

Agenda Item 8

Inspection Reports



Falkirk IJB Clinical and Care Governance Committee

24 March 2023

Inspection Reports

For Consideration and Comment

1. Executive Summary

- 1.1 This report provides an overview of inspection reports of registered Health and Social Care Partnership services published since the previous Clinical and Care Governance Committee meeting.

2. Recommendations

The Clinical and Care Governance Committee is asked to:

- 2.1 consider and comment on the content of this report.

3. Background

- 3.1 The report presents to Committee a summary of recently published inspection reports in an overview paper. Where there are significant issues arising from these reports, more detail will be provided. Committee members can highlight if they want more detailed consideration of any paper, and if so, what the appropriate reporting arrangement would be.

4. Inspection Reports

- 4.1 There has been one Care Inspectorate inspection report published since the last update presented to Committee in November 2022.

- 4.2 The following table notes the report on local inspections by the Care Inspectorate. Action plans are monitored by the HSCP Senior Leadership Team.

Publication Date	Inspection	Inspection Date
9 Feb 2023	<u>Joint Dementia Initiative Housing Support Service</u>	6, 7 and 9 February 2023

4.3 Joint Dementia Initiative

The Joint Dementia Initiative provides a one-to-one housing support and care at home service for people diagnosed with dementia, or memory problems, living in their own homes. Although the service is commissioned to provide support for people living with dementia, family members can also

benefit from support from the service. This service is user led and provides practical support and advice, as well as social and leisure opportunities.

- 4.4 This was a short-announced inspection which took place on 6, 7 and 9 February 2023. The inspection considered five quality indicators and assessed the service using a six-point scale where 1 is unsatisfactory and 6 is excellent. The findings of the inspection are:

How well do we support people's wellbeing?	5 – Very Good
1.1 People experience compassion, dignity and respect	6 - Excellent
1.3 People's health and wellbeing benefits from their care and support	6 - Excellent
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	5 – Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

- 4.5 The Care Inspectorate report noted the following key messages:

- Joint Dementia Initiative were sector leading and supported experiences for people which were of outstanding high quality
- People were respected and listened to because their wishes and preferences were used to shape how they were supported
- Staff demonstrate the principles of the Health and Social Care Standards in their day-to-day-practice
- Families of people they had supported had nothing but praise for the service
- Staff recognised changing health and social needs and shared this information quickly with the right people
- The service would benefit from a more structured quality assurance, to ensure a consistent approach
- Management were in the process of reviewing the service to improve outcomes and opportunities for people

4.6 [NHS Forth Valley Escalation](#)

On 23 November 2022, Humza Yousaf, Cabinet Secretary for Health and Social Care, gave a statement to Scottish Parliament, advising NHS Forth Valley had been escalated to Stage 4 of NHS Scotland's National Performance Framework for Governance, Leadership and Culture. This followed concerns that the Health Board's leadership had failed to improve performance in a number of key areas.

- 4.7 As a result, an Assurance Board has been established which brings direct formal oversight and engagement from Scottish Government. The Board is to review and scrutinise the required Improvement Plan that has been developed by the Executive Leadership Team.

- 4.8 The Assurance Board will also support the NHS Board and Executive Leadership Team to deliver improvements in performance in a number of areas, including out of hours, unscheduled care, mental health, and integration through effective governance, strong leadership, and an improved culture to deliver sustainable change.
- 4.9 Membership of the Assurance Board includes:
- Christine McLaughlin, Co-Director of Population Health (Chair)
 - Richard Foggo, Co-Director of Population Health
 - Gillian Russell, Director of Health Workforce
 - Robert Kirkwood, Head of the Office of the Chief Executive of NHS Scotland
 - Alex McMahon, Chief Nursing Officer
 - Professor Sir Gregor Smith, Chief Medical Officer
 - Angie Wood, Interim Director of Social Care Resilience and Improvement
 - in attendance, Chief Executive, HSCP Chief Officers, Medical Director, Nurse Director, Finance Director and Employee Director.
- 4.10 There is also external support being provided from:
- Hazel Borland – Professional Advisor to Chief Operating Officer of NHS Scotland (Scottish Government)
 - John Harden – Deputy National Clinical Director (Scottish Government)
 - Professor John Brown, Chair of NHS Greater Glasgow and Clyde
- 4.11 The first meeting of the Assurance Board took place on 1 December 2022 and further meetings have since taken place on a fortnightly basis. An Improvement Plan has been developed and key leads are agreed for each of the priority areas as set out by the Cabinet Secretary in his statement to Parliament. The areas focus on Leadership, Culture and Governance. Improvements in implementing health and social care integration are also part of the Plan.
- 4.12 The Improvement Plan can be found on NHS Forth Valleys web page [here](#).
- 4.13 The Improvement Plan sets out several areas of initial focus in response to the NHS Board's Escalation status. It will continue to develop and evolve, informed by feedback from local patients, staff, and partners. The key focus, while on strengthening leadership informed by effective governance and cultural improvement, is centred around three guiding principles:
- Putting patients first – everyone who uses our services should expect to receive consistently high standards of care and treatment

- Supporting our staff – by ensuring that they have the right working conditions and resources to support their own wellbeing and deliver the best care and services possible
- Working in partnership – building and sustaining a culture of collaboration with partners based on trust and respect, learning, and sharing of best practice.

4.14 A report was presented to NHS Forth Valley Board on 31 January 2023 which provided an update on the Healthcare Improvement Scotland (HIS) report. This is attached at appendix 1 for information.

4.15 **Forth Valley Royal Hospital (FVRH)**

Healthcare Improvement Scotland carried out an unannounced inspection of Forth Valley Royal Hospital (FVRH) on 5 and 6 April 2022 using their safe delivery of care inspection methodology. The report was published 21 June 2022 and identified areas of good practice as well as areas for improvement.

4.16 The inspection covered a range of areas: acute assessment unit, emergency department, intensive care unit and six wards. It also included the public and staff communal areas of the hospital along with additional wards.

4.17 Inspectors returned to FVRH on 19 April 2022 to follow up on areas of concern identified during the earlier inspection and visited three additional wards: A11, B11 and B32. A further unannounced visit by inspectors took place on 27 September 2022. The report was published on 5 December 2022 and can be found at: [Forth Valley Royal Hospital - safe delivery of care inspection report: December 2022 \(healthcareimprovementscotland.org\)](https://www.healthcareimprovementscotland.org/inspections/2022/12/05/fvrh-safe-delivery-of-care-report)

4.18 A report was presented to NHS Forth Valley Board on 31 January 2023 which provided an update on the HIS report. This is attached at appendix 1 for information.

4.19 There have been 4 reports published by the Mental Welfare Commission (MWC) since the last report to Committee.

Publication Date	Inspection	Inspection Date
16 Nov 2022	Bellsdyke Hospital, Tryst Park	13/09/2022
21 Dec 2022	Bellsdyke Hospital, Tryst View	06/10/2022
21 Dec 2022	Bellsdyke Hospital, Russell Park	26/10/2022
18 Jan 2023	Bo'ness Community Hospital	01/11/2022

4.20 **Bellsdyke Hospital, Tryst Park**

Tryst Park is a 12-bedded, low secure male ward in the community of Bellsdyke Hospital. The unit provides treatment, support and rehabilitation for men with more complex mental health care needs, who require greater

levels of support and supervision. Bed numbers were reduced in February 2022 from 18 beds, following a review of national low secure unit provision. The ward also has access to three on-site supported living flats and four off-site flats. These flats are shared with the other Bellsdyke wards and are identified as a good resource to support discharge to the community. On the day of the MWC visit there were two vacant beds.

- 4.21 The MWC last visited the service on 27 February 2020 and made recommendations in relation to Occupational Therapy access, restrictive practices, person-centred approaches to management of illicit drug use and the cleanliness of outside spaces.
- 4.22 There were 4 recommendations made and NHS Forth Valley will submit a response to these by February 2023. The recommendations are:
- Managers should ensure that care plan reviews and evaluations are clearly recorded in the nursing notes with details of progress in relation to goals and the effectiveness of interventions evaluated.
 - Managers should ensure that training and education is available to staff to promote and enhance their knowledge and understanding of the Adults with Incapacity (Scotland) Act 2000.
 - Managers should ensure that where there is a welfare proxy in place, a copy of the order is obtained for ward records and evidence of discussion with the proxy about how any powers are delegated to staff is clearly recorded.
 - Managers should ensure that any decisions to subject a patient to specified person legislation, are necessary, person-centred and the appropriate documentation is completed and available in-patient files.
- 4.23 [Bellsdyke Hospital, Tryst View](#)
Tryst View is a 20-bedded mixed-sex, slow-stream mental health rehabilitation ward in the community of Bellsdyke Hospital. The ward also has access to three on-site supported living flats and four off-site flats. These flats are shared with the other Bellsdyke wards and are identified as a good resource to support discharge to the community. On the day of the MWC visit there were seven vacant beds in the ward.
- 4.24 The MWC last visited this service on 26 February 2019 and made recommendations in relation to care planning and nursing documentation.
- 4.25 There were 5 recommendations made and NHS Forth Valley will submit a response to these by March 2023. The recommendations are:
- Managers should ensure all patients are supported to be fully involved in creating person-centred care plans and participate in regular reviews. Care plans should be written using patient friendly language, descriptive of the interventions required to provide individualised care.

- Managers should ensure that care plan reviews and evaluations are clearly recorded in the nursing notes with details of progress in relation to goals and the effectiveness of interventions evaluated.
- Managers should ensure the current practice of locking the door throughout the day is reviewed as a priority and alternative measures to engage patients in ward routine and activities are explored and implemented.
- Managers should ensure where restrictions are in place, the appropriate documentation is completed and available in patients' files. There should be a process in place to ensure all staff are aware of individual specified person restrictions.
- Managers should ensure a programme of work, with identified timescales, to address the ligature issues.

4.26 [Bellsdyke Hospital, Russell Park](#)

Russell Park is an 11-bedded mental health rehabilitation ward with three on-site supported trial living bungalows. There are also four off-site independent trial living flats all of which can be accessed by the four wards of Bellsdyke Hospital. Russell Park is an open rehabilitation ward that builds and maintains strong links with community services. The aim of the ward is to support mental health patients to transition from in-patient care to structured community-based living that meets the individuals' requirements, following on-going assessments of independent living and social skills.

4.27 The MWC last visited this service on 9 January 2020 and made one recommendation in relation to specified person procedures.

4.28 There were 4 recommendations made and NHS Forth Valley will submit a response to these by March 2023. The recommendations are:

- Managers should ensure that patient care plans include summative evaluations that clearly indicate the effectiveness of the interventions being carried out and any required changes to meet care goals.
- Managers should ensure that training and education is available for staff to promote and enhance their knowledge of advance statements to enable them to confidently support patients with these.
- Managers should ensure a programme of work, with identified timescales, to address the environmental issues both in the main ward and in the onsite bungalows.
- Managers should ensure a programme of work, with identified timescales, to address the ligature risks.

4.29 [Bo'ness Community Hospital, Ward 2](#)

Ward Two is a 16-bedded unit which provides assessment and treatment for older adults with dementia. The ward admits both male and female patients. On the day of the MWC visit there was one vacant bed. The MWC have not visited this ward since 2017.

- 4.30 The MWC report provided positive feedback on many aspects of care and treatment within the ward. The report noted the complex needs of the patients within the ward and the frailty and care needs associated with the specific needs of the patients. They noted the high level of care and treatment required for this patient group and saw good evidence of this on the visit. Positive feedback was provided on the Community Hospital Care booklet which captured all physical healthcare assessments, plans, interventions and evaluations. Good compliance was noted around some key aspects of the Mental Health Act, an example that was noted related to the locked door policy being in place, supported with appropriate risk assessments and documentation which was visible when entering the ward.
- 4.31 There were 5 recommendations made and Falkirk HSCP will submit a response to these by April 2023. Part of the response is the development of an improvement plan, and this will be shared with the MWC as evidence of actions taken. The plan will be monitored through local governance process with updates provided to Committee. Additionally, there have been many opportunities taken to share the learning from this report system wide.
- 4.32 The recommendations are:
- Managers should ensure a review of the record keeping system is undertaken to ensure all information is current, up to date and held in one place.
 - Managers should ensure nursing care plans are person-centred, contain individualised information, reflect the care needs of each person, identify clear interventions and care goals.
 - Managers should ensure that nursing staff include summative evaluations of care plans in patient notes that clearly indicate the effectiveness of the interventions being carried out and any required changes to meet care goals.
 - Managers should urgently ensure a pathway is developed in partnership with social work colleagues to support timely discharge from hospital.
 - Managers should ensure that processes are in place to comply with Part 16 of the Mental Health Act and that all prescribed psychotropic medication is legally authorised.

5. Conclusions

- 5.1 This report provides a summary of all relevant inspection reports which have been published since the Clinical and Care Governance Committee meeting in November 2022.
- 5.2 Local Care Inspectorate, Healthcare Improvement Scotland and Mental Welfare Commission Improvement plans are monitored by the lead service managers and the HSCP Senior Leadership Team.

Resource Implications

There are no resource implications arising from this report.

Impact on IJB Outcomes and Priorities

The IJB is committed to delivering on the outcomes and principles set out in the Strategic Plan. This requires effective planning for services, appropriate governance structures and assurance that safe, high-quality services are in place. The Inspection Reports provide standards and recommendations that the IJB can assess itself against to ensure delivery of the Strategic Plan.

Directions

A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report.

Legal & Risk Implications

There are no specific legal implications arising from this report. The key risk implications relate to the potential risk of harm to service users, financial risk and reputational risk arising from failure to implement the inspection report recommendations and requirements.

Consultation

There are no consultation requirements arising from this report.

Equalities Assessment

EPIA reference: 00474

An initial EPIA has been completed and a full EPIA is not required. This paper provides an overview of inspections for Committee to note. The Committee is not being asked to make a decision which will impact people, therefore a full EPIA is not required.

Should the HSCP progress with any of the recommendations arising from the inspections, an EPIA may be required in that instance.

6. Report Author

6.1 Suzanne Thomson, Senior Service Manager

7. List of Background Papers

7.1 Inspection reports

8. Appendices

Appendix 1: NHS Forth Valley Board report 9.1.2 Escalation Improvement Plan Update

FORTH VALLEY NHS BOARD **TUESDAY 31 JANUARY 2023**

9.1.2 Escalation Improvement Plan Update For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Executive Summary

On the 19 December 2022, the Board of NHS Forth Valley approved the approach to the development and delivery of NHS Forth Valley's Escalation Improvement Plan ('the Plan'), attached at Appendix 5 for reference. 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 (attached at Appendix 3) to direct and oversee the delivery of effective operational services, workforce and budget management, sustainable improvements, and organisational strategy.

Since approving the Plan, changes and improvements have been implemented in a number of areas at pace to demonstrate the NHS Board's commitment to strengthen leadership and governance and improve culture. This includes ongoing work to respond to the recent Health Improvement Scotland (HIS) report and ensure all of the report recommendations are addressed.

Work is also underway to develop a measurement framework to enable the NHS Board and its Assurance Committee Members to monitor and measure progress against key actions, timescales, and outcomes. This Framework will also help ensure any issues are identified, escalate, and managed in a timely manner. Update reports will also be shared with the two local Integration Joint Boards and the Scottish Government's Assurance Board.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** progress to date and planned next steps
- **approve** the Governance Terms of Reference attached at Appendix 4 (note this has been shared and comments incorporated into this final draft)

Key Issues to be Considered

- Purpose and Progress

The purpose of this paper is to update Board Members on progress up to end of January 2023, the governance structure and arrangements supporting the delivery of the approved Improvement Plan and planned work and priorities for the period up to end of March 2023. ELT, through the Escalation Programme Board governance arrangements, informed this update and future planned work at its meeting on 30 January 2023 - attached at Appendix 1. This paper also provides an update on the NHS Board's work to respond to the recommendations of the HIS report of 5th December 2022, following their unannounced visit to Forth Valley Royal Hospital in September 2022 - attached at Appendix 2.

- Governance Arrangements

The NHS Board, in December 2022, approved a governance structure to direct and oversee the delivery of the Plan and the ongoing sustainable improvement whilst the NHS Board remains in escalation. An Escalation Programme Board, led by the Chief Executive and whose membership is made up of the Chairs of the Area Clinical Forum and Area Partnership Forum and members of the Executive Leadership Team, has met on three occasions up to end of January 2023. The Programme Board reports to an Escalation Performance and Resources Committee, which, in turn, provides assurance on progress, including identifying and escalating any potential issues and risks to the NHS Board.

In addition, the Governance Review Terms of Reference are attached at Appendix 4 for approval.

- Performance

A number of performance related concerns were highlighted in the Escalation letter issued by the Director General of Health & Social Care and CEO of NHS Scotland. These related to:

- GP Out of Hours (OOH) Services
- Unscheduled Care
- Mental Health - Child & Adolescent Mental Health Services (CAMHS) and Psychological Therapies
- Health and Social Care Integration

A **GP Out of Hours** (OOH) Redesign & Sustainability Improvement Plan (the 'Action Plan') has been developed in response to the findings from the visit by Sir Lewis Ritchie on 5th October 2022. Twelve recommendations were shared with the NHS Board at its November 2022 meeting and thereafter reported to the Board's Performance & Assurance Committee. The Action Plan will be presented to the P&R Committee (P&R) as part of the NHS Board's Performance Scorecard report. This addresses the Sir Lewis Ritchie report recommendations to continue to develop and support NHS Forth Valley's GP and Primary Care OOH Service, have accountability and regular reporting mechanisms in place to better understand the issues and to oversee the implementation of Action Plan within the agreed timescales. It also ensures that the Action Plan will continue to be developed, implemented, and scrutinised regularly.

Work is underway to recruit an GP and Primary Care OOH Service Manager as part of the approved transfer of operational management of the GP and Primary Care OOH service, staff, and budget responsibilities to the Falkirk (Lead) Health & Social Care Partnership (HSCP). The Falkirk Chief Officer and Director of the HSCP is leading the recruitment process. In the meantime, the current service manager will manage the GP OOH service, staff and budget and will be attached to the Falkirk HSCP for up to a period of six months. This attachment enables the service manager to fulfil their responsibilities for other urgent and unscheduled services and provide and explore opportunities for further integration with other urgent and community care services, including the Flow Navigation Hub. It will also support learning from other NHS Boards as well as the transfer of knowledge and the building of new system relationships with the HSCPs.

There is 3.5 sessions for clinical leadership and a triumvirate approach (involving the Lead GP, Nurse, and Service Manager) is in place to enhance multidisciplinary working, including the roll out of the Healthcare Support Worker (HCSW) role, training for the Clinical Nurse Advisors to support the OOH service whilst creating a learning environment as evidenced by a number of innovative and hybrid clinical roles working across Emergency Care and GP OOH services.

Partnership working continues with the Scottish Ambulance Service as does regular information, engagement, and development events. The actions being implemented are impacting positively on the experience and wellbeing of both patients and staff.

Unscheduled Care performance is regularly reported to the NHS Board, Integration Joint Boards, NHS Board and Performance & Resources Committee. Scottish Government has supported the secondment (3 months) of a Project Manager to support the implementation of the approved Improvement Delivery Plan including High Impact Changes (HIC) - Redesign of Urgent Care (HIC 2), increasing Virtual Capacity (HIC 3) e.g., expanding Hospital at Home and Discharge without Delay (HIC 7).

Despite the particularly challenging service pressures in early January 2023, including high hospital inpatient and intensive care occupancy rates, higher than normal staff sickness and delayed discharge rates, the 4 hour Emergency Access Standard has reported a small and sustainable improvement. For the month of January (up to 29 January 2023) performance was 48.1% compared to 42.1% for the month of December 2022. The appointment of an interim Director of Acute Services has enabled a number of senior service managers and professional leads in interim roles to return to their substantive posts, creating greater stability across the acute hospital site. These changes are also impacting positively on patient and staff experience and wellbeing. There is a distinct difference and noticeable improvement in the focus and effectiveness of the daily site safety huddles and staff side has reported '*an improvement in the information provided at the daily site morning huddle*'.

Mental Health Services: CAMHS and Psychological Therapies (PT) have reported sustainable improvements, in line with their respective Improvement Plans. CAMHS has continued to tackle long waiting times and has moved from 33.3% Referral to Treatment Time (RTT) in November to 60.4% for the month of December 2022 and follows our agreed trajectory path and achieving the 90% standard in quarter 1 (April to June 2023). Similarly, in PT the RTT reported position has moved from 72.1% in November to 77.2% in the month of December 2022. These improvements are impacting positively on patient and staff experience and wellbeing.

Integration: The approved Escalation Plan set out a number of actions to progress the integration of health and social care services. This includes: the transfer of operational management of pan Forth Valley Primary Care services (including GMS contract and GP and Primary Care Out of Hours services) and specialist mental health and learning disability services, to a Lead HSCP and the realignment of Health Promotion Services to each of the HSCPs. All of these actions have been progressed and staff will be informed by the due 31 January 2023 date. Mental Health and Learning Disability Medical staff have yet to transfer, and the Medical Director and Chief Executive will support the Chief Officer in discussions yet to be finalised.

In addition, the development of a decision making matrix and shared narrative for integration are in the final stages, having been developed by the Chief Financial Officers, Deputy Director of Finance, and the Chief Officers, respectively. The shared narrative is being progressed through the established NHS CEO monthly Local Authority Chief Executive and Chief Officer Group. The Group, whilst focusing on the actions set out in the Escalation Improvement Plan, is also keen to discuss wider public sector partnership opportunities.

Implications

Financial Implications

The Scottish Government has confirmed it is willing to provide programme/project specific support and this is being finalised for consideration by the Assurance Board on 7 February 2023.

Workforce Implications

Programme support is currently being provided by the Head of Policy and Performance. Work is ongoing to identify a dedicated Programme Manager is being sourced to work alongside the Senior Responsible Officers aligned to the Board's Quality and Corporate Programme Management Teams with the intention to have a dedicated Assurance Response Team. In addition, discussions are ongoing to finalise support for a number of the key actions, e.g., governance review, integration due diligence and OD external support to facilitate an ELT OD Programme co-produced by all ELT Members.

Infrastructure Implications, including Digital

Support from both the Quality Improvement and Corporate Programme Management Office, to support the development and reporting on the measurement framework, is being finalised.

Sustainability Implications

There are no sustainability implications in respect of this paper.

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process [A policy for NHS Scotland on the climate emergency and sustainable development](#).

X Yes

☐ N/A

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

All of the actions set out in the Escalation Improvement Plan are intended to support improvements in service quality and patient experience. The links between good leadership, governance and culture are well evidenced most recently, in the Blueprint for Good Governanceⁱ *'For NHS Scotland to be successful in delivering quality healthcare, good governance is necessary but not sufficient if NHS Boards are to meet or exceed the expectations of their principal stakeholders. To do that, the organisation must also excel at day to day management of operations and the implementation of change.'*

Information Governance Implications

N/A

Risk Assessment / Management

An 'escalation' risk assessment, in relation to the NHS Board's purpose and aims, corporate objectives and operational priorities, standards and targets, has been completed with regard to the wider strategic and policy context within which the NHS Board operates. A Draft Risk Register has been shared with the ELT to review and approve before being presented to the Escalation P&R Committee to help identify, manage, and escalate to the NHS Board any issues and/or potential new risks.

Relevance to Strategic Priorities

The Escalation Improvement Plan impacts on all of the NHS Boards approved Corporate Objectives, namely:

- Plan for the future
- Protect and improve the Health and Wellbeing of the people of Forth Valley whilst reducing health inequalities
- Improve our focus on safety, quality, and sustainability
- Value and develop our people
- Demonstrate best value using our resources
- Promote and build integrated services locally and regionally
- Demonstrate behaviours that nurture, and support transformational change across our health and care system

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement, and consultation

Engagement and Communication has been referred to in the approved Escalation Improvement Plan. A Communication Plan has also been developed and agreed by the Programme Board and approved by the Escalation Performance & Resources Committee.

Additional Information

N/A

Appendices

- Appendix 1: Escalation Improvement Plan Progress Report
- Appendix 2: Health Improvement Scotland (HIS) Update Report
- Appendix 3: Governance Structure
- Appendix 4: Governance Review Terms of Reference
- Appendix 5: NHS Board - Approved Escalation Improvement Plan (Dec 2022) - for reference

ⁱ <http://www.gov.scot/publications/blueprint-good-governance-nhs-scotland-second-edition/>

Escalation Improvement Plan - Progress Update

The Escalation Improvement Plan set out below aims to strengthen the NHS Board's leadership, governance and culture and improve performance in a number of service areas, guided and informed by the following principles:

- Putting patients first - everyone who uses our services should expect to receive consistently high standards of care and treatment
- Supporting our staff - by ensuring that they have the right working conditions and resources to support their own wellbeing and deliver the best care and services possible
- Working in partnership - building and sustaining a culture of collaboration with partners based on trust and respect, learning, and sharing of best practice

Leadership and Culture			
Approved Action	Progress Update	Planned Work	Impact
Executive Leadership Team Development	<p>As indicated in the Improvement Plan, Stage 1 and Stage 2 were completed on 13th December 2022 following a meeting with the OD advisor and ELT. This process involved 1:1 meetings with all ELT members. The output from this exercise was shared with the collective ELT in a key theme report and the decision to move to stage 3 of the development with this OD facilitator was not supported.</p> <p>Subsequently, alternative approaches were discussed with this OD facilitator, including the development of a memorandum of understanding, which again were not supported by the collective ELT.</p> <p>Further meetings of the ELT explored next steps taking into account lived experiences from the previous OD programmes.</p>	Commission external OD facilitation and support during Feb to 31 March 2023.	Supports and delivers an ambition to be a High Performing Team .This includes plans to work together to develop and agree, as part of Board's Assurance Framework - 2023/2024, key priorities for 2023/2024 (Annual Operating Plan, informed by national and local policy direction and IJB Strategic Commissioning Plans), aligned to team and individual objective setting process. This work will focus on developing stronger leadership, more effective governance whilst influencing culture and holding each other to account.

	<p>On 11th January 2023, the Chief Executive invited ELT members to share their reflections and potential future team development requirements. Using this information, a scoping exercise was commissioned and the Executive Director of Nursing working with the Director of Human Resources developed a draft OD development scope which was presented at the Escalation Programme Board on 30th January 2023.</p> <p>This work incorporates existing, agreed behaviours and values, builds on previous work undertaken and has been co-produced by all ELT members. With minor amendments, this document was approved.</p> <p>Next steps involve the commissioning of an external OD facilitator. It is anticipated that this Stage 3 work will commence before the 31st of March 2023. The scoping document includes clear aims and outcomes.</p>		
Learning from others	<p>The HRD met with HRD's from both NHS GGC and NHS Highland on 14th December 2022 to capture the experiential learning from these Boards who have undertaken actions to improve leadership, culture, and governance as a result of escalation. The discussions provided information on the experience of an escalation process, organisational and experiential learning determining the highlights and lowlights and the sharing of the culture and leadership activities / programmes adopted including outcomes to date.</p> <p>This rich information is allowing further shaping of the next steps of our Culture and Leadership programme in NHS Forth Valley and benchmarking against these key programmes is currently taking place.</p>	<p>Sharing of learning and best practice with NHS Board and ELT Members and written report on learning and improvement actions to be presented to the Escalation P&R Committee in February 2023 for consideration and implementation alongside our planned Culture and Leadership Programme. This will be set out in update report to Assurance Board in March 2023.</p>	<p>Supports a collaborative leadership style and way of working to improve communication, reduce duplication of effort, improve working relationships and staff wellbeing, whilst providing a better experience for people who use local health and care services.</p>

	<p>A presentation of the learning from NHS GGC and NHS Highland will be shared by the Director of HR with ELT on Wednesday 1st February 2023.</p> <p>The HRD is also currently reaching out to other NHS Boards who are not in escalation, to determine what learning can be gleaned from their processes and programmes.</p> <p>The Medical Director also engaged with the Medical Director from NHS Highland on 14th December 2023.</p> <p>An informal network has been established and further meetings are taking place with the HRD's in February 2023.</p>		
Review professional leadership and management arrangements across NHS Forth Valley	<p>Chief Executive, Medical Director and Nurse Directorate triumvirate meeting weekly to progress.</p> <p>Deputy Nurse Director job description reviewed in December 2022 and submitted to review panel. Indicative banding to go out to recruitment, anticipated to be advertised first week in February 2023.</p> <p>AHP Director job description reviewed in December 2022, to go out to recruitment, anticipated to be advertised first week in March 2023 to align with current seconded post holder's contract of employment.</p> <p>Clinical Nurse Manager job description review being undertaken to benchmark against similar roles in other boards for consistency checking and role breadth/depth. This will support development of the CNM role across NHS Forth Valley and is anticipated to be completed by end of February 2023. This was not an anticipated</p>	<p>Implement changes to professional and management arrangements. Complete recruitment of professional leadership senior Director posts and progress Head of Service recruitment between March and June 2023.</p> <p>Review of professional structure (AHP, nursing and midwifery) across Directorates and HSCPs will be complete by the end of March with report to ELT and APF by end of April 2023.</p> <p>Annual planning cycle initiated with NMAHPs to develop and articulate direction of travel, aligned to Board strategy. Dates set up for March/June/September and December 2023. This will align the NMAHP professional</p>	<p>Stabilisation and increased senior leadership capacity notably on the acute site with positive impact on leadership, governance, and culture as evidenced by clarity on roles and responsibilities including accountabilities. This includes a refocus on staff governance standards and the NHS Board's vision and values and operational priorities and performance.</p>

	<p>action at the previous update and has come to light from early review of professional structures.</p> <p>The Nursing Directorate support infrastructures have been reviewed to ensure Directors have the mechanisms in place to enable the leadership and governance arrangements required of their role. The implementation of these developments will be in place by end of March 2023.</p> <p>Appointment of interim Acute Services Director has enabled senior staff to return to their acute services substantive posts. Interim Director leading recruitment to vacant Head of Service post.</p> <p>Appointment of interim Acute Services Director has enabled senior staff to return to their acute services substantive posts. Interim Director leading recruitment to vacant Head of Service post.</p>	<p>offer across the organisation, will develop a strategic plan, as well as a delivery plan. The first draft of this will be in place by end of June 2023. This was not anticipated in the previous update and was planned for later in 2023/24. The Executive Nurse Director, with the Senior Professional Forum, have agreed these needs accelerated to support the cultural aspects of vision, direction, leadership, and professional governance.</p> <p>Senior Charge Nurse/Team Leader leadership development programme being reignited following a partial pause during the pandemic. A full programme will be developed by end of March 2023 to consider the needs of all staff in this cohort.</p>	
Culture diagnostics - Phase 1	<p>The ELT received feedback on the 5th of December 2022 from a number of local staff events and learning from Professor West sessions which were repeated over two days to maximise engagement and involvement of staff.</p> <p>Head of OD has been working with Professor M West and K Steward, OD Lead from NHS England who has previously experience of the programme to identify the approach and evidence base. Ongoing support has been confirmed from both Professor West and K Steward.</p> <p>An action plan detailing organisational requirements has been developed and will be shared with ELT on 8th February 2023.</p>	<p>The scoping piece is planned over Feb/early March 2023 and will inform the Culture Diagnostic Phase.</p> <p>Early wins and practical changes from the learning from other NHS Boards will be considered and implemented to influence organisational culture and improvements as quickly as possible.</p> <p>Prepare for iMatter survey – go live date 16th May 2023 and continue to support the Leadership Safety walk round programme.</p>	<p>Stronger leadership informed and influenced by compassionate, enabling, and inclusive behaviours / to support:</p> <ul style="list-style-type: none"> the delivery of consistently high quality, safe and effective care, and services an environment where staff are supported to speak up, raise any issues or concerns and share ideas and suggestions. This will support continuous improvements in an environment where there is learning, quality and effective system leadership NHS Board Members are assured on the consistent application of the

	<p>Diagnostic Tools have been obtained from NHS England for use within NHS Forth Valley.</p> <p>Work is underway with staff side to develop and agree the Culture and Leadership programme which will include the recruitment of Culture Change Champions and supported by new governance reporting and oversight arrangements - proposed through the Staff Governance Committee with oversight from the Escalation P&R committee by the end February 2023.</p> <p>iMatter response rates for 2022 56% in 2022 (national 55%), EEI 76 (National 76) Action plan completion within 8 weeks 58% (national 47%) Presentation to NHS Board on 31st January 2023.</p>		<p>national standards</p> <p>Staff</p> <p>Governance</p>
Equality, Diversity, and Inclusion	<p>NHS Forth Valley Minority Ethnic Network Engagement Event took place on 19th January 2023. The Chief Executive gave a commitment to progress this work and support the work of the Network. Best practice experts from NHS Lanarkshire and NHS Lothian shared their local stories of establishing Minority Ethnic Networks and their many achievements thus far. S Government colleagues outlined the expectations of the Board in relation to the establishment of this work and the work of the National Minority Ethnic Network. Evaluation will be concluded on 10th February 2023.</p> <p>The first meeting of the Self-managed Ethnic Minority Network will take place by the end of February 2023.</p>	<p>First meeting of the network will take place by the end of February 2023.</p> <p>Support the network to share the learning across other protected characteristic groups.</p> <p>Recruit and Appoint Equality & Inclusion Manager Band 7 to lead on this work by the end of April 2023.</p> <p>Assessment of network requirement to support all other protected characteristics will be explored and is anticipated to be complete by end of April 2023.</p>	<p>Objective 6 of the Equality and Inclusion Strategy identifies that all staff will experience a care and work environment which is free from discrimination and a specific focus will be given to monitoring experiences of those from protected characteristic groups.</p> <p>The establishment of this network will ensure an improvement in Employee voice for staff who are from the ethnic minority group across NHS Forth Valley.</p> <p>Impacts of decisions made by the organisation on protected characteristic groups will be understood and mitigating steps to reverse barriers or remove adverse impacts will be identified and actioned</p>

Governance			
Approved Action	Progress Update	Planned Work	Impact
Governance Review	<p>Prof John Brown, Chair of NHS GG&C, will undertake an independent review of NHS Board and Assurance Committee governance arrangements.</p> <p>Terms of Reference have been developed and will be agreed by the Board at its meeting on 31 January 2023.</p> <p>The refreshed Blueprint for Good Governance was shared with the Audit and Risk Committee on 20th January.</p> <p>A Board and ELT development session on the revised Blueprint, led by Prof John Brown, is planned for 14th February, in advance of the review process.</p>	<p>The review will be informed by three stages:</p> <ol style="list-style-type: none"> 1. a series of 1:1 meetings with Board members, ELT members and other key staff, 2. a desktop review of Board governance documentation including Board, Committee and ELT papers, minutes etc 3. attendance to observe meetings scheduled from end of January to 25th May 2023. <p>Findings are expected by end of June 2023 and will be shared with Board, ELT, and Assurance Board members.</p>	<p>Identify improvements to support and sustain the delivery of effective corporate governance arrangements to address the range of performance-related issues as set out in the Escalation Improvement Plan.</p> <p>Use the findings and recommendations to support the NHS Board's continuous improvement 'Blueprint' programme, including the delivery of Active and Collaborative Governance arrangements.</p>
Accountability and Governance	<p>Piloting new Directorate and Partnership Performance meetings in three areas to support ongoing effective performance management arrangements.</p> <p>NHS GG&C has also agreed to share their learning from performance management arrangements.</p> <p>The first performance meeting was held with the Women and Children's Directorate on 21st December 2022, with the next two meetings (Mental Health and Acute Services) being scheduled for 8th February and 7th March, respectively.</p>	<p>Reflections and recommendations from the three pilot meetings will inform future Directorate and Partnership performance meetings which are being scheduled from April 2023.</p> <p>NHS GG&C has agreed to share their arrangements and an ELT session in February 2023 is being planned to review learning and refine future plans.</p>	<p>Greater clarity on roles and responsibilities to support the delivery of the NHS Boards' strategic direction, management of risks and operational standards and targets.</p> <p>Clearer accountabilities and increased focus on supporting performance delivery is aimed at driving a sustainable level of performance improvement across all directorates / partnerships.</p>

Whole System Governance	<p>A new decision making matrix to support good governance across NHS Forth Valley and the IJBs, aligned to the Scheme of Delegation has been produced.</p> <p>It was endorsed by the Executive Leadership Team on 9th January (approved plan date was by end of December 2022) and is currently going through H&SCP governance processes, which is now expected to conclude by mid-February (plan date was by 31st January)</p>	<p>Implement the matrix to guide decision making and review its effectiveness during the months of February and March 2023.</p> <p>The matrix provides a route map for decision making processes within the approved governance framework across NHS Forth Valley and IJBs. As such it is expected to be adopted as a tool to support effective governance and should over time become redundant as these arrangements become business as usual.</p>	<p>Established monthly meetings with Local Authority CEOs and Chief Officers to ensure all parties can influence the delivery of improved healthcare outcomes whilst respecting individual organisational priorities and exploring opportunities for working in partnership to improve population health and wellbeing.</p>
Integration (section)	<p>A draft shared strategic narrative was presented to and discussed at the Chief Officers and Local Authority/NHS Chief Executive meeting on 11 January 2023.</p>	<p>This is due to be approved on the 22 February and launched as a commitment or 'call to action' by all six Leaders.</p>	<p>Leadership commitment to a renewed ambition for how we can support greater collaboration to identify and support delivery of 'integration' opportunities whilst also exploring wider public sector sustainable change and improvement.</p>
Integration of Health and Social Care in Forth Valley	<p>The transfer of operational management of services, staff and budget responsibilities for Specialist Mental Health and Learning Disability Services to Clackmannanshire and Stirling HSCP (Lead HSCP) was concluded on the 9th of January 2023 with the exception of Medical staff – this is being addressed and a meeting involving the Medical Director, Chief Officer and Chief Executive is being progressed.</p> <p>The transfer of operational management of the services including the management of the GMS contract and Primary Care, including GP Out of Hours, staff, and budget responsibilities to Falkirk HSCP (Lead HSCP) has been delayed due to unexpected leave, this was discussed at meeting involving the Chief Officer, interim Director of Acute Services, Chief Executive and Deputy HR</p>	<p>Develop and agree arrangements for a due diligence review by mid-February. This review will highlight opportunities for greater integration and/or gaps in integration capacity and how these can be addressed.</p>	<p>Greater clarity on roles and responsibilities to deliver the IJB strategic commissioning decisions and delivery of the NHS Boards' operational standards and targets - i to support the delivery of improved and sustainable performance across local health and care services.</p>

	<p>and Finance directors on 30 January. Agreement to inform staff with letters from the Chief Officer and HRD will now progress and a management capacity agreement covering 6 months (to allow recruitment to progress) will be finalised by 3 February 2023.</p> <p>Operational management of Health Promotion services, staff, and budget responsibility on an HSCP basis has been completed.</p>		
Acute Services Leadership and Management	Appointed interim Director of Acute Services on 5 th January 2023. Resulted in a number of senior managers and professional leads returning to their substantive posts. This, in turn, has increased overall senior management capacity on the acute hospital site. Professional structure (AHP, Midwifery and Nursing referred to in leadership and culture update).	Appoint to vacant Head of Service post, review reporting arrangements and operational business arrangements.	Increased leadership capacity and stability with greater clarity on roles and responsibilities to deliver the NHS Boards' operational standards and targets and support the delivery of improved and sustainable system performance.

NB Integration and performance related actions have been reported on in the tables above and on the covering paper.

HIS Update

Following the Healthcare Improvement Scotland visit at the end of September 2022, action was quickly taken to address many of the issues highlighted by the inspectors, and NHS Forth Valley welcomed the opportunity to work with HIS to improve the experience of local patients and staff.

Care and comfort rounds were introduced for patients waiting in our Emergency Department and Assessment Units and new triage arrangements put in place to help reduce overcrowding.

Efforts continue to reduce the use of additional contingency beds which have been put in place to manage increased admissions. Additional action has been taken to strengthen the monitoring arrangements for patients being cared for in these areas and help improve their privacy, as well as individualised risk assessments to support patient safety, these are reviewed at least daily.

There has been significant investment in additional clinical staffing and support, including during the overnight period, and new procedures have been introduced to quickly identify and respond to any quality or safety issues across the site. Dedicated support has also been put in place to capture and respond to feedback from local patients and staff.

In response to the HIS Inspection report, the Executive Nurse Director, supported by the Board Medical Director, have developed a governance structure to capture all actions, track progress and develop assurance and measurement systems. This work is being taken forward through a Working Group and an Oversight Group, which bring together a wide and diverse range of service and professional leads from across the whole health and care system, with support from colleagues from the Acute Directorate, Health and Social Care Partnerships, the quality improvement team, staff side partners, patient representatives, clinical governance, Corporate Programme Management Office (CPMO) and internal audit.

The Oversight Group is using a Project Management Office (PMO) approach to track activity, risks, outcomes and benefits to patients and staff as well as the ongoing monitoring and measurement of progress. The Oversight Group has asked internal audit colleagues to look at the improvement and assurance plan to date, map this against the requirements in the HIS report, to provide assurance that all elements of the report recommendations are addressed.

The Practice Development Unit is supporting the implementation of changes and improvements across the system and will undertake mock inspections and checks, in line with HIS requirements. They will report back to the Oversight Group to provide feedback, evidence and assurance that changes and improvements have been implemented in a consistent and sustainable way.

The Oversight Group has also connected with the improvement arm of HIS, who are working with NHS Forth Valley between January and March 2023 to provide support, advice and share learning. This includes work to build systems of assurance that are embedded in day-to-day

activities and develop a robust measurement plan which makes it easier to monitor compliance and identify and issues or variances at an early stage.

An action plan has been developed to ensure all the outstanding recommendations are addressed and those which have been completed continue to be monitored. The action plan and progress will be discussed at the next NHS Board seminar in Feb 2023 and a detailed update will be provided to HIS in Feb 2023 as part of an 18-week progress report.

Progress will also be monitored via the NHS Board's Clinical Governance Committee to provide assurance to the NHS Board and ensure that any issues and/or risks are identified and mitigated.

Governance Structure

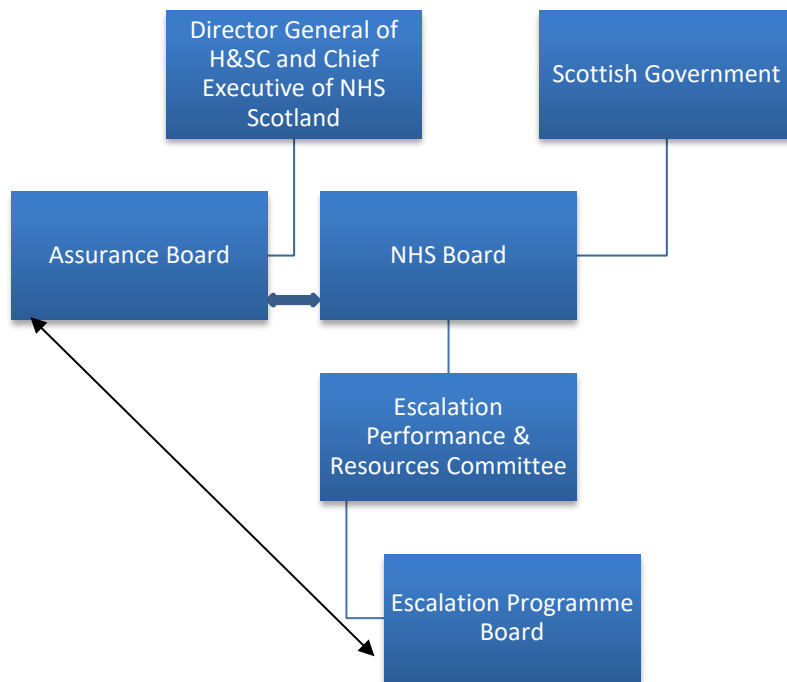
Following escalation to Stage 4 of the NHS Scotland's National Performance Framework for Governance, Leadership and Culture, a governance reporting structure was established to identify, manage, and escalate potential issues and/or risks, as appropriate, to the NHS Board.

An Escalation Programme Board, chaired by the Chief Executive, whose membership includes Chairs of the Area Clinical Forum and Area Partnership Forum and ELT Members, was established to direct, oversee, and ensure delivery of the approved NHS Board's Escalation Improvement Plan. It reports to an Escalation Performance & Resources Committee on progress against the key elements of the plan and how these are contributing to improvements in service delivery, patient experience and staff wellbeing and experience. The Escalation Programme Board is also responsible for preparing a monthly update report to the Scottish Government's Assurance Board and progress report, every two months, to the local Integration Joint Boards.

The Escalation Performance & Resources Committee, chaired by Mr Martin Fairbairn, Non-Executive Director, membership includes the Chair of the NHS Forth Valley Board and the Performance & Resources Committee Non-Executive Directors and Chairs of the Clinical Governance and Staff Governance Committees. It is responsible for providing assurance to the Board of NHS Forth Valley by:

- Monitoring and reviewing performance against the Escalation Improvement Plan (Improvement Plan) ensuring measurable improvements for patients and staff.
- Providing critical challenge and support in the delivery of agreed deadlines, ensuring actions are driven forward at pace.
- Supporting the early identification of any issues and/or risks to delivery of the Improvement Plan and ensuring actions are in place to effectively manage and mitigate these.
- Receiving regular reports on the actions being taken to remove or mitigate the key risks.
- Providing oversight and assurance that any resulting further improvement actions are being actioned appropriately.
- Providing oversight and assurance of the patient, staff, and staff-side engagement processes to ensure appropriate actions are being picked up through the relevant engagement and reporting arrangements.
- Promoting an open culture in which reporting of issues and/or risks are both encouraged and supported.

The reporting relationships are set out in the diagram below.



NHS FORTH VALLEY

Corporate Governance Review

Terms of Reference

1. Introduction

- 1.1 On the 23 November 2022, NHS Forth Valley (NHSFV) was escalated to Stage Four of the NHS Scotland Performance Management Framework for concerns relating to governance, leadership and culture. In response a comprehensive NHSFV Improvement Plan has been developed by the NHSFV leadership which includes commissioning an external review of the corporate governance arrangements in the organisation.
- 1.2 The corporate governance review is intended to assist the NHSFV 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 NHSFV Improvement Plan.
- 1.3 The findings and recommendations of the review team will not only be reported to the NHSFV Board and the Executive Leadership Team, but also shared with the Assurance Board established by the Scottish Government to support and scrutinise the delivery of the NHSFV Improvement Plan.
- 1.4 The following paragraphs describe the scope of the review and the arrangements put in place to deliver the desired outcomes.

2. Scope

- 2.1 The overarching focus of the external review will be to make an assessment of the effectiveness and efficiency of the corporate governance arrangements currently in place in NHSFV.
- 2.2 The review team's assessment will be based on the Principles of Good Governance (see Appendix A) as described in the [Blueprint for Good Governance Second Edition](#). The review will identify areas of strength and weakness and the extent to which these impact on the conduct of all aspects of NHSFV business, including the delivery of the NHSFV Improvement Plan.
- 2.3 The review team will be expected to form a judgement about how effective the NHSFV Board is in delivering an active and collaborative approach to corporate governance, and the extent to which the Board has adopted a continuous improvement approach to the implementation of the Blueprint for Good Governance since its introduction in 2018. This will include an assessment of how the NHSFV Board and the Executive Leadership Team demonstrate and enable the organisation's stated culture and values. The arrangements for ensuring that staff, including clinicians, are aware of the NHSFV governance arrangements will also be assessed.

Appendix 4

- 2.4 The review will identify issues and risks within the NHSFV approach to corporate governance that require attention, and the review team will make recommendations to the NHSFV Board and Executive Leadership Team on areas for development and, where necessary, improvement. The review team will also highlight any barriers to change that they identify as part of the review process.
- 2.5 The review team will also advise the NHSFV Board and the Scottish Government's Assurance Board of any issues outside of the scope of the governance review that could be considered as having an adverse impact on the operational management and leadership of change within NHSFV.
- 2.6 The review team will also make any other observations as might be necessary, including making recommendations to the Scottish Government on matters relevant to corporate governance in NHS Scotland more widely.

3. Methodology

- 3.1 The review will bring together a range of evidence from a variety of sources including but not limited to:
 - Discussion and engagement individually and collectively with all current Non-Executive, Executive, and Stakeholder Board Members
 - Discussion and engagement individually and collectively with the members of the Executive Leadership Team and with other stakeholders in NHSFV as might be necessary to understand the wider context
 - Observation at Board meetings, Standing Committees, Executive Leadership Team Meetings, Board development sessions and other opportunities as might arise
 - Desk based documentary analysis including but not restricted to, standing orders, code of conduct, standing financial instructions, scheme of delegation, integration schemes, agendas, minutes and papers, and the Board's annual cycle of business
 - Evaluation of the NHSFV Board's response to any previous self-assessment or external reviews of the effectiveness of governance arrangements in NHSFV, including any reports produced by internal or external auditors in respect of governance and control systems in the organisation
 - Comparisons of corporate governance arrangements in other organisations as considered appropriate.

4. Timescales

- 4.1 The review will commence by the end of January 2023 with an interim report to be submitted to the NHSFV Board and the Scottish Government Assurance Board by 30 May 2023.
- 4.2 A final report will be submitted to the NHSFV Board and the Scottish Government Assurance Board by 30 June 2023.

Appendix 4

5. Review Team

- 5.1 The review will be conducted by Professor John Brown CBE and Mrs Susan Walsh OBE and the necessary administrative support will be provided by NHSFV.
- 5.2 Any further support and expertise required by the review team will co-opted as necessary.
- 5.3 The costs associated with the completion of the governance review will be met by NHSFV.

6. Review Outcomes

- 6.1 Having considered the findings and recommendations highlighted by the governance review, including the improvement activities required to ensure an active and collaborative approach to delivering good governance, the NHSFV Board and Executive Leadership will design and implement a bespoke programme of activities to address the issues and risks identified by the review team.
- 6.2 The activities included in the governance development programme will focus on the delivery of the Principles of Good Governance and be described in terms of enhancements to the enablers and delivery systems in the Blueprint for Good Governance.
- 6.3 The governance development programme will be included in the overarching NHSFV Improvement Plan and the activities in the development programme will be aligned with the other actions included in the Improvement Plan that address issues and concerns around leadership and culture.
- 6.4 The governance development programme will be published and progress regularly assessed by the NHSFV Board and the Scottish Government Assurance Board. It will form part of the evidence being considered when NHSFV's position is reviewed against the NHS Scotland Performance Management Framework.

Version 3

27 January 2023

APPENDIX A

THE PRINCIPLES OF GOOD GOVERNANCE

1. Good governance requires the Board to set strategic direction, hold executives to account for delivery, manage risk, engage stakeholders and influence organisational culture.
2. Good governance requires a Board that consists of a diverse group of people with the necessary skills, experience, values, behaviours and relationships.
3. Good governance requires that roles, responsibilities and accountabilities at Board and executive level are clearly defined and widely communicated.
4. Good governance requires an assurance framework that aligns strategic planning and change implementation with the organisation's purpose, aims, values, corporate objectives and operational priorities.
5. Good governance requires an integrated governance system that co-ordinates and links the delivery of strategic planning and commissioning, risk management, assurance information flows, audit and sponsor oversight.
6. Good governance requires operating guidance that is agreed, documented, widely-communicated and reviewed by the Board on a regular basis.
7. Good governance requires regular evaluation of governance arrangements to ensure it is proportionate, flexible and subject to continuous improvement.
8. Good governance requires an active approach that anticipates and responds to risks and opportunities which could have a significant impact on the delivery of corporate objectives, the Board's relationships with stakeholders and the management of the organisation's reputation.
9. Good governance requires a collaborative approach that ensures the organisation's systems are integrated or aligned with the governance arrangements of key external stakeholders.
10. Good governance requires governance arrangements that are incorporated in the organisation's approach to the management of day-to-day operations and the implementation of change.

(Source: The Blueprint for Good Governance in NHS Scotland Second Edition, November 2022)

Stage 4 Escalation - Improvement Plan

December 2022

Executive Summary

On the 23 November 2022, NHS Forth Valley was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework for concerns relating to Governance, Leadership and Culture. Concerns have also been 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 and Primary Care Out of Hours services, unscheduled (emergency) care, and mental health. Stage 4 escalation brings 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 the NHS Board in providing focus and direction through strong leadership and effective governance and improved culture to deliver the sustainable changes and improvements required.

This Improvement Plan sets out a number of areas of initial focus in response to the NHS Board's Escalation status. It will continue to develop and evolve, informed by the voices of our patients, our staff, and our partners. Our key focus, whilst on strengthening our leadership informed by effective governance and cultural improvement, is centred around three key priority areas:

- Putting patients first - everyone who uses our services should expect to receive consistent and high standards of care.
- Supporting our staff - ensuring they have the right working conditions and resources to support their own wellbeing and deliver the best care and services possible.
- Working in partnership - building and sustaining a culture of collaboration with partners based on trust and respect, learning, and sharing best practice.

The working environment continues to be incredibly difficult due to the legacy and ongoing impact of the Covid-19 pandemic, along with increasing demand for health and social care services. However, we know that by working together and doing things differently we can deliver the success we all aspire to achieve for our patients, for each other and for the communities we serve across Forth Valley. Working with our partners will also be key if we are to tackle the socio, economic and environmental challenges heightened by the Covid-19 pandemic.

As we move into 2023, we will share updates on progress and practical examples of what these improvements mean for local patients, staff, and partners as we look to address the issues responsible for escalation and support sustainable changes and improvements across the organisation.

Overview

NHS Forth Valley, through our staff, is committed to delivering the best possible services to our patients and we know that having clear direction on where we need to be and what we need to do to get there is vital to achieving successful and sustainable change. It is also important that we have meaningful values to enable the NHS Board and our staff to demonstrate the behaviours we expect on a daily basis. In going forward, it is important to acknowledge the continuing exceptional contributions of our staff, partners and volunteers and their ongoing commitment to doing the very best for local patients and their colleagues, often in very difficult circumstances. Our focus, as we look to stabilise our system, will be on improvement, learning and collaboration to make the changes necessary to meet the needs of our staff, patients, and local population, now and in the future.

Refreshing our Healthcare Strategy – Shaping the Future

We are in the process of refreshing our Healthcare Strategy - Shaping the Future and as we look ahead to our future plans and priorities, we are also realistic about the challenges we face, especially in retaining, developing, and attracting staff who will join and help us to deliver our priorities. To date, our priorities have centred around: our patients and wider population, our staff, our partners, and our performance underpinned by a focus on improvement across the organisation. Escalation requires us to reset and reorganise ourselves around this key piece of work to ensure it will deliver the immediate changes and improvements required and ensure that these are sustained and developed further in the medium to longer term to deliver the best possible outcomes for the people of Forth Valley. It is also our intention to revisit our values with our staff as we look to the future.

Our Vision:

‘to be a great place to work and an outstanding place to receive care’

Ensuring our patients and our staff are at the heart of everything we do remains a key commitment as we look to:

- deliver high quality services that are led and governed well with a focus on safety and improved patient experience
- creating the right culture and conditions to support the wellbeing of our staff and ensure they have access to the training, development, and opportunities they require to be the best they can be and deliver the high standards of service and care which they want to provide

Our partners equally are important, and we will continue to place significant emphasis on collaboration. The recent launch of our Partnership with the University of Stirling and Forth Valley College followed by our launch of Anchor Institution Board in December 2022 highlights our commitment to working with others, including through our local Community Planning Partnerships, to maximise the collective positive influence we can have in supporting local communities and addressing inequalities.

However, the impact of the operational challenges resulting from the ongoing capacity pressures on our workforce, cannot be underestimated. Whilst the immediate focus is on performance improvement and increased sustainability, it is essential that once these operational pressures are addressed, staff have the time and space to focus on leading and delivering changes and improvements, as well as focussing on their own and their colleagues' wellbeing. The Executive Leadership Team is committed to focussing on leading our teams and frontline staff through these difficult times and be held to account for doing so.

Immediate and Short Term Actions

NHS Forth Valley immediately reached out to other NHS Boards who had been escalated to Stage 4 in the past to learn from their experiences and best practice to help inform and support our own response. The Board's response whilst learning from elsewhere will also take direction from the work underway to refresh our healthcare strategy and be informed by a number of diagnostic reviews notably in determining the effectiveness of our governance arrangements and cultural challenges. The actions set out in Table 1 are intended to help build a shared understanding, commitment, and community around improvement in delivering care to our patients. The NHS Board's leadership, governance, and commitment to creating a culture in which quality is the key and overriding concern will be crucial to support sustainable change influenced by strong patient and staff voices that infuse every part of our organisation.

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.

NHS Forth Valley also used the first national Speak Up week to promote a range of activities including organising drop-in sessions, where staff could chat to our local Speak Up Ambassadors and find out more about the various ways they can share concerns or feedback as well as video messages from our Executive Board member and Whistleblowing Champion Gordon Johnston and one of our local Speak Up Advocates. Information and materials are available on the NHS Board's Whistleblowing and Speak Up web pages these include reference and signposting to the Independent National Whistleblowing Officer (INWO) Rosemary Agnew.

In addition, there are plans to hold a Staff Support and Wellbeing week in January 2023 which will provide a range of information and advice to support the financial, physical, and mental and social wellbeing of local staff.

Leadership and Culture

Table 1

Issue	Action	Projected Impact	Timescale
Executive Leadership Team Development	<p>Stage 1: One-to-one interviews to be carried out by external OD Adviser to capture individual views and perspectives on high performing teams.</p> <p>Stage 2: Meeting to be arranged to share feedback on key themes and discuss the key behaviours and competencies of high performing teams.</p>	Further work informed by the one-to-one meetings and feedback will be developed and agreed during early 2023. In the meantime, to support ELT ways of working a MoU will be developed facilitated by the external OD Adviser. Access to dedicated Masterclasses led by the OD Adviser will be scheduled and agreed.	16 Jan 2023
Learning from others	<p>HR Director (HRD) meetings with NHS GGC HRD and with NHS Highland to enable sharing of experiences and best practice and to learn what other NHS Boards have done to improve leadership, culture and governance following escalation. Feedback information will be provided to the NHS Board and</p> <p>Executive Leadership Team in early January 2023. The MD (Medical Director) to meet with NHS Highland MD.</p>	<p>Establishment of a supportive network with HRD's in those Boards where improvement in culture, leadership and governance has been achieved. This will facilitate the sharing of experiences, best practice, learning, tools, and reports to allow NHS Forth Valley to benchmark against these and, where appropriate, adopt.</p> <p>Establish informal network of support and learning through sharing of experiences.</p>	<p>14 Dec 2022 / 23 Dec 2022</p> <p>Week commencing 12 Dec 2022</p>
Review Professional Leadership and Management Structures across NHS Forth Valley	<p>Leadership and management structures from a service and professional perspective will be reviewed across NHS Forth Valley.</p> <p>There will be a particular focus on reducing the number of interim posts currently in place and, where feasible, establish permanent leadership and management posts.</p>	This will stabilise and create fit for the future leadership and management structures across NHS Forth Valley that will be effective and responsive to organisational requirements to ensure the safe delivery of care for our patients and the support for the wellbeing of our staff.	Dec 2022 / concluded Mar 2023

Culture diagnostics - Phase 1	<p>On the 5th of December 2022, the Executive Leadership Team received feedback from a Staff Event and learning from Professor Michael West and agreed that Forth Valley would begin the diagnostic phase to inform the implementation of a Culture and Leadership Bespoke Programme.</p> <p>This initial work involves agreement of the programme; engagement and approval through the appropriate governance structures, supported with clear communications to highlight the commitment to implement a compassionate leadership and culture programme across the organisation.</p>	<p>The initiation of a Culture and Leadership Programme will demonstrate the NHS Board's commitment and focus on putting patients first, supporting staff and working in partnership. Opportunities for all staff to be actively engaged in this improvement programme will ensure that staff have the right working conditions and resources to support their own wellbeing and to deliver the best care and services possible. The aim of creating psychologically safety and ensuring that compassion is embedded more effectively across Forth Valley, will help staff feel able and free to speak up. Overall, the aim is to ensure NHS Forth Valley is an organisation that celebrates success and focusses on wellbeing to ensure the delivery of the best care for our patients and our communities.</p>	<p>Commenced following agreement at ELT on 5 Dec 2022</p>
Equality, Diversity, and Inclusion: Establish Forth Valley Minority Ethnic Network	<p>The establishment of Forth Valley Minority Ethnic Network will be in place by the end of January 2023. The planning phase will be completed on the 22nd of December 2022. An engagement event involving the Board, Scottish Government colleagues and key advisors from Best Practice Networks in NHS Lothian and NHS Lanarkshire will take place on 19th January 2023 at which time the network will be launched.</p>	<p>NHS Forth Valley is committed to being an inclusive employer. Establishing a Minority Ethnic Network will provide an important avenue that will allow all voices from the network to be heard across the organisation. Our staff will be actively supported to engage at a local and national level with a commitment to ensure involvement in key work and activities.</p>	<p>Planning completed by 22 Dec 2022. Network established from 19 Jan 2023 onwards</p>

Governance

A wide range of actions are planned to review and strengthen existing governance arrangements, ensure that there is organisational grip on the accountability and governance structures and that policies and systems are operating effectively to create a culture of high quality sustainable care. The timeline of key actions is set out in Table 2.

- Undertake a full and independent review of the effectiveness of NHS Forth Valley Board and Assurance Committee governance arrangements led by Prof John Brown, Chair of NHS Greater Glasgow and Clyde. Terms of Reference to be agreed by end of January 2023 with the review commencing in February 2023. Where opportunities for improvement are identified these will be addressed as part of this ongoing improvement implementation plan.
- Whole system decision-making structures will be clearly defined and widely disseminated, building on the work to date on a decision-making matrix which is targeted to be complete by end of December 2022. This will provide a governance framework across the NHS Board and Integration Joint Boards, aligned to the Scheme of Delegation.
- Directorate/Partnership Assurance meetings have been reintroduced to support effective performance management arrangements to ensure 'bed to board' oversight and management of capacity and service pressures across the organisation. Work on clearly defined expectations and priorities will be aligned to those Assurance meetings to ensure clarity of individual and team responsibilities and accountabilities which will then be cascaded throughout the organisation.
- Leadership capability and capacity will continue to be reviewed and developed as an enabler for good governance and to create the conditions for individuals to prioritise delivery of high quality care. Focused work is already underway for groups of staff as part of the response to the recent HIS report recommendations and will be rolled out on a wider basis across the organisation.
- Openness and transparency will be supported by specific measures influenced by our patients, staff, and partners that we can report on internally and externally. Key information and messages from the recently approved NHS Forth Valley Code of Corporate Governance will be produced and aligned to staff engagement plans.

Table 2

Issue	Action	Projected Impact	Timescale
Governance Review	Undertake a full independent review of Board and Assurance Committee governance arrangements.	Terms of Reference being developed and to be agreed by end of January with review commencing February 2023. The outcome of the review is intended to address any governance gaps or areas of improvement.	Dec - Mar 2023
Accountability and Governance	Directorate/Partnership Assurance meetings to support effective performance management arrangements with 'bed to board' oversight.	This will provide a framework for activities to be appropriately monitored, scrutinised, and challenged to ensure that aims, objectives, and performance targets are met, and that responsibilities and accountabilities are clear.	Start from w/c 19 Dec 2022
Whole System Governance	Working with partners to finalise a decision-making matrix which will provide a governance framework across the NHS Board and Integration Joint Boards, aligned to the Scheme of Delegation.	This will provide clarity on decision making processes and roles of all organisations in the integration space, ensure decisions follow the appropriate governance routes, improve engagement with relevant stakeholders, and encourage a culture of effective governance.	End Dec 2022 and approved by governance committees by end of Jan 2023.
Integration of Health and Social Care in Forth Valley	The transfer of pan Forth Valley operational management of specialist mental health and learning disability services, staff and budget responsibility and corporate support including due diligence (staff, budget alignment and staff and staff side engagement) is to transfer to Clackmannanshire & Stirling HSCP as the Lead HSCP.	This will clarify management responsibilities for these services and supports a shared vision and direction for the leadership teams whilst supporting the delivery of change.	Decision taken by both Integration Authorities and NHS Board - Nov 2022

	Develop a shared narrative for Integration of Health and Social Care led collaboratively with the three Local Authority Chief Executives and both Integration Joint Boards.		Implement 9 Jan 2023
	The transfer of pan Forth Valley operational management of primary care services including contract management, staff and budget responsibility and corporate support including due diligence (see above) is to transfer to Falkirk HSCP as the Lead HSCP.	This will clarify management responsibilities for these services and supports a shared vision and direction for the leadership teams whilst supporting the delivery of change.	Decision taken by both Integration Authorities and NHS Board - Nov 2022 Implement by end Jan 2023
Acute Services – Leadership and Management	Strengthen current acute services leadership and management arrangements, including professional leadership, where appropriate.	This will support improved confidence and trust amongst staff, building on existing management and support measures, provide a clearer focus on implementation of improvement actions, and ultimately enhance the delivery of high quality care for patients.	Agree what is needed by end Dec 2022 Implement in Jan 2023

Integration

The Integration Joint Board Chief Officers and NHS Board Chief Executive met with Scottish Government during November 2022 and have jointly agreed to implement at pace, a number of actions, to:

- facilitate the transfer of pan Forth Valley operational management of services, staff, and budget responsibilities
- reposition health improvement services, staff, and budget responsibilities

- 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
- create a decision making matrix that delivers effective governance across and between Integration Joint Boards, Health & Social Care Partnership (HSCP) Leadership Teams, Local Authority Leadership Teams, and the NHS Board Executive Leadership Team

These actions are detailed in Table 3.

Table 3

Issue	Action	Projected Impact	Timescale
Integration of Health and Social Care in Forth Valley	The transfer of pan Forth Valley operational management of specialist mental health and learning disability services, staff and budget responsibility including due diligence (staff, budget realignment and staff and Staff Side engagement) to Clackmannanshire & Stirling HSCP as the Lead HSCP progressing.	Be recognised as an effective partner (e.g., strong leadership) who also contributes to the success of others (e.g., improvement culture) through integration opportunities that improve both access and patient/staff experiences, effective governance, and improved outcomes.	Implement 9 Jan 2023
	The transfer of pan Forth Valley operational management of primary care services including contract management, staff and budget responsibility including due diligence (see above) to Falkirk HSCP as the Lead HSCP is progressing.	As above	End of Jan 2023
	The relocation of Health Promotion service, staff, and budget responsibilities to each of the HSCPs. Falkirk HSCP will retain the Keep Well Service, staff and budget for strategic purposes and this service will be managed by the Falkirk HSCP as the Lead HSCP.	As above	End of Jan 2023
	The shared strategic narrative is being developed by both Chief Officers and will initially be presented to the Chief Executives of all three Local Authorities and the NHS Board by	More visible demonstration on our collective commitment to partnership working and the	End of Jan 2023

	the end of December 2022 and thereafter, during January 2023, shared with Integration Joint Boards, Local Authorities and NHS Board to approve and implement.	impact it can have on our staff, patients, and service users.	
	A decision-making matrix is being developed by the IJB Chief Financial Officers and NHS Forth Valley's Associate Director of Finance. This will be presented thereafter to HSCP Leadership Teams, Local Authority Leadership Teams, and the NHS Executive Leadership Team.	Greater clarity on decision making processes and roles of all organisations in the integration space, ensure decisions follow the appropriate governance routes, improve engagement with relevant stakeholders, and encourage a culture of effective governance.	Work ongoing throughout Dec / Jan. Final draft for approval to IJBs, Local Authorities, and NHS Board - Jan to Mar 2023

Medium and Longer Term Actions

Leadership and Culture

Our Improvement Plan will continue to develop and evolve informed by the voices of our patients, our staff, and our partners. Our key focus (as described in our introduction) whilst on strengthening our leadership informed by effective governance and cultural improvement, is centred around three key priority areas:

- Putting patients first - everyone who uses our services should expect to receive consistent and high standards of care.
- Supporting our staff - ensuring they have the right working conditions and resources to support their own wellbeing and deliver the best care and services possible.
- Working in partnership - building and sustaining a culture of collaboration with partners based on trust and respect, learning, and sharing best practice.

The section that follows focuses on strengthening leadership and culture, as illustrated through the Board's and ELT's values and symbolic leadership where quality is the key and overriding concern as endorsed when we approved NHS Forth Valley's Quality Strategy.

- **Where are we now?**

Work is required to strengthen and improve leadership and management relationships at Board and Executive Leadership Team level.

There are also a number of key senior interim leadership and management positions across NHS Forth Valley that require review and a solution found to achieve sustainable and permanent appointments, where feasible.

Over the past year, NHS Forth Valley has invested in a number of ways to encourage staff to speak up in the organisation but the recent HIS review has demonstrated that staff do not always feel able to speak up and are confident that they will be listened to. Determining how we improve and ensure the voice of our staff and our patients in our work is a key priority for the NHS Board going forward.

NHS Forth Valley does not yet have a Minority Ethnic Network in place.

- **Where do we want to be?**

Our commitment is to create the right culture, conditions and environment that supports the delivery of high-quality, continually improving, and compassionate care, with staff wellbeing at the core, compassionate leadership the norm with a clear vision and approved priorities. The working environment would be safe and supportive, and staff would feel confident in raising concerns and feel empowered to develop and implement new and improved ways of working. It is widely evidenced that the happier the workforce, the better care patients will receive, thus improving patient outcomes and experience and helping to meet local and national performance targets. The voices of our Patient and Our Staff being heard will be critical in achieving success.

- **How are we going to get there?**

The Blueprint for Good Governance provides NHS Forth Valley with a clear framework and approach to driving our leadership and cultural response. Creating both a discipline and commitment from staff across the organisation to embrace the opportunities whilst facing up to our challenges will be necessary to deliver the sustainable improvement required. Collaboration and effective partnership working will be a priority. This will be achieved by:

- Learning from other NHS Boards who have embarked on Culture, Leadership and Governance programmes and improved their performance.
- The completion of Board and ELT ongoing Development sessions/programme with strong support from the NHS Board and Executive Leadership Team to develop the vision, refresh the values of the organisation and deliver the corporate objectives that will achieve the necessary improvements for staff and patients.
- Implement a 4 stage Culture and Leadership Programme that will forecast leadership needs, generate options to address any gaps and issues identified, support the development of compassionate and effective leadership at all levels, create a supportive environment for staff.
- Revisit our vision and values to ensure that they are aligned to our corporate objectives.
- Review leadership structures across NHS Forth Valley - both professional and operational.
- Enhance the voice of staff and patients and determine ways to monitor and act on key themes identified from a number of sources including Patient Complaints, Speak Up; Whistleblowing; Mediation; Exit Interviews; Employee Relations Case Audits; Monthly Workforce

Performance Reporting; Partnership meetings and staff-side feedback, Absence Levels, Serious Adverse Event Reviews and Incident Reports, Inspection Reports and Audits.

- Review the Whistleblowing support structures in NHS Forth Valley with key stakeholders.
- Establish a new NHS Forth Valley Minority Ethnic Network

- **How far along the journey are we?**

The Board and Executive Leadership Team (ELT) development work has commenced supported previously by NHS NES and more recently with the support of an external OD Consultant. Further work in early 2023 will be explored informed by the ELT one-to-one meetings and feedback designed to enhance working relationships and behaviours associated with high performing teams.

This in turn, will support the Executive Leadership Team's aspiration to deliver high quality care; have clearly aligned goals at every level with feedback loops that support continuous improvement; good people management and employee engagement; a commitment to quality improvement and innovation; enthusiastic team working, cooperation, collaboration and partnership working. Further work will continue to focus on building trust; agreeing ways of working that will hold one another to account and determine clear structures and processes for decision making and problems solving.

The Executive Leadership Team has committed to developing and implementing a bespoke Culture and Leadership Programme across Forth Valley. Scoping work has been undertaken with the assistance of Prof Michael West and Phase 1 of a 4 phase programme has commenced.

A meeting has taken place with HRDs in NHS Greater Glasgow and Clyde to share best practice.

- **What is the intended impact?**

NHS Forth Valley would have a clearly defined vision and priorities, lived values and a workforce who are engaged and involved in decisions that affect them, their patients, and the communities that we serve. The organisational culture would be safe and supportive with leadership that is compassionate and collaborative. The staff voice would be heard clearly, listened. and responded to and staff would feel supported and valued within a no blame culture where the values of the organisation are demonstrated by all in their day-to-day practice. There would be a focus on

wellbeing and team working and development would be the norm. NHS Forth Valley would celebrate successes and achievements at all levels and learn from our mistakes.

Staff would have

- the support and resources they require to provide safe, high quality care and services
- a commitment to achieving effective, efficient, high-quality performance
- a working environment that is supportive, compassionate, and inclusive for all patients and staff
- the opportunity to develop and implement new ways of working underpinned by learning, quality improvement and innovation
- a commitment to cooperation, collaboration and teamworking within and across boundaries

Governance

- **Where are we now?**

Forth Valley NHS Board has been escalated for Governance, Leadership and Culture issues as well as performance concerns in a number of service areas.

Good governance is about setting a clear direction for the organisation, effective management and decision making, appropriate management of risk, and creating the conditions that support a positive organisational culture. Effective and robust governance arrangements are important in supporting the delivery of high quality, safe and sustainable services for patients, and for establishing clear accountabilities and values for our staff.

It is recognised that improvements are required across a number of areas of governance in NHS Forth Valley to strengthen arrangements in relation to integration of delegated services, to clearly articulate and clarify decision making processes, particularly as they relate to delegated functions, and to foster a culture of collaboration and improvement. underpinned by positive values and behaviours and effective performance management.

- **Where do we want to be?**

We want to be able to demonstrate and embed effective governance across each of the core functions outlined in the Blueprint for Good Governance as listed below, and to ensure that the enablers and support arrangements are in place to sustain those functions.

- Setting the direction, clarifying priorities, and defining expectations.
- Holding the Executive Leadership Team to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery, and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

- **How are we going to get there?**

Work is in progress which is expected to address a number of immediate priority issues, including the completion of a decision-making matrix, establishment of Performance Assurance meetings, and the transfer of operational management arrangements aligned to integration functions, and these are set out in Table 2.

In addition, Prof John Brown, Chair of NHS Greater Glasgow and Clyde, will undertake an independent review of the effectiveness of Board and Assurance Committee governance arrangements. Terms of Reference will be agreed by end of January 2023 with the review commencing in February 2023. Where opportunities for improvement are identified these will be addressed as part of our improvement plan.

- **How far along the journey are we?**

Progress against the above actions is described in Table 2, with the majority of short-term actions expected to be substantially complete by end of December 2022.

- **What is the intended impact?**

The intended impact of those actions being put in place across governance, together with those actions to develop leadership and culture in response to escalation, is to drive improved performance, support sustained delivery of high quality care, and provide a positive experience for local staff and patients.

Governance: Reporting Arrangements

The Chair of NHS Forth Valley has reached out to other NHS Boards to inform the review of existing governance structures and the revised arrangements which require to be put in place to support the effective implementation and monitoring of NHS Forth Valley's Escalation Improvement Plan.

The learning and recommendations from other NHS Boards supports the development of an Escalation Programme Board which would report to NHS Forth Valley's Performance & Resources Assurance Committee and provide regular updates to the NHS Forth Valley Board. This was discussed at a recent meeting of the NHS Forth Valley Board (19th December 2023) where it was agreed that a Programme Board be established led by NHS Forth Valley's Chief Executive as the Senior Responsible Officer (SRO). The membership will be made up of Executive Leadership Team members, including the Board's Employee Director and the Chair of NHS Forth Valley's Area Clinical Forum will also be invited to attend the new Programme Board. Terms of Reference will be developed and agreed by the NHS Board in advance of the next meeting of the Assurance Board meeting on the 10th of January 2023.

Senior Responsible Officers agreed as set out in performance section. Additional SROs include Culture and Leadership - Ms Linda Donaldson, Director of Human Resources; Governance - Mr Scott Urquhart, Director of Finance, and Integration - Ms Cathie Cowan, Chief Executive

Communication and Engagement

Effective communication and engagement, both internally and externally, will be key to ensure our staff, our patients, our partners, key stakeholders, and the wider population are clear about what we are doing in response to escalation, why we are doing it and the benefits of our approach.

Collaboration and effective partnership working will underpin each area of the improvement plan. We are committed to collaborating very closely with local staff-side representatives and clinical community to take forward the changes required, building momentum, and capturing feedback to help inform this plan as it develops.

We will use a number of different channels to provide regular updates on the work of the Assurance Board as well as progress in developing and implementing a wide-ranging improvement plan.

Key actions include:

- Developing a coalition with both our Area Partnership and Area Clinical Forum to ensure they are kept involved and updated on the development of the improvement plan including having ongoing opportunities to influence and provide feedback as this work progresses. The Employee Director also participates in the regular meetings with the Scottish Government Assurance Board.
- Providing regular updates to local staff to ensure they are involved and kept updated on the work to respond to escalation and key actions being taking forward to strengthen leadership, governance and culture across the organisation and improve performance in a number of service areas. Staff updates have been issued by the Chief Executive and the ELT and a new section has been created on the Staff Intranet to host these updates along with other relevant documents and information relating to escalation.
- Widening our Patient Safety Walk Rounds to reach out to every corner of our organisation.
- Increased visibility of NHS Board members, ELT as well as service and clinical leads to provide greater support and assurance to frontline staff.
- Regular presentations and engagement using our Programme Boards and Directorate Meetings (supported by Improvement Advisors and Staff Side representatives).
- NHS Forth Valley's Chief Executive will meet with council Chief Executives on a regular basis to invite their contributions and to ensure they are kept informed of progress.

- NHS Forth Valley's Chair is meeting with local Council Leaders and briefing updates have and will continue to be issued to local councillors.
- NHS Forth Valley's Chief and Executive and Chair will meet with local MSPs and MPs on a regular basis (initially monthly) to discuss and update on progress in relation to escalation as well as wider service and organisational issues.
- Updates to local media and ongoing work to respond to media enquiries regarding escalation and performance issues.

HIS Inspection Report Recommendations – Forth Valley Royal Hospital

- **Where are we now?**

In relation to the HIS Inspection some immediate actions have been taken to address the concerns of Healthcare Improvement Scotland during their most recent inspection of Forth Valley Royal Hospital which took place at the end of September 2022. An Oversight Board has been established, under the leadership of the Executive Nurse and Medical Directors to oversee the development, implementation, and sustainability of an improvement and assurance plan. This 'Bed to Board' arrangement will monitor, assess progress, and direct the working group, as well as provide updates to the NHS Forth Valley Board.

Existing governance and care assurance processes need to be strengthened to ensure they identify the issues highlighted by HIS. These are being reviewed to ensure a robust approach to care assurance is being delivered across NHS Forth Valley which reflects and takes account of the current context within which care is having to be delivered due to capacity pressures and increased demand.

It is recognised that staff at a local level do not always feel that their concerns regarding patient care are listened and responded to appropriately and work is underway to ensure that the voice of staff and patients is clearly heard and responded to across the organisation.

- **Where do we want to be?**

Through the leadership of the Nurse and Medical Directors, NHS Forth Valley will have delivered a sustainable improvement and assurance plan that addresses the issues raised in the most recent inspection of Forth Valley Royal Hospital, and these improvements will also be implemented across the wider organisation.

NHS Forth Valley envisages a system of local care assurance which provides early identification of issues, supports staff understanding of these issues and works with practice development, local leadership, and improvement colleagues across the organisation to address these issues, supported by sustainable models of care, governance, and assurance.

NHS Forth Valley wants to enable a culture of openness and transparency where staff are comfortable to raise their concerns, provide feedback, as well as to share their ideas across the organisation in a structured and meaningful way. We want staff to be listened to and heard, as well as receive feedback on their concerns and feel part of the process of developing care and assurance mechanisms. We want staff to have access to operational and professional leadership support which enables them to undertake their role to the maximum benefit of local patients, as well as creating the opportunities which support staff development and wellbeing.

- **How are we going to get there?**

Through the governance of the Oversight Board and Working Group mechanisms we will have a clear understanding of our system, processes, and challenges in relation to care delivery and assurance. Through the implementation of the improvement plan we will strengthen existing arrangements and provide a responsive approach to early identification, escalation, and action to assure the delivery of safe and effective person-centred care.

Within NHS Forth Valley, we will align the revised care assurance processes, using relevant data and intelligence, with an improvement focus, to support robust clinical and care governance arrangements.

There will be a continuing programme of leadership support and development to enhance staff health and wellbeing, as well as an ongoing programme of professional leadership development for existing and new staff to ensure opportunities are maximised, with a compassionate leadership focus.

- **How far along the journey are we?**

The leadership of the Oversight Board has been initiated and the first meeting has been held, Terms of Reference have been agreed and the Working Group is well established and is reviewing its terms of reference and responsibilities in light of the feedback from the Oversight Board. A number of immediate actions in relation to the HIS review findings have been identified and enacted, these can be seen in the Table 4.

NHS Forth Valley has led the way in establishing a system of local care assurance mechanisms. This approach has been highly effective in identifying any gaps or issues and addressing these; however, these mechanisms need to be updated to capture the additional issues and concerns when there is overcrowding, and capacity pressures. Through the leadership of the Nurse Director and the Head of Nursing for Care Assurance and Safe staffing, there will be a formal review of the existing processes and their sensitivity to current capacity challenges and pressures to strengthen the tools used to provide assurance in all contexts. This is being initiated in January 2023.

An evolving communications plan is in place to ensure staff have the information they require to safely deliver care. A feedback mechanism is in development with the reporting aspect of feedback already implemented. The staff wellbeing toolkit is in place and is under continuous review and development.

- **What is the intended impact?**

NHS Forth Valley will provide care which meets the needs of local patients and staff and stands up to scrutiny by us and external bodies.

NHS Forth Valley will have system of care assurance that provides early indication of any patient care issues and professional safety and governance arrangements which enable the organisation and individuals to work together to deliver care which meets and exceeds current standards.

NHS Forth Valley will continue to reflect through their recruitment, retention and development of staff, the values that we want to demonstrate across the organisation. These will be palpable to staff and NHS Forth Valley will be a place where people want to work, where they feel listened to, heard, and developed, where they are able to provide the care, they aspire to and where they are able to satisfy their career ambitions.

Performance Issues

Health Improvement Scotland (HIS) Safe delivery of care inspections - Forth Valley Royal Hospital

Following the unannounced visit to Forth Valley Royal Hospital by Healthcare Improvement Scotland (HIS) at the end of September 2022, action led by the Executive Nurse Director supported by the Medical Director was quickly taken to address many of the issues highlighted by the inspectors to improve the experience of local patients and staff. This included the introduction of care and comfort rounds for patients waiting in our Emergency Department and Assessment Units and new triage arrangements to help reduce overcrowding.

Efforts continue to reduce the use of additional contingency beds which were put in place to manage increased admissions. However, in the meantime, action has been taken to strengthen the monitoring arrangements for patients being cared for in these areas and help improve their privacy.

Over the last few months, there has been significant investment in additional clinical staffing and support, including during the overnight period, and new procedures have been introduced to quickly identify and respond to any quality or safety issues across the site. Dedicated support has also been put in place to capture and respond to feedback from local patients and staff.

We recognise that there is still more work to do, and we are committed to fully addressing all of the HIS report recommendations and working with the Assurance Board set up by the Scottish Government to drive forward the changes and improvements required across the organisation. A timetable of immediate and short-term actions is detailed in Table 4.

Table 4

Issue	Immediate Actions	Impact	Timescale
HIS Inspection Action Plan	Learning from others: NHS Forth Valley has met with NHS Greater Glasgow and Clyde and NHS Lothian in relation to safety huddle function.	<u>Immediate:</u> NHS Forth Valley representatives observed other Board's huddles and invited critical friend feedback. This has led to the development of	10 Nov 2022

	Safety strengthening and re-focus of huddles	<p>new huddle arrangements to give a clearer direction and a more safety-centred approach. There has also been development of clear verbal nurse staffing update on the wider site safety huddle. This has given greater clarity and ensures greater transparency for any concerns and actions taken to address these.</p> <p><u>Anticipated:</u> Continued connection across NHS Scotland, through the UUC work to establish areas of good practice and translate into an NHS Forth Valley context to drive a continuous improvement approach</p>	12 Dec 2022
	NHS Forth Valley has adopted the Workforce RAG rating in relation to safe staffing based on patient acuity and need.	<p><u>Immediate:</u> The implementation of the Safe Start RAG status across acute services gives a clear, whole site picture of staffing issues, mitigation action, and escalation arrangements, if required. This has also given Senior Charge Nurses (SCNs) a more structured way of highlighting and communicating any concerns as well as providing a clear and transparent overview of nurse staffing across the site.</p> <p><u>Anticipated:</u> It is anticipated that this will help and support staff in raising staffing concerns through an objective method, to support a more open and</p>	28 Nov 2022

		transparent approach to nurse staffing on the acute site.	3 Nov 2022
	Safety support nurse role introduced to support patients in ED and Acute Assessment Unit (AAU) to ensure their care and comfort, particularly those experiencing longer waits or being cared for in contingency areas	<p><u>Immediate:</u> Within AAU, there is an identified 'safety support' nurse who has responsibility for triage and care and comfort of patients awaiting admission to the unit. This has resulted in greater visibility and safer care to those patients. Initial patient feedback has been positive.</p> <p>Within ED, the role of the 'flex' nurse has been further developed in line with 'safety support' to provide care and comfort for patients within the ED.</p> <p><u>Anticipated:</u> This role will continue to be monitored and evaluated based on patient and staff feedback to ensure it continues to meet patient needs, especially during periods of high demand.</p>	
	Recruiting to non-clinical support role in ED to support department stocking/patient support in relation to food and hydration.	<p><u>Immediate:</u> Recruitment commenced and shortlisting taking place. In the interim, staff bank resources in place to undertake this role.</p> <p>This will support clinical staff in times of pressure to ensure patients receive adequate food, fluid and nutrition and that the department maintains a level of stock to support ongoing patient care and safety.</p>	31 Jan 2023

		<p><u>Anticipated:</u> This will support patient care in times of high demand to ensure patients receive support to meet their basic food, fluid and nutrition needs. This will allow the clinical staff to concentrate on their role of supporting patient care as well as enabling them time to support patients in their nutritional needs.</p> <p>This will also ensure a higher level of safety within the department during periods of extreme pressure by having the department well stocked, ensuring essential equipment for care and treatment is immediately available to clinical staff.</p>	
	<p>Leadership Release of Senior Nursing team to support implementation of HIS improvement plan on Acute Site.</p>	<p><u>Immediate:</u> This staffing resource is being freed up to provide a concentrated focus on the requirement of the HIS action plan to deliver actions, improvements, and sustainable solutions in the support of patient care and staff wellbeing.</p> <p><u>Anticipated:</u> It is anticipated that this will strengthen the professional leadership on the acute site, create clearer understanding of the role and function of senior professional leaders on the site. It will also provide support for the nursing teams to develop robust mechanisms for the</p>	21 Nov 2022

		management and monitoring of care assurance arrangements across the organisation	14 Dec 2022
	Executive Nurse Director and Executive Medical Director leading HIS improvement plan with teams across NHS Forth Valley.	<p><u>Immediate:</u> An Oversight group has been established to ensure all recommendations from the HIS report are fully implemented with clear accountability and responsibility of key leads. Clinical leadership has been strengthened to support a more multi-disciplinary approach to delivery of key actions and improvements.</p> <p><u>Anticipated:</u> It is anticipated that this approach will mirror the leadership approach needed at all levels in the organisation to support the triumvirate structure consolidation, with a strengthening of the multidisciplinary approach to leadership across the organisation.</p>	
	NHS Forth Valley Board briefed on HIS report findings and actions.	<p><u>Immediate:</u> This has resulted in clear and transparent communication of identified requirements and the work underway to address all of the report recommendations and issues raised.</p> <p><u>Anticipated:</u> Clarity of the seriousness of the HIS reports findings for the organisation and an honest evaluation of the work required to reach the level of assurance required. Non-executive Director colleagues of the Board fully appraised</p>	6 Dec 2022

		of the extent of the work required to fully address the recommendations.	10 Dec 2022
	Additional equipment ordered to support patient care in ED for any patients experiencing longer waits.	<u>Immediate:</u> Equipment has arrived and is being installed and fitted, as required This will improve the experience of patients and support their food, fluid, and nutrition needs	
	Overcapacity escalation processes being developed.	<u>Immediate:</u> Briefing paper to consider risks and benefits of ED decompression recommendations to devise escalation options to support overcapacity and minimise potential risks for patient safety and care. <u>Anticipated:</u> This approach will develop a consistent methodology for dealing with decompression of the ED during periods of extreme pressure that is agreed and delivered consistently within Forth Valley.	End Dec 2022
	Review of contingency beds 24/7	<u>Immediate:</u> Senior nurse and operational support are available for ward areas who have identified patients that are unsuitable or no longer suitable to be cared for in contingency beds/areas. Support is provided to help address issues, wherever possible, with clear arrangements for escalating any concerns. This has resulted in	Implemented Oct 2022

		<p>reduced use of contingency beds in higher-risk areas.</p> <p>Communication of risks and mitigations has improved from ward to ELT.</p> <p><u>Anticipated:</u></p> <p>These arrangements aim to support staff to raise concerns and provide a mechanism for leaders on the acute site to work to address any concerns raised and feedback to staff, closing some of the communication gaps that were seen by HIS during their visit to Forth Valley Royal Hospital.</p> <p>Links to feedback on IR1 reporting and the newsletter.</p>	
	<p>Patient Safety</p> <p>Electronic recording of care and comfort rounds have been introduced in all adult inpatient areas</p>	<p><u>Immediate:</u></p> <p>Electronic recording of care and comfort rounds provide a more robust system of assurance to monitor and support the care and comfort of patients and ensure the required documentation is completed and easily accessible.</p> <p><u>Anticipated:</u></p> <p>It is anticipated that this will be tracked through care assurance mechanisms and any issues with non-completion or compliance will be able to be identified at an early stage and result in quick action to support patient care.</p>	Nov 2022

	<p>Governance</p> <p>Weekly Oversight group which spans the whole system to ensure learning across the system.</p>	<p><u>Immediate:</u></p> <p>The Oversight group will receive reports on progress of the Working Group. Clear expectations of the working group agreed, and supportive processes put in place for both groups. This provides clarity of plans and expectations.</p> <p>This demonstrated the multidisciplinary approach to leadership and the approach expected to be mirrored through the working group to deliver the improvements required and ensure all of the HIS recommendations are met.</p> <p>This group has patient representation to ensure the voice of service users is captured. The working group will receive comments and feedback from staff to ensure their views are considered.</p> <p><u>Anticipated:</u></p> <p>This work will ensure that NHS Forth Valley take a whole system approach to learning, ensuring that areas not covered in the HIS review will have the opportunity to gain experience from the findings and apply these across the organisation.</p> <p>This will support the development of improvement and assurance mechanisms much wider than the initial inspection visit to Forth Valley Royal Hospital.</p>	<p>First meeting 14 Dec 2022</p>
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	Draft Terms of Reference for the Oversight Group produced and shared for comment.	<p><u>Immediate:</u> Clear roles, responsibilities, and governance structure for both the delivery and oversight of identified HIS inspection requirements for improvement. It has been agreed that this group will report into the Clinical Governance Working group up to the Clinical Governance Committee.</p> <p><u>Anticipated:</u> Will continually be reviewed to ensure the group continue to meet the agreed terms of reference in their work.</p> <p>It is anticipated that updates on the work of the Oversight group will be shared for noting with the Staff Governance committee.</p>	8 Dec 2022
	Observational audits to establish any practice gaps in ED and AAU by Practice Development Team.	<p><u>Immediate:</u> Due to capacity in Practice Development Unit (PDU) team, supporting additional beds within the community, observation has been carried out by Clinical Nurse Manager (CNM). Capacity expected to increase in PDU by first week in January 2023 to enable further audits to commence.</p> <p><u>Anticipated:</u> This will allow objective review of the processes of care and the PDU will work with improvement teams and local nursing</p>	Week commencing 5 Dec 2022

		<p>leadership teams to develop processes to the consistent and safe delivery of patient care.</p> <p>It is anticipated that this work will form part of the care assurance processes going forward, this work will be reported through local governance groups up to the Clinical Governance Working group via highlight reports.</p>	
	Provide training and resources to support the roll out the new triage arrangements/Care & Comfort model in ED.	<p><u>Immediate:</u> Standard Operating Procedure (SOP) and competency booklet created. Staff training and support is ongoing. This has created a more consistent approach to triage to help ensure patients are given the advice, reassurance and treatment they require as quickly as possible and are redirected to other services, where appropriate. This training and resource is available to support all staff undertaking the new triage role.</p> <p><u>Anticipated:</u> Support for staff new to the role or developing in their role, to ensure standards of care are delivered as anticipated.</p>	Implemented Oct 2022
	Provide training and resources to support the introduction of care and comfort rounds in AAU	<p><u>Immediate:</u> SOP and training package has been developed; staff are undergoing training. Observation has shown a positive impact for patients.</p>	

	Improved Site Chief Nurse communication across the acute site	<p><u>Immediate:</u> This will open the communication channels across the acute site, coupled with other measures in this plan, to support staff in their role and provide clarity of what is being done to address issues and concerns raised.</p> <p><u>Anticipated:</u> A newsletter has been developed which has a focus on staff wellbeing, safe staffing and addressing concerns. This will help staff feel more informed, provide signposting to wellbeing support and keep staff apprised of the actions taken in response to issues and concerns raised.</p>	Implemented Oct 2022
	Contingency beds Risk Assessment review team looking at staff and patient feedback, as well as practice in other NHS Boards to inform weekly review.	<p><u>Immediate:</u> There is ongoing work to assess risks, capture feedback from different groups of staff and patients to help inform decision-making on the use of contingency beds and wider capacity and flow issues across the acute site. Learning from complaints, adverse events, staff, and patient feedback is discussed to inform any required action, improvements and learning.</p> <p><u>Anticipated:</u> This will continue to respond to feedback from patients and staff and will be a mechanism to enhance the delivery of care in times of extreme pressure.</p>	

Urgent & Unscheduled Care (UUSC) - Senior Responsible Officer: Mr Andrew Murray, Medical Director

- **Where are we now?**

Throughout 2022, NHS Forth Valley has demonstrated poor 4hr Emergency Access Standard (EAS) compliance which can adversely impact on the safety, quality, and experience of care despite a wide range of improvement work. This 4hr performance, currently approximately 45% compliance, although measured in the Emergency Department, is the result of substantial whole system pressures impacting on bed occupancy, capacity, and flow of patients through that system. These pressures are also evidenced by the significant number of people delayed in their discharge from local hospitals.

- **Where do we want to be?**

We want an unscheduled care system that spans across the community and hospitals and accepts no delays for our patients and delivers on our improvements. This will be most clearly demonstrated by improvement of our 4hr EAS, with our trajectory showing no further deterioration over winter and then improvement, month on month, reaching and maintaining 70% consistently by summer 2023.

- **How are we going to get there?**

Strategically, NHS Forth Valley has agreed with Scottish Government colleagues, and has begun implementing, its whole system Urgent & Unscheduled Care Collaborative plan. This plan identified a range of whole system improvements to introduce specifically High Impact Changes (HIC) focussing on those that will bring the biggest gains in flow and capacity. Current work with Scottish Government colleagues is helping to hone the delivery of these improvements, with the provision of support to NHS Forth Valley to help scale them up. We will therefore work towards achieving the targets for this plan by ensuring this external support, in conjunction with our internal improvement resources, is fully aligned to the changes we are pursuing. By building on our strong whole system unscheduled care leadership and our clear oversight and strong governance arrangements, we will ensure that the plan delivers effectively, and any challenges are identified and resolved.

We will also ensure appropriate daily operational grip and oversight of unscheduled care is in place, including the use of whole system Gold Command meetings to support rapid decision making over the difficult winter period.

- **How far along the journey are we?**

With the UUC plan in place, we are in the implementation and monitoring phase. Initial successes, with more patients being seen sooner in the Emergency Department, and improved site capacity, have confirmed our priority areas to be supported to achieve further improvements and we are confident there is significant potential to improve flow and capacity that we will deliver with the support from Scottish Government colleagues.

- **What is the intended impact?**

The effective delivery of the range of actions in our improvement plan will incrementally improve capacity, flow, and performance across our system, as described in our improvement trajectory, reaching a 4hr EAS of 70% by summer 2023. This will reduce patients waiting excessively and will deliver a better and safer experience for the people of NHS Forth Valley and a better working environment for our staff.

Out of Hours (OOH) - Senior Responsible Officer: Ms Patricia Cassidy, Chief Officer/Director of Health & Social Care, Falkirk

- **Where are we now?**

The external review of OOH by Sir Lewis Ritchie has been completed and formal recommendations made to support the redesign and sustainability of a pan Forth Valley OOH Service. A detailed action plan has been developed identifying key deliverables, leads and associated timescales to deliver the recommendations. Monitoring progress of the action plan will be through the Urgent & Unscheduled Care Collaborative governance structure and through the monitoring of our Improvement Plan in response to escalation.

- **Where do we want to be?**

We want to deliver a resilient and sustainable OOH service that meets the needs of the population of Forth Valley and is integrated with wider OOH support services. In addition, we want to deliver an improved staff experience, where team members feel valued and have the opportunity to gain experience and develop. Lastly, we want to improve operational responsiveness and identify further opportunities for service development through the use of Demand, Capacity, Activity and Queue (DCAQ) data and Key Performance Indicators (KPIs).

- **How are we going to get there?**

We have developed a service wide improvement action plan and appropriate governance structure for regular monitoring and review. We are also looking to develop an OOH dashboard to support service management.

- **How far along the journey are we?**

All actions are currently on track for delivery within anticipated timescales. The programme of work is due to be completed by April 2023. Based on our improvement plan we are currently 39% complete, with current trajectory of 52% completion by end of December 2022 and 61% completion by end of January 2023. The outstanding risk will be the ability to recruit to vacant clinical roles.

- **What is the intended impact?**

The intended impact will improve staff and patient experience within the OOH service and also improve patient safety through a more sustainable service.

Child and Adolescent Mental Health Services (CAMHS) - Senior Responsible Officer: Ms Gillian Morton, Director of Women & Children's Services & Director of Midwifery (Professional Lead)

- **Where are we now?**

NHS Forth Valley CAMHS performance against the 18-week LDP standard continues, as predicted, to be challenging and is declining as we focus on seeing the children who have waited longest. The service predicts RTT performance will continue to be low in the quarter ending December 2022 and into the quarter ending March 2023 as the longest waiters continue to be seen however, we are committed and continue to focus our efforts working to achieve the standard by the end of March 2023.

- **Where do we want to be?**

Improving performance and reducing waiting times for children and young people remains a key priority for the CAMHS Service. Sustaining the LDP Standard of 18 weeks is equally important therefore the service is taking forward a multi-level improvement plan to include the implementation of the Choice and Partnership Approach (CAPA), the redesign of the service to meet the CAMHS Service Specification as well as improvements to ensure that performance is not only achieved but is sustainable.

The service aims to be fully staffed and committed to continuing to grow and develop our multi-disciplinary workforce, which will mean that we no longer require to use an independent provider to supplement our workforce.

Whilst we have been successful in recruiting to posts, there can be a gap in capacity as recruitment can take a considerable time. It is therefore important to retain staff, and although we have been successful in retaining talent this is often due to career enhancement, the consequence of which sees higher banded staff having less clinical time, as promoted posts often have clinical management responsibility. Therefore, the service requires to retain, attract new staff but also nurture and develop our existing staff with a programme of staff wellbeing and staff development.

- **How are we going to get there?**

CAMHS has developed a joint Quality Improvement & Waiting Times Plan (QI&WT) to drive through service improvement as well as improved performance. There is evidence that we are now seeing improvements across a range of key areas, performance being one of these.

In order to support the Service to take forward the Plan at pace, CAMHS have been supported to use an independent provider of both assessment and treatment of children with mental health problems. The aim of this was to use Healios as an extension of the CAMHS team, to allow the team to focus on improvements and offered additional capacity.

- **How far along the journey are we?**

Although CAMHS are not currently meeting the LDP standard and reported data indicates a further decline in Quarter 2, this was anticipated and in line with agreed national trajectory modelling. In line with these trajectories, it was anticipated that improvement will be evident from November 2022 (mid-way through Quarter 3 2022/23) and continue into Quarter 4 2022/23.

In November 2022, 33.3% of patients started treatment within 18 weeks of referral. This is a slight increase from 27.0% in October 2022.

The implementation of CAPA job planning for each professional working within CAMHS and with this job planning, a further trajectory remodelling was completed in September 2022, which provided assurance that CAMHS was in line to achieve the 90% LDP standard within Quarter 1 2023/24. This continues to be dependent on sustaining our current workforce and will require remodelling in response to actual activity/demand e.g., consider the impact of a sustained period of higher demand than originally identified.

- **What is the intended impact?**

The impact of the QI&WT Plan is to progress a range of improvements including redesigning service delivery to comply with the national CAMHS Service Specification, continue to deliver high quality care aimed at delivering the right care and the right time and achieving and sustaining the Local Delivery Plan target by April 2023.

The Plan and projections have been shared with Scottish Government colleagues both within the Mental Health Directorate but also Data Analysts, who share our confidence, based on current data, that CAMHS will be able to achieve the LDP Standard within Q1 (April to June) of 2023/24.

Psychological Therapies - Senior Responsible Officer: Ms Annemargaret Black, Chief Officer/Director of Health & Social Care, Clackmannanshire & Stirling

- **Where are we now?**

Forth Valley has consistently had difficulty in achieving the LDP Standard of 90% of patients who require psychological therapy starting treatment within 18 weeks. Since the initial impact of Covid-19, performance has stabilised to be between 60% and 70%, with November 2022 performance improving to 72.1%, the highest since March 2022. However sustained improvement against the Standard has not been achieved.

Note that five out of ten teams currently achieving the 18 weeks standard (digital, older people, forensic, arts therapies, psychotherapy).

- **Where do we want to be?**

NHS Forth Valley is committed and continues to strive to achieve the LDP Standard by March 2023. Due to the number of people currently waiting for treatment, trajectory modelling indicates that additional staff would be required to achieve the Standard in this timescale however sustained improvement over a longer period is achievable. Initial modelling in September 2021 indicated that the Standard could be achieved by September/October 2023 with three requirements:

1. Stable demand
2. Full staffing
3. Additional investment in 14.3 WTE clinical staff

Trajectory modelling has recently been revised to take account of current referral rates and staffing levels. This is in the process of being validated and, with support from the Scottish Government's Psychological Therapies Information Analyst, further developed at team level.

- **How are we going to get there?**

Psychological Services have a comprehensive Improvement Plan in place, which has been developed and shared with the Psychological Therapies Enhanced Support Team. Originally submitted in September 2021, it was updated and re-submitted in early December 2022. Some of the key improvement areas are workforce, data, Adult Psychological Therapies, and specialty teams. Detailed plans for each area are in place, with work continuing throughout 2023.

- **How far along the journey are we?**

Although there has not yet been sustained improvement against the RTT target, the work described above has resulted in demonstrable improvements in terms of both length of waits and also the number of people on the waiting list.

This performance is slightly ahead of that predicted by the most recent trajectory modelling. However, it is important to note that further progress toward the Standard is contingent upon the three factors highlighted above:

- Stable demand - and referrals have increased in recent months.

- Recruitment to all current and future vacant posts – currently 3.3 WTE unappointed clinical vacancies, with a further 2.3 WTE vacant but with staff appointed.
- Additional investment - modelling is in the process of being reviewed, but the most recent model indicated an increase in clinical staffing of 9.6 WTE was required to achieve the Standard.
- **What is the intended impact?**

All actions in the Improvement Plan are aimed at improving Forth Valley's performance against the LDP Standard, some directly and some indirectly. The ongoing assurance work around trajectory modelling, supported by the significant improvements in data quality, will give greater confidence in the reliability of predicted future performance.