

FTF Internal Audit Service

Annual Internal Audit Report 2023/24

Report No. A06/25

Issued To:

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N Mahal, Chair**

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F Dodd, Executive Nurse Director**

NHS Forth Valley Directors / Executive Leadership Team

**K Mackenzie, Head of Corporate Governance
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Audit Follow-Up Co-ordinator

**Audit & Risk Committee
External Audit**

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Draft Report Issued	3 June 2024
Management Responses Received	13 June 2024
Target Audit & Risk Committee Date	14 June 2024
Final Report Issued	13 June 2024

INTRODUCTION AND CONCLUSION

1. This annual report to the Audit & Risk Committee provides details on the outcomes of the 2023/24 internal audit and my opinion on the Board's internal control framework for the financial year 2023/24.
2. Based on work undertaken throughout the year I have concluded that:

- The Board has adequate and effective internal controls in place.
- The 2023/24 Internal Audit Plan has been delivered in line with Public Sector Internal Audit Standards.

3. In addition, I have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work.
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected.
- The format and content of the Governance Statement in relation to the relevant guidance.
- The disclosure of all relevant issues.

ACTION

4. The Audit & Risk Committee is asked to **note** this report in evaluating the internal control environment and **report** accordingly to the Board.

AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plans for 2023/24 incorporated the requirements of the NHSScotland Governance Statement and were based on a joint risk assessment by Internal Audit and the Director of Finance. The resultant audits range from risk based reviews of individual systems and controls through to the strategic governance and control environment.
6. The authority, role and objectives for Internal Audit are set out in Section 15 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards.
7. Internal Audit is also required to provide the Audit & Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Committee Handbook states:

The Audit & Risk Committee should support the Accountable Officer and the Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of the financial statements and the annual report. The scope of the Committee's work should encompass all the assurance needs of the Accountable Officer and the Board. Within this the Committee should have particular engagement with the work of Internal Audit, risk management, the External Auditor, and financial management and reporting issues.

INTERNAL CONTROL

Previous recommendations

8. The 2023/24 Internal Control Evaluation (ICE), issued January 2024, was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Leadership Team (ELT), and other papers. The ICE concluded that NHS Forth Valley's assurance structures were adequate and effective and agreed improvement recommendations for implementation by management.
9. Recommendations identified in previous ICE and Annual Reports are set out in Section 5, together with a summary of progress. Internal Audit monitor progress with outstanding recommendations through the Audit Follow Up system and all management responses are validated. Progress continues to be reported to the ELT and to the Audit & Risk Committee.
10. NHS Forth Valley has demonstrated progress towards completion of previous recommendations, with some not yet due. Development of the Healthcare Strategy continues however a population health approach is now being taken in its development with a focus on prevention, early intervention, and inequalities. The intention is to align supporting strategies, all of which will require considerable organisational focus and determination. Development of the Population Health and Care Strategy 2024 – 2029 will continue throughout 2024 with publication initially anticipated in December 2024. With the new approach being taken in the development of the Strategy there may be further delay to ensure appropriate engagement with all stakeholders. The NHS Board will receive a paper detailing the approach to development and engagement in July 2024.
11. We have completed testing to identify any material changes to the control environment in the period from the issue of the 2023/24 ICE to the year-end.
12. The 2024/25 ICE will provide an update and opinion on the efficacy of implementation of previous internal audit actions and agreed actions from this annual report.

Governance Statement and Conclusion

13. Throughout the year, our audits have provided assurance and made recommendations for improvements, with three reports providing an opinion of limited assurance. Management accepted all report recommendations and plans are in place to address the findings. Where applicable, our detailed findings have been included in the NHS Forth Valley 2023/24 Governance Statement.
14. All Executive Directors and Senior Managers were required to provide a statement confirming that adequate and effective internal controls and risk management arrangements were in place throughout the year across all areas of responsibility, with each completing an Internal Control Checklist and Statement based on the Scottish Public Finance Manual. These assurances have been reviewed and no breaches of Standing Orders / Standing Financial Instructions were reported. As in previous years, Treatment Time Guarantee performance was highlighted in the Governance Statement.

15. The Governance Statement format and guidance are included within the NHSScotland Annual Accounts Manual. The 2023/24 Annual Accounts Manual states that the Governance Statement should explain the relationships (including the Health Board's responsibility for any operational aspects of activities) with any IJBs and how the Board maintains governance oversight over its activities and receives assurance from the IJB on the development and delivery of its strategy and its overall governance. The Governance Statement guidance also includes compliance with the principles of good governance set out in the NHS Scotland – Blueprint for Good Governance: second edition and sets out the essential features of the Risk Management section of the Governance Statement.
16. The Board has produced a Governance Statement which states that: *'During the previous financial year, no significant control weaknesses or issues have arisen, and no significant failures have arisen in the expected standards for good governance, risk management and control. Attention is, however, drawn to the key risks reported to Forth Valley NHS Board during 2023/24 and in particular to the Treatment Time Guarantee underpinned by statute'*.
17. The Governance Statement reflects the Board governance and operating arrangements and cross refers to the Accountable Officer's Overview report, which describes the background to NHS Forth Valley's escalation to Stage 4 of the NHS Scotland Performance Escalation Framework on 23 November 2022 for concerns relating to Governance, Leadership and Culture.
18. Our audit work has provided evidence of compliance with the requirements of the Accountable Officer Memorandum and this combined with a sound corporate governance framework in place within the Board throughout 2023/24, provides assurance for the Chief Executive as Accountable Officer.
19. Therefore, **it is my opinion** that:
 - The Board has adequate and effective internal controls in place
 - The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

Assurance and Improvement Plan

20. During the latter part of 2023/24 the Assurance and Improvement Plan was further developed. NHS Forth Valley identified two further actions relating to cost improvement and value. A mapping across actions from the review of Corporate Governance, the Board Self-Assessment, and the first two phases of the Culture Change and Compassionate Leadership Programme was undertaken. The Board approved the new Assurance and Improvement Plan on 26 January 2024.
21. Internal audit A12/24 - Assurance and Improvement Plan was commissioned by the Interim Chief Executive and we provided management with our initial findings on 19 April 2024.
22. We concluded that, for a sample of key areas, there was evidence that progress had been made and for the majority of actions reviewed, we concurred with the narrative-based progress updates. However, while some actions were categorised as 'Complete' the narrative update description reported an in-progress position. We recommended that a more meaningful RAG assessment criteria be used to summarise the stated progress and that each 'Action Owner' should review and assess the evidence they have provided and determine if additional evidence was required to fully demonstrate the stage of completion.
23. Management accepted the Internal Audit recommendations, and the Board was advised on 28 May 2024 that the Board Chair, Escalation Performance and Resources Committee Chair and the Head of

Corporate Governance will meet to review the Assurance and Improvement Plan, informed by Internal Audit findings, with a view to clearly identifying any outstanding actions. Thereafter, these actions will transition from the current plan to an updated plan. Internal Audit plan to recommence audit A12/24 once this updating process has been completed.

Key Themes

24. Detailed findings are shown later in the report. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.
25. Work continues to develop the NHS Forth Valley Population Health and Care Strategy 2024 – 2029. Setting strategy is essential to long term sustainability in the face of continuing significant demand, an aging population, widening health inequalities, and workforce and financial pressures, and will need to be realistic in the context of those pressures. The planned Strategy must set out a clear vision and direction of travel for healthcare provision in Forth Valley and support health and wellbeing.
26. The Audit Scotland ‘NHS in Scotland 2023’ report, published in February 2024 stated that *‘Significant service transformation is required to ensure the financial sustainability of Scotland’s health service. Rising demand, operational challenges and increasing costs have added to the financial pressures on the NHS and, without reform, its longer-term affordability’*. Financial sustainability remains a significant and enduring risk for all Health Boards and for NHS Forth Valley. Whilst the 2023/24 savings target of £25 million was achieved, 89% of savings were non-recurring. The 2023/24 revenue underspend was achieved largely following receipt of unplanned funding from the Scottish Government and other non-recurring benefits.
27. As reported by the Director of Finance to the March 2024 Board, the financial sustainability challenge is significant and unprecedented, with an estimated financial gap before savings of £255 million over the next five years. Risk assessed savings targets of £184 million have been identified with a residual gap of £71 million.
28. While NHS Forth Valley did not require brokerage in 2023/24, in 2024/25 and beyond there is a possibility that it may be necessary. However, given the emerging public sector financial constraints NHS brokerage funding may not be guaranteed to the extent it has been in past and NHS Forth Valley may need to prepare contingency plans accordingly. The impact from the known reductions in capital funding and the resultant risk and impact will be a key consideration.
29. Financial sustainability must underpin all decisions taken by the NHS Board and by Officers and all staff have a part to play in moving the organisation to a more sustainable footing. The approach must be collaborative and prioritised within the developing Population Health and Care Strategy 2024 – 2029, ensuring there is absolute clarity over the extent to which the strategy will deliver transformation and recurrent savings.
30. There have been a number of changes within the Executive and Senior Leadership cohort including interim and acting appointments providing stability within the leadership team across NHS Forth Valley and the IJBs. An Interim Chair was appointed for a year from April 2024. The recruitment process for a permanent Chief Executive is ongoing. Leadership capacity will require to be carefully managed over the coming period as the organisation works to deliver healthcare services and navigates the financial challenge alongside developing the Population Health and Care Strategy 2024 – 2029.
31. We have observed the significant efforts of staff to deliver the improvement agenda. The challenge is in ensuring good governance and assurance systems and core systems of control are maintained

- whilst driving forward improvement. As described in the strategic workforce plans risk, there are significant pressures on staff health and wellbeing which will need to be a consideration.
32. Capacity to deliver sustainable service change whilst improving performance, and a rigorous focus on the most significant issues will mean that less important issues will need to be de-prioritised and delegated.
 33. The Blueprint for Good Governance states that *“An organisation’s culture comprises its shared values, norms, beliefs, emotions, and assumptions about “how things are and should be done around here”*. These ‘things’ include how decisions are made, how people interact and how work is carried out.” Maintaining an appropriate organisational culture continues to be important and more so in the current environment when taking account of the scale of the financial challenge for Forth Valley alongside increasing service pressures. Such pressures will require to be carefully managed and may require some very difficult decisions.
 34. A significant amount of risk management work has been progressed and is summarised in the NHS Forth Valley Risk Management Annual Report 2023/24. Risk Management systems and processes continue to bed in and in our view the strategic risk register reflects risks accurately, noting that the Healthcare Strategy risk will be subsumed in the planned Prevention and Health Inequalities strategic risk. As in previous internal audit reports, we would advise careful consideration of ensuring target risk scores are achievable in a realistic timeframe.
 35. Operational performance has been mixed over the past year, and it is likely that the challenge will continue in the short and medium term until strategic solutions can be found, working in partnership with both Integration Joint Boards (IJBs).
 36. Key areas of performance at March 2024 are highlighted with Child & Adolescent Mental Health Services (CAMHS) – 18-week RTT performance significantly improved to 95.5% against the standard of 95%, (42.5% in 2022/23). The 31-day cancer performance was maintained above the 95% target throughout 2023/24 with the position in March 2024, 99% (2022/23 99.3%), and the 62-day cancer performance was 74.6% against the 95% target (2023/24 70.2%).
 37. In common with many Health Boards, NHS Forth Valley is finding achievement of a range of national targets extremely challenging. In 2023/24, Emergency Department compliance against the 4 hour emergency access standard was 47% against the target of 95% (47.5% in 2022/23), and this remains a key area of focus for improvement within Forth Valley. Performance has also been challenging in diagnostics, particularly in imaging services.
 38. The planned Population Health and Care Strategy 2024 – 2029 must be supported by a set of achievable, realistic targets against which performance can be measured, focusing on priority areas with a clear understanding of clinical risk.
 39. Performance reports should continue to identify where performance is below expectations and provide meaningful narrative on the underlying causes and barriers to achievement, proposed solutions and vitally, an objective, evidence-based assessment including where available benchmarking data of the effectiveness of previous actions. This will need to be accompanied by a culture of rigorous but supportive challenge.
 40. In their ‘NHS in Scotland 2023’ report Audit Scotland stated that *‘Investing in preventative measures and implementing service reforms will help to ensure services are sustainable in the future’*. This view has also been reported by Public Health Scotland as outlined in the January 2023 discussion paper ‘Public health approach to prevention and the role of NHSScotland’ which stated that *‘there is a*

growing body of economic evidence that supports the case for investing in public health interventions and prevention.'

41. Reflecting on the Audit Scotland and Public Health Scotland conclusions, public health measures including prevention should be a key area of focus to ensure services are sustainable in the future. Public Health actions are therefore of the utmost criticality, alongside the need to be financially sustainable, and should be prominent in the Population Health and Care Strategy 2024 – 2029.
42. The Audit Scotland report 'NHS Scotland 2023' reported *'The NHS, and its workforce, is unable to meet the growing demand for health services. Activity in secondary care has increased in the last year but it remains below pre-pandemic levels and is outpaced by growing demand. This pressure is creating operational challenges throughout the whole system and is having a direct impact on patient safety and experience.'* Internal Audit continue to follow up action to address recommendations from our March 2023 report A17/23 – Workforce Planning.
43. Across NHS Scotland, the level of supplementary staffing is higher than normal. NHS Forth Valley has also identified risks related to staff wellbeing, high levels of sickness absence and has agreed targets for both 'essential' training compliance and appraisals, all of which must be carefully managed with effective monitoring by the Staff Governance Committee (SGC).
44. Whilst there are important staff wellbeing factors related to high levels of sickness absence, the level of absence also has a direct impact on the level of supplementary staff costs. 2023/24 temporary workforce costs amounted to £48.3 million, up 35% on the previous year. 70% of this total related to nurse bank and nurse agency staffing. Whilst an element relates to cover for funded vacancies, the vast majority relates to sickness absence cover and the ongoing use of contingency or unfunded areas.
45. While the SGC annual report provided substantial assurance and there has been some improvement in the timeliness and quality of papers presented to the SGC, further action is required to improve robust assurance in this area. The Interim Director of HR has informed Internal Audit that a range of contextual and external changes have influenced the operation of the SGC in year, and have been discussed with the SGC Chair. Several previous internal audit recommendations are yet to be actioned, a number of SGC reports have not been presented as planned and we have reported a number of areas for improvement in this Annual Report. In our view the assurance level does not reflect the challenges experienced by the committee during the year.
46. The Remuneration Committee met four times during 2023/24. Neither the Board nor the SGC received any minutes, updates, or summary of key items from the Committee. Providing the Board with assurance that the Remuneration Committee is effectively fulfilling its remit, including reviewing and approving performance, is key in supporting Senior Managers and supporting organisational culture. The Interim Director or HR has informed Internal Audit that they are actively reviewing operation of the Remuneration Committee including review of best practice across Boards.
47. The Clinical Governance Committee has operated well during 2023/24 and improvements continue. Long standing performance issues including review and update of clinical policies, management of adverse events and complaints continue to present a challenge. We have also highlighted the need for improvement in staff completion of mandatory resuscitation training.
48. NHS Forth Valley has performed well in compliance with Network & Information Systems Regulations (NISR). Challenges in achieving compliance with the statutory response timescale for FOI (Scotland) Act 2002 and Environmental Information (Scotland) Regulations 2004 continue and are reflected as a red risk.

Key developments

49. Key developments since issue of our 2023/24 ICE report included:
- Approval of Code of Corporate Governance.
 - Corporate Plan in place and Corporate Objectives for 2024/25 developed.
 - Approval of the Population Health and Care Strategy Revised Timeline.
 - Approval of Financial Plan 2024/25 - 2028/29.
 - Approval of Best Value Framework.
 - Whistleblowing Annual Report 2023/24 considered at the May 2024 Board.
 - ELT approval of the Compassionate Leadership and Culture Change Programme Plan 2023-2024 in February 2023.
 - Board approval of the Digital Health and Care Strategy.

AUDIT OUTPUT

50. During 2023/24 we delivered 32 audit products with two currently at draft report stage. Work is progressing on the three remaining reviews. These audits reviewed the systems of financial and management control operating within the Board and the IJBs.
51. Our 2023/24 audits of the various financial and business systems provided opinions on the adequacy of controls in these areas. Summarised findings or the full report for each review were presented to the Audit & Risk Committee throughout the year.
52. A number of our reports, including the ICE, have been wide ranging and complex audits and have relevance to a wide range of areas within NHS Forth Valley.
53. Board management continue to respond positively to our findings and action plans have been agreed to improve the systems of control.

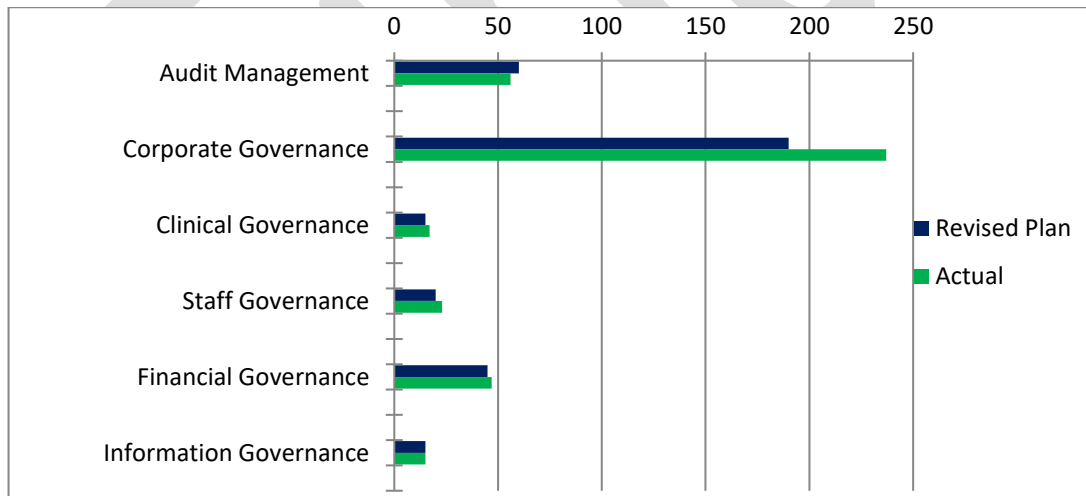
ADDED VALUE

54. The Internal Audit Service has been responsive to the needs of the Board and has assisted the Board and added value by:
- Examining a wide range of controls in place across the organisation.
 - Completing a departmental review of Medicines Management – Controlled Drugs.
 - At the request of Management, providing interim findings on progress made by the Board against the Assurance and Improvement Plan.
 - In conjunction with Local Authority Internal Auditors, undertaking IJB internal audits and providing the Chief Internal Auditor Service for Falkirk IJB.
 - Updating and enhancing the IJB Governance Statement self-assessment checklist.
 - Chief Internal Auditor and Regional Audit Manager liaison with the Director of Finance, Directors, and the Falkirk IJB Chief Finance Officer on issues of governance, risk, control, and assurance.

- The Chief Internal Auditor refresh of the Assurance Mapping Group, which coordinates consideration of assurance issues and updates, dissemination, and implementation of the Committee Assurance Principles across FTF clients.
 - Highlighting relevant national governance developments.
 - Continued promotion and advice on the use of the Committee Assurance Principles.
 - Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive ICE which provided the opportunity for remedial action to be taken in-year.
 - Provision of the Fraud Liaison Officer function for NHS Forth Valley.
55. Internal Audit have reflected on our working practices and an External Quality Assessment is planned in 2024/25.
56. The 2023/24 Annual Internal Audit Plan included provision for delivering audit services, together with council colleagues, and providing the Chief Internal Auditor function to Falkirk Integration Joint Board. Internal Audit Plans were agreed for each IJB. Internal Audit has continued to highlight the importance of maintaining momentum to clear long-standing issues with all partners, the requirement for coherence between governance structures, performance management, risk management, risk score and, in particular, assurance to improve IJBs’ ability to monitor the achievement of strategic objectives.

INTERNAL AUDIT COVERAGE

57. Figure 1: Internal Audit Coverage 2023/24



58. Figure 1 summarises the 2023/24 outturn position against the revised internal audit plan, approved by the ARC in March 2024. As at end of April 2024 we had delivered 380 days against the 345 revised planned days. There are currently two Health Board reviews at work in progress stage.

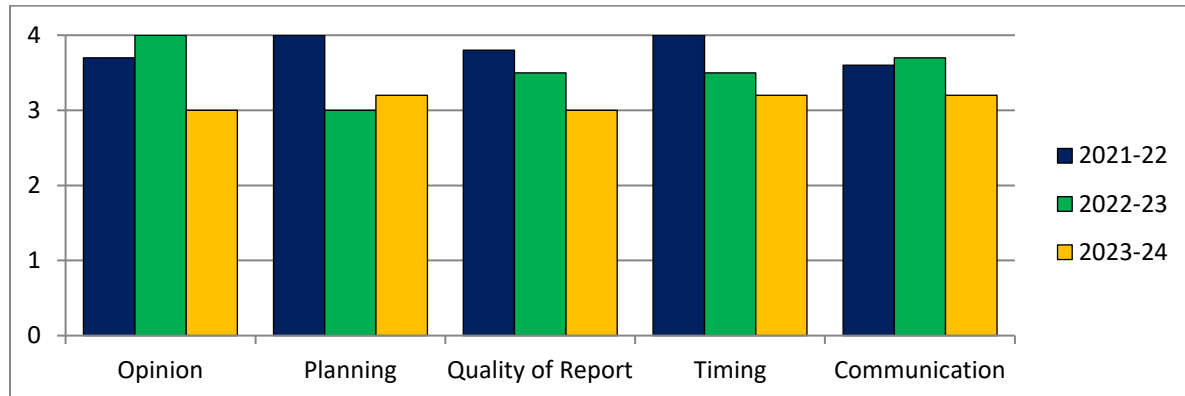
59. During 2023/24 we have regularly reported to the Audit and Risk Committee delays in finalising audits, mainly due to resource issues. To account for time lost due, a revised audit plan for 2023/24 was approved by the Audit and Risk Committee. Staff Governance did not have any formal reviews finalised during 2023/24 but work on the ICE and the finalisation of other key reports from the prior year during 2023/24 have provided the required level of coverage, for example A17/23 Workforce Planning.
60. A summary of 2023/24 performance is shown in Section 3.

PERFORMANCE AGAINST THE SERVICE SPECIFICATION AND PUBLIC SECTOR INTERNAL AUDIT STANDARDS (PSIAS)

61. The FTF Partnership Board met in May 2024 and the 2023/24 budget was approved. The Partnership Board is chaired by the NHS Fife Director of Finance and Strategy and the FTF Client Directors of Finance are members. The FTF Management Team members are attendees.
62. We have designed protocols for the proper conduct of the audit work to ensure compliance with the specification and the PSIAS.
63. Internal Audit is compliant with PSIAS and has organisational independence from Management as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance rather than the Accountable Officer. There are no impairments to independence or objectivity as corroborated by External Audit, concluding in their 2023/34 audit plan that the internal audit function is robust and independent.
64. Internal and External Audit liaise closely to ensure that the audit work undertaken fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board's investment in audit.
65. PSIAS require an independent external assessment of internal audit functions once every five years. The most recent External Quality Assessment (EQA) of the NHS Fife Internal Audit Service in 2018/19 concluded that, *'it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.'* FTF updated its self-assessment during 2022/23 and a further EQA is due to take place in 2024/25.
66. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Figure 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

67. Figure 2: Summary of Client Satisfaction Surveys

Scoring: 1 = poor, 2 = fair, 3= good, 4 = very good.



68. Other detailed performance statistics are shown in Section 3.

STAFFING AND SKILL MIX

69. In 2023/24 the audit was delivered with a skill mix of 57%, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

ACKNOWLEDGEMENT

70. On behalf of the Internal Audit Service, I would like to take this opportunity to thank all members of staff within the Board for the help and co-operation extended to Internal Audit.

71. My team and I have greatly appreciated the positive support of the Chief Executive, Director of Finance, the Deputy Director of Finance, the Head of Corporate Governance and the Audit & Risk Committee throughout the year and throughout my tenure as Chief Internal Auditor.

J Lyall, BAcc, CPFA
Chief Internal Auditor

Corporate Governance

Strategic Risks

SRR014: Healthcare Strategy: Current score: 9 (Medium) Target score: 6 (Low)

If the planned review of the NHS Forth Valley Healthcare Strategy does not incorporate learning from the COVID-19 pandemic, consideration of population need, and does not align with government policy and / or Integration Authorities Strategic Commissioning Plans there is a risk the Board's vision, corporate objectives and key priorities will not meet the needs of the population, resulting in inability to reduce pressures on services, workforce and finance.

Assurance and Improvement Plan

On 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. The third iteration of the NHS Forth Valley Assurance and Improvement Plan (previously titled Escalation Improvement Plan) was developed by the ELT and approved at the NHS Forth Valley Board meeting on 28 November 2023. The plan built upon the first two versions and provided an overview of the key actions and priorities, along with details of specific outcomes, leads and timescales.

During the latter part of 2023/24 the Assurance and Improvement Plan was expanded by the Board. Whilst not related to the escalation process, two additional actions relating to cost improvement and value were added in October 2023. Actions from the review of Corporate Governance, the Board Self-Assessment, and the first two phases of the Culture Change and Compassionate Leadership Programme were to be included in the plan following a meeting held on 18 December 2023 to map across relevant recommendations. An updated version of the Plan was presented to Board for approval on 26 January 2024. On the same day the NHS Forth Valley Assurance Board noted *'that progress had been made and that momentum was continuing to build, particularly around communication and how decisions were being made.'*

In April 2024 Internal audit A12/24 - Assurance and Improvement Plan was commissioned by the Interim Chief Executive. The scope of the audit was to validate the reported completion of agreed Assurance and Improvement plan actions, with the agreement that audit findings would be communicated to Management as audit fieldwork progressed. We provided management with our initial findings on 19 April 2024.

We concluded from the review of a sample of key areas that there was evidence to indicate progress had been made by the Board against many of the stated actions and, and for most actions reviewed, internal audit concurred with the narrative-based progress updates. We did however observe that the RAG terminology used within the Assurance and Improvement plan did not reflect the described progress, i.e. actions were categorised as 'Complete' but the narrative update description noted an in-progress position. We made four recommendations including that a more meaningful RAG assessment criteria be used to summarise the stated progress and that each 'Action Owner' should review and assess the evidence they have provided against the RAG status and determine if additional evidence was required to fully demonstrate the stage of completion.

Management accepted the Internal Audit recommendations and have started updating the Assurance and Improvement Plan. On 28 May 2024 the Board was advised that the Board Chair, the Escalation Performance and Resources Committee Chair and the Head of Corporate Governance will meet to review the Assurance and Improvement Plan, informed by Internal Audit findings, with a view to clearly identifying any outstanding actions. These actions will transition from the current plan to an updated plan focusing attention on key themes demonstrating areas where improvement work needs to continue. Internal Audit will recommence audit A12/24 once this progress has been completed.

Annual Review

The NHS Forth Valley Annual Review took place on 20 November 2023 and was Chaired by the Cabinet Secretary for NHS Recovery - Health and Social Care. Their 23 January 2024 letter summarising the outcome of the Review provided commentary on a range of topics including, escalation; finance; workforce; service delivery and performance; and local strategies. The Cabinet Secretary recognised the challenging environment in which the NHS is operating noting they were *“under no illusion that the NHS continues to face one of the most difficult periods in its history”*

The Cabinet Secretary highlighted the importance of Boards having their own strategy *“for a sustainable future They recognised the scale of the challenge faced to effectively plan and deliver health and social care services to meet ever-increasing need.”*

The Cabinet Secretary noted the commitment of the Board leadership in delivering change and the importance of engagement with stakeholders and stated that *“The Board’s focus must be on demonstrable, sustained progress that enables us to consider de-escalation in due course.”*

The Cabinet Secretary’s letter was considered at the January 2024 Board and is publicly available on the Board’s website. The conclusions within the Annual Review letter correlate with Internal Audits findings.

Blueprint for Good Governance – Board Development Plan 2024/25

The second edition (November 2022) of the Blueprint for Good Governance was presented to the March 2023 Board and Audit & Risk Committee. NHS Forth Valley submitted a Board Development Plan to the Scottish Government on 3 May 2024.

The 2024/25 Plan is centred around six high level actions, supported by delivery actions, and linked to an intended good governance outcome. The high-level actions are:

- Ensure the Board influences and is fully engaged in the shaping and development of the new Population Health and Care Strategy.
- Develop the Board’s collective understanding of NHS Forth Valley’s stakeholders and what this means for more effective engagement to help shape the Board’s decision making.
- Develop mechanisms for bringing together all aspects of Culture work for the Board to have clear oversight of performance metrics and delivery.
- Develop a shared understanding of equality, diversity, and inclusion, building on expertise internally and externally to embed a culture of inclusion and enhance the Board’s decision making.
- Complete the work on the Board Assurance Framework, ensuring it is aligned to the Scottish Government NHS Blueprint for Good Governance and that it is fit for purpose.
- Ensure Integrated whole system working continues at pace and that assurance provided to the Board is cognisant of the whole system approach.

The timeline to achieve the actions is end of March 2025 and the Board will require to be sighted on progress against the Plan. Management have informed us that the intention is to map the Assurance & Improvement Plan to Blueprint development actions.

Corporate Objectives

The Corporate Objectives and Corporate Plan 2023/24 were approved by Forth Valley NHS Board on 28 March 2023. Corporate objectives for 2024/25 were approved in principle by ELT on 20 May 2024 and will be presented to the Board for approval.

The updated Code of Corporate Governance was approved by the Board on 26 March 2024. Updates included: reference to the Blueprint for Good Governance in NHS Scotland – second edition.; update to Assurance Committee Terms of Reference; full review and simplification of Section C: Standards for Business Conduct; updated Section D: Fraud Standards; full review of Section E: Standing Financial Instructions; update to Section F: Risk Management, including risk appetite. The Scheme of Delegation is currently under review and will come back to Board for approval later in the year.

Board and Assurance Committee Annual Reports

All the main Assurance Committees' draft annual reports presented to the 28 May 2024 Board were broadly in line with the FTF Committee Assurance Principles and the content covered the issues we would expect to see highlighted. The Remuneration Committee annual report is not presented to Board due to the confidential nature of discussions, but the Annual Reports & Assurance Statements summary, to be reported to the 14 June 2024 Audit & Risk Committee confirms that all Annual Reports concluded that the Committees had adequate and effective arrangements in place and that they had fulfilled their remits.

Committee Annual Reports, Directors Statements and the Governance Statement are consistent in content.

Our review of Assurance Committee Annual Reports identified areas for improvement, as detailed in action point 1.

Strategy Development

Internal audit A14/24 provided reasonable assurance on review of NHS Forth Valley arrangements against Strategy principles developed by Internal Audit. Report factual accuracy has been confirmed and management responses are being developed for the three recommendations which relate to governance arrangements; the healthcare strategy risk; and elements for inclusion in the Healthcare Strategy. We emphasised the need for a clear timetable of when products will come to Board and the necessity of discussion to identify areas for reprioritisation or redesign, which will be difficult given the current operating environment post pandemic.

A Strategy should be a key enabler of financial sustainability, with an emphasis on early intervention and prevention of ill health. Since the start of the process to develop a new NHS Forth Valley strategy the national approach has evolved into development of a broader population strategy, with a focus on prevention, early intervention, and inequalities.

A national population health strategy is expected to be published in summer 2024 and it is anticipated that this national strategy and additional guidance will follow from Scottish Government to inform local strategic plans.

The March 2024 Board approved a revised timeline of December 2024 for the development of the NHS Population Health and Care Strategy 2024 – 2029.

Management undertook a focused review and update of the healthcare strategy risk (SRR014) in April 2024. The revised risk was presented to the Performance & Resources Committee (P&RC) on 30 April 2024 and the risk score decreased from 15 to 9, with a target of 6.

In draft internal audit reported A14/24 – Strategic Planning, issued in March 2024, internal audit reported that, in our opinion, this assessment is optimistic, given the significant slippage in delivery of the Strategy. The focus of the current risk is on developing a Strategy that contains all required elements to achieve the Board’s key priorities, but not on successful implementation of the strategy.

Mitigations were noted in the focused risk review and a new Prevention and Health Inequalities strategic risk is being developed which will subsume this risk once the strategy is published. This new risk will aim to link delivery of the Strategy to addressing health inequalities in Forth Valley, and the risks of failing to reduce health inequalities. It is anticipated that this strategic risk will be aligned to the Clinical Governance Committee. The current Healthcare Strategy risk will continue to be monitored by the P&RC until the strategy is published, at which point this will be removed from the Strategic Risk Register.

Anchor Institution

On 26 March 2024 the Board noted an update on the Anchor Strategic Plan 2023-2026 and approved baseline measures to be submitted to Scottish Government. An NHS Forth Valley Community Planning Group will be established to manage planning, delivery and monitoring of key documents. Public Health Scotland have agreed to work with NHS Forth Valley to develop wellbeing economy indicators, which will support the Anchor work.

Performance

Performance reports are presented to Board and P&RC and provide high level information on the plans in place or being developed to improve performance.

In common with many Health Boards, NHS Forth Valley is finding achievement of national targets and improvements extremely challenging in certain areas. Significant challenge is noted in Emergency Department compliance against the 4 hour emergency access standard and the 62-day cancer performance, however performance has been maintained above 70%.

Adequate performance has not been achieved in diagnostics where in March 2024 the ‘percentage waiting less than 42 days - imaging’ is 36.2% compared to 82.2% in 2022/23 and the ‘percentage waiting less than 42 days – endoscopy is 63.1% compared to 67.7% in 2022/23.

As noted earlier in this report, CAMHS performance has improved considerably throughout 2023/24.

In recognition of the challenges, the Annual Report and Accounts notes focus will remain on all areas of performance with particular attention on the eight key standards that are most important to patients namely, 12-week outpatient target, diagnostics, 12-week treatment time guarantee, 62-day and 31-day cancer targets, access to Psychological Therapies, access to Child & Adolescent Mental Health Services and Accident & Emergency 4-hour waits.

We reiterate that performance reports should continue to identify where performance is below expectations and provide meaningful narrative on the underlying causes and barriers to achievement, proposed solutions and vitally, an objective, evidence-based assessment including where available benchmarking data of the effectiveness of previous actions. This will need to be accompanied by a culture of rigorous but supportive challenge, with information presented in a way that allows Members to see and be assured when plans are making a difference.

Operational Planning

Delivery Plan Guidance for 2024/25 was issued to NHS Boards at the end of December 2023, moving away from an Annual Delivery Plan to a three year Delivery Plan, with a focus on the detailed actions for year 1 (2024/25).

Scottish Government confirmed approval of the NHS Forth Valley Delivery Plan 2024/25 and provided feedback on 14 May 2024, and confirmed that NHS Forth Valley Board approval could be requested.

A new approach to monitoring Delivery Plans is being developed by the Scottish Government, with the expectation that this will draw performance information from existing reporting sources and that Boards will prepare performance trajectories, in conjunction with the Scottish Government, and aligned to finance and workforce plans.

Leadership and Culture

The SGC Annual Report 2023/24 reflected on progress to develop improved communication between Executive/Board and staff, along with the completion of the diagnostic phase of the Culture Change and Compassionate Leadership programme, which will inform the development of a Culture Change Plan.

As reported to the March 2024 SGC, 11 of 13 Assurance & Improvement high-level actions under culture and leadership are now complete.

Initiatives progressed during 2023/24 to embed a strong healthy culture included:

- ELT work to build a foundation of agreed values and behaviours, documented through weekly checkouts.
- Development of the senior structure and leadership capacity and capability through permanent appointments.
- Regular short videos posted on the staff intranet by members of the ELT.
- Staff encouraged and supported to speak up in forums including safety huddles.
- Staff empowered to raise concerns that are listened to and addressed through, for example, Whistleblowing, Speak Up and Spaces for Listening arrangements.
- Work underway to share feedback on the key themes from the Culture Change and Compassionate Leadership Programme and identify priority actions and discuss how these should be addressed. This will inform the development of a Culture Change Plan.

Staff Support and Wellbeing was a SGC standing agenda. Staff Support and Wellbeing work has transitioned into the Equality and Diversity team.

Risk Management

The Corporate Risk Management Annual Performance Report for 2023/24 was approved by the Audit & Risk Committee on 22 March 2024 and provided Reasonable Assurance but recognised that there are still areas which require development.

A substantial amount of risk management work has been progressed. Key developments during 2023/24 included:

- Development of Risk Appetite and tolerance statements.
- Development of a revised risk assessment matrix.
- Delivery of a programme of Standing Committee strategic risk focused reviews to the assurance committees, with each receiving at least one Focused Review.

- Establishment of a network of risk champions.
- Development of a Corporate Risk Management intranet site.

The Strategic Risk Register (SRR) continues to be presented to the NHS Board quarterly. At the end of quarter four there was a total strategic risk profile of 13 risks. There were five red risks, including Urgent & Unscheduled Care and Financial Sustainability, both of which were scored at the highest level of 25, seven amber risks and one yellow risk. As previously reported by internal audit, achievement of the target score for strategic risks remains challenging, reflecting the fragile external environment.

Risk appetite statements for each of the impact categories on the risk assessment matrix were approved by the Board in July 2023. Work continues to embed these across the organisation.

An Organisational Risk Register has been established which impact on more than one directorate. ELT oversight of these has been identified by NHS Forth Valley as a required improvement.

The organisation also acknowledges that work is required to develop strong risk management partnership arrangements with the Health and Social Care Partnerships and to embed the organisational risk reporting and discussion by the ELT.

Audit Follow Up (AFU)

Internal Audit presented Audit Follow Up reports to the Audit & Risk Committee in June, October, January, March. The AFU Protocol was updated to include the requirements of the Blueprint for Governance and to strengthen escalation processes where action to address internal audit recommendations is delayed. Overall, response to internal audit recommendations has been reasonable. Section 5 of this report summarises the current position on previous internal audit ICE and annual report recommendations.

Integration

The Assurance and Improvement Plan features ten actions related to Integration, including review of the Integration Schemes. Initially it was anticipated that this would be completed by 30 June 2024, but to enable this work to be undertaken on a system-wide basis the plan was revised. The review of the Integration Schemes is progressing, with fortnightly meetings taking place with all parties led by an independent expert and facilitator. The intention is for this work to be completed by October 2024 ahead of submission to Scottish Ministers in November 2024.

The completion of this work is important to ensure clear governance and accountability processes and whole system decision making for prioritisation, supporting improved integrated working and providing clarity around operational and professional decision making.

Two recommendations from our 2023/24 ICE had particular relevance for the IJBs. Point 3 related to Partner Risk Registers and recommended that a mechanism to horizon scan for shared risks, new risks and emerging themes from partners' strategic risk registers should be introduced. Point 5 on Clinical and Care Assurance recommended a system should be put in place to ensure reporting to the CGC on clinical and care governance risks and issues relating to functions under the direction of the IJBs. Both actions remain in progress with implementation dates of June and July 2024. IJB minutes and bi-annual updates continue to be provided to the NHS Board.

Partners will need to work together to ensure that they deliver on the integration agenda and must ensure they are clear on their responsibilities, to be clearly articulated in the revised Integration Schemes, and that they fulfil their roles accordingly in the true spirit of integration.

Within their Directors' assurance statements, the two IJB Chief Officers highlighted areas where further work is required on a collaborative whole system basis.

Policies

As of 6 June 2024, 49 of 184 corporate policies (27%) were overdue for review. 348 of 692 clinical guidance policies (50%) were overdue for review, as detailed in the clinical governance section of this report.

Final

Action Point 1 – Assurance Committee Annual Report standardisation

Finding:

Internal audit review of Assurance Committee Annual Reports identified that:

- In our opinion, the Staff Governance Committee substantial assurance level assessment did not necessarily reflect the challenges experienced by the committee during the year.
- The Information Governance Annual report covered the 2023 calendar year. IG assurances provided to the Performance and Resources Committee for the final three months of the 2023/24 financial year were not captured within the Performance and Resources Committee Annual Report.
- The Clinical Governance Committee report did not provide comment or assurance on resilience, service continuity planning or medical devices.
- The current format does not require an overt opinion to be recorded on any matters which should be considered for disclosure in the Governance Statement. One Annual Report included a statement to this effect.

Audit Recommendation:

The Annual Report template should be revisited and updated and distributed for use to all Standing Committees.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

A benchmarking exercise will be undertaken to review the Assurance Committee Annual Report templates utilised by other NHS Boards. A revised template will be drafted and circulated to Assurance Committee leads.

Action by:

Date of expected completion:

Head of Corporate Governance

December 2024

Clinical Governance

Strategic Risks:

SRR002 – Urgent and Unscheduled Care. Current score 25, target score 10.

If we do not have enough whole system capacity and flow to address key areas of improvement, there is a risk that we will be unable to deliver safe, effective, and person-centred unscheduled care resulting in a potential for patient harm, increases in length of stay, placement of patients in unsuitable places, and a negative impact on patient & staff experience.

SRR004 – Scheduled Care. Current score 15, target score 10.

If NHS FV does not consider and plan for current and future changes to population and associated demand/case-mix, there is a risk that the model for delivery of planned care will not meet demand or prioritise effectively, resulting in poorer patient outcomes, avoidable harm and failure to meet targets.

SRR0016 – Out of Hours. Current score 4, target score 6.

If NHS Forth Valley is unable to provide a fully staffed OOHS taking an integrated, multidisciplinary approach, there is a risk that the service will not have the resilience and capacity to flex to meet demand, negatively impacting on the patient experience and journey, and ability to deliver care at the right time, right place by the right person.

Operational risk:

CLIN GOV02 SEAR Framework. Current score 20, target score 10

If we do not have effective systems of governance surrounding the SAER process within the Acute site and HSCPs, there is a risk that we do not create organisational learning and improvement to ensure that we prevent further instances of harm, resulting in repetition of avoidable harm, decreased patient/family/carers experience, reputational damage to the organization, lack of trust of being cared for in NHSFV premises, increased stress to staff, delay to informing and responding to families about harm.

Clinical Governance Framework

The Clinical Governance Strategic Implementation Plan 2022 - 2026 approved in May 2023, was noted at the January 2024 Clinical Governance Committee (CGC) meeting. The Critical Success Factors section has been updated to reference the Health and Social Care (Staffing) (Scotland) Act 2019.

The CGC was due to receive a report on the Clinical Governance Strategic Implementation Plan and the Quality Strategy Implementation Report in May 2024 but these were deferred to July 2024. The CGC Forward Planner for 2024/25 includes updates on the implementation of the Quality Strategy by exception. In 2023/24 one update was presented to the August 2023 CGC which provided limited assurance on year two of the implementation of the Quality Strategy. We have been informed that this report will be presented to the Clinical Governance Working Group in June 2024.

The May 2024 CGC received the Quality Improvement report, which provided reasonable assurance on current and planned quality improvement projects.

Integrated Clinical & Care Governance Structures

The Clackmannanshire & Stirling IJB Integrated Clinical & Professional Care Governance Framework was approved by the Clackmannanshire & Stirling IJB in March 2024. This revised the reporting arrangements by separating the 'Clinical line of accountability and assurance' which would be reported to the Health

Board or Council and the 'Monitoring and oversight line' which would be reported to the IJB. The clinical line of accountability and assurance outlined the lines for the Medical Director, Nurse Director, Chief Social Work Officer, and the HSCP Clinical and Professional Leads. The monitoring and oversight line outlined the assurance line to the IJB from the Chief Officer, HSCP Clinical and Professional Governance Group, and the HSCP Operational Leads.

The Falkirk IJB Integrated Clinical & Care Governance Framework remains under review.

Assurances to the CGC

The 2023/24 ICE report recommended enhancements to the assurances provided to the CGC and implementation is ongoing. We were pleased to note the ongoing improvements across several areas. The Head of Clinical Governance presented the 2023/24 ICE report to the March 2024 CGC.

Formal review of the CGC forward planner to confirm presentation of planned items was introduced at the March 2024 CGC, with the Chair requiring the Head of Clinical Governance to confirm if there are any planner items which had not been presented.

Reporting of clinical and care governance risks and issues relating to functions under the direction of the IJBs is on target to be implemented by July 2024 with the further development of the Whole System Assurance report to CGC, which now includes assurances reports from the Clackmannanshire and Stirlingshire HSCP Clinical and Care Governance Group, and Falkirk HSCP Clinical and Care Governance Management Group. The HSCP assurance reports included in the May 2024 report both provided Limited Assurance, the Falkirk HSCP report reflecting that adaptations in the operation of meetings would allow fuller completion of the report and the Clackmannanshire & Stirling HSCP report reflecting that it was the group's first time using the Vincent Framework.

Further development of Significant Adverse Event Reporting (SAER) Key Performance Indicators to CGC was in progress, with visual representations of data and a clear summary of the performance against the four national framework KPIs.

The development of Safety Assurance reporting to the CGC is being progressed through development of the Acute Safety and Assurance Report.

Complaints and the related improvement plan reporting to CGC has been further enhanced with a detailed action plan and recognition of current position in relation to complaints performance. The risk from a backlog of complaints continues following a further increase in the volume of complaints. The Board will need to carefully manage this position both in terms of service provision and supporting the Patient Relations Department.

The CGC Annual Report 2023/24 concluded positively and was approved at the May 2024 Committee. Capacity pressures for the clinical system and level 4 escalation were highlighted as well as HIS inspection requirements. In our opinion the CGC Annual Report 2023/24 was comprehensive and highlighted all relevant issues.

The Public Health Update report is provided to each meeting of the CGC and was further developed in 2024. Emergency and continuity planning is reported to the P&RC, but the CGC should consider if emergency planning and service continuity planning is an area on which it requires specific assurance, for inclusion in the next review of the Terms of Reference.

The May 2024 CGC also received the following annual reports for assurance: Clinical Governance Working Group Annual Report, Healthcare Associated Infection Annual Report, Patient Safety Conversation Visit Annual Report, and Controlled Drugs Annual Report. While the CGC approved their annual report before

formally considering these sub-committee annual reports, papers had been circulated in advance, providing members with the opportunity to read them.

A cover paper summary from the Chair of the CGC with key issues highlighted is now presented to the NHS Forth Valley Board.

CGC Strategic Risks Focused Reviews

The focused review of SRR002 Urgent and Unscheduled Care was reported to the March 2024 CGC and provided limited assurance on performance. The report noted confidence that the workstreams identified are the correct ones but until improvement in performance could be seen, the level of assurance could only be limited. Internal Audit agrees with the scoring of this risk.

The focused review of SRR016 Out of Hours was reported to the May 2024 CGC and provided reasonable assurance that the current controls in place for this risk were mostly effective, and that the further controls planned would reduce the score of this risk. The risk had been reduced into appetite and following the review of this Strategic Risk, it was proposed that this risk be monitored by the CGC for the next six months and if this risk remains within appetite, it will be proposed for closure via the CGC.

Hospital Standardised Mortality Ratio (HSMR)

The CGC Annual Report noted that HSMR should be below 1 wherever possible. Between July 2021 to June 2022 HSMR in NHS Forth Valley was greater than 1 and in 2022/23 it was 0.93. The Acute Safety and Assurance Report to the CGC provided assurance on the work undertaken as well as providing detail of how HSMR is actively managed through the clinical governance structures. The report to the May 2024 CGC provided reasonable assurance and noted that HSMR had reduced to 0.89, with a fourth consecutive quarter below the target of 1.

Patient Safety

The January 2024 CGC noted the Patient Safety Conversation Visit Update report which provided reasonable assurance, with 12 visits undertaken, although noting that 16 scheduled visits were cancelled. The themes from the visits were included in the report and the report provided assurance that the reasons for the cancellations were justified, with no concerns regarding engagement with the process. The Patient Safety Conversation Visit Annual Report 2023/24 provided reasonable assurance to the May 2024 CGC, with 19 visits being undertaken and 20 scheduled visits cancelled. The Annual Report noted the aim to undertake two visits per month in 2024/25.

Given the high level of cancelled visits during 2023/24, maintaining momentum with the visits will be important to ensure members are able to have conversation, focussing on patient safety, with front line staff and to ensure any themes from the visits are captured and triangulated as necessary and to allow the early escalation of significant issues. The level of assurance provided in update reports should reflect the level of evidence available from the visits undertaken.

Patient Experience

The NHS Forth Valley local performance target is to respond to 80% of complaints within 20 days. As reported to the May 2024 CGC, performance for the period April 2023 to February 2024 was 57.6%, and that performance remained relatively static with much need for improvement. Clearance of stage 2 complaints within the 20-day target within the same time period stood at 14%, against the target of 80%.

Reporting to the CGC has noted that the number of complaints has returned to pre pandemic levels, which is in keeping with wider NHS Scotland trends. Complaints further increased in November 2023 with this increase sustained with the final quarter, demonstrating a 38% increase in the average volume of monthly complaints in comparison with Quarter 1 of 23/24.

The reports to the January 2024, March 2024, and May 2024 CGC meetings provided Reasonable Assurance with an action plan for improvement being presented to the January meeting. It is however difficult to determine how a Reasonable Assurance level can be provided given the performance 2023/2024.

The Board also received the Person-Centred Complaints and Feedback Report and reports to the March 2024 and May 2024 meetings provided Reasonable Assurance. The action plan was also presented to the Board.

Policies and Procedures

The Clinical Policy and Guideline Governance Group (CP&GGG) update report to the December 2023 Clinical Governance Working Group provided limited assurance on the basis that almost 50% of clinical policies and guidelines required review.

The CP&GGG closure report to the April 2024 Clinical Governance Working Group (CGWG) provided reasonable assurance on the basis that it had fulfilled its terms of reference in supporting robust processes in clinical guidelines and policies. This update recommended that the CGWG noted the position of the workstreams in relation to clinical guidelines and clinical policies within NHS Forth Valley and the Regional/National workstreams, as well as agreeing the future direction of work of the CP&GGG. The paper recommended that responsibility and accountability for the management of clinical policies and clinical guidelines must now sit with the directorates and be managed through their clinical governance structures responsibilities.

The April 2024 update noted that there remained a significant organisational risk associated with out of date and incorrect clinical policies and clinical guidelines, issues with links within policies not being robust, and some current clinical policies and guidelines have not followed organisational governance processes.

As at the end of May 2024 the position had not improved and 50% of clinical policies and guidelines required review. This poor performance did not feature in the CGC annual report.

Public Health

A Public Health update report was presented to all CGC meetings in 2023/24, with the exception of the August 2024 meeting. The most recent Public Health Update to the May 2024 CGC provided reasonable assurance and confirmed that clinical governance is now business as usual within the Public Health Directorate. The report focused on the Public Health Directorate Priority Work Plan, the workstreams within it and provided examples of the Flash Reports.

In A08/24 ICE we noted that we would expect to see health improvement, health protection, healthcare public health and screening programme activities included in reporting to the CGC. The Whole System Assurance report includes assurance from the Public Health Directorate that clinical governance processes are in place and reasonable assurance was provided to the March 2024 and May 2024 CGC. The January 2024 Public Health update included health improvement, health protection, and healthcare public health although not screening. The March Update gave an overview of the Public Health priority workplan and the 17 workstreams within Public Health Forth Valley Anchor Institution Board, Early Years, Child Poverty Action plan, Work Place Wellbeing, Drug Related Deaths and Suicide, Mental Health, Healthcare Public Health, Community- led health, Community Justice, Health Protection, Immunisation, Screening, BBV and Sexual Health, Adult and Child Healthy Weight Programmes, Oral Health, Tobacco Action Group and Sustainability. The May update provided flash reports for Dental Public Health and also for Children and Young Peoples' Health.

Forward Look and Review of CGC Forward Planner

The draft CGC forward planner 2024/25 was presented to the March 2024 CGC. Minutes evidenced the CGC considered improvement through review of their planner. Work was ongoing to establish the frequency and the format of Professional Assurance Updates presented to the CGC. It was agreed that amendments would be made to the November 2024 meeting due to the large volume of papers scheduled. It was noted that Values Based Healthcare required more visibility. Colleagues agreed that, due to the newly established Public Protection group, frequent Public Protection reports would be provided at the committee for the first year to capture further assurance'.

Triangulation

Triangulation of key issues was on the CGC forward planner in 2023/24 via Patient Safety Conversation Visits Update and Annual Report, and Clinical and Care Governance Referrals and Exception Reporting to the Board. The CGC Forward Planner does not specify what reports will be considered under triangulation but notes only that reports will be as required. To ensure that triangulation is considered at every CGC meeting, it is recommended that CGC standard agenda includes this as prompt, to support committee members.

External Reviews

Health Improvement Scotland (HIS) and Unannounced Inspection Forth Valley Royal Hospital 22-24 January 2024

Safe Delivery of Care reports monitoring of HIS actions from inspection visits in 2022 were presented to CGC in January and March 2024, with the March 2024 report providing an update on the unannounced inspection in January 2024. The reports provided reasonable assurance on the basis that a measurement plan and ongoing assurance mechanisms were in place. The March 2024 report noted that assurance mechanisms would be taken into business-as-usual arrangements and provided a draft project closure report, explaining the reasons for the closure of the Safe Delivery of Care Oversight arrangements. It also explained that the significant leadership responsibility to support cultural development in openness and transparency remained, including the need to evidence continued impact over time in relation to patient safety and experience, as well as staff wellbeing and experience. The CGC noted the closure of the Safe Delivery of Care Oversight arrangements.

The 2024 Unannounced Inspection HIS report Improvement Action Plan was agreed by the CGC in May 2024. The follow-up inspection was to assess progress made against the actions within the NHS Forth Valley improvement action plan and the serious patient safety concerns raised through the formal escalation process.

HIS reported that progress had been made by NHS Forth Valley to satisfy previous serious safety concerns and that eight of the 17 requirements from the previous follow-up inspection in September 2022 had been met, with the remaining nine being partially met.

Adverse Events and Duty of Candour

We noted in the 2023/24 ICE that no issues relating to Duty of Candour requirements had been drawn to the attention of the CGC since the issue of our 2022-23 Annual Report. No issues have been brought to the attention of the CGC since then. The Annual Duty of Candour Report 2023/24 is scheduled for the July 2024 CGC meeting.

Significant Adverse Event Review (SAER)

Significant Adverse Event Reporting to the CGC in January 2024, March 2024 and May 2024 provided limited assurance, noting ongoing challenges with capacity challenges and increased numbers of SAERs

being commissioned, and also changes to the perinatal review process having an impact on SAER numbers being commissioned.

Performance is not in compliance with the national framework per HIS guidance and there has been no significant improvement during the year. This is an area that should remain under review to ensure the opportunity to learn timeously from events is not missed. Our 2022/23 Annual Report issued in June 2023 stated that there were 37 SAERs in the system and when the 2023/24 ICE was issued in January 2024 there were 51. As at January 2024 CGC reporting there were 55 SAERs in the system, representing a small increase.

An organisational risk, CLIN GOV02 SAER Framework, has been developed and was included in the Risk Management Update to the May 2024 CGC.

Internal Audit Reports 2023/24

A18/24 Medicines Management (Controlled Drug Policy) was issued in March 2024 and provided Limited Assurance. We made four Significant and two Moderate recommendations and management responses to address these have been agreed.

The audit assessed the effectiveness of the Controlled Drug (CD) controls in place and their application to mitigate the risk of misappropriation of CDs that may result in patient harm, financial loss and the reputational damage that would arise from non-compliance with the Misuse of Drugs Act 1971, 2001 (as amended).

While Internal Audit commends the work undertaken by the Controlled Drugs Accountable Officer, Controlled Drugs Inspection Officer, and the Pharmacy Team to improve the internal CD audit process, risk in this area remains high.

Out of Hours

In response to concerns raised in 2022 by Scottish Government regarding the resilience of OOH services in Forth Valley, work by was undertaken by Sir Lewis Ritchie. He reported twelve improvement recommendations which translated into 31 actions and an improvement plan was developed. Monthly updates are provided to the Scottish Government Primary Care Division and to the CGC.

Whilst GP and Primary Care OOH services are delegated to IJBs, operational management of these services has now transferred from NHS Forth Valley Acute Services to Falkirk HSCP under a hosting arrangement on behalf of both IJBs.

Internal Audit review A26/23 'Departmental Review: Out of Hours Service', draft report issued in May 2024, examined the governance arrangements and progress made in implementing the OOH Improvement Action Plan. We recognised that work to improve the OOH service has taken place in a complex, evolving situation, starting as a discrete OOH Service Redesign & Sustainability Plan, which then became one aspect of NHS Forth Valley's overarching Assurance & Improvement Plan.

The draft report provided a reasonable assurance audit opinion and made four recommendations, some of which are specific to the OOHs service, with others having wider governance and reporting implications. The report is with management to finalise factual accuracy and provide management responses.

Action point 2 – Quality Strategy reporting

Finding:

The CGC Forward Planner for 2024/25 includes updates on the implementation of the Quality Strategy by exception. In 2023/24 one update was presented to the August 2023 CGC which provided limited assurance on year two of the implementation of the Quality Strategy. The CGC requested no further updates and no further specific updates on the underlying issues have been provided to the Committee.

Audit Recommendation:

We recommend that periodic update papers are presented to the CGC on the Quality Strategy updating them on progress until Reasonable Assurance can be provided.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

The Quality Strategy Implementation Report will be presented to CGC in July 2024 and will provide Reasonable Assurance. Implementation reports will be presented annually, until the end of life of the Strategy.

Action by:

Head of Efficiency, Improvement and Innovation

Date of expected completion:

June 2025

Action point 3 - Clinical Policy and Guidelines

Finding:

The April 2024 update noted that there remained a significant organisational risk associated with out of date and incorrect clinical policies and clinical guidelines, issues with links within policies not being robust, and some current clinical policies and guidelines have not followed organisational governance processes.

As at the end of May 2024 50% of clinical policies and guidelines required review. This performance did not feature in the CGC annual report.

The CP&GGG closure report to the April 2024 Clinical Governance Working Group (CGWG) provided reasonable assurance on the basis that it had fulfilled its terms of reference in supporting robust processes in clinical guidelines and policies and recommended that responsibility and accountability for the management of clinical policies and clinical guidelines must now sit with the directorates and be managed through their clinical governance structures responsibilities.

Audit Recommendation:

The Clinical policy position should be considered to determine whether it is creating an unacceptable level of patient safety risk linked to out of date and incorrect clinical policies and clinical guidelines.

The outcome of this assessment should be evaluated against NHS Forth Valley's extant operational and strategic risk registers to consider whether further governance oversight is required.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

The clinical policy position will be reviewed with the Risk team to determine the level of organisational risk. The CGWG has identified the need to improve the policy review process and accountability in its action log and expects to see improvements demonstrated through the assurance reports it receives.

Action by:

Date of expected completion:

Head of Clinical Governance & Corporate Risk Manager

December 2024

Action point 4 – Assurance Levels Reported to the CGC

Finding:

The Complaints and Feedback Performance Reports to the January 2024, March 2024, and May 2024 CGC meetings provided Reasonable Assurance with an action plan for improvement being presented to the January meeting. It is, however, difficult to determine how a Reasonable Assurance level can be provided given the level of performance 2023/2024.

Audit Recommendation:

Where performance targets are not met, we recommend that limited assurance is provided to the CGC. Committee members should challenge and discuss the level of assurance provided and may disagree if they do not consider it appropriate.

As recommended in action point 2, where limited assurance is provided, the committee should request further reporting until the level of assurance improves.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

Assurance mechanisms will be revised to reflect the status of the performance and the actions being taken to mitigate risk.

Action by:

Executive Nurse Director

Date of expected completion:

August 2024

Staff Governance

Strategic Risk:

SR009 – Workforce Plans

Score 20 Very High; Target 10 Medium

If NHS Forth Valley does not implement effective, fully costed strategic workforce planning based on projected demand there is a risk that we will not have a sustainable workforce that is the right size, with the right skills and competencies, within an affordable budget, resulting in significant pressures on staff health and wellbeing, sub-optimal service delivery to the public and increasing pressure on our financial sustainability.

SR0018 Primary Care Sustainability

Score 20 Very High; Target 6 Low

As a result of significant levels of financial pressure on the public services in Scotland, increasing demand and workforce challenges. There is likely to be a negative impact in relation to the delivery of Primary Care Services. Which is likely to result in a reduction in services and independent contractors across Forth Valley and have a negative impact on the health of the population and increased pressure on other services.

SR0019 Culture and Leadership

Score 12 High; Target 8 Medium

If NHS Forth Valley does not foster a cohesive culture with strong leadership, there is a risk that our people will not have a shared sense of purpose and understanding of how their work contributes to achievement of our objectives, negatively impacting our overall performance, ability to deliver on key strategies and effect sustainable change and impacting staff morale and public / stakeholder confidence.

Internal audit previously reported concerns on the effectiveness and efficiency of SGC governance arrangements, and the Committee's ability to identify key risks and focus on agreed outcomes. A significant number of previously agreed actions and / or reports planned by the SGC have not been undertaken in 2023/24.

Whilst some improvements can be evidenced, fundamental issues remain and it is important that the SGC collate and prioritise all outstanding actions and reports and develop a plan to tackle these systematically and in order of priority. This action plan should define the responsible individuals and specify a reasonable and achievable target for completion of these outstanding issues. This will be in addition to keeping up with the 2024/25 workplan so prioritisation is critical.

Staff Governance Committee Terms of Reference

The 2023/24 ICE reported that administrative errors in the updated Terms of Reference of the Staff Governance Committee (SGC) submitted to the December 2023 meeting would be corrected and a draft would be reissued to the SGC. This has not yet been completed.

Workforce Strategy (People Strategy)

The refresh of the People Strategy 2022 – 2025 was postponed firstly in September 2022, then again in May 2023 when it was rescheduled to November 2023. An update on progress has not been provided to the SGC. The Interim Director has advised us that the SGC has been informed that the People Strategy will be developed in response to the Population Health & Care Strategy, noting that existing Workforce Plan aims continue to be progressed.

The SGC Annual Report reflects that the March 2024 SGC was yet to see a finalised report as work will be aligned to the planned Population Health & Care Strategy. This is in line with internal audit's recommendation that the Board and Assurance Committees should be provided with assurance that all Forth Valley strategies, including the Workforce Strategy, are aligned and consistent with the ongoing Healthcare Strategy development.

A Board Seminar to determine realistic goals and timescales relating to a sustainable, fit for purpose future workforce model has been included on the Board's 2024/25 forward planner.

Workforce Planning and Risk Assurance

Internal Audit A17/23 - Workforce Planning, issued in March 2023, provided limited assurance. In response to our recommendations and to Scottish Government feedback, steps have been taken to enhance the Workforce Plan and the action plan is being actively monitored through the SGC. Three of the four recommendations from this report still require to be fully implemented.

As recommended in the 2023/24 ICE, formal Workforce Plan updates should be provided to each SGC meeting. No Workforce Planning update was presented to the SGC in March 2024. The Workforce Plan should be one of the most important documents NHS Forth Valley will produce, and accordingly its implementation should be one of the primary focuses of the SGC. The Interim Director of Human Resources has advised that the approach to SGC reporting is under review, including timing of a specific report on the Workforce Planning Risk. This will be either through a scheduled committee meeting or an additional SGC development session.

Risk Management

During 2023/24, the SGC continued to review the Strategic Risks assigned to it as noted above, all of which remain high or very high.

An update on the workforce plans risk presented to the March 2024 SGC confirmed that a routine risk review had been undertaken in March 2024 and that progress had been made on the further controls. Some of the further controls e.g. an Action Plan including definitive and quantifiable actions to address identified staffing gaps had a target date of 30 June 2024 but were only 30% complete in March 2024. This indicates that the target date will be challenging to achieve, and target dates should be revisited to ensure they are realistic and achievable.

The risk description for SRR018 Primary Care Sustainability was updated in February 2024. Some of the further controls required had target dates that have already passed, and these should be updated to a realistic horizon. As noted above, a focused review (deep dive) is scheduled for June 2024, and an additional SGC session will consider the other two risks.

The new (in 2023) risk for SR0019 Culture and Leadership has remained static during the year. Two of four phases of the Culture Change and Compassionate Leadership Programme are complete. The SGC has previously acknowledged that many aspects of this risk are dynamic and require detailed assessment and that the risk will be revisited. The Culture and Workforce focussed risk review will be undertaken ahead of the additional SGC session currently being scheduled.

Operation of the Staff Governance Committee

Previous reports have highlighted our concerns on:

- Timing of circulation and volume of papers.
- Effectiveness and efficiency of governance arrangements for the Committee, and its ability to identify key risks and focus on agreed outcomes.
- Content of performance reports that may not meet specific requirements of the Blueprint for Good Governance, including benchmarking against national targets.

The SGC annual report *“recognised the work of officers in delivering more timely and more relevant papers and noted further rationalisation would be carried out to provide smoother more streamlined reporting. Performance reporting to Staff Governance was being further refined to ensure the information presented aligned with the requirements of the Blueprint for Good Governance”*.

Our 2023/24 ICE reported the need to manage the volume of papers at each meeting and plans to increase the number of meetings from four to six for 2024/25. The change in meeting schedule was not actioned for 2024/25 but the intention is to schedule six meetings in 2025/26, in line with other governance committees. Additional meetings may be considered where necessary in 2024/25 and a date is currently being sought for an additional meeting in July or August.

Only one SGC meeting has been held since our 2023/24 ICE was issued. At that meeting in March 2024 there was one item for approval and 11 items where assurance was provided. The item for approval was presented with the NHS Forth Valley template cover paper and the request – approval – was specified in the recommendation. Of the 11 items for assurance, one was a verbal update and only one explicitly requested the Committee to consider the level of assurance.

Several items on the SGC workplan for March 2024 were not on the agenda: National Workforce Strategy, Workforce Planning Update Report, Staff Governance Self-Assessment Action Planning, Sturrock Report, Speak-Up Initiative Report, Youth Framework & Employability, e-Rostering Update. The March minute does not record any discussion on why these items were not presented.

Our previous recommendation on the format of the work plan remains extant.

As recommended in our Annual Report 2022/23, overarching Chair’s assurance reports were presented to the January and May 2024 Board meeting.

SGC Annual Report

The SGC did not approve their Annual Report 2023/24 and on 28 May 2024 the Board was asked to ‘note’ the Annual Report and ‘delegate authority to the SGC to approve the final version of the report’.

In line with Committee Assurance Principles, Standing Committees should approve their annual reports before presentation to Board. Management has advised the draft was circulated to SGC members and the timing will be resolved by moving to the adjusted committee schedule.

The SGC annual report provided ‘Substantial Assurance’ and based on the significant number and nature of issues highlighted in this report, and the number of actions that have not been completed as planned by the SGC, in our opinion the assurance level does not reflect the challenges experienced by the committee during the year. Management has informed us this will be a focus of the work to realign SGC activity.

Staff Governance Assurances

During the year the SGC received several reports that provided assurance on four of the five strands of the Staff Governance Standard but did not receive a report providing overt assurance that all five strands had been covered. The 'Involved in Decisions' annual report, due in December 2023 was postponed to March 2024 but was not presented at that time. The Internal Audit Annual Report 2022/23 recommended that a separate paper be presented to provide this specific and overt year end assurance on the action taken on each strand of the Staff Governance Standard during 2023/24. This recommendation was accepted but has not been completed for this year. 'Involved in Decisions' has been a feature of both iMatter reporting to SGC and in terms of Partnership updates. This theme is addressed across a range of work and Management has advised that the best method of reporting is being considered to reflect this.

Staff Governance Monitoring exercise

On 2 April 2024 Scottish Government provided a response to the NHS Forth Valley Staff Governance Monitoring exercise return 2022/23. This will be presented to the SGC in June 2024. Scottish Government requested that actions identified from iMatter reports and the Health & Social Care Staff Experience Report 2023 be considered within the 2023/2024 Staff Governance Plan. Scottish Government has paused the requirement to complete the monitoring return and Boards have been asked to continue with their ongoing commitment to the Staff Governance Standards and that they will seek a statement of assurance on this from Boards later in 2024.

Escalation, Leadership and Culture

The update report on the culture and leadership elements of the Assurance & Improvement Plan presented to the March 2024 SGC provided Reasonable Assurance and reported 11 of 13 high-level actions as complete. The SGC agreed the level of assurance and noted that, despite many actions having been completed work in these areas would continue to ensure progress and improvement on an ongoing basis. The Committee was assured that a progress report of actions and ongoing work would be presented to each SGC meeting.

Sturrock report

We reported in our Annual Report 2022/23 report that a Post Sturrock Group was to consider a refreshed plan with progress to be reported through the Area Partnership Forum (APF) and SGC. A report specific to NHS Forth Valley has been approved by the APF. This closes off Sturrock work and allows it to be incorporated into other organisational activity.

The SGC has not had any specific reporting around this but developments in this area are contained in the Assurance & Improvement Plan Updates which the Committee consider. Given the importance of the work around Culture, it may be more appropriate for the SGC to receive standalone assurance reports on this topic.

Supplementary staffing

2023/24 temporary workforce costs amounted to £48.3 million, up 35% on the previous year. 70% of the total related to nurse bank and nurse agency staffing. Whilst an element relates to cover for funded vacancies, the vast majority was for sickness absence cover and the ongoing use of contingency or unfunded areas.

As reported to the P&RC in April 2024, nurse bank spend was £19.5 million compared to £15.7 million in 2022/23. Nurse agency spend in NHS Forth Valley was £14.2 million, compared with £10 million in 2022/23 (the equivalent figure for 2019/20 was £1.7 million).

Internal Audit have calculated the average 2023/24 sickness absence on the basis of the monthly figures presented to the SGC and NHS Forth Valley had an average rate of 7.03%, compared with 6.16% for Scotland. At March 2024 sickness absence was 7.61% for registered nursing and midwifery staff and 10.55% for unregistered staff.

The NHSS Chief Nursing Officer's work to eradicate the use of off-framework agency nursing staff commenced from 1 June 2023. As reported to the March 2024 SGC, agency supply now largely comes from Framework Agencies only, with non-framework agency use reserved for exceptional circumstances since 1 June 2023. A new National Framework for the temporary supply of nursing agencies took effect from 9 October 2023 and from 1 February 2024, no unregistered agency use is permitted in NHS Forth Valley without approval from Nurse Director or Executive Nurse Director. While robust measures have been taken to address this, it remains a live issue as supplementary staffing spend continues to rise year on year, the vast majority of which is attributed to the additional contingency beds in use, to meet demand.

This is a significant financial risk and targeted reductions in temporary staff costs is a key part of the Financial Sustainability Action Plan for 2024/25.

Remuneration Committee (RC)

The terms of reference of the RC state that *"in addition to providing the Board, through the Staff Governance Committee, with updates, the RC shall produce an Annual Report to the NHS Board and be presented by the RC Chair"*. A RC annual report was not considered at the March 2024 meeting, which also noted that a future meeting date required to be confirmed.

We note that neither the SGC nor the Board received any updates, minutes, or summary of key items from the RC during 2023/24. The RC held meetings in July 2023, August 2023, December 2023, and March 2024. Management has informed us this will be reviewed in line the terms of reference and any prospective improvement changes.

In our 2023/24 ICE, Management agreed to build a self-assessment exercise into the workplan of the RC for 2024/25. We will monitor progress with this recommendation through the Audit Follow up process.

The Corporate Governance Review also recommended that the RC should review their approach to the annual appraisal process and a Board seminar was held in April 2023. Given the reporting challenges evident in 2023/24 this work will require to be carefully managed.

Health & Safety

Compliance with manual handling training in 2023/24 was 75%, below the 90% target set in March 2022 but in line with projections. Compliance with Violence and Aggression training for the year was 65%, short of the 71% target set in March 2022, but above the projection.

Unreviewed adverse events increased between Quarter 2 and Quarter 3, compliance with violence and aggression training deteriorated and no area within Acute Services provided a control book report for Quarter 3. All areas of action have a 'red' status. This indicates that the SGC should carefully monitor this area and consider whether there is a need to develop a H&S risk.

Training, Development and Appraisal

The information available at 7 May 2024 for Agenda for Change Staff is that only 12.4% had completed TURAS appraisals. Management has informed us that the internal PDPR completion rate, i.e., the signed off review KPI at end of June 2024 was 39.5%.

Full year data shows 51.2% of eligible Secondary Care Consultant Appraisals for 2023/24 were completed and 96.5% of eligible GP Appraisals were completed.

The CGC in May 2024 were advised improvement was needed to increase the number of clinical staff completing annual mandatory resuscitation training, to move closer to the standard of >80%.

Whilst recognising that low completion rates can be an indicator of service pressures, NHS Forth Valley should consider what action can be taken to improve the completion rate, to support staff in their roles. Improvement actions should be monitored by the SGC.

Whistleblowing

Whistleblowing updates for Quarters 1 and 2 and 3 2023/24 were provided to the SGC.

The March 2024 Whistleblowing update included key themes, actions and learning identified from the cases. This includes 'culture', linking and using findings from the Caring and Compassionate Leadership work to support changes in the service.

The Whistleblowing Annual Report 2023/24 was presented for approval to the May 2024 Board but the SGC have not had the opportunity to formally consider the Whistleblowing Annual Report 2023/24, and the SGC Annual Report 2023/24 does not reference SGC consideration of Whistleblowing reports during the year. The scheduling around this area will require consideration in 2024/25.

The Whistleblowing Annual Report details 3,997 staff (59%) have completed training in 2023/2024, up from 2,419 in 2022/24. The target is 90% with a year-end trajectory of 70%.

The Independent National Whistleblowing Officer's expectation is that Stage 2 concerns are closed within 20 working days. An average of 53 working days was taken to complete Stage 2 concerns and one of 12 Stage 2 complaints was closed in full within timescale. The Quarterly Whistleblowing updates reported that timeframes to complete investigations are a concern and that the increase in the number of lead investigators should lead to improvement in this area.

Action Point 5 - Plan to address improvement actions

Finding:

A significant number of previously agreed fundamental governance actions planned by the SGC and agreed by Management have not been fully progressed to completion. In our opinion, the Substantial Assurance provided in the SGC annual report 2023/24 does not fully reflect the governance improvements that are still required.

Our audit fieldwork identified several areas of poor performance which are not reflected in the SGC annual report.

Audit Recommendation:

In line with FTF Committee Assurance principles, Standing Committee annual reports are an opportunity to reflect on the year just gone and should be used to consider overall progress and key issues going forward. The annual report should be focused on the most important issues, including:

- Explicit identification of areas of non-compliance and explanation of the impact on the control environment.
- Clear performance information and highlighting of areas of poor performance.
- Consideration of key risks and concerns and how these will be reflected in the workplan for the year ahead.
- Any long standing, intractable issues identified during the year.

We recommend the SGC revisit the Committee Assurance principles in taking forward their 2024/25 work. The SGC should develop a plan to collate all outstanding actions, prioritise these and then identify responsible individuals and realistic timescales for completion. Progress with this action plan should be rigorously monitored by the SGC.

Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

The Staff Governance Committee reporting will be reviewed as part of our on going improvement work. The reporting to Committee is being adjusted and this will be developed over the 2024/25 performance year to ensure that the Assurance Report for this year reflects the audit recommendations.

Action by:

Date of expected completion:

Director of Human Resources

May 2025

Action Point 6 – Staff Governance Committee Workplan

Finding:

The format of the Staff Governance Committee Workplan does not support easy identification of achievement or otherwise of planned work and does not identify when important reports are not being delivered in line with the plan. Improvements are required in the design of the workplan to enable robust evaluation of progress.

The workplan format has all items for future dates ‘ticked’ so it is difficult to ascertain, at a glance, where reports have not been presented on time and where reports are rescheduled.

We noted that at the March 2024 SGC, of the 11 items for assurance, one was a verbal update and only one explicitly requested the Committee consider the level of assurance. Nine of the 10 assurance papers did not include a required Committee action for approval. One of these provided only limited assurance and one provided substantial assurance.

Audit Recommendation:

To improve the effectiveness and efficiency of the Committee we recommend that the Committee’s Workplan be redesigned.

The redesign should clearly show where items are planned, where they have not been presented as planned, and where items have been rescheduled to and succinctly noting the reason for any rescheduled item.

The redesign should ensure that, at a glance, the Committee can assess their progress with their workplan and which reports have been rescheduled, and how often and why.

As per of agenda planning a quality check of all papers should be completed to ensure the level of assurance, key risks and issues and required decisions are clearly signposted.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

The Director of HR will work with the Head of Corporate Governance and Board Secretary to ensure the Staff Governance Committee Workplan reporting is consistent with all other Governance Committees in providing clear and transparent updates to the Staff Governance Committee. It is noted that our current Workplan format is consistent with other committees so unless there are changes proposed across all governance committees, it is proposed the point raised will be reflected in the Workplan cover paper.

Action by:	Date of expected completion:
Director of Human Resources	September 2024

Final

Action Point 7- Remuneration Committee Reporting

Finding:

Neither the SGC nor the Board received any minutes, updates, or summary of key items from the Remuneration Committee during 2023/24 as required by the Code of Corporate Governance. The Remuneration Committee met four times during 2023/24.

We note also that the SGC terms of reference does not reference their role related to the Remuneration Committee.

Audit Recommendation:

The Remuneration Committee must, in line with its Terms of Reference as detailed in the Code of Corporate Governance, 'provide the Board, through the Staff Governance Committee, with updates'. The Terms of Reference state that 'A summary of the key items of business considered by the Committee shall be presented, through the Staff Governance Committee as appropriate and made to the next available Board Meeting by the Committee Chair'.

The SGC terms of reference should be updated to specify their role related to the Remuneration Committee.

Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

An Annual Assurance Report for 2023/24 will be presented the next Remuneration Committee and reported to the Staff Governance Committee in line with existing governance practice. Any further changes to governance practice will be considered following review of current sector practice, noting that variations across Boards is a known national issue and we will respond as necessary to any further national direction.

Action by:

Director of Human Resources

Date of expected completion:

September 2024

Action Point 8 – Risk Reporting

Finding:

As reported in the 2023/24 ICE, a deep dive (focussed review) on the Workforce Plans risk SRR009 has not been reported to the SGC since March 2023. A Workforce Strategic Risk Deep Dive is scheduled on the SGC forward planner for June 2024 and December 2024. This is out of alignment with the Strategic Risk Reports presented to SGC which state that the June 2024 focused review (deep dive) will be on SRR018 Primary Care Sustainability.

Audit Recommendation:

We recommend that a schedule of focused (deep dive) reviews is planned, and the work planner and other papers carefully cross checked to ensure that there is no mis-alignment of the timing of reviews.

Individual risk details should be updated, particularly in relation to planned controls and target dates.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

The focussed review of Primary Care Sustainability will be completed at the June 2024 Staff Governance Committee (SGC). A dedicated SGC session is being planned before our next scheduled meeting in September and this will inform our strategic

Action by:

Date of expected completion:

Interim Director of Human Resources

30 September 2024.

Financial Governance

Strategic Risks

- **SRR005 Financial Sustainability: Current Score 25 (very high) Target Score 15**

If our recurring budget is not sufficient to meet the recurring cost base there is a risk there will be an increasing recurring gap in our finances, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current / future service provision.

- **SRR010 Estates and Supporting Infrastructure: Current score 16 (high) Target Score 6**

If a whole system, multidisciplinary approach is not applied, there is a risk that we will not make best use of available capital and revenue funding, via prioritisation and allocation, to fully proceed with existing Estates and Infrastructure plans, make new development plans, or maintain and enhance the existing estate. This will result in an inability to maintain and develop a suitable environment for modern and sustainable services.

- **SRR017 Environmental Sustainability and Climate Change: Current Score 16 (high) Target Score 16**

If NHS Forth Valley does not receive funding and resources, there is a risk that we will be unable to comply with DL38 and delivery actions / meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy, and will not operate in an environmentally sustainable way, resulting in a failure to meet objectives and damaging stakeholder / public confidence.

Economic Environment

The economic environment post-Covid is severe, and there are no indications of an improving outlook in the short to medium term. Our 2022/23 Internal Control Evaluation made a significant recommendation around financial sustainability. Whilst NHS Forth Valley did meet their financial targets in 2023/24 the momentum to continue to make savings must be maintained. This has been clearly communicated through financial reporting. The delayed Population Health and Care Strategy, along with the ongoing challenge to make recurring savings makes the journey to sustainability harder. Every individual within the organisation must understand their role in this endeavour and it is vital that the Executives and Non-Executives reinforce and embed the message that financial sustainability is everyone's responsibility. The board should continue to engage with staff for example via feedback Q&A which have already commenced.

Financial Performance

The 2023/24 to 2026/27 Financial Plan was approved by the Board on 28 March 2023. At that time, the revenue financial gap before savings in 2023/24 was £40.6 million. A savings plan of £25 million left a residual funding gap of £15.6 million, for which mitigations needed to be found. The Capital Plan forecast was for a breakeven position.

Scottish Government (SG), through the national Sustainability & Value programme, set a 3% minimum recurring savings target for all territorial NHS Boards. This equated to £18.9 million, £7.5 million of which related to services delegated to IJBs.

The draft financial outturn position to 31 March 2024, subject to external audit review, is:

- A £0.234m million underspend against the Revenue Resource Limit (RRL) of £795.6 million

- A break-even position against the Capital Resources Limit (CRL) of £9.5 million
- A break-even position against the cash requirement, with a closing bank balance of <£0.5 million
- The 2023/24 savings target of £25 million was delivered, £2.75 million of which was recurring, against a target of £10 million recurring.

The small underspend in 2023/24 was only possible following receipt of an additional £8.2 million unplanned funding from Scottish Government in February 2024 arising from Barnett consequential, a £1.9 million reduction in Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) and resolution of a historic V.A.T. issue resulting in a £1 million in-year, non-recurring benefit.

Interventions and changes earlier in the year also factored in reaching this year end position, including a £4 million capital to revenue transfer in January 2024 and £11.9 million additional NRAC parity / New Medicines funding in summer 2023. These earlier changes were detailed in previous reports to the P&RC but we would recommend that, for clarity, the full year report detail all elements that have contributed to the final outturn in a simple table.

Whilst the final outturn positions for both IJBs is not confirmed, the NHS Forth Valley outturn is based on latest forecasts that Clackmannanshire & Stirling IJB's £2.9 million overspend on delegated healthcare services will be met by application of reserves and that Falkirk IJB's £0.8 million delegated healthcare underspend will be transferred to their reserves in line with Integration Scheme requirements.

Significant financial challenges were experienced throughout the year, particularly within the Acute Services Directorate where the full year overspend was nearly £19 million. A short life (6 months) Financial Recovery Acute Action Group was established in late 2023 to implement a financial recovery plan, but the overspend was not reduced. NHS Forth Valley recognise this was a longer-term recovery plan and unlikely to fully address the overspend in year.

Internal audit A20/23 Financial Compliance provided Limited Assurance and made a significant recommendation to evaluate efficiency group challenges in delivering savings to inform future forums for cost improvement / transformation. The Financial Sustainability Action Plan sets out the detailed savings programme for the year ahead with management and finance leads clearly defined. The governance process for holding individuals to account for delivery is being led by the Chief Executive through a newly established Financial Sustainability Oversight Group which reports to the P&RC.

Financial reporting to the P&RC and Board remained consistent and the position and challenges were clearly presented. The volatile macro-economic environment made financial forecasting challenging.

Savings Challenge

A savings target of £25 million was identified for 2023/24, £10 million (40%) of which was recurring and £15 million (60%) non-recurring. The £10 million recurring target was risk assessed as 44% green, 51% amber and 5% red. By year-end the savings target had been delivered, albeit a significant proportion (89%) was on a non-recurring basis. Most savings achieved related to one-off funding from Scottish Government, technical accounting adjustments, slippage on service developments and changes to phasing of planned investments rather than operational efficiencies recurring or otherwise. Unachieved recurring savings are reflected in the £58.4 million underlying deficit reported in the 2024/25 Financial Plan. In future, the receipt of additional year-end funds from the SG may be less likely, so it is critical that the Board achieves its recurrent savings plan.

A08/24 - Internal Control Evaluation 2023/24 did not repeat previous recommendations in relation to financial sustainability and these remain valid.

Capital Funding

The 2023/24 Capital Finance Plan forecast a balanced capital budget and the draft unaudited figures for the year confirm that position.

DL (2024) 02 – NHS Scotland: Whole System Infrastructure Planning has resulted in the pausing of planned redevelopment and modernisation programmes. This is captured within the Estates and Infrastructure risk (SRR010).

An update to the April 2024 P&RC provided limited assurance as guidance was still being developed and local resource requirement and the approach to governance needed to be fully considered.

Scottish Government has confirmed that the national position regarding capital funding will be constrained for a number of years. A multi-disciplinary approach will be needed in preparing the new documents and NHS Forth Valley should ensure capital planning is clearly and explicitly linked to and aligned with the developing Population Health Strategy and the IJB Strategic Commissioning Plans.

The ELT has been asked for input in relation to how best to prioritise investment in the preparation of the required documents and specifically whether there is adequate internal resource or whether this requires to be supplemented.

No additional capital funding will be provided to the Board in the medium term over and above the core formula allocation and Boards have been asked to stop project development spend as no new construction projects will be supported in the next 2 years. The core capital formula allocation is expected to remain at £6.4 million per annum for the duration of the five-year financial plan, and Scottish Government advice is the capital plan should be focussed on addressing backlog maintenance and essential equipment replacement only.

The Estates and Supporting Infrastructure strategic risk has remained static. The severe limitations on capital spending together with any impact of the capital to revenue transfer in 2023/24, would indicate that this strategic risk is rising and this should be considered in the next risk review. The combined effect of constraints in capital funding from the Scottish Government and transferring capital funding to support the Board's revenue position creates risk associated with the board's estate, now and for the future. These are likely to lead to increasing capital pressures and cost pressures (capital and revenue) in future years. The board will need to carefully manage the impact of reduced capital funding and the consequences therefrom.

Risk Management

The Financial Sustainability strategic risk remained at the highest score (25 – very high) for the entire financial year, reflecting the sustained and extremely challenging financial pressures on the Board and Scotland wide. In April 2024 the P&RC agreed to increase the target score to 15 (previously 9), which is within the Board's tolerance level for financial risks. This is a more realistic target position for the Board given the financial risk environment. New controls have been added, including the Financial Sustainability Action Plan, approved by the Board in March 2024, and monitored by the Financial Sustainability Oversight Group.

We previously reported that some risks highlighted in the financial plan were not clearly incorporated within the strategic finance risk and this applies to the 2024/25 financial plan, for example risks such as "financial pressures associated with the disproportionately high prison population in Forth Valley".

Effective management of strategic risks SRR009 Workforce Plans, SRR011 IT Infrastructure and SRR014 Healthcare Strategy have been identified by the Director of Finance as key enablers to mitigation of the financial risk.

Financial Planning 2024/25

The Financial Plan 2024/25 to 2028/29 was approved by Board on 26 March 2024. It incorporated the one-year indicative funding settlement advised by Scottish Government on 19 December 2023 for 2024/25 and meets the requirements of financial planning guidance issued by Scottish Government.

The plan carries a significant level of risk, particularly in relation to ongoing capacity and workforce pressures which continue to drive increased use of temporary staffing and contingency beds.

The Financial Plan recognises that the scale of the financial challenge over the next 5 years is unprecedented and delivering financial balance across the timeframe will be extremely challenging.

A summary of the revenue projections for the next 5 years is detailed below:

	2024/25 £m	2025/26 £m	2026/27 £m	2027/28 £m	2028/29 £m	Total £m
Financial gap before savings	(58.357)	(55.025)	(46.489)	(44.500)	(50.549)	(254.920)
Savings plans / targets	43.841	40.000	35.000	30.000	35.000	183.841
Residual gap	(14.516)	(15.025)	(11.489)	(14.500)	(15.549)	(71.079)

Scottish Government confirmed approval of the Financial Plan on 4 April 2024, setting out expectations of continued regular engagement with Scottish Government colleagues and noting the next steps as follows:

- Progress delivery of a minimum 3% recurring savings in 2024/25 (£20.1 m for NHS Forth Valley and IJBs) and develop options to meet any unidentified or high-risk savings balances.
- Continue to progress with the areas of focus set out in the '15-box grid'.
- Engage and take pro-active involvement in supporting national programmes as they develop in 2024/25.
- Develop further measures to reduce the Board's residual financial gap.
- Provide an update at quarter one on the financial risks outlined within the Financial Plan to assess likelihood of these materialising and the impact these could have on the Board's outturn.

There is significant uncertainty in years 2 to 5 of the Financial Plan, along with the residual gaps even after considerable savings. In common with many NHSScotland Boards, it is not clear that the Scottish Government 3% recurring savings target expectations can be delivered in current conditions.

The Financial Sustainability Action Plan recommended in our 2022/23 annual report, demonstrating clear links to the in-development Healthcare Strategy and service redesign and transformation has been implemented. The Financial Sustainability Oversight Group established on 8 April 2024 meets fortnightly and oversees the Financial Sustainability Action Plan and associated change management and delivery of savings. This Group will report to the P&RC for visibility, provide progress reports and any escalation of key risks or issues.

The Population Health and Care Strategy is due for publication in December 2024 and the impact that finance will have on performance still needs to be fully assessed.

Given the considerable uncertainty in income and expenditure assumptions the Director of Finance included some one-way sensitivity analysis in the 2024/25 Financial Plan to demonstrate the effect of a 1% change in inflation. Both Internal and External audit suggested that there would also be benefit in the Board seeing a “best”, “worst” and “likely” case scenario to allow them to manage the risks and assist Members to understand fully the potential range of outcomes that the Board could encounter, however this was not undertaken for 2024/25.

In recent years savings have not been delivered as planned and there is a clear risk that current saving targets will not be delivered as anticipated. We reiterate that the Financial Plan would benefit from robust explanations of how recurring savings will be achieved in future. The Board needs to assure itself that it has capacity, sufficient to drive strategy, transformation and deliver required savings.

The Scottish Government have committed to issuing 80% of allocations in the first quarter 2024/25 which should assist Boards in planning the year ahead.

2024/25 Recent Developments

The 2024/25 month 1 overspend was £2.1m, higher than the planned trajectory. The Director of Finance reported to the May 2024 Board that urgent action is required during the first quarter to support a path to financial balance. The overspend in Acute Services was £3.4 million, the total overspend being mitigated by releasing central budgets pending funding allocations being confirmed (eg anticipated funding to cover the increase in employer superannuation contributions effective from 1st April and the return of non-recurring funding banked in 2023/24).

Financial Compliance

Internal audit A20/23 – Financial Compliance issued March 2024, focused on core financial and budgetary controls and the approach taken to implementing the cost improvement plan.

Whilst recognising the significant work undertaken to address the financial challenge, the report provided limited assurance on the basis that recurring savings of the level required would not be met for 2023/24 and existing controls were unlikely to achieve and maintain financial sustainability in the medium to long term.

The report made eight recommendations to improve core financial and budgetary controls to strengthen the control environment and to assist in embedding further a culture of financial responsibility, accountability, and sustainability. Two of the agreed action points were completed by management during the report finalisation process. The remainder have completion dates over the next 6 months, with the latest date for completion of an action being November 2024.

Best Value

The Board received and accepted reasonable assurance in March 2024 that NHS Forth Valley had demonstrated delivery against the Best Value Framework in 2023.

Climate Emergency & Net Zero Requirements

The NHS Forth Valley Annual Climate Emergency & Sustainability Report 2022/23 was considered by the P&RC in February 2024 and concluded that *“significant challenges remain, however, if the NHS Board is to achieve its own targets and in doing so, contribute towards achieving NHS Scotland’s net-zero ambitions. The risk of not achieving what is required is recognised in the NHS Board’s Strategic Risk Register, and in particular the resources required to build and sustain a climate change and sustainability team commensurate with the challenge. This NHS Board is also conscious of the significant financial*

pressures that are affecting NHS Scotland and must stress that budget availability is highly likely to impact on our ability to achieve targets and deliver outcomes”.

The Environmental Sustainability and Climate Change strategic risk was reviewed in April 2024 and remains static. Discussions are underway at NHS Scotland level in relation to regional working opportunities. It has been recognised since the inception of this risk that resourcing, particularly in relation to funding, is a significant mitigator of the risk. Similarly to the Estates and Infrastructure strategic risk, the severe restrictions on capital funding indicate that this risk may be rising, and this particular aspect should be covered in the next review.

Resourcing to effectively implement the requirements of the Climate Emergency and Sustainability Strategy 2022-2026 continues to be a significant cost pressure and securing revenue funding to build a team is a key financial challenge.

Final

Action Point 9 – Financial Risk**Finding:**

Some risks highlighted in the financial plan related to long-term and therefore strategic conditions are not clearly incorporated within the strategic finance risk, for example 'financial pressures associated with the disproportionately high prison population in Forth Valley' and 'cost pressures associated with IJBs, particularly relating to requests for additional payments beyond funded baselines as part of risk share arrangements.

Audit Recommendation:

Strategic risks within the financial plan should be included in the strategic finance risk as current or planned controls.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

The strategic risk on financial sustainability will be updated to reflect new and emerging risks, including those outlined in the financial plan, as part of the next routine quarterly update to the strategic risk register.

Action by:**Date of expected completion:**

Director of Finance

30 September 2024

Action Point 10 – Presentation of Full Year Results

Finding:

During the year the Director of Finance regularly reported changes to the projected outturn as a result of unplanned funding and other external mitigations, but the final report of the year does not summarise this so that all changes and updates can be viewed together.

Audit Recommendation:

When presenting the final projected outcome for the financial year, a table showing all additional and unplanned funding and other changes should be presented, to support Members to discharge their governance role.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

Going forward a table will be included in the year-end outturn report to illustrate key movements in the final outturn position compared to the original financial plan projection.

Action by:

Date of expected completion:

Deputy Director of Finance

31 March 2023

Information Governance

Strategic Risks

Risk SRR003 – Information Governance – High Risk 12; Target 8 Medium

If NHS Forth Valley fails to implement and embed effective and consistent Information Governance arrangements, there is a risk we would experience systemic compliance issues and inability to use our information assets effectively, resulting in reputational damage and potential legal breaches leading to financial penalties.

Risk SRR011 – Digital & eHealth - Infrastructure and Strategy – High Risk 12; Target 6 Medium

If NHS FV does not develop and effectively implement a Digital and eHealth strategy which enables transformation and improvement as well as minimising technical vulnerabilities, there is a risk that other key organisational strategies cannot fully deliver the intended benefits, or the IT infrastructure could fail, impacting on long-term sustainability and efficient and effective service delivery.

Risk SRR015 – Cyber Resilience – Very High Risk 20; Target 16 High

If NHS Forth Valley do not maintain the effectiveness of current cyber security controls and implement improvements to security controls where possible. There is a risk that the cyber security of the organisation may be compromised resulting in a significant disruption to the services delivered by the organisation and an impact to the confidentiality, integrity, and availability of systems and data.

Information Governance (IG) Assurance Reporting

The IG Annual Report presented to the February 2024 P&RC (for the 2023 calendar year) provided reasonable assurance and noted information governance compliance gaps in relation to the NHS Forth Valley response to information access requests and records management controls. The committee was advised these issues were being actively addressed and agreed the level of assurance. We have made a recommendation on annual reports in the corporate governance narrative.

An update on the Network & Information Systems Regulations (NISR) 2023/24 audit to the April 2024 P&RC provided reasonable assurance and reported action required to improve non-compliance. NHS Forth Valley achieved an overall 80% compliance for the 2023/24 Audit, an improvement on the 70% compliance in 2022, 60% in 2021 and 50% in 2020. Two of three KPIs set out by the Scottish Health Competent Authority designed to significantly reduce the cyber risk exposure had been achieved. An Action Plan was being drafted to progress compliance with the remaining 124 controls (of the total 427), with efforts focused on achieving the final KPI, which is that there should be zero subcategories with a compliance of < 30% (red, black).

NHS Forth Valley is performing strongly in compliance with NISR. The IG Annual Report did however report *‘there are areas that will take significant resources from across the organisation to implement effective controls’* and that *‘it also must be acknowledged that continued resources are needed to ensure the health board can maintain and improve the effectiveness of the implemented controls.’*

A further control to mitigate SRR015 Cyber Resilience is the need to improve compliance with mandatory Cyber Awareness training. The IG Annual Report noted that whilst there were reasons reflecting service pressures, there had been a fall in compliance rate in relation to cyber e-learning. The completion target is 90%, and Quarter 4 data for 2023 reported 51% for ‘Safe Information Handling’ and 50% for ‘Cyber

security: top tips for staff'. Given the threats from the cyber risk environment, and that effective cyber security measures rests with the whole organisation, NHS Forth Valley should consider what further they can do to increase the take up of training in this area.

IG Risk Management

The three IG strategic risks aligned to the P&RC were reviewed as part of the Strategic Risk Register Review to the February 2024 P&RC and also at the April 2024 P&RC. The current and target risk scores have remained static. The focused risk review of the SRR003 Information Governance was reported to the P&RC in February 2024, which provided a reasonable level of assurance on the basis that many key controls to manage information governance and risk are assessed to be in place and mostly effective. It was reported that there is more to do before this strategic risk can be brought within appetite, although it was within agreed risk tolerance. The IG strategic risk will be reviewed at the same time as the IG annual report. Focused risk reviews are scheduled for June 2024 P&RC for SRR011 Digital & eHealth - Infrastructure & Strategy, and for February 2025 P&RC for SRR015 Cyber Resilience.

The Freedom of Information (FOI) Highlight Report to the April 2024 IG Group (IGG) reported compliance with the statutory response timescale of 20 working days for FOI (Scotland) Act 2002 and Environmental Information (Scotland) Regulations 2004 requests as a red risk. NHS Forth Valley had received a Level 1 intervention from the Scottish Information Commissioner and Management have informed us escalation to Level 2 is likely. Level 2 interventions aim to remedy recurring or more substantial or substantive practice failures – breaches or non-compliance issues that may not be resolved by a Level 1 intervention and require a number of actions to be taken by the authority.

The report noted that the number of open requests had continued to rise significantly resulting in an unprecedented number in excess of 500. Compliance had dropped from 50% in quarter 1 2023 to 30% in quarter 4. The report noted work developing procedural enhancements and operational efficiencies to help improve performance. A business case for additional staffing resource was being prepared.

The Safeguard Request for Information module will continue to be used to administer the FOI process and training and system enhancements were planned for completion by the end of May 2024. Engagement sessions were held within the Acute Directorate and Finance, to present challenges and concerns, enhance the existing process and improve communications. The FOI Highlight paper emphasised the importance of management buy-in for engagement with the FOI process and recommended increased prominence and inclusion on management team agendas.

Work continues to progress the recommendations from the January 2023 ICO audit, with an update planned for the next IGG.

The P&RC annual report 2023/24 referenced FOI performance challenges but did not report the Scottish Information Commissioner Level 1 intervention, nor the anticipated Level 2 intervention.

Information Governance Incidents

The IG annual report 2023 noted that one data protection breach involving NHS Forth Valley data used in a UK wide research study was assessed to meet the threshold for reporting to the UK ICO. This study had been approved by the Public Benefit Privacy Panel, but the breach impacted NHS Forth Valley and NHS Lothian. The IG annual report provided assurance that the appropriate security incident and breach policies and procedures were followed to respond appropriately to the incident.

One incident was reported to the NIS Competent Authority (Scottish Government) regarding an availability issue for a key system and appropriate action was taken to reduce the impact and minimise disruption to service.

Digital and eHealth Strategy

The Digital Health and Care Strategy, Health and Care in the digital age: a digital strategy for NHS Forth Valley 2023-27 and the supporting Information strategic framework, Better Insight, improved outcomes: a Strategic Framework for data and information in NHS Forth Valley 2023-27, were approved by the Board in January 2024. A finance section is included in the Digital Health & Care Strategy, which identifies resource requirements aligned to financial plans and affordability. The paper to the January 2024 Board noted an element of risk going forward into the next financial year. The Digital and eHealth Delivery Plan 2024/25 was approved at the April 2024 P&RC. Assurances were provided to the Board that both the Digital Health and Care Strategy and the Healthcare Strategy would be aligned.

As reported to the February 2024 P&RC, at end of December 2023, 33 projects were progressing as planned, four were behind quarterly milestones but still projected to be delivered in overall project milestones, and 34 projects were complete or had no planned activity in the quarter, one was behind quarterly milestone and at risk of not being completed within overall project milestones.





The Digital & eHealth Delivery Plan 2024/25 considered at the April 2024 P&RC noted an overarching major risk of Cyber Security to be managed to ensure the successful delivery of the plan.




Key Performance Indicators




Planning	Target	2022/23	2023/24
Strategic/Annual Plan presented to Audit & Risk Committee by June.		Draft presented 22 June 2022	Draft presented 20 June 2023
Annual Internal Audit Report presented to Audit & Risk Committee by June	Yes	Yes	Yes
Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	100%	100%
Efficiency			
Draft reports issued by target date	75%	71%	83%
Responses received from client within timescale defined in reporting protocol	75%	71%	83%
Final reports presented to target Audit & Risk Committee	75%	71%	57%
Number of days delivered against plan	100% at year-end	97%	110%
Number of audits delivered to planned number of days (within 10%)	75%	83%	50%
Skill mix	50%	64%	57%
Effectiveness			
Client satisfaction surveys	Average score of 3 or above	Figure 2 Bar Chart – average 3.1	



Assessment of Risk





To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for area under review.	Two
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	Five
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	Three



ICE Report 2023/24 (A08/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
<p>1. Firebreak Learning</p> <p>An action plan has been developed incorporating actions informed by the Firebreak, business as usual (BAU) and the work with the Centre for Sustainable Delivery.</p> <p>A measurement programme has been developed with key owners and timescales. Actions will be taken forward with the intention that these become BAU over time.</p> <p>Regular performance updates against the agreed actions / measures will be reported through the relevant Assurance Committee.</p> <p>Director of Acute Services</p> <p>December 2024</p>	<ul style="list-style-type: none"> • Firebreak Outcomes and Improvement Recommendation paper developed. • National Unscheduled Care Programme debrief held 15/12/2023. • Forth Valley Royal Hospital Urgent and Unscheduled Care Unscheduled Care Delivery Plan (January 2024) developed. • Urgent and Unscheduled Care Update report to P&RC April 2024 which provided limited assurance due to low level of performance but noted workstreams in place. • Scheduled Care Update to February 2024 P&RC which provided reasonable assurance. 	 <p>On track</p>
<p>2. Triggers for Deep Dives</p> <p>An annual programme of Strategic Risk focused reviews will continue to be developed into 2024/2025. These will be detailed within Assurance Committee planners.</p> <p>A full focused review of each Strategic Risk will be undertaken annually with a progress update on actions identified to enhance the control environment brought back to the relevant Assurance Committee throughout the year.</p> <p>In addition, the schedule of focused review will kept under review.</p> <p>Head of Policy and Performance</p> <p>March 2024</p>	<p>Schedule of Strategic Risk Focused Reviews for 2024/2025 agreed and shared with Assurance Committee Executive leads and admin support for inclusion in committee planners. All current strategic risks included.</p>	 <p>Complete</p>
<p>3. Partner Risk Registers</p> <p>Work is currently progressing around the review and alignment of all partners Strategic Risk Registers which will include creating a process to enhance the flow of risk information. The Corporate Risk Team work closely with the IJBs to review and update all relevant risks ensuring appropriate information is considered. This is part of a wider piece of work ongoing to enhance the</p>	<p>Plans are progressing to set up a whole systems group with IJBs and the councils so all will come together and share risk between risk professionals initially. The intention is to have a ToFR for end of June 2024 and first meeting. Currently informal set up for work between partner bodies but development of whole system group is intended to formalize this.</p>	 <p>Slippage</p>


<p>risk management framework between partner organisations.</p> <p>This work will link to the review of integration schemes being undertaken by the four Chief Executives.</p> <p>Head of Policy and Performance</p> <p>June 2024</p>		
<p>4. CGC Assurances</p> <p>The Head of Clinical Governance, Medical Director and Chair of the CGC will put in place a process to ensure that any gaps in presentation of reports scheduled on the forward planner will be highlighted. This will commence after the CGC meeting has taken place in January and will therefore be visible in the committee planner from the CGC meeting in in March 2024 onwards.</p> <p>Medical Director and Head of Clinical Governance</p> <p>March 2024</p>	<p>Forward planner presented to each CGC meeting, where Chair asks Head of Clinical Governance to confirm if there are any planner items which have not been tabled.</p> <p>Internal audit report A08/24 ICE was presented to the March 2024 CGC.</p>	 <p>Complete</p>
<p>5. Clinical and Care Assurance</p> <p>The reporting to the CGWG and the CGC is being revised to include wider system assurance reports from both partnerships through their professional leads to obtain assurance on the quality of care. Both partnerships are also reviewing their Integration Schemes and, as part of that process, there is an opportunity to include clear C&CG arrangements.</p> <p>The first new assurance report will be presented to CGWG on 8 February 2024 and to CGC in March 2024.</p> <p>Medical Director</p> <p>July 2024</p>	<p>This is still in progress and on track for target date.</p> <p>Draft Whole System Assurance report went to March 2024 CGC.</p> <p>Next version went to May 2024 CGC and included Falkirk HSCP and Clackmannanshire and Stirling HSCP update and incorporated feedback from the March 2024 CGC.</p>	 <p>On track</p>
<p>6. Significant Adverse Event Reporting</p> <p>The Head of Clinical Governance is currently working with the Medical Director, Clinical Governance Managers and colleagues in other Health boards to identify the best examples of demonstrating the KPIs. This work will be shared with the CGC members to ensure that the agreed format represents the KPI information to help support our clinical governance assurance process in relation to SAERs.</p>	<p>This is still in progress and on track for target date.</p> <p>Revised Significant Adverse Events Report went to March 2024 CGC with graphical presentation of performance and compliance with requirements.</p> <p>Next version went to May 2024 CGC with further development and incorporated feedback from the March 2024 CGC.</p>	 <p>On track</p>

<p>Medical Director and Head of Clinical Governance July 2024</p>		
<p>7. Safety and Assurance Reporting</p> <p>The Safety and Assurance Report is currently under review. The SPSP focused section of the report will be managed by the Acute Directorate Clinical Governance leads. There are two Acute Directorate Clinical Governance events planned in February and March where much of the discussion around safety metrics, measurement, monitoring and assurance will take place.</p> <p>The Directorate Assurance aspect of the report will be separated and will have specific assurance metrics to provide assurance to the CGWG and CGC on areas of clinical governance e.g., regular meetings, SAERs, Risks, Clinical Guidelines etc.</p> <p>Medical Director and Head of Clinical Governance July 2024</p>	<p>This is still in progress and on track for target date.</p> <p>Work continuing to develop Acute Safety and Assurance Report.</p> <p>The next round of Safety Assurance report compositions took place week commencing 18 March 2024 for the Safety and Assurance report due at Acute Services Directorate Clinical Governance meeting 27 March 2024.</p> <p>Colleagues in Acute Directorate are leading the development of this report: Director of Acute Directorate, Chief Nurse for Acute and Deputy Medical Director for Acute.</p> <p>The Acute Safety and Assurance Report was presented to the March 2024 and May 2024 CGC meetings.</p>	 <p>On track</p>
<p>8. Patient Experience</p> <p>A detailed assessment of current performance and the operational risks related to poor performance were outlined for the CGC in January 2024 with an action plan presented in terms of mitigation steps to be taken. The current backlog has been recognised as a formal organisational risk; the risk is being further developed for formal reporting on the corporate risk register.</p> <p>Action plan to be updated within the Person Centred Complaints and Feedback Report at each meeting of the Clinical Governance Committee highlighting progress against actions, barriers and risks, and any mitigating actions required.</p> <p>Head of Person Centred Care March 2024</p>	<p>Details provided to CGC with a detailed action plan and recognition of current position. Mitigation steps in place including changes in process, additional non-recurrent staffing and further improvements in scope. In tandem with the National Centre for Excellence in Artificial Intelligence, we are looking towards automation and adopting AI methods to further reduce the backlog in a sustainable way.</p> <p>Management have advised they are able to demonstrate a 27% increase in productivity / capacity within the patient relations department over the last quarter.</p> <p>The average time to respond has reduced from 80 days to 55 days with a continued focus to further reduce.</p> <p>Awareness days have been completed within the acute sector with further dedicated drop offs to be planned.</p> <p>Quarterly learning bulletin has been developed with key learning summaries.</p>	 <p>Complete</p>

	<p>Management have noted although reporting mechanisms are in place, the risk of the current backlog continues following an increase in the volume of complaints.</p>	
<p>9. Workforce Strategy and Plan</p> <p>The People Strategy will be developed as a key enabler for our Healthcare Strategy. In the meantime, we will develop our Workforce Planning update reporting to assure the Staff Governance Committee and will consider how best to triangulate the information with resourcing update reports as indicated in the recommendation.</p> <p>Director of Human Resources May 2024</p>	<p>Agreed at SGC that the People Strategy as a key enabler to the Population Health Strategy (PHS) will be developed for approval once the Board agrees the PHS. Work will commence in 2024/25.</p> <p>The March 2024 NHS Forth Valley Board received an update on the timeline for the development of the Population Health Strategy 2024-2029. Final publication is planned for December 2024.</p> <p>Proposed revised date June 2025.</p>	 <p>Slippage</p>
<p>10. Performance Reporting</p> <p>The work on Workforce Performance Reporting through the Pentana system will support our ability to refine the performance reporting to support the proposed enhancement.</p> <p>Director of Human Resources March 2024</p>	<p>Performance Reporting to reflect this recommendation is being developed in the Staff Governance Report and was presented to Staff Governance Committee on 15 March 2024. This included the elements of good practice: 'What is the data telling us?', 'Why?', 'What are we doing to improve and by when?'.</p> <p>The proposed enhancements 'Gap to Scottish or local benchmark', and 'Direction of travel' not yet included.</p>	 <p>Slippage</p>
<p>11. Remuneration Committee</p> <p>The completion of a Remuneration Committee self-assessment will be built into the workplan for 2024/25. Paper issue timescales have been improved from the last meeting in December 2023, and it has been agreed with the Committee that this work will be further strengthened through scheduling key activities to align with the Committee meeting cycle.</p> <p>Director of Human Resources December 2024</p>	<p>Proposal for Remuneration Committee schedule went to the 19 March 2024 meeting allowing the workplan to be set to ensure good governance is embedded.</p>	 <p>On track</p>
<p>12. Information Governance Annual Assurances</p> <p>P&RC is assured around Information Governance risk throughout the year via regular and routine reporting mechanisms. The Information Governance Annual Report is scheduled for the</p>	<p>The Information Governance Annual Report 2023 went to the February 2024 P&RC, where the assurance activity and level of assurance was noted.</p>	 <p>Complete</p>



<p>P&RC in February 2024 and it has been agreed that this update will coincide with future reviews of the strategic risk SRR.003. This update provides assurance to the Committee about the assurance mechanisms in place and their relative effectiveness for managing the Information Governance risk, meaning that they will be reasonably informed to make an assessment of the assurance processes within NHS Forth Valley ahead of the April meeting which will receive the P&RC Draft Annual Report.</p> <p>The Information Governance Group meetings have been scheduled to ensure they take place ahead of the P&R and so IGG minutes, with a highlight report, will be available to the P&R meeting in April. This will enable emerging risks or incidents to be highlighted as required. As at any time of the year, should a significant risk or incident emerge which requires reporting to Committee outwith the normal cycle of updates provided around information governance, an exception report can be provided, as was done in relation to the Adastra incident.</p> <p>It is considered that the existing agreed reporting mechanisms are adequate to inform the Committee Annual Assurance Statement.</p> <p>Head of Information Governance</p> <p>Complete</p>	<p>The meeting also noted the future reviews of the strategic risk SRR.003 Information Governance focused risk review and endorsed the actions identified to further manage the risk into appetite, as well as the level of assurance provided.</p>	
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Annual Report 2022/23 (A06/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
<p>1. Governance Enhancements</p> <p>Assurance Committee Administrators with support from the Executive Lead, and authors to circulate papers 5 days in advance of the meeting. Papers not available for circulation to be either withdrawn from the agenda or circulated as a 'to follow' item with the agreement of the Committee Chair.</p> <p>Agenda setting /planning process in place for Performance & Resources Committee, Clinical Governance Committee, Audit & Risk Committee, and Staff Governance Committee. Similar process to be agreed for NHS Board meetings.</p> <p>Time to be built into the process to ensure that Committee papers are reviewed by the Corporate Office and revised to ensure that reports demonstrate how the paper addresses the relevant requirement(s) of the committee's remit and the relevant strategic risk.</p> <p>The Assurance Committee Template will be completed to ensure that the Chair's update to the NHS Board, which will include the minute, highlights key issues, any key risks or other matters which should be the focus of the Board's attention and any matters which are being formally escalated.</p> <p>Forward planners to be reviewed at each meeting of the relevant Assurance Committee.</p> <p>Timing of Annual Reports from sub-groups to align with financial year-end reporting ensuring support to required timeline for drafting of Assurance Committee Annual Reporting.</p> <p>Head of Policy & Performance: Points 1 – 5: 31 December 2023, Point 6: 31 March 2024.</p>	<p>On calling for papers time has been built in to enable Q&A by the Board Secretary and the Head of Policy and Performance. Timely receipt of papers will continue to be encouraged.</p> <p>The Assurance Committee minutes presented to the NHS Board in January were supported by an Assurance Committee Template cover paper to highlight areas that the Committee Chair wished to escalate to the Board for its attention and consideration. In addition, the cover paper highlighted that the Committee Planner was being adhered to and this was in line with the Committee ToR.</p> <p>Annual reports are currently being taken through relevant groups and committees in time to inform Assurance Committee Annual Reports which will be presented to the NHS Board in May 2024.</p>	 <p>Complete</p>
<p>2. Scottish Government Brokerage</p> <p>The in-year financial position and forecast outturn will continue to be monitored closely throughout 2023/24 and discussions with Scottish Government are planned on a quarterly basis to review financial projections and key risks as these develop.</p> <p>Contingency plans to deliver financial balance will be considered on the basis of financial risk aligned to wider patient safety and service risk.</p>	<p>The financial position and forecast outturn has been monitored and reported regularly throughout the year and the risk of financial brokerage is minimised for 2023/24.</p> <p>The March 2024 NHS Forth Valley Board received an update on the timeline for the development of the Population Health Strategy 2024-2029. Final</p>	 <p>Complete</p>


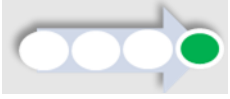


<p>The new Healthcare Strategy will describe financial sustainability ambitions and supporting delivery mechanisms in the context of improving value.</p> <p>Director of Finance</p> <p>31 March 2024</p>	<p>publication is planned for December 2024.</p>	
<p>3. Performance</p> <p>Performance & Resources Committee to approve the Revised Performance Management Framework, with the aim of setting out the governance infrastructure in place to ensure that processes are in place and responsibilities are defined that enable the NHS Board and other key personnel to understand and monitor the Board’s achievement against financial, quality, and operational performance, enabling appropriate action to be taken when performance against set targets deteriorates. This framework explains the operating environment to support effective performance management rather than the specific measures to be monitored.</p> <p>Actions agreed to support effective adoption with update to Performance & Resources Committee:</p> <ul style="list-style-type: none"> • Undertake a current state analysis of the Programme Boards to assess strengths and weaknesses of current model and to identify recommendations for future governance model. • Local Authority Chief Executives, Health Board Chief Executive and Chief Officers to work together to agree a collaborative approach in respect of the HSCP Performance Reviews. • Define detailed reporting arrangements for HSCPs with due consideration for the role of ELT, Performance Reviews and Programme Boards. • Test the usage of the Variation and Assurance icons in one area and review findings before agreeing to adopt more widely. • Test the usage of Best Practice Guidance for Data Presentation and review findings before agreeing to adopt more widely. <p>Assurance section within Assurance Committee Template to make explicit the level of assurance in respect of processes in place.</p>	<p>Performance management arrangements are approved and in place. Review and update on Programme Boards discussed and agreed at ELT meeting on 4th March 2024</p> <p>Work to review and assess the model and reporting lines of Programme Boards commenced, led by Head of Planning, with information gathering completed. This work requires to be concluded.</p> <p>Collaborative approach agreed with regard to HSCP performance review. Reviews will include health, local authority and HSCPs.</p> <p>Decision making matrix in place to support clear governance and accountability processes and whole system decision making for prioritisation, supporting improved integrated working. Everyone has clarity around operational and professional decision making.</p> <p>Performance reviews continue with schedule of dates agreed for 2024.</p>	 <p>Complete</p>

Section 5

Audit Follow Up Position

<p>Acute Services Directorate performance review scheduled for 23 September.</p> <p>Head of Policy & Performance</p> <p>Performance Framework approved August 2023, 31 March 2024 for all others.</p>		
<p>4. Integration</p> <p>Monitoring of the implementation and delivery of integration functions across Forth Valley, including MSG recommendations, is carried out by the Chief Officer Group (COG) in line with section 15.3 of the Public Bodies (Joint Working) (Scotland) Act 2014. Membership of the COG is comprised of the Chief Executives of each Local Authority and the NHS Board. An update from COG will be presented to the NHS Board bi-annually and scheduled on the NHS Board planner.</p> <p>Chief Executive</p> <p>31 January 2024</p>	<p>Updates from each of the IJBs continue to be presented to the NHS Forth Valley Board biannually. Updates from Falkirk in November 2023 and May 2024, and Clackmannanshire & Stirling in March 2024.</p> <p>Integration improvement actions are included within the Assurance & Improvement Plan. Most are complete with work in relation to the review of the integration schemes underway. This is being progressed Pan Forth Valley and commenced in early 2024 providing an opportunity to further strengthen integrated services and ensure accountabilities and responsibilities. The revised integration schemes will ensure better processes and clearer lines of governance and accountability.</p> <p>Review of the integration schemes is ongoing with fortnightly meetings with all parties led by an independent expert and facilitator. Work to be completed by October 2024 ahead of submission to ministers in November 2024.</p> <p>Decision making matrix in place supporting clear governance and accountability processes operationally and whole system decision making for prioritisation, supporting improved integrated working. Everyone has clarity around operational and professional decision making.</p>	 <p>Complete</p>
<p>5. Clinical Governance Assurances</p> <p>As noted in the management response to Action Point Reference 1, the Assurance Committee Template will be completed to ensure that the Chair's update to the NHS Board, which will include the minute, highlights key issues, any key risks or other matters which should be the focus of the Board's attention and any matters which are being formally escalated.</p>	<p>Aligns to recommendation 1 update:</p> <p>The Head of Policy and Performance and the Board Secretary have agreed to complete the Assurance Committee Template to be submitted as a cover paper for Assurance Committee minutes. It has been agreed that 'Key issues to consider' will be any areas that the Committee Chair wishes to escalate</p>	 <p>Complete</p>

<p>Head of Policy & Performance/Chair of CGC 31 December 2023</p>	<p>to the NHS Board for its attention and consideration.</p> <p>This was used for CGC minutes submitted to the March 2024 and May 2024 NHS Forth Valley Board.</p>	
<p>6. Committee Assurances and Administration Chair of the Staff Governance Committee will produce an overarching highlight paper informed by the Committee minutes (linked to Action Point Reference 1).</p> <p>Forward planner will be implemented to inform future agenda items and a monitoring process will be established in line with the Code of Corporate Governance.</p> <p>Interim Director of Human Resources 31 December 2023</p>	<p>On presenting the Staff Governance Committee minute to the NHS Board in January 2024 and May 2024, the assurance Committee template was completed detailing areas the Committee Chair wished to highlight to the Board. In addition it highlighted that the committee had considered its work plan and was working in line with the Committee ToR.</p> <p>The Committee Planner was revised and updated for 2024/2025 and was presented to the Staff Governance Committee in March 2024.</p>	 <p>Complete</p>
<p>7. Performance information reported to SGC An extra-ordinary meeting of the Staff Governance Committee was held on 7 July 2023. A newly established overarching performance report was shared with the Committee which incorporates the recommendations referred to above.</p> <p>This performance report will continue to evolve over time to incorporate further Key Performance Indicators.</p> <p>Associate HR Director 31 July 2023</p>	<p>Report introduced in July 2023 and further refined. Staff Governance report presented to December 2023 SGC and March 2024.</p>	 <p>Complete</p>
<p>8. Staff Governance Standards The recommendations outlined above will be adopted in full, that an annual report taking account of the staff governance standard and corresponding 5 themes will be presented to the Committee. This will also align to iMatter organisational related feedback.</p> <p>Associate HR Director and Service Manager, Staff Governance: 31 December 2023 (annual reporting) 31 March 2024</p>	<p>Staff Governance Standard Annual Monitoring Return report to December 2023 SGC.</p> <p>Scottish Government provided feedback April 2024.</p> <p>Annual reporting/Staff Governance Committee annual report due to June 2024 SGC.</p>	 <p>Slippage</p>
<p>9. Scenario Planning Scenario plans setting out best- and worst-case scenarios will be presented to the Board and P&RC to advise of potential variability within planning</p>	<p>Scenario planning was incorporated into the 2024/25 financial plan presented to the February 2024 P&RC.</p>	 <p>Complete</p>

<p>assumptions for the updated financial plan in March 2024.</p> <p>Director of Finance</p> <p>31 March 2024</p>		
<p>10. Savings</p> <p>A Financial Sustainability Action Plan will be presented to P&RC on the basis recommended above following completion of the new Healthcare Strategy.</p> <p>Director of Finance</p> <p>31 January 2024</p>	<p>The Financial Sustainability Action Plan was presented to February 2024 P&RC.</p> <p>The March 2024 NHS Forth Valley Board received an update on the timeline for the development of the Population Health Strategy 2024-2029. Final publication is planned for December 2024.</p>	 <p>Complete</p>
<p>11. IGG Assurances</p> <p>The 2022/23 IG Annual Report was approved by the Information Governance Group on 22 June 2023 and will be presented to the next P&R Committee on 29 August 2023. Taking account of the above findings, the Head of Information Governance will review the scheduling of Information Governance Group meetings to ensure that the annual report is received by the Committee at or before their April meeting. This will require the IG Annual report to revert to calendar year.</p> <p>In light of this change, it is proposed that the bi-annual Information Governance updates to the P&R Committee take place in February and August. The IG Update in February will capture assurance information for the full year, and the August update will capture assurance for January-June. These will be in addition to the Information Governance Group minutes which will be provided to P&RC once approved, together with a highlight report of key matters.</p> <p>Head of Information Governance</p> <p>31 March 2024</p>	<p>The Information Governance Annual Report and Strategic Risk Review were presented to the P&R Committee on 27 February. At this meeting the Committee agreed that the updates received by Committee throughout the year were sufficient to enable them to make an informed assessment around NHS Forth Valley's assurance framework in this area.</p> <p>It is noted, Information Governance updates were provided to the P&R Committee related to the period January to March 2024. However, the 2023/24 P&R Committee Annual Report did not provide comment or assurance on information governance for January to March 2024. We note the Information Governance Annual report considered by the Committee relates the 2023 calendar year.</p>	 <p>Complete</p>
<p>12. IG Risk</p> <p>The Head of Information Governance will engage with the Corporate Risk Team to review the strategic risks.</p> <p>Head of Information Governance</p> <p>30 November 2023</p>	<p>A deep dive of the IG risk (SRR003) was reported to the October 2023 P&RC and provided reasonable assurance. The risk score was reduced from 16 to 12 (High), which is above risk appetite and above the target risk of Medium (8), but still within risk tolerance.</p>	 <p>Complete</p>
<p>13. eHealth Affordability</p> <p>Future eHealth and digital plans will continue to be fully costed to ensure they are affordable within available resources, and routine financial reports</p>	<p>Future eHealth and digital plans will continue to be fully costed to ensure they are affordable within available</p>	 <p>Complete</p>

<p>presented to P&RC will monitor capital spend against approved budget over the year.</p> <p>Director of Finance</p> <p>31 March 2024</p>	<p>resources, and routine financial reports presented to P&RC will monitor capital spend against approved budget over the year.</p> <p>The digital strategy, approved by the NHS Board in January 2024, identifies resource requirements which align to financial plans and affordability.</p>	
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