriately in early intervention, health improvement and in primary/community care settings; and to ensure that communications with patients take place in a way which is appropriate to their needs; the importance of embracing new technologies and ways of working to ensure the NHS is sustainable; accessibility of local services for both the physically disabled and those with learning impairments; the huge importance of volunteers in supporting health and social care services, alongside the vital role played by community link workers in GP practices; as well as the need for an effective, accessible and responsive NHS complaints procedure. There were some outstanding concerns raised about local treatment that were going to be taken forward by the NHS Board representatives, who were also in attendance.

### **Annual Review: Public Session**

11. The full public session was recorded for online access and began with your presentation on the Board's key achievements and challenges, looking both back and forward. As this round of Ministerial Reviews are the first in public since the necessary limitations of Covid-19, you firstly summarised the extraordinary pandemic response from NHS staff in the area before moving to the key themes of resilience (including winter planning), recovery and renewal, in line with national and local priorities. We then took questions from members of the public: both those that had been submitted in advance and also a number from the floor. We are grateful to you and the Board/local Partnership teams for your efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

### **Annual Review: Private Session**

12. We then moved into private session with yourself and the Interim Board Chief Executive to discuss local performance in more detail.

### **Escalation: NHS Support & Intervention Framework**

13. In late November 2022 my predecessor as Cabinet Secretary announced the Board's escalation for governance, leadership and culture on the advice of the Government's Health & Social Care Management Board. For improvement in NHS Forth Valley to be sustained, the Improvement Plan and its implementation must be owned and led locally, and you provided assurances that local governance arrangements are in place to do this. An Assurance Board was established by the Scottish Government to bring direct oversight of the escalation and scrutinise NHS Forth Valley's progress against the agreed improvement plan.

14. The Assurance Board meets regularly and is chaired by Christine McLaughlin who was in attendance. It was helpful to have an update on progress from the new leadership of the Board and, in particular, we noted that the Board was due to discuss Professor John Brown's associated governance paper at its meeting on 29 November. Christine confirmed that the Board's improvement plan had been in place since December 2022, that it was reviewed and updated regularly and that progress is being made; in particular, the Board's response to the HIS recommendations. At the last Assurance Board meeting at the end of October the Interim Chief Executive had presented the latest version of the improvement plan, which focussed more clearly on outcomes, delivery and strengthening relationships with Local Authority partners. The plan now contains a more focussed set of actions that should support delivery of substantive change.

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15. Christine confirmed that, as the recovery work continues within NHS Forth Valley, the Assurance Board will maintain close scrutiny of progress, including the outcomes of a development session on the outcome of the Board self-assessment against the national *Blueprint for Good Governance*.

16. We were assured that the Board's leadership remains completely committed to delivering the required change within the timescales set in the improvement plan. It is important that staff, local people and their representatives are kept informed and meaningfully engaged as this work progresses. The Board's focus must be on demonstrable, sustained progress that enables us to consider de-escalation in due course.

17. Whilst NHS Forth Valley had not been escalated on the grounds of poor performance, the concerns related to governance, leadership and culture have been evident in poor performance particularly in relation to unscheduled care, out of hours services, mental health services and integration. These areas were covered under their substantive agenda items below.

## Finance

18. You confirmed that, in 2022-23, the Board had delivered a balanced financial outturn.

19. For 2023-24, as at month 6, the Board was forecasting a revised, full year deficit of £15.6 million; this is a minor deterioration from the outturn forecast in the original financial plan, despite additional Scottish Government funding of £12 million (e.g. sustainability and new medicines funding), as this has been offset by further pressures.

20. We noted that key pressures continued to be ongoing capacity and staffing issues, with significant supplementary staffing costs, combined with increases in medicines costs and the impact of inflation on energy, premises and IT contracts. In addition, we noted that significant risks carried over into future years include pay and workforce pressures. We agreed that the Board's delivery of recurring efficiencies will be crucial to this and future year budget challenges, whilst recognising that NHS Forth Valley must absorb a range of inflationary and demand-related pressures. The Government will continue to work with the Board to monitor your financial position and assist with longer term planning.

## Workforce

21. We would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication and commitment, under largely unrelenting pressures since March 2020; and to give them an assurance that we will continue to do all we can to support them.

22. You confirmed that the Board has continued to experience challenges across both planned and unplanned activity, with staffing issues across the system directly impacting on admission and discharge. We noted that, as at June 2023, the Board had reported a significantly higher vacancy rate for consultant staff than the national average (15.5% vs 8.0%); you nonetheless assured us that workforce capacity is stable and reiterated that most pressures are emanating from overall demand and high patient acuity. We were further assured that the Board continues to consider the development of new roles to help mitigate vacancy rates; whilst working with your planning partners, educational providers and the third sector to identify mutual opportunities to maximise workforce capacity. We were also pleased to note that the Board had issued offers for 129 Newly Qualified Nurses and 46 Mental Health Nurses; the latter very important in terms of the Board's workforce-related waiting times issues in mental health. We also welcomed the international recruitment activity: with the Board offering positions to 30 candidates across nursing, midwifery and AHPs in 2022/23; and recruitment underway for 14 more nurses from the 2023/24 Government funding allocation.

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23. As recognised in our earlier meetings with the local Area Clinical and Partnership Forums, we remain very conscious of the cumulative pressures on the health and social care workforce; and recognise the range of actions NHS Forth Valley is taking in terms of the wellbeing and resilience of local staff, as part of the Board's Strategic Workforce Wellbeing Plan. You confirmed that the Board has established a range of support measures for staff in order to promote personal resilience, help prevent mental health issues developing and to promote overall wellbeing in the workplace; not least in light of the cost-of-living crisis, including the establishment of the Wellbeing website and associated management toolkit. Such measures will also be material in terms of the local staff recruitment and retention efforts; maximising staff support and engagement through winter and into the longer-term recovery and renewal phases.

### **Resilience and winter planning**

24. Given the scale of the cost-of-living crisis, combined with the continued challenge posed by Covid-19, and a possible resurgence of seasonal flu and other respiratory illness, this winter is again likely to be one of the most difficult our NHS has faced. We also remain conscious that most NHS Boards, including NHS Forth Valley, have already been confronted with a sustained period of unprecedented pressures on local services, particularly at the main acute sites. As noted above, there have been high attendances coupled with increased acuity, alongside limited staffing and bed capacity.

25. It was therefore reassuring to hear the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to these challenges; ensuring the safe management of local demand and capacity, as far as possible. You provided assurances that good practice and lessons learned from last winter have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning, whilst protecting elective capacity, as far as possible.

26. Nationally, we have again jointly agreed a number of overarching priorities with COSLA which will help guide our services this winter, and these measures will support resilience across our health and care system; ensuring people get the right care they need at the right time and in the most appropriate setting. One of our key lines of defence again this winter, protecting both vulnerable individuals and the system against further pressures, will be the vaccination programme for seasonal flu and Covid-19. A £50 million funding boost for Ambulance Service recruitment and up to £12 million to expand *Hospital at Home* are among other national measures to support health and care this winter.

### **Unscheduled Care & Delayed Discharge**

27. You confirmed that, given the sustained pressures experienced across services, bed capacity at FVRH remains the key issue, with the hospital regularly experiencing occupancy above 95% in recent times. As noted previously, pressure on services include: workforce constraints, wait for first assessment, delayed discharges and increased patient acuity.

28. Whilst acknowledging the consistent and cumulative pressures on services and staff, the Board's performance against the national 4-hour A&E standard in recent weeks had been deteriorating further and was regularly the lowest performance in Scotland: in the week ending 5 November, the Board was at 47.3% against a national average of 61.1%, with 127 over 12-hour delays. You agreed that this level of performance is unacceptable and assured us that the Board remains fully committed to sustainably addressing this, as a matter of priority. To that end, the Board has been learning from what has been successful in other areas, such as NHS Tayside's frailty work, and the whole Forth Valley system was undergoing a three week 'system reset'; with the focus on sustainably improving patient flow, e.g. by increasing *Hospital at Home* provision, directing people to the most appropriate urgent care settings: this model has been utilised in other Health Boards across Scotland with positive results, in terms of reducing reliance on contingency beds.

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29. As noted above, and despite significant combined efforts on the part of the Board and its planning partners, some challenges persist with delayed discharges. You assured us that the Board has robust governance and scrutiny arrangements in place to monitor and mitigate delays alongside its planning partners, as far as possible; and that making sustained progress remains a key priority. These arrangements have facilitated improved understanding of the data around delayed discharges and associated actions, and a more integrated approach to this work. Actions underway include enabling the right short-term support at home through responsive community care and support, coordination of community support with less duplication; and a more efficient support model, care home multi agency working, interim placements to care homes and third sector link worker based on the acute site. Additional capacity has been created in community and home settings since January 2023 in order to support increased numbers of patients in their discharge.

30. The Board is also looking at updating local IT systems, to ensure plans and activities are as robustly informed as possible and you explained that significant recent changes in senior clinical leadership roles had also started to have a marked positive influence on staff morale and motivation. We were assured that the Board would remain in close contact with the Government teams supporting the key urgent and unscheduled care improvement programmes, such as the *Redesign of Urgent Care*, *Discharge Without Delay* and *Flow Navigation*, alongside other actions. We will keep local progress against this key priority area under close review.

### **Planned Care Waiting Times**

31. We recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care. We continue to assist NHS Boards with plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our Recovery Plan, announced in August 2021. Further to this, in October we announced that an additional £100 million will be provided nationally in each of the next three years to accelerate treatment for patients and reduce inpatient and day case waiting lists by an estimated 100,000 patients across Scotland.

32. You confirmed that the Board is prioritising improvement activity on the specialties with the biggest pressures. We recognised that, in terms of recovery planning, local teams implemented a series of key actions throughout 2022/23 and into the first six months of 2023/24; with the Board exceeding most agreed elective plan trajectories. You also confirmed that NHS Forth Valley is working with the National Elective Co-ordination Unit and others to support delivery of the long wait targets, including opportunities for insourcing, outsourcing and accelerating planned improvements. We were pleased to note that the Board continues to recover planned care services with a key focus on the reduction of the longest waits; with only 82 outstanding outpatient waits over 52 weeks as at the end of September, and 26 inpatient/day cases over 78 weeks at the same point. The Board is also delivering around 75% of diagnostic tests under 6 weeks, against a national benchmark closer to 50%; though we noted waits for CT scans is increasing. You confirmed that the Board is planning to address this by pursuing a business case for a third scanner which would provide valuable additional capacity alongside the new, modular National Treatment Centre resource at FVRH which should be fully operational next year; for the benefit of local people, as well as those from neighbouring Board areas.

33. At the strategic level, the Centre for Sustainable Delivery continues to work with NHS Boards to introduce new and innovative ways of delivering care that will create additional capacity for inpatient, day case and outpatients; building on the success of initiatives, such as the *Near Me* programme. Whilst recognising that the current pressures are significant across the local health and care system, we were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance; particularly as relates to the longest waits, which we will keep under close review.

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## Cancer Waiting Times

34. The management of cancer patients and vital cancer services has remained a clinical priority during the pandemic and local performance against the 31-day target has been consistently met and maintained. As with most NHS Boards, local performance against the 62-day target has been more challenged (62.6% as at August). We recognised a key pressure in this area had been the significant year on year increase in the volume of urgent suspicion of cancer referrals since the pandemic started, with the main cancer types challenged on waits for first assessment and diagnostic tests. We noted the largest pressure pathways areas include colorectal, urology, prostate, and head and neck; and that is where the Board is focusing improvement efforts and investment. The Board submits regular progress reports and the Government will continue to provide support.

## Mental Health

35. On the face of it, the Board's performance against the national CAMHS waiting standard of 35% is significantly below expected levels. However, we understand this is a consequence of the Board addressing the overall waiting list and the backlog of longest waits; with the total waiting list decreasing by 57% from June 2022 to September 2023; and those waiting longest (over 52 weeks) decreasing by 99%: from 294 to three. For Psychological Therapies patients, 74.0% had started treatment within 18 weeks of referral in the quarter ending June 2023, an improvement from 71.1% in quarter ending March 2023. 1,693 patients were waiting to start treatment at the end of June 2023; of these, 373 had been waiting longer than 52 weeks; a 23.6% decrease from the number at the end of June 2022.

36. As in other Board areas, the high turnover in workforce can impact on progress against the mental health national waiting standards. In order to mitigate against this, you assured us that the local service is redesigning posts to attract a higher recruitment rate. As part of this drive, NHS Forth Valley will highlight the continued focus on staff wellbeing initiatives and scheduled professional development which will enhance opportunities for career progression and succession planning. The local service continues with active recruitment plans for all specialities; and further nursing and psychology staff have been successfully recruited, with provisional start dates before this December. The Government's Mental Health Performance Team will continue to keep in close contact with the Board to monitor progress and provide support.

## National Drugs Mission

37. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment by the end of the current Parliamentary session. The harms caused by use of illicit drugs and excessive consumption of alcohol remain significant public health issues. Although annual drug death numbers across Scotland have shown small falls in recent years, the national rate of alcohol related deaths continues to rise and both remain higher than comparable European countries. More positively, the recently published number of drug deaths shows a 32% decrease in the Board area from 2021 to 2022 (from 69 to 47 and the lowest total since 2017); though the number of alcohol specific deaths in the Board area was slightly up to 65 in 2022 from 57 the previous year (and from a peak of 70 in 2020).

38. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards; to enable the consistent delivery of safe, accessible, high-quality drug treatment everywhere in Scotland. As such, we were pleased to note an improving position with the local commitments for the MAT standards, and in relation to the targets for waiting times for access to alcohol and drug treatment services.

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## Local Strategies

39. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. It was therefore pleasing to note the progress the Board is making via its local strategic planning. Clearly, the scale of the challenge faced in effectively planning and delivering health and social care services to meet ever-increasing need is very significant. This makes it all the more important that the Board and its planning partners innovate and adapt; whilst continuing to meaningfully involve and engage local people at every stage, as this vital work progresses.

## Conclusion

40. I hope that by the time of the Board's next Ministerial Review we will be free of some of the more extreme pressures of recent years and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most difficult periods in its history and remain grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and to provide as much support as possible.

41. I want to conclude by reiterating my sincere thanks to local staff for their sustained professionalism and commitment, in the face of a period of unprecedented and unremitting pressures, for the benefit of local people.

Yours sincerely



**MICHAEL MATHESON**

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