

NHS Forth Valley Public Audit Committee Brief

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

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

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

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

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

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

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

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

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

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

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

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

Figure 1: Timeline of escalation and improvement work undertaken.



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

Culture

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Community urgent care
- Flow Navigation
- Hospital at Home

- Front Door
- Optimising flow
- Whole system working

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

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

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

Leadership

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

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

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

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

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

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

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

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

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

Figure 2: Well Led Framework – Key Lines of Enquiry

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

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

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

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

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

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

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

Governance

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

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

There is better organisation of the Board assurance committees, with more effective working, increased development time and improved direction with this highlighted in the NHS Forth Valley Internal Control Evaluation 2023/24. Information being provided is more relevant and is supporting improved scrutiny leading to improved assurance. Alongside this, lines of responsibility and accountability are clearer, where colleagues are held to account through the performance review process aligned to the Performance Framework. A culture of respectful, constructive healthy challenge has developed, allowing for wider viewpoints to be sought.

The recommendations from the External Review of Governance received in October 2023 were mapped against outputs from the Board Self-Assessment conducted in September 2023. To reflect upon the results of the Survey and capture any additional actions, two Board Development sessions run by an external consultant have taken place (5 December 2023 and 1 February 2024). The mapping exercise has been a significant piece of work to carefully review all current actions, ensure any gaps are filled, and to avoid duplication of remaining or additional actions.

Integration

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

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

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

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

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

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

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

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

Healthcare Improvement Scotland

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

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

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

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

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

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

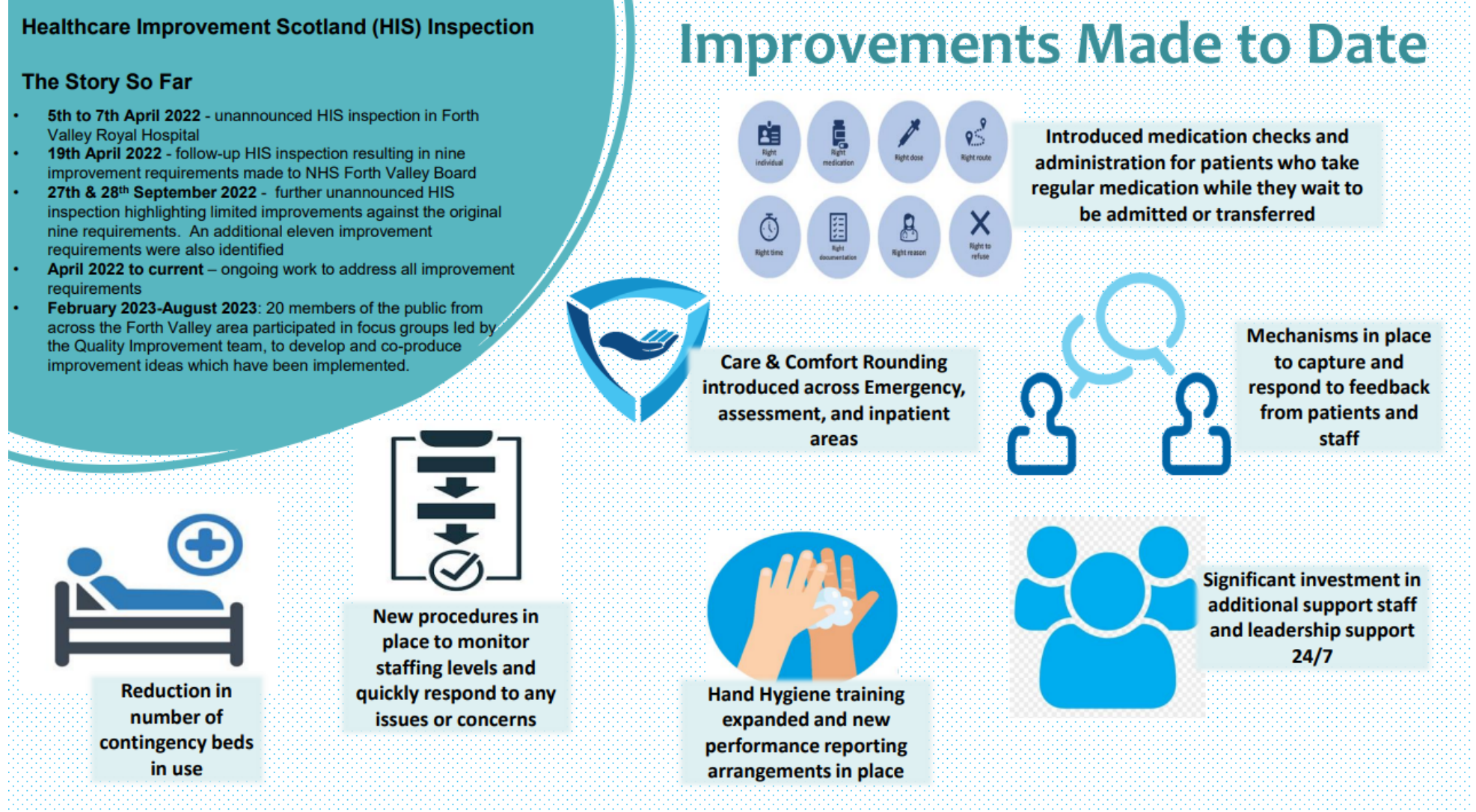
The Working Group will continue to deliver on the outstanding actions until complete. All actions will then be summarised against each recommendation with an ability to evidence normal arrangements through business as usual and then transposed into a closure report as part of the Corporate Portfolio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

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

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

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

Figure 3: Healthcare Improvement Scotland Inspection Progress



Performance

Out Of Hours (OOH)

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

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

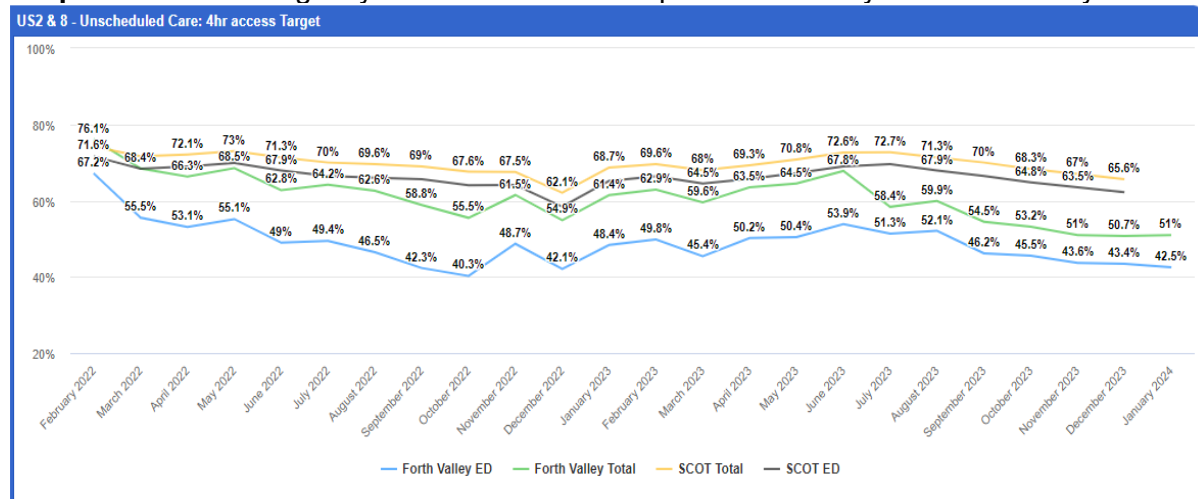
The integrated, multidisciplinary approach remains the priority for the OOH Service with the foundations for this firmly established with the current structure in place. The transition of the Forth Valley OOH night nursing team into the OOH service is further evidence of the continuous development of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

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

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

Urgent and Unscheduled Care (UUSC)

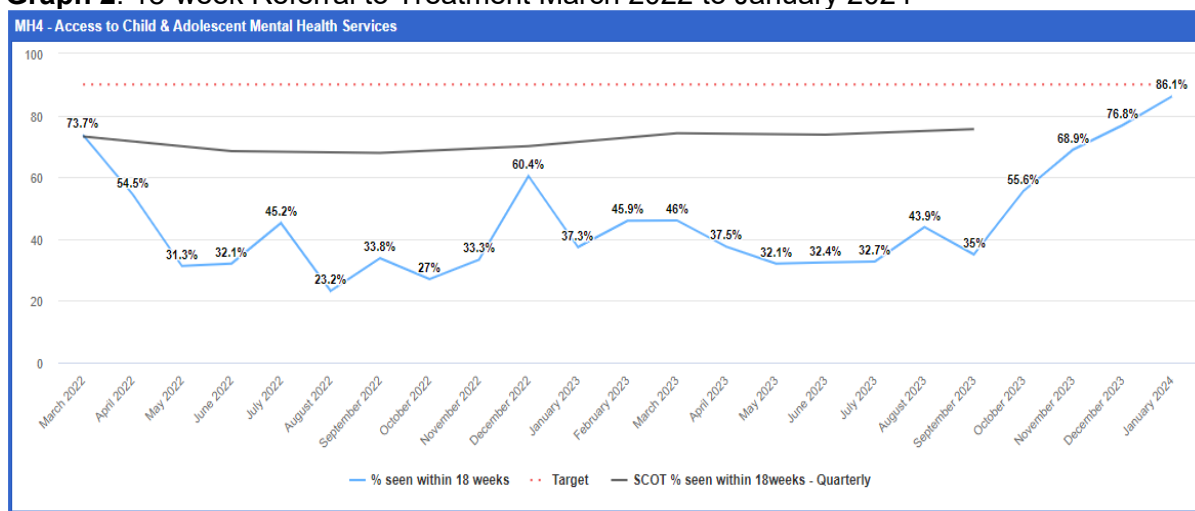
Graph 1: 4-hour emergency access standard compliance February 2022 to January 2024



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

Child and Adolescent Mental Health Services (CAMHS)

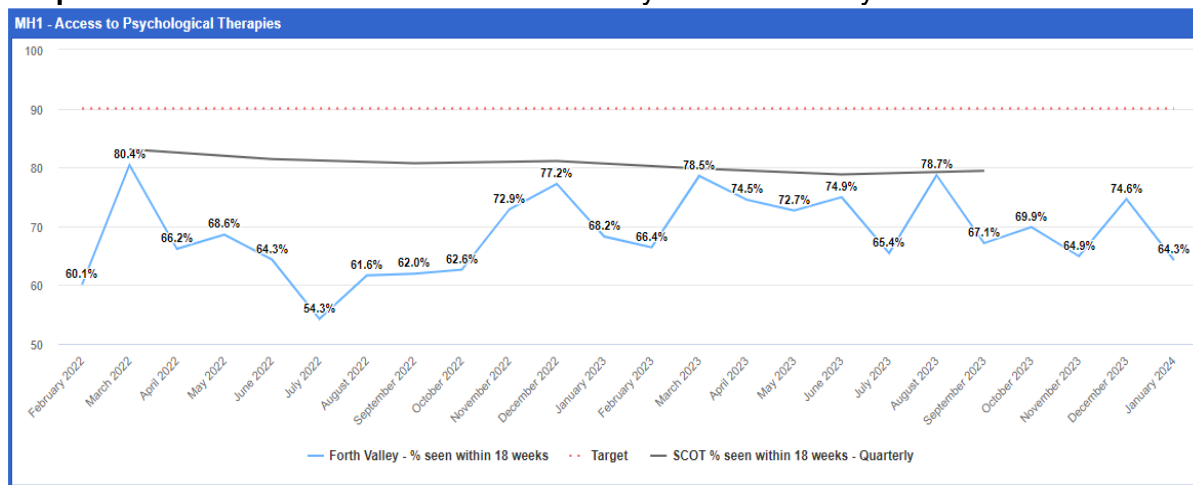
Graph 2: 18-week Referral to Treatment March 2022 to January 2024



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

Psychological Therapies

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



Performance against the 18-week referral to treatment standard has been consistently above 60% however it has displayed in-month variation. The current position is that 64.3% of patients started treatment within 18 weeks of referral. The variance in the RTT can be explained by seasonal trends; a plateau in terms of IESO uptake by those with short waits as it became business as usual; new clinicians taking up caseloads comprised of patients who had been waiting for a very long time; and group therapy starting for some cohorts of patients who had been waiting a long time. Four groups comprising people who had been waiting a long time started in January 2024 which may explain the lowering of the RTT to 64.3%.

Conclusion

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

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

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