

## **ASSURANCE AND IMPROVEMENT PLAN (MARCH 2024)**

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### **INTRODUCTION**

Since the last update to the Assurance Board in January 2024, significant progress has been made against the Assurance and Improvement Plan and we are seeing the positive impact and outcomes while continuing to prioritise and close out remaining actions.

This paper provides an overview of progress on high-level actions, including rationale for actions completed. A summary of the remaining planned work is provided along with expected dates of completion. The paper also describes the impact and outcomes these high-level actions are having on NHS Forth Valley within each of the escalation areas. Particular focus is placed on key, tangible evidence, including from external reporting where appropriate, to provide robust assurance of completed actions.

Finally, narrative is provided on how the Board assurance committees monitor and scrutinise actions and outcomes.

### **OVERVIEW**

An overview of current progress on high-level actions is displayed in Table 2 (see Appendix 1). Currently, 31 out of 35 high-level actions are complete (89%), with the remaining 4 actions sitting across the domains of Leadership and Governance.

As of February 2024, the Assurance and Improvement Plan contains actions across the following:

- Culture
- Leadership
- Governance
- Integration
- Performance
- Healthcare Improvement Scotland

To provide a clearer picture of the Plan's impact, this report updates on the progress and/or completion of high-level actions in Culture, Leadership and Governance. This is in line with the reasons for NHS Forth Valley's escalation to Stage 4 of the NHS Scotland Performance Escalation Framework (now Support and Intervention Framework). Concerns were also raised in relation to the completion of the integration of health and social care and on performance-related issues – GP Out of Hours services, Unscheduled Care and Mental Health, namely Child and Adolescent Mental Health Services and Psychological Therapies.

Of 35 high-level actions – 30 relate to Culture, Leadership and Governance, 4 relate to performance issues and 1 relates to the Safe Delivery of Care Programme.

## **SUMMARY OF PROGRESS**

### **Culture**

Across the organisation, two-way communication between the Board/Executive and employees has improved, supported by regular updates and requests for feedback from the Chief Executive and Executive Leadership Team (ELT). This has been further supported by regular short videos posted on the staff intranet by members of the ELT, including the Chief Executive, Human Resources Director, Medical Director, and Finance Director. At the department level, staff are encouraged and supported to speak up in a range of forums, including safety huddles, and concerns raised are listened to and addressed. Whistleblowing, Speak Up and Spaces for Listening arrangements have all been strengthened with the input of staff to provide more opportunities to raise issues and be heard.

Work is underway to share feedback on the key themes from the Culture Change and Compassionate Leadership Programme, identify priority actions and discuss how these should be addressed. This will inform the development of a Culture Change Plan.

These improvements fall under the wider Staff Governance Standards which include staff being well-informed, treated fairly with dignity and respect and provided with a continuously improving safe working environment.

### **Leadership**

Over the past six months, ELT has worked hard to build a foundation of agreed values and behaviours and continue to promote and role model these, both in weekly ELT meetings and within and across directorates. Within ELT, cohesive working has been regularly documented by weekly checkouts which include regular reference to positive and respectful behaviours amid constructive, challenging discussion. Feedback from ELT members after meeting has been gathered and shown to be positive. 'Respectful

challenge and discussion. Productive meeting with positive outputs,' is typical of the positive comments. Non-executives have noted the positive change in ELT, with a more collaborative non adversarial approach.

Alongside this, there is wider, positive engagement with others to support whole system working, prioritisation and decision-making as well as shared responsibility and accountability to address key challenges. Compassionate leadership styles are also being demonstrated. The senior structure has also been developed with functional review work and consolidation of NHS Forth Valley leadership capacity and capability through progressing permanent appointments to new roles.

Ensuring the stability of the Executive Leadership to deliver our organisational priorities has been a key element of this work. The associated risk has been assessed and will be presented to the Remuneration Committee in March. The appointment of a permanent Director of Acute services has been a positive step in delivering sustainable leadership arrangements.

## **Governance**

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

The recommendations from the External Review of Governance received in October 2023 were mapped against outputs from the Board Self-Assessment Survey conducted in September 2023. To reflect upon the results of the survey and capture any additional actions in the Assurance & Improvement Plan, two Board Development sessions run by an external consultant took place in December 2023 and February 2024. Work has also progressed around creation of a Board Assurance Framework using the model

set out in the Blueprint for Good Governance and further guidance from the Good Governance Institute. As part of a scoping exercise for this work, we have linked up with other health Boards, to learn from their own models and produce an overarching framework in line with the recommendations of the External Governance Review.

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

**Table 1.** Assurance and Improvement Plan – high-level actions.

Number	Action	Summary
<b>1</b>	<b>Culture</b>	
1.1	Review arrangements for annual iMatter staff experience survey to ensure effective organisational engagement.	Complete. A review of iMatter 2023 undertaken with lessons learned presented to ELT and Staff Governance Committee. Outcomes have informed planning for 2024 cycle with plan and process in place to progress. Ongoing review is built in as part of the performance review cycle supporting colleagues to feel valued and have a voice.
1.2	Provide assurance that Whistleblowing Policy and Speak Up initiative are embedded across the organisation.	Complete. Whistleblowing and Speak Up arrangements have been aligned within the portfolio of the Executive Nurse Director to strengthen and consolidate the infrastructure. Processes of raising awareness and publicising the resources being planned by the Whistleblowing network and will take place in February and March supporting colleagues to be treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.
1.3	Ensure that NHS Forth Valley has made progress on recommendations outlined in the Sturrock Report.	Complete. Following publication of the Sturrock report a review specific to Forth Valley has been undertaken. A revised action plan has been developed with appropriate actions to be aligned to the Culture Change plan supporting improved patient safety through strengthened clinical governance processes and a culture where colleagues feel safe to speak up and raise concerns. Plan and process agreed with APF and Staff Governance Committee.

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.	Complete. Existing systems and processes e.g., complaints, adverse events, incidents, to support increased visibility, supportive feedback, and the embedding of a learning culture, will continue to be reviewed. This is supported by the quality management system that is rooted within the quality strategy ensuring transparency and supporting learning.
1.5	Undertake a project to improve equitable access to eHealth Systems.	Complete. Project underway with NHS Forth Valley and the two Health and Social Care Partnerships to ensure users can login to both systems without the requirement to use more than one device and can simultaneously work within the NHS and Council systems during one computer session without having to login and out of multiple devices. A plan has been agreed between NHS Forth Valley, Falkirk, and Stirling Councils to deliver GOVROAM by the end of August 2024 with confirmation awaited from Clackmannanshire. Plan agreed with NHS Forth Valley and Falkirk Council to deliver access to Systems across all necessary devices by July 2024, this includes being able to use a single device. Discussions in progress around access to Joiners, Movers, Leavers' process across all agencies (Wayfinding) supporting improved communication and access to information.
1.6	Deliver Culture Change and Compassionate Leadership (CC&CL) Programme to promote and lead the development of a positive organisational culture.	Complete. Initial awareness raising by ELT during April 2023. This was followed by a discovery phase from May to July 2023 where work was carried out to understand what staff were feeling about working in NHS Forth Valley. The feedback and information from the discovery phase was reviewed during August and September 2023 to help identify key themes and priorities with the design phase currently progressing in terms of the development of an improvement plan to address the key themes, issues and priorities identified by staff to help improve the culture across the organisation. Progress will be monitored and assessed by the Area Partnership Forum and Staff Governance Committee to ensure it delivers the changes and improvements required.
1.7	Include issues relating to culture and learning as part of service performance reviews.	Complete. Schedule of directorate performance reviews in place for 2024. Issues relating to culture and learning are being identified as reviews mature in approach and become embedded. Reviews provide a forum for early identification of issues in relation to all aspects of business and performance enabling supportive discussions around required actions to mitigate. Employee relations metrics included within

		reviews. Additionally, areas of good practice or performance can be shared to support learning organisation wide.
1.8	Embed staff side colleagues' involvement within Business Unit structures, Organisational Governance structures and appropriate operational working groups.	Complete. Staff side colleagues are working to support the organisation with issues in relation to planning and performance and are providing support to the work of a number of committees and business units ensuring proactive management and resolution of issues. The acute partnership forum has been refreshed with a new Terms of Reference in place. The Area Partnership Forum is currently meeting monthly and is working with the Executive Leadership Team to support the organisation to address the financial challenges in support of increased efficiencies empowering colleagues to help influence the required changes.
1.9	Revisit NHS Forth Valley's organisational values alongside the NHS Scotland values that already apply to the workforce.	Complete. Organisational values to be reviewed in line with work around the Healthcare Strategy whilst taking cognisance of the Staff Governance Standards and the NHS Scotland values. Timetable for the Strategy to be agreed.

## Impact of Actions

### Compassionate Leadership Programme outputs

- Discovery phase feedback and key themes/priorities established.

### iMatter improvements

- Manager 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.

### **Increased visibility of the senior team**

- Short video messages from ELT members posted on the staff intranet.
- This has included regular videos from the Chief Executive, and introductory videos from the Director of Finance, HR Director, and Medical Director.
- ELT members introducing themselves and highlighting their role within the organisation has provided an opportunity to share information organisation wide and enable 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.

### **Other**

There is improved two-way communication with increased visibility of the senior team.

Staff are encouraged and feel safe to speak up as evidenced by the recent HIS Review.  
There is improved listening and respect of others' opinions.

Open and transparent conversations are being held.

There is a shared awareness of service pressures in the system supporting timeous reaction with proactive support and interventions.

Number	Action	Summary
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2	Leadership	
2.1	Executive Leadership Team (ELT) promote and role model positive behaviours.	<p>Complete. There is now good evidence that ELT is operating as a cohesive, inclusive team. This is documented by weekly checkouts which include regular reference to positive and respectful behaviours and agreement that ELT values are being demonstrated. Open and transparent communication, and constructively challenging conversations take place within and outwith ELT as part of regular business, which has improved collaborative working and timely decision making.</p> <p>The continued development of the senior leadership team is being progressed on a whole system basis with the formal programme beginning in March 2024. This will be cascaded through formal and informal leaders across the system through the creation of a leadership development plan.</p>
2.2	Ensure professional and managerial structures are fit for purpose.	<p>Work continues. Clearly defined structures and roles to evidence hierarchy of accountability are in place, with clear leadership and better understanding of responsibilities aligned to NHS Forth Valley purpose, vision, and values. A professional assurance framework for both medical and nursing is currently being developed which will provide improved governance and assurance across the whole system.</p> <p>Anticipated completion date: 31 March 2024.</p>
2.3	Ensure corporate objectives are aligned with the aims of the organisation.	<p>Complete. To ensure clear direction and vision, NHS Forth Valley's corporate plan and objectives were approved by the NHS Board in March 2023. Annual review will be undertaken to ensure these are fit for purpose and align with the organisational strategy and direction.</p>
2.4	Ensure the Quality Strategy is embedded across the organisation and an evaluation process is in place.	<p>Complete. Forth Valley Quality Strategy 2021 - 2026 was approved by the NHS Board. Year 2 implementation update was presented to the Clinical Governance Committee in August 2023 with the Quality Management System incorporated within the strategy and kept under review. There is continued focus on: involving patients; service users and carers; working as a system; relationships and culture; having a consistent and coherent approach to improving quality; and using data effectively to ensure better outcomes for stakeholders and continuous improvement is evidenced.</p>

## Impact of Actions



## **ELT development**

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.

## **ELT behaviours**

Open, honest, and constructively challenging conversations have taken place during weekly ELT meetings since October 2023 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.'
- 'Great meeting. Respectful. Positive.'

## **Further impact**

Leaders are acting with integrity and honesty by communicating openly in all matters.

Leaders are responsible and accountable for their own and their teams' performance.

Leaders are engaging appropriately with others in the decision-making process and are focussed on developing their teams and themselves.

Leaders are being held to account with clear direction, devolved decision making.

Expected behaviours are being role modelled by the senior team.

Whole system prioritisation and decision-making being undertaken with shared responsibility and accountability with identification of root cause challenges.

Adaptive and compassionate leadership styles are being demonstrated.

**Positive progress acknowledged by the Deanery team in meeting General Medical Council standards.**

Following a NES Quality visit in January 2023, an action plan was developed with 10 SMART objectives to be completed in support of improving the quality of medical education.

In a letter dated 23 February 2024, the Deanery team noted the leadership team in Forth Valley Royal Hospital provided good evidence showing progress had been made by achieving 8 out of 10 NES recommendations, contributing towards fully meeting the GMC standards in the future.

Number	Action	Summary
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.	Complete. Component parts in place including performance management framework and risk management strategy along with review and standardisation of assurance committee template. In addition, the Board Self-Assessment was undertaken in September 2023, this will be refreshed on an annual basis. Work to produce an overarching document to ensure appropriate linkage in support of articulating an NHS Forth Valley Assurance Framework aligned to the Blueprint for Good Governance has been completed and this will be presented to the ELT on 25 March.
3.2	Ensure appropriate induction and ongoing development for Board members is in place.	Complete. The Board member induction process has been reviewed and is in place. The Board Development Programme scheduled for 2024/2025 is in place to inform and appropriately develop Board members to deliver an effective contribution to the governance of the organisation and improve scrutiny and levels of assurance.
3.3	Ensure regular monitoring of performance, scrutiny of results and outcomes.	Complete. Timetable for Directorate Performance Reviews is in place for 2024. Formal reporting to the Board and Performance & Resources Committee happens monthly, including the regular review of a weekly scorecard by Board members and ELT where consideration is given to content requests. Improved, timely access to information now ensures that Board members and colleagues are well informed and equipped to scrutinise effectively.
3.4	Address any outstanding recommendations from the external review of governance.	Complete. Following a final mapping exercise in December 2023 - January 2024, all outstanding recommendations from the External Review of Governance have been reflected in the Assurance & Improvement Plan.
3.5	Reflect any further recommendations arising from the Board self-assessment feedback.	Complete. Two Board Development Sessions have taken place, led by an external consultant (December and February) to reflect on the outcomes of the Self-Assessment. A mapping exercise of the feedback was completed in January/February 2024 resulting in several additional governance actions, now with clear ownership and timescales. These additional actions have been approved by the NHS Forth Valley Escalation Performance and Resources Committee and NHS Board.

3.6	Consider how NHS Forth Valley ensure it reflects the diversity of its population in Senior Management and Board level roles.	<p>Work continues. Prior to recruitment extensive communications and engagement work is carried out to raise awareness of Non-Executive Board member opportunities and to encourage applications from people with a diverse range of backgrounds, skills, and experience. The approach taken in NHS Forth Valley has been highlighted as an example of best practice and has been adopted by several other NHS Boards, supported by stakeholder engagement mapping work to identify, and share details of existing networks which can support information sharing and engagement, in line with the principles of the Communications Framework 2023 - 2028. This recognises the wide range of networks, forums, and groups which the Board can tap into across the Forth Valley area, including CVS networks, BME networks, locality groups within the HSCPs, carers centres and services which support young people and those with disabilities.</p> <p>Work continues on an ongoing basis to build on the Skills Matrix already completed to identify any gaps in the skillset of the Board and inform priority areas for future recruitment initiatives and ensure these are reflected in any adverts and promotional materials. The approach to the development of senior leaders and middle management to support succession planning will link to wider succession planning for Board members.</p> <p>Anticipated completion date: 31 March 2024.</p>
3.7	Produce a strategic planning framework that supports the development of a planning cycle to be reviewed and updated annually that indicates where and when the Board is considering options, assessing risk, approving, and monitoring delivery of strategic plans.	<p>Work continues. Work required to produce a strategic planning framework - plan on a page.</p> <p>Anticipated completion: 31 March 2024.</p>
3.8	Review inclusion of patient and carer contribution to Board assurances.	<p>Complete. Patient representatives have been a part of several committees and forums in 2023 e.g., Clinical Governance Committee, safe delivery of care programme, involvement in annual review meetings. This action falls under wider stakeholder engagement work required and supported by the implementation of the Communications Framework 2023 - 2028. Further actions required will be identified through the outputs of the stakeholder engagement mapping work (action 3.6).</p>

3.9	Ensure adequate internal processes are in place to support timely completion of internal audit actions.	<p>Complete. The Audit Follow Up protocol is in place and reviewed annually by the Audit and Risk Committee. The extant protocol approved on 20 June 2023 overtly references the requirements of the Blueprint for Good Governance in NHS Scotland and sets out the escalation process triggered when timely management responses are not provided. The audit follow-up position is regularly reported to the Audit and Risk Committee to provide assurance that timely action has been taken to address identified control weaknesses as expected. Audit recommendations are managed through Pentana with action owners receiving triggers informing them of any required actions to support completion of aligned audit recommendations.</p> <p>Internal audit findings: The 'NHS Forth Valley Internal Control Evaluation 2023/24' report found a range of key developments since the 2022/23 NHS Forth Valley Annual Report was presented in June 2023 – see 'Outcome' column for details.</p>
3.10	Ensure committee meeting agendas focus on all the challenges faced by the Board and aligned to committee Terms of Reference.	<p>Complete. Committee Terms of Reference reviewed annually and as required in line with Code of Corporate Governance. Next iteration to be approved by the NHS Board in March 2024. Annual Planners are in place for each assurance committee and continue to be updated for 2024/2025 and examined at each committee meeting to ensure focus on current and future challenges. These continue to inform committee meeting agendas, leading to timely and relevant papers. An agreed agenda setting process or meeting is in place for each assurance committee.</p>
3.11	The Remuneration Committee to review approach to the annual appraisal process of the Chief Executive and ELT to ensure it accurately reflects performance and is equitably applied.	<p>Work continues. The approach to the annual appraisal process of the Chief Executive and ELT has been reviewed. This approach and an associated timeline will be presented to the Remuneration Committee on 19 March 2024 for approval.</p> <p>Anticipated completion: 31 March 2024.</p>
3.12	Repeat the workshop on Active Governance with emphasis on the importance of developing an assurance information system.	<p>Complete. Active Governance Board Seminar to be delivered by NES is scheduled in 2024/25 with the 8 October 2024 being held for this session.</p>

3.13	Inform and update staff on relevant changes, developments and improvements relating to governance as part of the wider Assurance and Improvement Plan.	Complete. ELT has worked collaboratively to develop the current iteration of the Assurance & Improvement Plan which has incorporated the outstanding recommendations relating to governance with involvement of Staff Side colleagues through regular review at the Area Partnership Forum. This version of the plan has been approved by the NHS Board and has subsequently been shared in the Board Brief update via the staff intranet and included the Staff Brief.
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## Impact of Actions

### External Review of Corporate Governance

All 51 recommendations were factored into the A&I Plan and mapped against the outcomes of the Board Self-Assessment Survey.

### Other

Committee structures, membership, Terms of Reference, and forward planners are reviewed regularly to ensure an optimal governance process is in place and papers are distributed on time.

More effective working with increased development time and improved direction.

Relevant and appropriate information is provided which is supporting improved scrutiny leading to improved assurance.

Clear lines of responsibility and accountability.

Through the performance management framework and the performance review process colleagues are being held to account.

Wider views and opinions sought with evidence of a culture of constructive, respectful, and healthy challenge.

Introduction of a quality assurance process for developing Strategic and Commissioning Plans.

### Key ICE Report Findings

- Governance improvements, including wider use of standard templates and improved quality of minutes.
- Introduction of an Acute Directorate recovery plan and Acute Financial Recovery Group.
- Establishment of a Strategic Prioritisation Review Group to review service change proposals.
- Planned introduction of Financial Performance Review meetings with Directorates and Partnerships.
- Improved clinical governance arrangements including formal papers signposting risks and key points and providing clarity on decision making.
- Prominence of public health, health improvement and health protection in the CGC Terms of Reference.
- Review of Information Governance assurances to the P&RC.

Number	Action	Summary
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4	Integration	
4.1	Ensure transfer of pan Forth Valley operational management of services, colleagues, and budget responsibilities for delegated functions.	Complete. 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/remit and decision-making authority supporting improved leadership and accountability. Whole system financial planning underway ensuring transparency of funding and supporting improved governance processes.
4.2	Discuss and agree management of prison healthcare services transfer to Health & Social Care Partnerships (HSCPs).	Complete. Management structure agreed with a paper presented to the Falkirk IJB and the NHS Board to approve the interim arrangement that the Falkirk Integration Joint Board (IJB) Chief Officer, in her role as Director of Health and Social Care services, to be responsible officer for Prison Healthcare Services, effective from 1 December 2023. Prison Healthcare transferred to the Falkirk Partnership ensuring appropriate accountability is in place.
4.3	Review the Integration Schemes for both Falkirk and Clackmannanshire & Stirling HSCP.	Complete. Pan Forth Valley review of integration schemes commencing 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 integration schemes will ensure better processes and clearer lines of governance and accountability. In addition, 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.
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	Complete. Decision making matrix in place to support clear governance and accountability processes and whole system decision making for prioritisation, supporting improved integrated working. Everyone has clarity around operational and professional decision making.



Leadership Teams, and the NHS Board Executive Leadership Team.	
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## Impact of Actions

### **Primary Care**

Senior Primary Care Operational Leadership sitting within the HSCP Senior Leadership Team ensures Primary Care issues are integral to wider HSCP discussions (locality planning).

A joint IJB development session was delivered on 2 February 2024 and a refresh of the governance process is underway.

### **GP Out of Hours**

A permanent Service Manager has been successfully recruited resulting in increased focused & visible leadership to the team, reducing leadership stresses.

The rota fill is consistently operating within 90-95% (previously 60-70%) providing a more stable service and reduced times of escalation.

There has been an increase in the number of GPs wanting to work within OOHs and the strategic risk score being reduced from 16 to 4, now operating within NHS Forth Valley appetite and tolerance levels.

### **Mental Health**

Mental Health services have transferred over, this is both community Mental Health services as well as Primary Care Mental Health Nurses, specialist services for people with learning disabilities, and substance use services. The leadership and management positions are in place, albeit slightly different from what was originally planned. Following the transfer of these services Psychological Therapies has shown improvement.

### **Prison Healthcare**

Prison Healthcare has now transferred over to the Health and Social Care Partnerships and leadership is in place.

Management within the team have reported feeling well supported by this shift and that these services now have a greater visibility within the system and a clarity in relation to reporting, escalation and decision making.

For all the services, we now have open and transparent decision making with shared governance in place.

There is shared responsibility and accountability with an understanding of all areas of the system.

Whole system and collegiate planning is in place. This has facilitated recent realignments in management of Psychological Therapies and Prison Healthcare.

### **Community Planning / Whole System Working**

NHS Forth Valley is now playing a key role in the community planning process of which health is an equal partner via the Acting Director of Public Health.

The NHS Forth Valley Chief Executive now meets on a regular basis with the Chief Executives from Falkirk Council, Stirling Council and Clackmannanshire Council to discuss whole system working and integration. This forms an integral part of ELT development work, both structurally and for the organisational development of the wider team.

NHS Forth Valley and partners of the Forth Valley region have agreed to pursue one anchor institute instead of four.

There is now a shared understanding of finance implications around the health board and across the IJB.

Number	Action	Summary
5	Performance	

5.1	Work to improve the emergency 4-hour access standard through delivery of the Urgent and Unscheduled Care Programme.	Performance will continue to be monitored and reported via business units and governance structures to give assurance. Work is being progressed with the senior triumvirate in Acute alongside partners in the Health and Social Care Partnerships to diagnose and establish the root cause of challenges allowing for incremental changes to be made for sustainable improvement. A performance conversation is held weekly with the CEO and every two weeks with Scottish Government colleagues. There is further discussion and scrutiny at ELT, Clinical Governance Committee and Performance & Resources Committee.
5.2	Deliver the Out of Hours Programme / Action Plan and recommendations.	Performance will continue to be monitored and reported via business units and governance structures to give assurance. Recommendations from the review of Out of Hours are being delivered with improvement action being embedded to ensure delivery of a comprehensive Out of Hours service. Monthly progress updates are submitted to the Scottish Government with onward reporting through the monthly Performance Report to ELT, the Performance & Resources Committee, and the NHS Board. Further reporting is through the Clinical Governance Committee.
5.3	Improve compliance with Child & Adolescent Mental Health Service (CAMHS) 18-week Referral to Treatment (RTT) standard.	Performance will continue to be monitored and reported via business units and governance structures to give assurance. Work to enable incremental improvements in performance and embed supporting actions is ongoing. Strong leadership and good governance have created the right culture to support an improvement in performance. This is managed by the team at a local level with the CEO holding the team to account at performance reviews in line with performance management framework arrangements. There is onward reporting through the monthly Performance Report to ELT, the Performance & Resources Committee, and the NHS Board. A presentation of the improvement journey was presented to ELT, to allow for learning across the organisation.
5.4	Improve compliance with Psychological Therapies 18-week RTT standard.	Performance will continue to be monitored and reported via business units and governance structures to give assurance. Work to enable incremental improvements in performance and embed supporting actions is ongoing. This is managed by the team at a local level through Pentana, with the CEO holding the team to account at performance reviews in line with performance management framework arrangements. There is onward reporting through the monthly Performance Report to ELT, the Performance & Resources Committee, and the NHS Board.

## Impact of Actions

There has been improvement around OOHs and Psychological Therapies. There is also a more comprehensive understanding of challenges of the 4-hour target throughout the whole system.

In delivering the agreed actions safe and effective care and services are delivered to the people of Forth Valley.

Number	Action	Summary
6	<b>Healthcare Improvement Scotland</b>	
6.1	Deliver the Safe Delivery of Care Programme including requirements outlined in the Health Improvement Scotland (HIS) report on Forth Valley Royal Hospital.	Complete. Safe delivery of care work continues to be embedded with a focus on understanding the impact of all actions taken on both patient safety and staff wellbeing. Strong focussed leadership has supported progress 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 a leadership drive to deliver the desired outcomes. The focussed work has delivered improved governance and improved quality management systems where staff are held to account for the delivery of clear and focussed outcomes.

## Impact of Actions

### High level of compliance from HIS Report

All Forth Valley Royal Hospital inpatient areas were revisited again using the same inspection tool during the week beginning 8 January 2024.

Initial data shows sustained high levels of compliance between October 2023 and January 2024 despite significantly increased site capacity and staffing pressures over the opening weeks of January.

In delivering the agreed actions safe and effective care and services are delivered to the people of Forth Valley.



## Mapping to the Committees

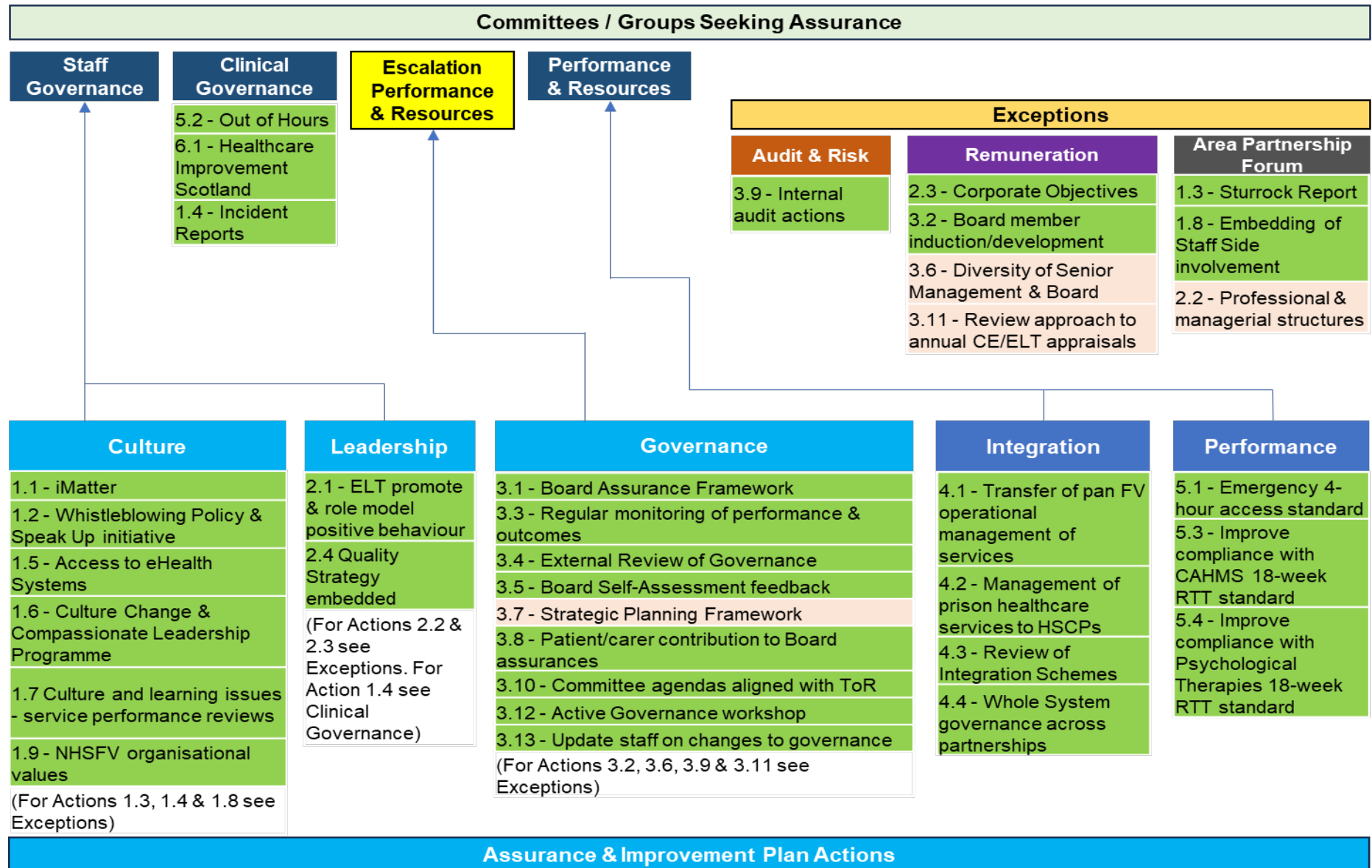
Figure 1 demonstrates which of the committee's assurance will be sought for the high-level actions. Actions highlighted in green are complete and are already going through normal governance processes. Where work is continuing, actions are highlighted in pink. These should continue to be discussed at the Escalation P&R Committee and will move into normal governance processes thereafter.

In going forward:

- Staff Governance Committee will continue to seek assurance on culture and leadership actions and intended outcomes.
- Clinical Governance will continue to seek assurance on Safe Delivery of Care, Out of Hours and Incident Report actions and intended outcomes.
- Performance and Resources Committee will continue to seek assurance on performance in relation to Urgent & Unscheduled Care, Child & Adolescent Mental Health Services, (CAMHS), Psychological Therapies and Integration actions, and intended outcomes.
- Escalation Performance and Resources Committee will continue to seek assurance on governance actions and intended outcomes.

There are a number of specific actions that will be reviewed separately and are detailed within Figure 1 as exceptions.

**Figure 1.** Committees/Forums seeking assurance on high-level actions.



## **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. The live and interactive nature of the current Assurance and Improvement Plan has meant the addition of a multitude of specific actions that serve as enablers to the high-level actions aligned with the Programme Plan.

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 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.



Appendix 1

Table 2. Progress on high-level key actions.

	<b>Actions (n)</b>	<b>Completed</b>	<b>%</b>	<b>Remaining</b>
<b>Key Actions</b>				
<b>Culture</b>	<b>9</b>	<b>9</b>	<b>100%</b>	<b>0</b>
<b>Leadership</b>	<b>4</b>	<b>3</b>	<b>75%</b>	<b>1</b>
<b>Governance</b>	<b>13</b>	<b>10</b>	<b>69%</b>	<b>3</b>
Integration	4	4	100%	0
Performance	4	4	100%	0
HIS	1	1	100%	0
<b>Total</b>	<b>35</b>	<b>31</b>	<b>89%</b>	<b>4</b>