

FTF Internal Audit Service

NHS Forth Valley Internal Control Evaluation 2023/24 Report No. A08/24

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Audit & Risk Committee
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Draft Report Issued	22 December 2023
Management Responses Received	22 January 2024
Target Audit & Risk Committee Date	26 January 2024
Final Report Issued	23 January 2023

EXECUTIVE SUMMARY

1. As Accountable Officers, Chief Executives are responsible for maintaining a sound system of internal control and to manage and control all the available resources used in the organisation. This review aims to provide early warning of any significant issues that may affect the Governance Statement.

OBJECTIVE

2. The NHS Forth Valley Internal Audit Plan provides cyclical coverage of all key elements of Corporate, Clinical, Staff, Financial and Information Governance.
3. Together the mid-year Internal Control Evaluation (ICE) and our Annual Report provide assurance on the overall systems of internal control, incorporating the findings of any full reviews undertaken during the year and providing an overview of areas which have not been subject to a full audit. These reviews do not, and cannot, provide the same level of assurance as a full review but do allow an insight into the systems which have not been audited in full. This interim review gives early warning of issues and provides a holistic overview of governance within NHS Forth Valley.
4. The draft Annual Delivery Plan (ADP) 2023/2024 was signed off by Scottish Government on 31 July 2023. The NHS Forth Valley draft Medium Term Plan for 2023-2026, was submitted to Scottish Government in July 2023, with feedback to be provided. Scottish Government guidance advised that the draft Medium Term Plan should take into consideration service changes which Boards are preparing for locally over the next 3 years, and identify through horizon scanning, issues which may require local, regional, or national planning input.
5. The ICE will be presented to the January 2024 Audit and Risk Committee (ARC), allowing the year-end process to be focused on year-end assurances and confirmation that the required actions have been implemented. The ICE provides a detailed assessment of action taken to address previous internal audit recommendations from the 2022/23 ICE and Annual Report.
6. This review will be a key component of the opinion we provide in our 2023/24 Annual Report and will inform the 2024/25 Internal Audit planning process.
7. Our audit specifically considered whether:
 - Governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

RISK

8. Whilst there is no overarching corporate/strategic risk relevant to this review, our audit specifically considered whether governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

AUDIT OPINION

9. Ongoing and required developments and recommended actions are included at Section 2.
10. Our Annual Report, issued on 8 June 2023, was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Leadership Team (ELT), and other papers. As well as identifying key themes, the Annual Report made 13 recommendations on:
 - Governance enhancements.
 - Monitoring the risk that Scottish Government brokerage may not be available and development of contingency plans.

- Linkage between Performance Management Reviews and identification and escalation of strategic risks, provision of assurance on the operation of controls, and the effectiveness of key actions using the Committee Assurance Principles.
 - Implementation and delivery of integration functions and ensuring clear lines of assurance.
 - Provision of a Clinical Governance Committee Chair's update to the NHS Board.
 - Improvements to Staff Governance Committee assurances and administration, to address significant concerns over the effectiveness and efficiency of governance arrangements for this Committee.
 - Improvements to performance information presented to the Staff Governance Committee.
 - Assurance on action to ensure compliance with the Staff Governance Standard.
 - Scenario planning in finance reports.
 - Development of the financial sustainability Action Plan.
 - Scheduling of Information Governance assurances.
 - Review of the information governance risk.
 - Assurance reporting on affordability of the Digital and eHealth Delivery Plan.
11. Action to address recommendations has continued, and key findings are incorporated within this report.
 12. Actions from previous ICE and Annual Report recommendations are shown in Appendix 1. Of the 24 actions, 12 have been completed and the others are on track for completion.
 13. Overall, there has been good progress on actions to address recommendations from our 2022/23 ICE and Annual Reports. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.
 14. In this report, we have provided an update on progress to date and, where appropriate, built on and consolidated previous recommendations to allow refreshed action and completion dates to be agreed. This has resulted in 12 recommendations for which Management have agreed actions to progress by year end.
 15. We recommend that this report is presented to each Standing Committee so that key themes can be discussed and progress against the recommendations can be monitored.

KEY THEMES

16. Detailed findings are shown later in the report and for context relevant strategic risks against each strand of governance are included. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.
17. The Audit Scotland report 'NHS Scotland 2022' was issued in February 2023 and stated that *'the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already difficult and that has been exacerbated by the Covid-19 pandemic, even more challenging'*. Internal Audit reports have recorded similar concerns and highlighted that strategic change is required. The financial risk for NHS Forth

Valley, NHSScotland, and the public sector has continued to increase since we issued our Annual Report in June 2023.

18. As previously reported in the 2021/22 Annual Report, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. The shape of future strategy will be dependent on a number of complex factors, with some subject to change.
19. We previously highlighted the risks associated with the National Workforce Strategy for Health and Social Care and the need for realistic plans. The NHS Forth Valley Workforce Plan 2022-2025 was published in December 2022 and updates have not been provided to the Staff Governance Committee (SGC) during 2023/24. Workforce risks remain very high across NHSScotland, and the current risk and target risk scores will require careful consideration to ensure they reflect local, national, and international pressures, and the extent to which these are and can be mitigated locally.
20. Continuing staff shortages and increased demand for staff means that effective workforce planning remains key in supporting the achievement of the Board's operational, financial, and strategic objectives.
21. Maintaining operational performance against mandated targets remains extremely challenging. While operational improvements will have a limited impact on performance, genuinely strategic solutions must be identified, with a focus on collaborating closely with partners to address underlying capacity and flow issues.
22. There are opportunities further to enhance governance through the application of assurance mapping principles.

Assurance and Improvement Plan

23. 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.
24. The third iteration of the NHS Forth Valley Assurance and Improvement Plan was developed by the Executive Leadership Team (ELT) and approved at the NHS Forth Valley Board meeting on 28 November 2023. The plan builds upon the first two versions and provides an overview of the key actions and priorities, along with details of specific outcomes, leads and timescales.
25. An update on the Assurance and Improvement Plan presented to the Performance & Resources Committee (P&RC) on 18 December 2023 provided Reasonable Assurance. Two additional improvement actions relating to cost improvement and value had been added in October 2023. These actions are not related to Escalation. Actions from the review of Corporate Governance, the Board Self-Assessment, and the first two phases of the Culture Change and Compassionate Leadership Programme are to be included in the plan following the meeting held on 18 December 2023 to map across relevant recommendations. An updated version will be presented to the Escalation P&RC on 19 January 2024 and presented to Board for approval by the end of January 2024.

Section 22 report

26. On 5 December 2023 the Auditor General published a report on NHS Forth Valley's audited accounts for 2022/23 under Section 22 of the Public Finance and Accountability (Scotland) Act 2000. The purpose of the report was to set out the progress NHS Forth Valley is making in addressing concerns in relation to the governance, leadership, and culture. The report provided a timeline of significant events surrounding the decision to escalate NHS Forth Valley.

27. The report concluded that the Board is responding positively to the escalation framework and has put appropriate governance arrangements in place and made progress. The report emphasised that it is critical that sustained progress is made, especially under the new leadership, with sufficient resources put in place to drive forward the change needed. The External Auditor will continue to monitor the Board's performance and will report progress in their 2023/24 Annual Audit Report. The Auditor General will report further to the Scottish Parliament's Public Audit Committee, if necessary.

Capacity

28. The most recent Assurance and Improvement Programme Highlight Report to the December 2023 P&RC noted the risk that dedicated senior leadership capacity is needed to implement the Assurance and Improvement action plan. We agree that this process will necessarily be complex, time-consuming and require considerable senior leadership time and focus.

29. Since the issue of our 2022/23 Annual Report in June 2023, the senior team has been strengthened significantly through key appointments to the roles of Interim Chief Executive, Board Secretary, Interim Director of Acute Services, Interim Director of Human Resources and Acting Director of Public Health. The vacant Director of Facilities and Infrastructure post is being covered alternately between the two Associate Directors: Asset Management and Digital/eHealth. In addition, an Interim Chief Officer for Clackmannanshire & Stirling IJB has been appointed.

30. Continuity has been provided through the continued contribution of the Director of Finance, the Medical and Nurse Directors, the Corporate Programme Management Office (CPMO) Director, the Chief Officers and the Head of Policy and Performance.

31. A review of structures for Nursing, Midwifery and Allied Health Professions was completed in late 2023. A major review and restructure of Acute Services is underway and brings fresh leadership in this area, with permanent posts replacing interim roles to provide certainty and continuity. The triumvirate management model has also been introduced (Medical, Nursing and Management).

32. These developments aim to strengthen capacity in performance management, governance, and key operational areas. We welcome this strengthening of the senior team and recommend that the Board assure themselves that NHS Forth Valley has the capacity to drive strategy, and transformation to deliver services effectively and efficiently, and achieve required recurring savings.

33. The Board must hold Executives to account and address areas where performance can be improved while the Remuneration Committee has a vital role in ensuring that achievable objectives are set for Executives and that the appraisal process is robust.

Performance

34. Achievement of targets remains challenging, particularly delivery of urgent and unscheduled care. From 21 November to 1 December 2023 Acute Services a 'firebreak' or system reset was undertaken aiming to decompress the Forth Valley Royal Hospital site, increase understanding of system constraints, capture areas of good practice that support safe, timely coordinated discharge and improve the focus on patient flow to improve productivity and quality of care. The firebreak has been a whole system endeavour bringing together teams across the system to facilitate a real time gathering of patient intelligence to aid discharge planning and coordination through a collaborative approach to care coordination.

35. A number of System Reset Task and Finish groups, mapped across to the unscheduled care programme, will support continued work with a clear aim and improvement plan. Task and Finish groups are led by leadership colleagues across Health and Social Care to support diverse

solutions and redesign ideas to support services to provide the best care to the people of Forth Valley.

36. A refreshed action plan has been developed that aligns to the national unscheduled care work streams and also addresses the local requirements for improvement. The detail of each work stream is underpinned by data and evidence collated by the recent firebreak outcome paper, the Centre for Sustainable Delivery (CfSD) review and evidence obtained, and the management teams' experience of improving the system.
37. In our view, improvements arising from the firebreak must be sustainable and it is essential that the Board is assured on how benefits will be measured, lessons learned, and risks managed given the importance of this work in improving future efficiency, operational performance, and delivery of key objectives. Urgent and unscheduled care will be a focus of a Board Seminar in February 2024.

Risk Management

38. The Risk Management Strategy 2022-2025 was approved by the Board in July 2022. Following endorsement by the ARC on 25 July 2023, the Board approved the review of risk appetite and tolerances and changes to the Risk Assessment matrix.
39. Eight of the 13 strategic risks were subject to a deep dive in the 2023 calendar year. However, the most recent deep dive of the Urgent and Unscheduled Care risk, which remains static at the highest score of 25, was in February 2023 and the last deep dive of Workforce Plan risks was presented to the SGC in February 2023.
40. In October 2023 the ARC reviewed the 2022/23 Risk Management Annual Report which provided Reasonable Assurance overall. The report did however provide only Limited Assurance on risk oversight/reporting because stronger risk management partnership arrangements are required, and organisational risks need to be better managed. Work to strengthen organisational risk reporting is now underway and NHS Forth Valley, along with Local Authority colleagues, provide corporate risk management support to the partners. The IJB Risk Management Strategies link to the NHS Forth Valley Risk Management Strategy and there is informal sharing of risk registers.
41. NHS Forth Valley risk management systems and processes have been significantly improved during the year under the leadership of a very capable Risk Manager. The Risk Manager has now left NHS Forth Valley and the post will be advertised.

Clinical Governance

42. Internal Audit have previously reported that integrated Clinical & Care Governance structures are not adequately described, and that there is a requirement for all clinical and care governance risks and issues to be reported to the Clinical Governance Committee (CGC), including those relating to delegated functions, and that improvement actions are monitored.

Staff Governance

43. Our 2022/23 Annual Report made clear recommendations for improvements to SGC assurances and administration, to address significant concerns over the effectiveness and efficiency of governance arrangements. While there is some improvement in this area, the completion date for this work has been extended to end of March 2024 to allow the new Interim Director of Human Resources to assess the issues and implement change. Progress is detailed in the Staff Governance section of this report, and we recommend that the Committee reflects on and monitors its effectiveness and efficiency to ensure it can provide necessary assurances at year end.

KEY DEVELOPMENTS SINCE THE ISSUE OF THE ANNUAL REPORT

44. Key developments since the issue of our 2022/23 Annual Report included:

- Scottish Government sign off of the 2023/24 Annual Delivery Plan (ADP) on 31 July 2023.
- Agreement of a revised timetable for development of the Healthcare Strategy.
- Introduction of a quality assurance process for developing Strategic and Commissioning Plans.
- Governance improvements, including wider use of standard templates and improved quality of minutes.
- Agreement of risk appetite and tolerances and changes to the Risk Assessment matrix.
- Introduction of an Acute Directorate recovery plan and Acute Financial Recovery Group.
- Application of a 'firebreak' to address Capacity and Flow issues.
- Approval of the Five-year Medium Term Financial Plan by the NHS Forth Valley Board in March 2023.
- Update of the financial sustainability strategic risk.
- Increased ELT focus on Cost Improvement and savings.
- Establishment of a Strategic Prioritisation Review Group to review service change proposals.
- Planned introduction of Financial Performance Review meetings with Directorates and Partnerships.
- Completion of a comprehensive Deep Dive on strategic risk SRR010 - Estates and Supporting Infrastructure.
- Ongoing work to implement the Health & Care (Staffing) (Scotland) Act 2019 (Safe Staffing Legislation).
- Presentation of the 2022/23 Whistleblowing Annual Report to the September 2023 Board.
- Improved clinical governance arrangements including formal papers signposting risks and key points and providing clarity on decision making.
- Introduction of the flowchart for inspection and scrutiny visits.
- Prominence of public health, health improvement and health protection in the CGC Terms of Reference.
- Review of Information Governance assurances to the P&RC.
- Recruitment to ICT and Cyber roles to support Network & Information Systems Regulation workstreams is substantially complete.
- Revision of SRR003 - Information Governance.
- Enabling the Future: A Supporting Digital Health and Care Strategy for NHS Forth Valley 2023-26 is due to be submitted to NHS Forth Valley Board in January 2024.

ACTION

45. The action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

46. We would like to thank all members of staff for the help and co-operation received during the audit.

Jocelyn Lyall, BAcc CPFA

Chief Internal Auditor

CORPORATE GOVERNANCE**SRR014 – Healthcare Strategy Current Score: 15 High Target Score: 10 Medium**

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.

Healthcare Strategy 2024 - 2029

The September 2023 Board was informed that the draft Healthcare Strategy 2024-29 will be shared with the Whole System Leadership Team and NHS Board members for feedback, followed by a period of further engagement in early 2024. The timeline for development of the draft Healthcare Strategy was set out in the paper and the draft final version planned for submission to the March 2024 Board meeting for approval. Internal Audit has been informed that, as discussed by the Whole System Leadership Team on 1 December 2023, to ensure appropriate clinical leadership and to support a Population Health approach to development, a new date for Strategy finalisation will be agreed, and the Board will be informed of this change.

The Blueprint for Good Governance (version 2) sets an expectation that Boards have a Strategic Planning Framework in place and Appendix A of the Blueprint provides guidance on the quality criteria for a Strategy or Commissioning Plan. On 14 August 2023 the ELT agreed that a quality assurance one page checklist process for developing Strategic and Commissioning Plans should be introduced.

This approach was tested using the Digital Health and Care Strategy 2023-26 and it was agreed that it would be applied to the People Strategy, the Financial Plan, and the Healthcare Strategy in the first instance. Strategies have been reviewed, potentially to rationalise and eliminate inconsistencies.

A Strategic Prioritisation Review and Implementation Group (SPRIG) was established in November 2023 to coordinate, review, and prioritise service change proposals/investment bids and recommend approval/rejection to the ELT. The SPRIG will also conduct post project evaluation on all approved bids. The group is Chaired by the Acting Director of Public Health and ELT will consider the group's initial recommendations in February / March 2024.

Internal audit A14/22 on Strategic Planning has been issued in draft and provides Reasonable Assurance. It concludes on Board engagement and decision making on Process, Products, Parameters, Priorities and Principles, governance and scrutiny arrangements and risks to achievement. During 2024/25 Internal Audit will review implementation of the Healthcare Strategy.

Operational Planning

The ADP 2023/2024 is broadly in line with Scottish Government guidance and was signed off by Scottish Government on 31 July 2023, prior to approval by Forth Valley NHS Board on 26 September 2023. A small number of areas where further detailed work was required were included in the quarter 1 and quarter 2 ADP update which was submitted to Scottish Government at the end of October 2023. The September 2023 Board ADP report included the Workforce Plan actions 2022/25 and the Assurance and Improvement Plan.

ADP quarterly updates have not been reported to the P&RC yet. Management has informed us that a combined Quarter 1 and 2 update will be reported to P&RC in February 2024. A combined Quarter 3 and 4 updates will be requested by Scottish Government at end of April and will be presented to the June 2024 P&RC.

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. Feedback will be reported to Board when available.

Assurance and Improvement Plan

The initial Improvement Plan was approved on 19 December 2022 and identified 17 high level actions broken down into 64 sub actions. As reported to Board in November 2023, 61% of the sub actions are complete and remaining actions will continue into the latest iteration of the Assurance and Improvement Plan. The current NHS Forth Valley Assurance and Improvement Plan is the third iteration covering the period to end of March 2024 and it was approved by the Board on 28 November 2023. It is owned by the ELT and has a significantly higher level of functionality than previous versions, meaning that a standalone measurement plan is no longer required. A programme approach, in line with CPMO processes, provides a more meaningful, specific plan, detailing clarity of ownership, and timelines for action.

Internal Audit confirmed that key project management principles are evident in this version of the plan, which is structured around the milestones of Culture, Leadership, Governance, Integration, Performance and Healthcare Improvement Scotland.

Self-Assessment

The second edition (November 2022) of the Blueprint for Good Governance was presented to the March 2023 Board and ARC. It describes the latest good governance practice including active and collaborative governance. NHS Forth Valley was early in progressing the local self-assessment which opened on 8 September and closed on 25 September 2023. The Board received initial feedback on 5 December, with a further session scheduled on 1 February 2024. The February 2024 session will look to review areas that were identified as inadequate and look at any further actions to make required improvements. An element of 'cross over' between the self-assessment and the corporate governance review was identified and mapping work carried out on 18 December 2023 aims to eliminate duplication.

Corporate Governance Review

NHS Forth Valley Board commissioned an external review of corporate governance arrangements in response to Stage 4 escalation. The review was undertaken by the co-authors of the NHS Scotland Blueprint for Good Governance to help identify improvements to governance arrangements to assist the Board in resolving performance-related issues.

Several of the recommendations highlighted longstanding, known issues, and it was noted that significant improvement action was ongoing. The corporate governance review report was presented to the November 2023 Board as an appendix to the Escalation Update, with recommendations categorised under the following headings:

- Active governance
- Collaborative governance
- Further evaluation
- Continuous improvement

A Board Development Session on 7 November 2023 reviewed the External Review of Governance with a second session held on 21 November for those unable to attend.

On 18 December 2023 a mapping was completed of the outstanding recommendations from the review of the Corporate Governance Review, the outputs from the Board Self-Assessment to support action planning and the Culture Change and Compassionate Leadership diagnostic outputs.

While the November 2023 Board report did not overtly state how NHS Forth Valley would address the recommendations and monitor progress, reporting to the December 2023 P&RC confirmed that, of the 51 recommendations made, five had been completed with 14 already captured within the Assurance and Improvement Plan, and 32 recommendations were outstanding.

Additional actions have been included within the Assurance & Improvement Plan to be presented to the Escalation P&RC on 19 January then to the NHS Board on 30 January for approval.

Governance Enhancements

Our 2022/23 Annual Report made recommendations for enhancements to governance arrangements. These enhancements are ongoing, and a paper will be presented to the February 2024 Board detailing progress. We evidenced that:

- Standing Committee papers are generally issued 5 days in advance of meetings, in line with the Standing Orders. We did note one exception where Remuneration Committee papers were issued 4 days in advance and covering a weekend.
- Agenda setting meetings are now taking place for Standing Committees but could be formalised.
- Work is ongoing to ensure corporate officers review all papers to ensure the content is appropriate. Further work required to improve papers presented to the ARC and the SGC is acknowledged.
- The model assurance committee paper is broadly in line with national guidance but does not reference Fairer Scotland Duty or publication of impact assessments. The template was fully used for November 2023 Board meeting papers, demonstrating improvement since issue of our 2022/23 Annual Report in June 2023. We did however note that papers do not always explicitly link to the relevant strategic risk. For example, the Healthcare Strategy Update to Board in September 2023 did not reference strategic risk SRR014 Healthcare Strategy.
- The Board Secretary and Head of Policy and Performance will prepare a Chair's report by way of a cover paper along-side the Assurance Committee minutes to be presented to the NHS Board. The paper will highlight the key areas from the Committees' meeting that the Board needs to be aware of, including risks and issues for escalation.
- Annual Reports will be timetabled for year-end assurances. This will be confirmed by end of March 2024.

The Code of Corporate Governance was due to be updated in July 2023, but the update was deferred pending the NHS Forth Valley Corporate Governance Review, published in October 2023.

An action was included in the Assurance and Improvement Plan on 11 October 2023 to complete work on the Board Assurance Framework and ensure it is aligned to the Blueprint for Good Governance, to be completed by end of March 2024.

Policies

As of 19 December 2023, 58 of 182 corporate policies (32%) were overdue for review, 12 of which were more than 90 days overdue. 351 of 709 clinical guidance policies (48%) were overdue for review, as detailed in the clinical governance section of this report.

The Policy Review Group meets quarterly and is Chaired by the Corporate Risk Manager, although it has not met since the previous post holder left in November 2023. A separate HR Policy Group is chaired by the Employee Director and work is currently focussed on identifying policies that are required, as well as those that can be removed, have been superseded, or are covered by Once for Scotland policies.

Senior Team

At the ELT meeting on 23 October 2023 the organisational risk 19 – ‘Lack of effective Organisation wide structure Chart’ was noted, with further discussion planned on the nature and severity of the risk. We were pleased to note that a Management Structure chart is posted on the NHS Forth Valley website and has been updated for the recent appointments. This structure is also embedded within the Assurance & Improvement Plan.

The ELT has agreed their values of integrity, honesty, loyalty, fairness, caring, respect & collaboration. ELT arrangements have been enhanced since issue of our 2022/23 Annual Report in June 2023 and the Forward Planner has sections on Leadership, Planning and Implementation, Finance, Performance, Risk Management and Statutory Performance and any other business. One ELT meeting each month is now dedicated to Strategy. Our review of ELT minutes and papers evidenced continued development of team dynamics.

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

The Assurance and Improvement Update Reporting to the December 2023 P&RC stated that open, honest, and constructively challenging conversations are taking place both within and outwith the ELT. The Interim Director of Human Resources is working with colleagues at the King’s Fund to develop a programme of work with regard to organisation wide system leadership.

The December meeting of the P&RC was informed that all professional and leadership structures will be reviewed to ensure they are fit for purpose. This will include the creation of a professional assurance framework for the whole system to be led by the Medical Director and Executive Nurse Director.

Board members induction and training

The Board members induction pack was updated in August 2023 and there have been several Board Development Events and Seminars covering a diverse range of topics including Whole System Recovery of Unscheduled Care Performance, Risk Appetite and Tolerance, the HIS Improvement Plan, Patient Safety, Integration Schemes, the Blueprint for Good Governance and Board self-assessment and the Corporate Governance Review. These sessions are critical for gaining further insight into key areas including corporate governance and risk management. The Board Secretary is finalising a programme of 11 development sessions for 2024/25 (monthly except for July). In addition, a series of informal sessions will be introduced, where a Director is available to answer any questions.

Culture and Values

The ELT received diagnostic feedback from the Culture Change and Compassionate Leadership programme on 27 November 2023 with Staff Side also receiving this feedback on 4 December 2023. The Compassionate Leadership and Culture programme has four phases and the scoping and discovery, and the first two phases are complete. As of December 2023, the organisation is to move to the delivery phase i.e., implementation of collective leadership strategies. The Assurance & Improvement Plan includes delivery of this programme to promote a positive organisational culture and an Action Plan is in place with measures to be developed.

Anchor Institution

The first NHS Forth Valley Anchor Strategic Plan 2023- 2026 was submitted to Scottish Government at the end of October 2023 and feedback is expected in early 2024. A baseline self-assessment has been undertaken and a baseline set of metrics is to be produced by 29 March 2024.

Whistleblowing

The 2022/23 quarter 4 (January – March 2023) Whistleblowing Standards and Activity report noted that the main themes were culture and leadership. The number of staff passing the whistleblowing training module is increasing, but was only 38% in July 2023, against the target of 90%. A trajectory has been set of 70% of all line/senior manager training aimed to be completed by March 2024. The average time in working days to close concerns was 56 days. This is recognised as a concern and the Executive Lead for Whistleblowing is considering how to mitigate this risk. Increased numbers of lead Investigators should improve performance. The December SGC update noted that completion timeframes were an issue however the increase in numbers of lead investigators should improve this. Monitoring will continue as part of the process.

Assurance Mapping

Committee Assurance Principles were presented to the June 2022 Board Development Event as a guide to best practice. Internal Audit will continue to promote the use of the assurance principles through continued leadership of the Assurance Mapping Group, chaired by the Chief Internal Auditor, and through internal audits.

Performance Management Framework

A refresh of the Performance Management Framework was approved by the P&RC on 29 August 2023, subject to detailed definition of the HSCP governance and reporting arrangements to avoid duplication and allow for a streamlined process.

Updates included:

- ELT responsibility for managing performance on a monthly basis.
- Reflection of key changes in the external environment including the Public Bodies (Joint Working) (Scotland) Act 2014 and the Blueprint for Good Governance version 2.
- Reflection of performance metrics and NHS best practice guidance relating to Performance Management.

The Chief Executive informed the ELT on 7 August 2023 that a monthly dedicated ELT session would include - cost improvement and Board performance using Scorecard measures. In September the ELT considered three main areas of cost savings and a verbal update was provided in October. The Board performance report has been considered at ELT on a number of occasions with areas of challenging performance e.g., urgent & unscheduled care, highlighted and discussed at ELT 'check-in'. A focussed finance update has been undertaken monthly. As cognisance is being taken of the challenging financial position, work has commenced to support improvements and plan for the future. Finance conversations are now being undertaken on a whole system basis, including staff side, and began at ELT on 15 January 2024. A further in-depth session will be held on 29 January with ELT focus fortnightly thereafter.
















The December 2023 P&RC agreed that dates for directorate performance reviews would be confirmed and an Assurance Framework map linking strategy to action would be developed and incorporated within the Performance Framework. A full schedule of reviews for 2024 has been agreed, covering acute, facilities and infrastructure, and woman and children. An acute services performance review has already taken place and the next one is scheduled for 22 January 2024 with a review of the Women & Children's Directorate undertaken on 11 January 2024.

The introduction and application of the Performance Management Reviews will be instrumental in ensuring NHS Forth Valley can demonstrate a robust and considered approach of grip, control and performance focus, while the Board must apply robust scrutiny and challenge and hold officers to account.

Section 2







Ongoing and required development and actions

Performance reported to 19 December 2023

MEASURE	DATE	MAR-23	Reported Jan-24	TARGET	Direction of Travel	Scotland Position
UNSCHEDULED CARE						
Emergency Department % compliance against 4-hour access target (month)	Dec-23	47.5%	43.3%	95% Incremental improvements in performance seen month on month.		64.8% (31 Oct 23)
NHS Forth Valley Overall % compliance against 4-hour target (month)	Dec-23	61.7%	50.7%	95% Incremental improvements in performance seen month on month.		68.3% (31 Oct 23)
Minor Injuries Unit % compliance against 4-hour target (month)	Dec-23	99.7%	99.7%	95%		-
OUTPATIENTS						
Total Number of New Outpatients Waiting (Month)	Dec-23	18,887	15,877	Reduction		-
Number of New Outpatients waiting over 12 weeks (Month)	Dec-23	7,699	7,049	Reduction		-
Compliance with Annual Delivery Plan trajectories (FYTD)	Dec-23	95%	97%	100%-		-
DIAGNOSTICS						
Percentage waiting less than 42 days - Imaging (Month)	Dec-23	82.2%	38.2%	100%		56.7% (Sep-23)
Number waiting beyond 42 days - Imaging (Month)	Dec-23	767	5,474	-		-
Compliance with Annual Delivery Plan trajectories (FYTD)	Dec-23	115%	94%	100%		-
Percentage waiting less than 42 days - Endoscopy (Month)	Dec-23	67.7%	58.6%	100%		40.3% (Sep 23)
Number waiting beyond 42 days - Endoscopy (Month)	Dec-23	190	424	-		-
Compliance with Annual Delivery Plan trajectories (FYTD)	Dec-23	108%	147%	-		-
CANCER						
62 Day Cancer Target - Percentage compliance against target (Quarterly)	Nov-23	70.2%	74.2%	95%		70.9% (Sept 23)
31 Day Cancer Target - Percentage compliance against target (Quarterly)	Nov-23	99.3%	99.0%	95%		94.7% (Sept 23)
INPATIENTS						
Total Number of Inpatients/Day	Dec-23	4,372		Reduction		-

Section 2

Ongoing and required development and actions

cases Waiting (Month)			5,188			
Number of Inpatients/Day cases waiting over 12 weeks (Month)	Dec-23	2,193	2,837	Reduction		-
Compliance with Annual Delivery Plan trajectories. Inpatients/Day cases (FYTD)	Dec-23	81%	116%	-		-
MENTAL HEALTH						
Psychological Therapies - 18-week RTT compliance (Monthly)	Dec-23	78.2%	74.6%	90% Incremental improvements in performance seen month on month.		-
Psychological Therapies - 18-week RTT compliance (Quarterly)	Jul-23-Sept-23	71.1%	70.7%	90%		79.4.8% (Sept 23)
Child & Adolescent Mental Health Services - 18-week RTT compliance (Monthly)	Dec-23Mar-23-Oct-23	46.0%	76.8%	90% Incremental improvements in performance seen month on month.		
Child & Adolescent Mental Health Services - 18-week RTT compliance (Quarterly)	Jul-23-Sept-23	42.8%	37.2%	90%		75.6% (Sep 23)

The pressures on the system are making performance against a range of targets challenging for NHS Forth Valley in common with the entirety of NHSScotland. Performance reports to Board and P&RC have provided Reasonable assurance throughout the year on the basis that a comprehensive performance report is presented for scrutiny and discussion.

As well a formal annual review of the performance scorecard, the Head of Policy and Performance also updates the scorecard on an ongoing basis in response to feedback from members. Recent changes include provision of more focussed information for Board and additional financial information included. The performance scorecard is now website accessible.

The P&RC has received stand-alone updates on Cancer Services, the National Treatment Centre, Unscheduled & Urgent Care Flow 1, Child & Adolescent Mental Health Services and Psychological Therapies.

The National Treatment Centre (NTC) report to the 19 December 2023 P&RC provided Limited Assurance because key risks and dependencies on the programme remain outstanding. The original NTC plan for 2023/24 was to deliver an additional 1,086 orthopaedic procedures and while the new facility has not formally opened as an NTC, NHS Forth Valley has undertaken an additional 6,400 outpatient episodes and procedures in the first six months of the year for other NHS Board areas. The Board continues to work closely with NHS Assure, and with Forth Health as the body responsible for delivering the programme to NHS Forth Valley through the contract variation process (PPP), to ensure that the building meets the required standards. A number of technical compliance issues have delayed the NTC and final plans for the opening of the new ward will be confirmed following a risk assessment of options.

Risk Management

The strategic risk register continues to be reported to Board and ARC. A programme of strategic risk deep dives is reported to Standing Committees.

The strategic risk register was presented to Board on 28 November 2023, none of the strategic risks were within appetite and only 38.5% were within tolerance, meaning that action to bring risk scores within appetite and tolerance in a short timeframe is required. During the year to date, three strategic risks have reduced to within tolerance (Information Governance, Scheduled Care and Environmental Sustainability and Climate Change). Six deep dives have taken place in this financial year, with limited assurance provided on the financial sustainability and workforce plans risks.

Following consideration by the ARC in June 2023, the July 2023 Board approved risk appetite and tolerance levels. There will be a 6 monthly update of the Risk Appetite and Tolerance to be presented to the ARC and Board annually, for consideration and approval.

On 23 October 2023 the ELT considered the paper 'Organisational Risk Register', which provided Limited assurance on processes for monitor and review of Organisational/system-wide risks. These processes could be more effective through clear ownership, oversight and direction of action and management of the risks on Pentana. Risks previously referred to as 'corporate' have been separated out into strategic and organisational risks.

Integration

As set out in the Assurance and Improvement Plan, ten actions relating to Integration are due for completion before end of May 2024, including review of the Integration Schemes by 30 June 2024. Forth Valley has commissioned an independent specialist to lead this whole system piece of work.

Completion of a self-assessment against all Ministerial Strategic Group (MSG) Principles to improve scores and evidence improvement also features in the Assurance and Improvement Plan and is due by 31 March 2024. This will be reported to Forth Valley NHS Board when complete.

To ensure progress with the actions relating to integration a focussed review of integration will be presented to the Escalation P&RC on 19 January 2024, following ELT review.

As in previous years, Integrated Joint Board (IJB) minutes were provided to the NHS Board. Clackmannanshire & Stirling HSCP provided an assurance report to the May 2023 Board meeting and a Falkirk HSCP update to the November 2023 Board provided Reasonable Assurance and summarised performance in a range of key areas of service activity.

Environmental Sustainability and Climate Change

The NHS Forth Valley Climate Emergency & Sustainability Strategy and Action Plan 2023-2026 was approved by the Board in July 2023 and sets out plans to shift onto a net-zero carbon emissions trajectory.

Strategic risk SRR017 is aligned to the P&RC and a risk deep dive report was presented to the 29 August 2023 meeting. It provided reasonable assurance that the five current controls in place for this risk were effective, and that six further controls were planned and underway, and would reduce the score of the risk. Two of the five current controls have been assessed as mostly effective, and three assessed as partially effective.

Action Point Reference 1 – Firebreak learning

Finding:

The firebreak exercise undertaken in November / December 2023 along with business as usual and the work with the Centre for Sustainable Delivery will inform improvement work to support stabilisation and identify action to support the whole system through the winter period.

Improved capacity and flow should be a fundamental component of NHS Forth Valley's future strategy and updates should be built into the formal assurance mechanisms and governance structures of the Board to allow for detailed ongoing scrutiny by Standing Committees and the Board.

Audit Recommendation:

The Board should decide how it will be assured on how the benefits of the firebreak will be measured, lessons learned, and risks managed, given the importance of this work in improving future efficiency, operational performance, and delivery of key objectives.

Every action should have a quantified expected measurable impact, with measurable performance milestones. These measures should cover Financial, Quality, Workforce, Performance and Safety elements and link to the Unscheduled Care Programme. Regular performance updates against the agreed actions / measures should be reported through the relevant Assurance Committee.

Assessment of Risk:

Significant



Weaknesses in control or design in some areas of established controls.

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

Management Response/Action:

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.

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.

Regular performance updates against the agreed actions / measures will be reported through the relevant Assurance Committee.

Action by:

Date of expected completion:

Director of Acute Services

December 2024

Action Point Reference 2 – Triggers for Deep Dives

Finding:

While a programme of deep dives is in place, the Urgent and Unscheduled Care risk has not been subject to a deep dive since February 2023. It is scored at 25, the highest level and has been static for some time. In the clinical governance section of this report, we recognise that this risk is reported in various performance reports and through the Assurance & Improvement Plan updates, and that a Whole System Recovery of Unscheduled Care Performance Board seminar was held on 9 May 2023. We have been informed that a planned Board Development event in February 2024 will include this risk, as well as the learning from the firebreak.

A deep dive on the Workforce plans risk has not been reported to SGC since March 2023. It is scored at 20.

Audit Recommendation:

We recommend that the programme of strategic risk deep dives is regularly reviewed, and additional Deep Dives completed as necessary. Triggers for invoking a Deep Dive review could include proposed new risks, deteriorating and static risks, highest scored risks and risks proposed for de-escalation.

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:

An annual programme of Strategic Risk focussed reviews will continue to be developed into 2024/2025. These will be detailed within Assurance Committee planners.

A full focussed 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.

In addition, the schedule of focussed review will kept under review.

Action by:

Date of expected completion:

Head of Policy and Performance

31 March 2024

Action Point Reference 3 - Partner Risk Registers

Finding:

While partner risk registers are shared informally, there is no mechanism to formally review IJB Strategic Risk Registers to ensure that key risks worthy of consideration for inclusion on the NHS Forth Valley strategic risk register are identified.

Audit Recommendation:

A mechanism to horizon scan for shared risks, new risks and emerging themes from partners' strategic risk registers should be introduced. This would cover potential risks raised by NHS Forth Valley Directors, IJB items for NHS Forth Valley consideration and NHS Forth Valley items for IJB consideration.

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:

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 risk management framework between partner organisations.

This work will link to the review of integration schemes being undertaken by the four Chief Executives.

Action by:

Date of expected completion:

Head of Policy and Performance

30 June 2024

CLINICAL GOVERNANCE

Strategic Risks:

SRR02 – Urgent and Unscheduled Care. Current score 25, target score 9.

If NHS FV does not take immediate steps to create capacity and address whole system pressures through delivery of the Urgent and Unscheduled Care programme in the longer term, there is a risk that we will be unable to deliver safe levels of unscheduled care, resulting in potential for patient harm.

SRR04 – Scheduled Care. Current score 15, target score 9.

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.

SRR016 – Out of Hours. Current score 16, target score 9.

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.

Clinical Governance Committee (CGC)

Our review of the CGC and Clinical Governance Working Group (CGWG) papers confirmed that reporting is in line with the Committees' workplans and where there was minor non-compliance, revised dates were set. However, the Patient Safety Conversation Visits update report was not presented to the September 2023 CGC as planned, nor to the November meeting. It is scheduled for presentation to the January 2024 meeting.

In response to a recommendation in our 2022/23 Annual Report it was agreed that forward planners would be reviewed at each meeting of the relevant Assurance Committee. While the planner is a standing agenda item for the CGC and the CGWG, the planner is noted at each meeting, but compliance is not overtly monitored and recorded in the minutes.

Clinical governance arrangements continue to improve as evidenced by:

- Update of the CGC Terms of Reference in September 2023 to ensure that the principles and standards of clinical governance are applied to healthcare public health activities, as well as health improvement and health protection, and screening programme activities.
- Production of good quality minutes which signpost risks, provide clarity on decision making and summarise key points considered.
- Formal papers for all items and no verbal updates.
- Progress in implementing Internal Audit Recommendations.
- Introduction of the flowchart ensure a robust process is in place for announced or unannounced inspection or scrutiny visits, and to ensure action is taken, measurement plans are in place and learning is shared.

Hospital Standard Mortality Rate (HSMR)

The HSMR paper presented to the September 2023 CGC reported an upward trend in death occurring within 30 days of admission from July 2021 to June 2022. HSMR in NHS Forth Valley was greater than 1 for the first time in three years and is a focus of reporting, scrutiny, and challenge for both the CGC and CGWG. The Clinical Outcomes Group (COG) commissioned a case note review to identify causative factors and learning opportunities. A Reasonable level of assurance was reported

to the November 2023 CGC on the basis that the review identified no factors which could have impacted on safe care.

Significant Adverse Event Review (SAER)

During the year, reports to CGC have provided overall Limited Assurance on the SAER process. While there is reasonable assurance around process, only Limited Assurance on the completion of SAERs and associated organisational learning could be provided.

The CGC has been informed that due to the increase in commissioned SAERs and because of the enhanced adverse event process, NHS Forth Valley is not compliant with national timelines. To help address this, the Medical Director will present a Business Case to ELT to review team capacity to deliver current and future demands for SAER investigations and reporting.

As reported to the CGC on 14 November 2023, 51 SAERs were recorded in the system. Non-compliance with KPIs was reported as:

- Neither of the two new SAERs were commissioned within 10 days.
- Three SAER reports had not been submitted within 90 working days (timeframe ranged from 195 – 390 days).
- Two of 51 SAERs were not finally approved within 30-working days.
- 12 action plans were developed within 10 working days, but it is not clear how many are outstanding.

The 2022/23 ICE report recommended more in-depth analysis of failures in achieving SAER KPIs, potentially through development of a dashboard. The Management response to this recommendation was that the recommendation would be reviewed in the appropriate setting and action was to be completed by July 2023, but improved reporting is not evident within the reports.

We previously recommended tabular presentation of SAER data. While we acknowledge that this is not suitable for all performance information, SAERs is one area where a tabular and / or graphical presentation format would help provide clarity on KPI performance on an organisation wide basis, and it could help identify trends.

Duty of Candour

No issues relating to Duty of Candour requirements have been drawn to the attention of the CGC since the issue of our 2022-23 Annual Report.

Patient Safety

The Medical Director presented an 'Assurance on Patient Safety' report to the 26 September 2023 Board in response to the request by the Cabinet Secretary for NHS Recovery, Health and Social Care following the Lucy Letby case. The report provided 'Reasonable Assurance' on the basis that the response detailed the systems and processes within NHS Forth Valley that support raising concerns, particularly staff raising patient safety concerns, with detailed recent illustrative examples of how those systems work and their effectiveness. The matter had previously been discussed by the CGC.

As well as the Standards and Assurance reported to each CGC, Patient Safety assurances to the CGC included updates on Scottish Patient Safety Programme (SPSP) Mental Health, Maternity, Falls and HSMR.

Clinical Policies & Guidelines

Organisational risk 21 - Clinical Policies has been reviewed by the Risk Advisor and the Head of Clinical Governance, and has reduced from 20 to 15, with a target score of 10. As reported to the ELT on 23 October 2023, the reduction in risk score was because controls are in place and working to mitigate the risks. However, further control improvements are planned to be completed by March 2024. While some of the planned controls are reported as being well progressed, the action to achieve clarity of ownership of policies was assessed at only 50%.

A Clinical Policy & Guideline Governance Group update was presented to the 21 December 2023 CGWG and provided Limited Assurance on the basis that the workstreams being undertaken are supporting robust processes for clinical guidelines and policies but the number of clinical policies and guidelines requiring review remains at approximately 50%. A 'Development Procedure for Clinical Policies and Guideline Documents' was approved by the December 2023 CGWG and a change to the Pentana system is being introduced to alert authors' escalation managers of the required review, and to signpost them to guidance in undertaking this task.

Internal Audit concur with the Limited Assurance provided on this area and recommend that this risk is monitored closely and frequently.

Clinical Governance Framework and Quality Strategy

The update on the Clinical Governance Implementation Plan presented to the CGC on 14 November 2023 provided Reasonable Assurance on progress. Key developments included wider implementation of the adapted Vincent Framework to structure clinical governance meetings; development of the Clinical Governance website; the 3rd annual Safety Culture Event held on 15 August 2023 and implementation of the framework and toolkit to measure learning from adverse event reviews, Duty of Candour, and safety improvement work streams.

Clinical & Care Governance

As reported in our 2022/23 Annual Report, neither the Quality Strategy nor the Clinical Governance Implementation Plan describes the integrated Clinical & Care Governance structures and whilst IJB representatives attend the CGWG, no formal reports are provided from the IJB clinical and care governance groups to either the CGC or CGWG. This remains a long standing, known issue that Internal Audit has highlighted in discussion with the Interim Chief Executive. We have been assured that this will be progressed as a priority.

Patient Experience

The NHS Forth Valley local performance target is to respond to 80% of complaints within 20 days. Performance for the period April to August 2023 was 59%, declining from 69% in May. Clearance of stage 2 complaints within the 20-day target currently stands at 18.6%, against the target of 80%. The latest performance report to the 19 December 2023 P&RC highlighted that overall complaints performance had fallen to 56% at the end of October, while for the same period, only 8.6 % of overall stage 2 complaints met the 20-day target.

The board continues to receive a higher level of complaints than had been experienced throughout the pandemic. Data suggests that complaints have returned to pre-pandemic levels, which is in keeping with experiences across wider Scottish Health boards. Complaints further increased in November 2023 with a 32% higher than average in month position reported to CWCG in December 2023. This is representative of workload increase in excess of one WTE patient relations officer. Further assessment and benchmarking has been undertaken regarding workforce demand and capacity with a formal summary of findings and mitigations to be presented to the CGC in January 2024.

Both CGC and CGWG minutes evidenced robust discussion on this area of extremely poor performance, with the deterioration attributed to an overall systems pressure within the organisation and staffing changes within the Patient Relations Team. It was acknowledged that cultural challenges existed within the board and that a programme of learning and development should be developed to improve staff awareness and understanding of processes. In addition, it was noted that awareness of the power of learning through complaints could be improved with support sought via clinical leads and the simulation centre to enhance our ability to respond and learn from complaints.

The report to the November 2023 CGC provided Reasonable Assurance but did not describe how improvements will be made. The minutes of the November 2023 CGC are not available, and we cannot therefore assess the level of scrutiny and challenge from members. It is however difficult to determine how a Reasonable Assurance level can be provided given the level of performance. The December 2023 CWCG paper and presentation did however include an action plan for improvement and demonstrated improvements regarding the quality of complaints responses and investigations being undertaken. The action plan will be presented formally to CGC in January 2024.

The Board also receives the Person-Centred Complaints and Feedback Report and reports to the September and November 2023 meetings provided Reasonable Assurance. While Non-Executives are well informed of the challenges in this area, a continued focus will be required during the rest of the year to ensure improved performance by year end. We would also expect CGC minutes to reflect scrutiny and challenge in this area, particularly on the level of assurance provided. To further enhance transparency and scrutiny, a change in the format of reporting within the next financial year has been suggested, with the intention to expand the scope of questioning to cover both listening and learning from feedback and the delivery of person centred care with a focus on co-design of services and community engagement. These proposals will be taken to CGC for consideration.

Public Health

As reported in our 2022/23 Annual Report, we would expect that the CGC will be provided with appropriate Public Health assurances throughout the year and at year-end. The CGC Terms of Reference were updated to reflect this requirement in September 2023 and a Public Health update was provided to the May 2023 CGC, but not in August 2023. A Dental Health update was presented to the CGC in September and an update on Hepatitis C Elimination was presented in November 2023.

In line with the amended CGC Terms of Reference agreed in September 2023, during the rest of the year we would expect to see regular reporting to the CGC on health improvement, health protection, healthcare public health and screening programme activities.

Safety and Assurance Reporting

As reported in the Safety and Assurance report to the CGC in November 2023, overall Stroke Bundle compliance was 57%, well below the 80% target. Compliance with the Cardiac Arrest Rate-Resuscitation mandatory training KPI was 20.4%, also well below the 80% target.

While we commend the development that Safety Assurance reports presented since May 2023 include a section on *“What will be the effectiveness of the actions”*, there is no consistent approach in completion of this section and the reports generally do not describe how the expected outcomes will be monitored and measured to ensure the improvement actions are having the desired impact and improving performance.

Escalation Improvement Action Plan

The CGC has responsibility for overseeing actions and providing assurance on the Safe Delivery of Care (HIS improvement actions) and the Out of Hours (OOHs) Improvement Plans, in their provision

of assurance to the P&R Escalation Committee. An Escalation Update and a Safe Delivery of Care update report is presented to each CGC and CGCW meeting.

Safe Delivery of Care

The Safe Delivery of Care group was established to address HIS requirements and to ensure whole system delivery of improvement and learning. The group is accountable to the CGC.

Every inpatient clinical area within Forth Valley Royal Hospital received a mock inspection during August 2023 and was visited by a senior member of nursing staff out with their professional or line management structure. Themes and next steps were identified and an update on progress was reported to the November 2023 CGC.

The Safe Delivery of Care work continues to focus on understanding the impact of actions taken to improve patient safety and staff wellbeing. Reporting to CGC emphasises the significant leadership responsibility needed to support cultural development in openness and transparency, as well as a need to evidence impact over time in relation to patient safety and experience, as well as staff wellbeing and experience.

Out of Hours (OOHs)

The most recent OOHs update was presented to the September 2023 CGC and provided Reasonable Assurance. It confirmed that Scottish Government is content with plans for delivering a sustainable and integrated approach to OOH services. The position with agreed actions was reported and additional areas included:

- Ensuring robust governance mechanisms, mutually agreed across all partners.
- Continuing to develop a robust OOH workforce plan.
- Continuing to optimise OOH care pathways.

External Assurance Reports to CGC:

Two Mental Welfare Commission reports were issued in July 2023 and whilst both made recommendations for improvement, they did not highlight significant risks. The CGWG at its meeting on 21 December 2023 were informed that agreed actions plans to address the issues highlighted had been submitted to the Mental Welfare Commission.

The MBRRACE UK (Mothers and Babies: Reducing Risk through Audit and Confidential Enquiry across the UK) report was published in May 2023 and reported to the CGWG on 6 July. NHS Forth Valley's extended perinatal mortality rate was more than 5% higher than comparator Health Boards UK wide, based on a three-year trend analysis. NHS Forth Valley had been classed as a red category board that requires an internal investigation of data quality. A response report is to be written and reported to the CGWG and CGC. A short life working group will support this process.

Risk Management**SRR002 Urgent and Unscheduled Care**

As reported to the September 2023 CGC the risk score remained static at 25 and there is no tolerance for this risk. The trajectory of reducing the score to 20 by August 2023 was not achieved. The update report highlighted that of the seven additional controls planned to be in place by August, none had been fully implemented, meaning the score was unchanged. In our view the current risk score is realistic based on the continuing challenges and the work to be progressed to ensure controls are effective in mitigating the risk. The focus should be on full implementation of the controls to mitigate this risk.

Further required controls include several elements of the whole System Urgent and Unscheduled Care Programme, increase in community Beds and community-based care, a feasibility study to look

at the use and functionality of some wards and departments to ensure best use is being made of the facilities and joint planning between Acute leadership and HSCPs to reduce delays and maximise flow.

The last deep dive of this risk was completed in February 2023 and none of the seven planned additional controls were implemented on time. We have been informed that a Board Development session in February 2024 will focus on Urgent and Unscheduled Care. While we recognise that performance and improvement measures in this area are reported through the Assurance and Improvement action plan and through the Acute Service Recovery structures, and that a Whole System Recovery of Unscheduled Care Performance Board seminar was held on 9 May 2023, we recommend much closer monitoring of this risk to ensure robust monitoring of current controls and identification of further required controls. A deep dive should be prioritised, as recommended in action point 2.

SRR004 Scheduled Care

A deep dive of SRR 004 Scheduled Care was presented to the September GCG. The risk is in tolerance but outwith appetite and five current controls were in place to mitigate the risk, three of which were assessed as mostly effective and two as partially effective. The partially effective controls were monitoring of the ADP and monitoring of waiting times funding. Five further controls were planned and underway.


The CGC agreed that the risk score should be reduced from 20 to 15. In our view this is a realistic assessment, taking into consideration the processes in place to address the longest waits and improved access to diagnostics service capacity improvements. However, the risk should be closely monitored to ensure effectiveness of further identified controls around recruitment, effectiveness of delivery models, the impact of the delayed National Treatment Centre and job planning.

SRR016 OOHS

As of September 2023, the risk score remained unchanged at 16 and was in tolerance but out of appetite. One agreed additional control to complete a comprehensive job plan review was 95% complete. It was noted that an OOH Service Manager had been identified but the start date was to be confirmed. Based on review of progress with ongoing actions and activity being progressed within the OOH Implementation Plan, this score appears realistic.

Internal Audit Follow Up

The CGC was updated on implemented and outstanding internal audit actions relating to clinical governance in September and November 2023, when our Annual Report was also presented. Management has agreed to introduce an overarching Chair's Assurance template to be reported to Board and this is being progressed corporately for all Standing Committees.

Action Point Reference 4 – CGC Assurances	
Finding:	
The Clinical Governance Committee (CGC) planner details when items are scheduled to be presented throughout the year but there is no mechanism for the committee to monitor presentation of reports and evidence that appropriate assurances have been provided.	
Audit Recommendation:	
The Planner should be monitored at each meeting of the CGC and where a report is not presented, this should be clearly annotated. The target date box for each item should be left 'unchecked' until the items are presented; allowing the members to immediately see progress with the planner and identify gaps in the presentation of scheduled papers.	
Assessment of Risk:	
Merits attention	 <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
The Head of Clinical Governance, Medical Director and Chair of the CGC will put in place a process to ensure that any gaps 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	
Action by:	Date of expected completion:
Medical Director and Head of Clinical Governance	March 2024

Action Point Reference 5 – Clinical and Care Assurance

Finding:

As previously reported by internal audit, there has been no reporting to the CGC on clinical and care governance risks and issues relating to functions under the direction of the IJBs, nor is there a mechanism to ensure a holistic review of risk and issues or a mechanism to identify interface risks.

Audit Recommendation:

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.

Assessment of Risk:

Significant



Weaknesses in control or design in some areas of established controls.

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

Management Response/Action:

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.

The first new assurance report will be presented to CGWG on 8 February 2024 and to CGC in March 2024.

Action by:

Date of expected completion:

Medical Director

July 2024

Action Point Reference 6 – SAER reporting

Finding:

The 2022/23 ICE report recommended more in-depth analysis of failures in achieving SAER KPIs, potentially through development of a dashboard. This has not been actioned.

The SEAR report to the CGC is limited to an update on progress since the last meeting and does not provide an overview of performance and comparison across services to identify themes.

Audit Recommendation:

We would reiterate the requirement to enhance SAERs assurance reporting to the CGC by developing an organisation wide dashboard. The report should include a comprehensive set of KPIs in relation to adverse events, including total numbers, categories, timescales for review, outcomes and sharing learning.

The use of visual aids in these reports (i.e., table/graphs) would also improve performance monitoring through the use of identifiable trend analysis over time.

For example, charts over a period could show:

- Adverse events reported by type and mortality learning events
- Number of adverse events and mortality learning events by severity
- Adverse events reported and verified within timescale
- Current organisational performance for commissioned Significant Adverse Event Reviews (SAERs)

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 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.

Action by:

Medical Director and Head of Clinical Governance

Date of expected completion:

First draft CGC meeting July 2024.

Action Point Reference 7 – Safety and Assurance Reporting**Finding:**

The Safety Assurance reports include the question “*What will be the effectiveness of the actions*”, to address shortfalls in performance or target achievement.

While we welcome this development it is not always clear how actions are to be delivered, what the timeline is and how delivery will be monitored.

Audit Recommendation:

To allow effective monitoring and improve scrutiny metrics to assess the effectiveness of agreed actions should be introduced. A similar approach to that in use within the HIS Implementation Plan would enable consistent measuring, benchmarking, and monitoring of progress.

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 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.

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.

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

Medical Director and Head of Clinical Governance

July 2024

Action Point Reference 8 – Patient Experience

Finding:

Committee Assurance Principles state that *'performance reports should make explicit reference to the corporate risks to which they relate and should contain a conclusion on whether the performance indicates that controls are operating effectively to mitigate that risk as intended'*.

While the CGC and CGWG minutes evidenced robust discussion on poor performance in responding to complaints, a Reasonable Assurance level continues to be provided even as performance against target completion dates continues to fall.

Audit Recommendation:

We recommend that complaints reports include:

- Specific improvement actions with target dates.
- Outcomes focussed narrative, detail improvements flowing from work undertaken.
- Where action has been taken to address challenging areas or areas of poor performance. assurance on whether action has been effective should be provided. Where action has not been effective, alternative remedial action should be identified.
- An explanation of any barriers to achievement or potential risks to achievement.

As a general principle minutes of the CGC should reflect members scrutiny and challenge in relation to the level of assurance provided, and specifically their agreement of it.

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:

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.

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.

Action by:

Date of expected completion:

Head of Person Centred Care

March 2024

STAFF GOVERNANCE

Strategic Risks

- **SRR009 – Workforce Plans Current Score: 20 High Target Score: 6 Low**

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.

- **SRR018 – Primary Care Sustainability Current Score: 20 Very high Target Score: 9 Medium**

If workforce composition and accommodation for Primary Care does not evolve to meet changing population needs and internal / external pressures such as increasing costs / technological advances, there is a risk that critical quality and sustainability issues will be experienced in the delivery of general medical services, leading to pressures in neighbouring practices and across other parts of the system (e.g., ED / Urgent Care / OOH)

- **SRR019 – Culture and Leadership. Current score – 12: High, target score 9: 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.

Staff Governance Committee Terms of Reference

An updated Terms of Reference featuring minor changes was submitted to the December 2023 meeting of the Staff Governance Committee (SGC). We noted some administrative errors in the paper, for example that officers were included under membership. The Interim Director of Human Resources has informed internal audit that the corrected draft will be reissued to the SGC.

Workforce Strategy (People Strategy)

The refreshed People Strategy 2022-2025 was planned for presentation to the September 2022 SGC but was rescheduled to May 2023. The SGC was informed that it was not finalised due to time and capacity constraints, and it was again rescheduled to align with the then planned approval of the Healthcare Strategy in November 2023. While we acknowledge that the Healthcare Strategy will not be presented to Board for approval until 2024, an update on progress with the People Strategy has not been provided to the SGC. 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 forward planner for 2024/25 with the date to be confirmed.

Workforce Planning and Risk Assurance

Internal audit A17/23 on Workforce Planning was issued on 27 March 2023 and reported that *'The Workforce Plan, as a key control, 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'*. Reflecting this requirement, the SGC workplan includes an update on the Workforce Plan to each meeting. The SGC minutes do not evidence that an update was presented at the September or December 2023 meetings. Management has informed Internal Audit that a high-level update was presented in September 2023, although this was not minuted, and that an update will be revisited in January 2024. We recommend that formal Workforce Plan updates are provided to each meeting of the SGC.

SRR009 Workforce Plans

An initial deep dive into risk SRR009 - Workforce Plans was presented to the March 2023 SGC. A full deep dive was planned for September 2023 but was rescheduled to June 2024. Instead, the Strategic Risk Register – Quarter 1 and Quarter 2 2023/24 update on Staff Governance Risks was presented in September 2023 and overall provided Reasonable Assurance.

The report stated that the deep dive of the workforce risk had been revisited and most controls were still assessed as partially effective, except the Sustainable Workforce Initiative relating to Health Care Support Workers. An emerging long-term threat in relation to workforce pipeline, with numbers of students applying for medical and nursing courses significantly decreased was identified. The overall assurance assessment on the workforce plans risk remained as Limited and the risk score remains unchanged at 20, and out of tolerance. Two actions have been completed since the March review and all current controls were reported as partially effective. Progress on further controls required is limited (20 – 30%) and we recommend that this risk is more closely monitored (refer to action point 2 in the corporate governance narrative).

Internal audit A17/23 on Workforce Planning recommended that in assessing the workforce plans risk, controls and future actions, the risks identified from the development of the 2022-25 Workforce Plan and the findings within the audit report should be considered and risks to implementation of the Workforce Plan should be identified. We can see some evidence of this in that further controls to develop a 3-year action plan with definitive and quantifiable actions to address identified staffing gaps is 30% completed. The need for additional controls including the use of gap analysis to inform the workforce plans and the implementation of an Attendance Management Plan are also identified as controls to mitigate the risk. The interim Director of HR has informed internal audit that a sense check of all internal audit recommendations against the workforce plan risk will be completed.

The Workforce Plan update should be triangulated with the Quarterly HR Resourcing Report introduced at the September meeting. This report provides information on recruitment activity across job families, including KPIs on Time to Hire, enabling the committee to gain assurance that staff are being recruited in line with the Workforce Plan.

SRR018 Primary Care Sustainability

The risk score remained unchanged at 20 because further controls have not been fully completed. An additional three controls are required for the development of new/innovative portfolio roles and career pathways, monitoring GP sustainability and development of governance routes and escalation procedures. Given the number of further controls still to be completed and implemented, in our view the current score is realistic. A focussed review of the risk is scheduled for March 2024.

SRR019 Culture and Leadership

The risk score remained unchanged at 12. Two of four phases progress of the Culture Change and Compassionate Leadership Programme are complete and progress towards the implementation of the further controls was reported as 70%.

NHS Forth Valley has been escalated partly due to culture and the Culture Change and Compassionate Leadership Programme remains in progress with the analysis phase results unknown. The SGC has acknowledged that many aspects of this risk are dynamic and require detailed assessment, and that the risk will be revisited.

Operation of the SGC

At the July 2023 SGC the then Chief Executive highlighted findings from our 2022/23 Annual Report, although no formal paper was presented. This included:

- Timing of circulation and volume of papers.

- Concern over the 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 may not meet specific requirements of the Blueprint for Good Governance and do not benchmark against national targets.

The then Chief Executive advised that work would be progressed with the HR Team to address these concerns. The Interim Director of HR has been working with the Head of Policy and Performance to improve governance of the SGC and changes to the committee workplan and general administration will be put in place for financial year 2024/25. Our review of the May, September and December 2023 papers noted that:

- Of the 35 items scheduled in the workplan for approval or assurance, 33 have been submitted. (Workforce plan updates not submitted).
- Papers for both the September and December meetings were issued to the committee members seven days in advance of the meeting, giving members adequate time to scrutinise papers.
- Standard cover papers were generally utilised for the September and December 2023 meetings. However, of the 33 items for approval or assurance, four were verbal updates and one was a presentation.
- Verbal updates on Escalation, Leadership and Culture, and on NTC Staffing were provided at the respective September and December 2023 meetings. The Interim Director of Human Resources has provided assurance that formal updates will be reported to future SGCs.
- Our previous Annual Reports recommended a reduction in the volume of papers, to be completed by December 2023. The SGC action log states that this has been delayed to March 2024 and this extended date has been agreed with internal audit. The aim is to continue to rationalise papers. This will allow completion of the current cycle and reflection to inform the 2024/25 SGC work plan. In addition, discussion has taken place to increase the number of meetings each year from four to six, in line with the other governance committees and the SGC Chair has agreed that additional meetings will be held in 2024/25 to focus on specific key issues, as required.
- This will need to be agreed with internal audit and updated in the Audit Follow Up system. We have been informed that staff resource has been the main delaying factor and improvement work is now being progressed by the Interim Director of HR. While we have seen some reduction in the volume of papers, this remains an issue.

Staff Governance Standard Assurances

From our review of SGC papers under the Staff Governance Standard heading, all planned papers have been presented except for the 'Involved in Decisions' annual report, which was due in December 2023 and will now be presented in March 2024. With this exception, the committee is on track to receive assurance on all strands of the Staff Governance Standard by year end.

The NHS Forth Valley Equality & Inclusion Strategy "Everyone Means Everyone" 2021-25 was approved by the NHS Board in November 2021 and a Reasonable Assurance report on the Equality and Diversity Workplan was presented to the September 2023 SGC. However, the SGC minutes did not record whether the committee agreed with the level of assurance provided. While the Equality & Inclusion Strategy progress report was due for publication at the end of September 2023 accessibility compliance is to be confirmed and it will be published on the NHS Forth Valley website when this has been done.

Our 2022/23 Annual Report recommended that, to evidence compliance with the different strands of the Staff Governance Standard, a separate paper should be scheduled into the SGC 2023/24 workplan to provide specific year-end feedback on this. Management agreed to adopt the recommendation in full and we will confirm compliance in our 2023/24 Annual Report.

Staff Governance Monitoring

In December 2023 the SGC were provided with an update on the Staff Governance Monitoring exercise 2022/23. The NHS Forth Valley return to Scottish Government had been submitted on 4 December 2023. The SGC report provided Reasonable Assurance, reflecting that the monitoring return provided evidence of compliance against the strands of the standard with assurance informed by Scottish Government feedback on local board adherence and NHS Scotland benchmarking of activity to allow adjustments from any lessons learned.

Escalation, Leadership and Culture

The September and December 2023 SGC meetings received verbal updates on Escalation, Leadership and Culture. We have been informed by Management that verbal updates were presented because the 3rd iteration of the Assurance and Improvement Plan had not been approved by the Assurance Board. A formal, comprehensive report is scheduled to be presented to the March 2024 meeting. Given the criticality of this area we would expect formal updates to be presented, ensuring that the Committee are sighted on any risks to the success of the programme.

Remuneration Committee

On 4 July 2023 the Remuneration Committee approved end of year performance reviews for the Executive Team, with one exception for whom the performance review was not available. The Committee also approved 2023/24 objectives for the Executive Team.

Papers for the July 2023 Remuneration Committee were not issued five clear days in advance and were issued on a Friday for a Tuesday meeting. The delay in receiving papers reduces the ability of committee members to adequately prepare and therefore scrutinise the matters raised at the meeting.

The Remuneration Committee Terms of Reference state that it has a duty to review its own performance and effectiveness on an annual basis. The committee does provide an annual assurance statement to the ARC and at every Remuneration Committee meeting the Chair signs off a pro-forma answering the five key questions within the NHS Scotland Remuneration Committee Self-Assessment pack. However, this does not provide any assurance as to the operation of the Committee itself, and its ability to fulfil its remit within the annual timetable for performance management is not covered by the pro-forma. In order to assure the Board of the effective function and rigour of the Committee, the Interim Director of Human Resources has agreed to implement a self-assessment as part of wider work on self evaluation. The self-assessment should be supported by a portfolio of evidence and the Audit Scotland Remuneration Committee Self-Assessment pack 2007 provides guidance.

Promoting Health and Wellbeing and Appropriately Trained & Developed

As reported to the December SGC:

- The iMatter response rate was 61% (NHS Scotland average of 59%) and all action plans have been completed.
- The iMatter 2023 cycle for Doctors and Dentists in Training survey went live on 30 October with reports issued on 21 November. The action plan deadline is 16 January 2024.
- The ED organisational development programme remains paused due to low uptake of the sessions. The programme was developed following the external review and focussed on the key aspects on culture within the department. Content was agreed in consultation with the ED staff prior the launch in June 2022. Discussions are planned with the Chief Nurse and Acute Director to better understand the resistance and reasons for low uptake in order to restart the programme and support the team.
- At end of July 2023 24% of Agenda for Change Staff had completed Personal Development Plans (PDPs), 23% were in progress and 53% were outstanding. The target is for 75% completion. While this features in the Assurance & Improvement Plan, the Organisational

Development report to SGC does not cross reference to this or provide any information on how improvement will be made and monitored.

- On 20 November 2023 only 16% of Turas appraisals had been completed.
- 64% of Medical Appraisals and Revaluation were completed as of December 2023 and the process runs until March 2024.
- Sickness absence in October 2023 was 6.8%, above the September national average of 5.9% and the target of 4.0%. The Staff governance report to SGC does not provide any information on how improvement will be made and monitored.

No organisation wide information on completion of Mandatory Training or induction training is reported to the SGC, although some granular detail is provided in other reports, for example, the Organisational Development and Health & Safety report.

The Absence Management Dashboard was reported for the first time as an appendix to the Staff Governance report in December 2023. There is ongoing work to identify areas of significant hours lost to sickness and undertake a deep dive into areas with unspecified absences.

Measures are being put in place to support staff health and wellbeing through the Workforce Wellbeing Plan and the associated work of the Staff Support and Wellbeing Programme Group. Progress and achievements are reported at all SGC meetings along with an annual update on progress with the Health and Wellbeing Strategy. The update to the September meeting provided Reasonable Assurance that the plan is on track.

Health & Safety

The Quarter 2 Health and Safety report was presented to the December 2023 SGC and provided Reasonable Assurance. The cover paper acknowledged that whilst systems are in place to monitor compliance with key health & safety elements, including risk assessment, adverse event reporting and training, some controls are now in development and require additional work to improve their robustness. An action plan to progress improvements is appended to the quarterly report.

Internal Audit Recommendations Follow Up

Two of three recommendations from our 2022/23 ICE report have been completed. Action to enhance the operation and administration of the Committee remains ongoing.

One of the three recommendations from 2022/23 Annual Report has been completed, with the two remaining recommendations ongoing and due for completion by December 2023. These relate to improving the performance reporting and providing assurance on Staff Governance Standards.

Full details and our assessment of the progress in implementing the agreed recommendations is contained in Table 1.

Action Point Reference 9 – Workforce Strategy and Plan

Finding:

The refreshed People Strategy 2022-2025 has not been presented to the SGC and the committee has not been provided with an update. We have been informed that the People Strategy will be updated in line with the planned update of the Healthcare Strategy.

The Workforce Plan, as a key control, 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. While an update on the Workforce Plan is included in the SGC workplan for presentation to each meeting, the SGC minutes did not evidence an update to the September or December 2023 meetings. Management has informed internal audit that a high-level update was presented in September 2023, although this was not minuted.

The May SGC 'Workforce Action Plan, Audit Outcomes' paper stated that achievement against the action plan would be reported quarterly to the SGC.

Audit Recommendation:

While we acknowledge the linkage of the People Strategy to the Healthcare Strategy as a supporting strategy, NHS Forth Valley should be proactive in progressing the People Strategy, to ensure optimum use of resource to support the planned NHS Forth Valley Strategy and partner organisations' Strategic Commissioning Plans.

A formal Workforce Planning Update should be presented at each SGC meeting to allow the Committee to be sighted on progress on this important area.

As a development, the Workforce Plan update could be triangulated with the Quarterly HR Resourcing Report, enabling the committee to gain assurance that staff are being recruited in line with the Workforce Plan.

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 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.

Action by:

Date of expected completion:

Director of Human Resources

31 May 2024

Action Point Reference 10 – Performance Reporting

Finding:

The July 2023 SGC was presented with a Culture and Leadership HR Performance Metrics report which contained elements of good practice as follows:

- A specific section on 'What is the data telling us, Why and What are we doing to improve and by when?'
- Gap to Scottish or local benchmark
- Direction of travel

Inclusion of these elements would enhance performance reports to SGC.

Audit Recommendation:

Performance reports to SGC should be enhanced to include the sections detailed in the finding.

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 work on Workforce Performance Reporting through the Pentana system will support our ability to refine the performance reporting to support the proposed enhancement.

Action by:

Date of expected completion:

Director of Human Resources

31 March 2024

Action Point Reference 11 – Remuneration Committee

Finding:

Whilst all standing committees of the Board are expected to demonstrate rigour, it is extremely important that the Remuneration Committee is open and transparent in objectively assessing its overall performance, thus contributing to an open and honest culture.

The Remuneration Committee Terms of Reference state that it has a duty to review its own performance and effectiveness on an annual basis. The committee does provide an annual assurance statement to the ARC and at every Remuneration Committee meeting the Chair signs off a proforma answering the five key questions within the NHS Scotland Remuneration Committee Self-Assessment pack. These questions are designed to help members satisfy themselves and others that ‘rewards are determined through a fair and justifiable process’. However, the operation of the Committee itself and its ability to fulfil its remit within the annual timetable for performance management is not covered by the pro-forma.

The papers for the July 2023 Remuneration Committee meeting were not issued on time and gave only one business day for the members to review prior to the meeting.

Audit Recommendation:

As an enhancement and to assure the Board of the effective function and rigour of the Committee, we recommend a robust annual Remuneration Committee self-assessment is completed and supported by a supporting portfolio of evidence.

Papers should be sent out at least five clear days in advance of meetings.

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 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.

Action by:

Date of expected completion:

Director of Human Resources

December 2024

FINANCIAL GOVERNANCE

SRR005 Financial Sustainability: Current Score 25 (very high) Target Score 9

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 20 (very 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 failure to meet objectives and damaging stakeholder / public confidence.

Financial Environment

The Annual Delivery Plan (ADP) recognises that the scale of the financial challenge is unprecedented, and it is unlikely that financial balance will be delivered during the 3-year timeframe of the Financial Plan 2023/24 to 2025/2026. The ADP states that “Addressing the longer-term financial sustainability risk will require whole system redesign and reform with a clear strategic direction for the future delivery of safe and effective health and care services within available resources”. The ADP confirms the Boards intention that “financial sustainability will be a key theme embedded within the refresh of our healthcare strategy and will underpin our associated future workforce and digital health strategies”.

Financial Planning

NHS Forth Valley Board approved the Financial Plan 2023/24 to 2025/26 on 28 March 2023, noting that there was a significant level of financial challenge and risk to delivery. The Plan presented a residual deficit in each of the three years, even after significant planned savings.

	2023-24 (£m)	2024-25 (£m)	2025-26 (£m)
Financial gap before savings	40.591	43.055	37.496
Savings plans / target	25.000	30.000	30.000
Residual deficit	15.591	13.055	7.496

A risk assessed savings plan was presented to the P&RC on 29 April 2023. Each itemised savings scheme was RAG assessed and allocated to an Executive Director and Finance Lead. The split of savings for 2023/2024 was £10m recurring and £15m non-recurring. The recurring savings were RAG assessed as 44% green, 51% amber and 5% red.

Following submission of the Financial Plan, Scottish Government asked for a plan to be developed to deliver 3% recurring savings and to develop options to meet any unidentified or high-risk savings balance.

Scottish Government also noted the uncertainty in future years' financial outlook and that the Board will be required to carry out further work to address the financial challenges presented in the latter years of the 2023-2026 financial plan".

In June 2023 Scottish Government released additional recurring and non-recurring monies, predicated on the Board working towards delivery of 3% recurring savings in-year. On 27 June 2023 the P&RC was informed of this unplanned additional funding, along with additional unforeseen cost pressures. However, the specific amounts were not provided at this time. The 29 August P&RC finance paper stated that these funding allocations amounted to £11.9m and ELT had agreed that these would be the first call against existing pressures and invest to save initiatives.

The initial savings plan to deliver the 3% recurring target was considered by the June P&RC. At that time plans for delivery of £14.7m recurring savings were in progress with a £4.2m gap to be identified.

Current Position

The overspend at end of November 2023 was £9.9m, with a forecast full year outturn of £15.6m overspend. The forecast outturn is based on a straight-line extrapolation of the month 8 results and will be reassessed at month 9 following receipt of the financial results for three full quarters. Scottish Government expect improvements in the forecast outturn at Quarter 3 and the Board are liaising on a range of options, including a capital to revenue transfer relating to banked capital funds from prior years. This option would require a reprioritisation exercise on the previously approved five-year capital plan. If this option is progressed there will be an impact on strategic risk SRR010 Estates and Supporting Infrastructure, which will need to be revised.

Efficiency savings of £19.3m had been achieved against a target of £18.5m. Included within this savings total are recurring savings of £1.6m, against a target at this point of £4.9m. The overspend in Acute Services was £12.9m, mitigated by an underspend on ring-fenced and contingency budgets. The forecast position remains subject to a number of key assumptions and risks including receipt of outstanding funding allocations, the impact of winter and potential year-end IJB risk-share arrangements which have not been factored into the position at this stage.

A range of actions is underway to improve the forecast overspend, including the development of a financial recovery plan in conjunction with the Acute Services Directorate, non-recurring investment in Occupational Health in a bid to reduce sickness absence levels and support staff to return to work, further targeted work on supplementary staffing with Executive level leadership and securing resource from the Scottish Government Finance Delivery Unit to assist with a cost awareness programme initially focusing on workforce, drugs and non-pay / procurement.

The December P&RC received an update on the Financial Recovery Acute Action Group which has been established to lead in this area. Terms of Reference were included and the key workstreams of the group are Workforce, Efficiency Savings, Financial Controls & Governance, Digital, Funding Levels and Capital Investment.

Financial Reporting

Finance reporting to Board and P&RC has been consistent and the Director of Finance has emphasised the financial challenges through reporting to ELT, P&RC, and the Board. However, the most recent report to the Board at end of November 2023 did not reference the 3% recurring savings requirement, equating to £11.4m for Board directed services. The Director of Finance has confirmed that an update on this target will be provided to the 30 January 2024 Board meeting.

In a rapidly changing environment, there would be benefit in providing Board members with iterative information on the forecast outturn so it can easily be tracked throughout the year. For example, In July 2023 the Board was asked to note that “early indications suggest that the potential financial risk for the year is in the region of £6m to £10m..... (this compares to the original financial plan deficit of £15.6m)”. The September 2023 Board was then asked to note that “the financial outturn risk for the year remains at £10m to £15m pending confirmation of funding allocations”. The receipt of additional, unexpected funding in June 2023 may have led to an expectation that the deficit would be reduced. However, the passage of time and additional cost pressures negated the extra funding.

There would be benefit, given the importance of these issues and the complex and volatile financial situation, in providing a glossary to ensure that all members fully understand the technical language used in finance reports and that key messages are clear.

Finance Risk Reporting

Financial risks are aligned to the P&RC and the Strategic Risk Register was presented to the April, June, October, and December 2023 meetings.

The financial sustainability strategic risk has been scored at the highest level (25) throughout this year and last. Following a second deep dive into the financial sustainability risk in April 2023 another risk assessment took place in October 2023. The level of assurance was split into two - ‘reasonable’ in relation to the internal control environment and ‘limited’ in relation to the ability to mitigate against external factors. Four further controls were added, making eight controls in total, with a further two planned and underway. The original four established controls continue to be assessed as partially effective, with the four new controls not yet having had an effectiveness assessment.

In our 2022-23 Internal Control Evaluation we commented that the target score (9) was optimistic and recommended reassessing this. This was accepted and the target risk score is to be updated by April 2024, aligned to a new three-year financial plan.

The three-year financial plan highlights a number of risks to delivery, but not all are clearly incorporated within the finance risk. For example, ‘failure to implement Covid exit strategies and step down of various local Covid measures to ensure costs cease as of 31 March 2023 and are not carried forward into 2023-24’ and “cost pressures associated with Integration Joint Boards, particularly relating to requests for additional payments beyond funded baselines as part of risk share arrangements”.

Cost Improvement Plans (Savings)

In March 2023, to ensure that financial sustainability was given appropriate attention and scrutiny, the ELT added a monthly finance update to their action log.

The Director of Finance has emphasised to ELT the requirement for a rigorous approach to monitoring of savings and has provided several updates including:

- A risk assessed savings plan was broken down, line by line with Director and Finance leads.
- Establishment of monthly monitoring meetings to be formally reported to ELT.
- Recovery Position – updates to key financial planning parameters for 2023-24 and next steps for financial recovery and sustainability.
- An update on Quarter 1 and the forecast outturn for 2023-24.
- Key points from Scottish Government’s quarter 1 review letter update on 11 September 2023
- NHS Forth Valley is being supported by the Scottish Government Finance Delivery Unit.
- The increasing unlikelihood of achieving financial targets in 2023-24, and the urgent requirement to focus on a financial recovery plan.

In September 2023 the ELT considered three main areas of cost savings and a verbal update was provided in October and a focussed finance update has been undertaken monthly.

Draft internal audit report A20/23 - Financial Sustainability was issued on 9 November 2023. The key themes were:

- Identification of key areas within direct control to reduce spend (including Covid related resources and supplementary staffing).
- Assurance that budget managers can demonstrate appropriate grip and control over budgets.
- Financial governance processes that operate effectively.

Our 2022/23 Annual Report recommended development of a Financial Sustainability Action Plan, demonstrating clear links to the in-development Healthcare Strategy and service redesign and transformation. The recommendation is due to be completed by 31 January 2024 ahead of presentation to the P&RC in February thereafter to the Board in March. A range of measures have been progressed, including a financial recovery plan for Acute, close co-operation with Scottish Government's Financial Improvement Group, reduction in nurse agency costs, follow-up of financial allocation uncertainties, and monthly monitoring by ELT. The recommendation is on track for completion.

Forward Look 2024-25

The finance report presented to the Board on 28 November 2023 confirmed that the financial planning process for 2024-25 is in progress and a Scottish Government letter setting out expectations and timelines was issued in late October 2023.

The December P&RC were informed that a five-year financial plan commencing 2024-25 is under development and an initial draft will be seen by the February 2024 P&RC. Savings plans are expected to be informed by a "15-point grid" presented to Board Chief Executives in November and summarised in the December P&RC paper.

It is certain that the unprecedented financial pressures experienced during 2023-24 will not abate in the near future and we reiterate our previous recommendations on the need for strategic solutions for long-term financial sustainability. The financial sustainability action plan, linked to the Healthcare Strategy, redesign and transformation, should be progressed as soon as possible.

Capital

NHS Forth Valley Board approved the Capital Plan 2023/24 to 2027/28 on 28 March 2023.

Strategic risk SRR010 - Estates and Supporting Infrastructure was the subject of a deep dive at the P&RC on 27 June 2023. The Committee appreciated a holistic presentation provided by the Director of Facilities alongside the risk assurance report. The presentation summarised the current state of the estate linked to strategic achievements and remaining strategy and strategic risk. The annual resource, the physical condition of the estate and national benchmarking featured. The Committee asked that reporting be included within future deep dives.

Sufficient controls were agreed to be in place, but the definition of the risk was to be reviewed. The risk score of 20 was agreed. To enhance the assurance process the Committee noted that a future control – development of a whole system action plan - would be broken down into elements once plans began to be developed and asked for future assessments to include additional supporting narrative around the scoring, with clear links to strategic goals. The risk score of 20 is appropriate and reflects current conditions.

Our 2022/23 Annual Report noted that the shift to a "Whole System Plan" would impact on both the Board's Property & Asset Management Strategy, which had been paused, and the Capital Plan, and

the need to ensure that capital planning is clearly and explicitly linked to, and aligned with, the developing Healthcare Strategy and IJB Strategic Commissioning Plans.

In June 2023 the ELT discussed how this pause in progress could be used to develop and prepare a detailed plan moving forward, including creating a group to discuss whole public system property and asset resolutions and align with the IJB Strategic Plan and NHS and Council strategies.

On 23 October 2023 ELT approved a Strategic Prioritisation Review and Implementation Group (SPRIG) to review service change proposals. The SPRIG will align with IJB Strategic Planning activity for delegated services. A Business Case Guide and Template has been prepared to ensure consistency in approach to all proposals and a high-level implementation plan will be approved by ELT.

An extensive Capital Infrastructure report was presented to the October 2023 P&RC and stated that a Directors Letter to provide clarity on Whole System Planning is anticipated before the end of the calendar year. It is likely that the first phase of the plan will focus on maintaining existing buildings / dealing with risk and an assumption that there will be no capital for new buildings for some time.

The latest capital plan update to the December 2023 P&RC presented a balanced capital position at M8 with a forecast year end breakeven against the capital resource limit. Expenditure was £6.7m, 64% of the annual budget and is in line with planned expenditure.

The now retired Facilities Director had a pivotal role in the production of the capital and infrastructure strategies and a review of the role is being undertaken. The role is currently being covered by the Associate Director of Facilities & Infrastructure - Asset Management and the Associate Director of Facilities & Infrastructure – Digital and eHealth.

It is crucial that NHS Forth Valley maintains momentum in continued management of property and assets.

Climate Emergency and Net Zero Requirements

A deep dive of strategic risk SRR017 – Environmental Sustainability and Climate Change was presented to the August 2023 P&RC. This proposed that the risk score be reduced from 20 to 16, due to the mitigations that were now in place. Though this reduction in risk score brought the risk within appetite, due to the volatility of the risk in terms of potential changes to Scottish Government's grant funding for energy projects, it would remain on the strategic risk register for scrutiny by the P&RC. The Board were asked to approve this reduction in score at their meeting on 28 November 2023. In our opinion, given the very severe challenges in this area; not least in terms of resource, this reduction in score is optimistic.

Overall carbon footprint from reportable emissions had reduced by 38% from the 2014-15 baseline which also represented a 3.1% reduction compared with 2021/22. 55% of the fleet was to be electric vehicles by August 2023 with a charging infrastructure installed. Success measures have been identified and ELT has approved two additional substantive posts to be incorporated within the core climate team. Recruitment is underway to appoint an Energy & Sustainability Manager.

Financial Operating Procedures

Internal Audit A20/23 on Financial Sustainability (issued in draft November 2023) commented on the currency of Financial Operating Procedure. As of 30 October 2023, 10 out of 21 financial operating policies (48%) were in date.

The Financial Operating Group (FOG), established in March 2023 noted that this was an area where work was needed. Members were to review their areas of responsibility and update as appropriate. We have recommended that the policies are reviewed to ensure that core financial controls are up to date.

Other Areas covered by ICE Fieldwork

We reviewed the following areas, none of which highlighted any significant issues:

- Standing Financial Instructions
- Standards of Business Conduct
- Anti-Fraud and Corruption Policy and Response Plan
- Control over the Acquisition, Use, Disposal and Safeguarding of Assets

INFORMATION GOVERNANCE

Risk SRR003 – Information Governance – High Risk (12); Target (9) Medium

If NHS Forth Valley fails to implement and embed effective and consistent Information Governance arrangements, there is a risk we would experience systematic 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 & 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 does not build and maintain effective cyber resilience, there is a risk that the cyber security of the organisation may be compromised, resulting in disruption to our ICT systems and service delivery. Increased Cyber risk as reported by National Cyber Competent authorities (NCSC, SG Cyber Unit).

Governance, including previous ICE and Annual Report Internal Audit Recommendations

Our 2021/22 and 2022/23 ICE reports recommended improvements in Information Governance (IG) & Security assurance reporting to the P&RC, specifically regular reporting on IG related incidents and issues to be considered for inclusion in the Governance Statement.

Our 2022/23 Annual Report made three recommendations in relation to IG Group (IGG) Assurances, IG Risk and eHealth Affordability.

IG assurance reporting to the P&RC continues to improve and has developed through presentation of the Data Protection Officer Report in May 2023 and the IG Assurance Report in August 2023. IGG minutes presented to the P&RC now include a cover paper highlight report. As recommended in previous internal audit reports, IG risks and incidents are regularly reported to the P&RC, with a twice-yearly IG Assurance Update included in the P&RC planner.

The IGG approved the 2022/23 IG Annual Report at its meeting on 22 June 2023 and it was noted at the P&RC in August 2023, having been delayed to incorporate the outcomes of the Information Commissioners Office (ICO) Audit Report which was published in March 2023. The IG Annual Report will revert to calendar year to ensure assurance is provided in advance of the P&RC Annual Report. In order to inform the P&RC yearend assurance report, the P&RC must ensure they are provided with assurance on IG for the full financial year to inform the Governance Statement i.e., in addition to the Annual Report for the 2023 calendar year, IG assurances must be provided for the period from January to March 2024.

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.

We previously recommended that assurance reporting to the P&RC should be enhanced with reporting on the affordability of the Digital and eHealth Delivery Plan and recommendations for prioritisation of digital funding. This action has a target date of 31 March 2024 and is being led by the Director of Finance. The updated eHealth and Digital Strategy is planned to be presented to the NHS Board in January with a reviewed and updated finance and affordability section. The finance

report to the P&RC in October 2023 noted that, as of 30 September 2023 a balanced capital position was forecast with no issues relating to Information Management and Technology capital projects.

Recruitment to ICT and Cyber roles has been substantially completed, although the IGG update to 19 September 2023 noted that while staff were being trained this may result in failure to meet required Network & Information Systems Regulation (NISR) KPIs.

IG governance activity is progressed operationally via the Better Information Governance Group (BIGG); in partnership with local authority and other public sector partners through the Joint Information Governance Group (JIGG) and strategically within NHS Forth Valley by the Information Governance Group (IGG). The IGG met in May, June, September, and December 2023 and maintains oversight of the work of the BIGG and JIGG via highlight reports.

The IGG Terms of Reference were updated in September 2023 to include oversight of the BIGG and to specify more precisely how and when assurance is to be provided to the P&RC.

The NISR on-site audit took place on 18 July 2023 and controls for resilience of Forth Valley Royal Hospital covered. There is much to do to complete recommendations in the NISR workstream and as mentioned above, there is a risk that KPIs will not be met. As of October 2023, there was one black (critical) recommendation, seven red (urgent) recommendations and 32 amber (important) recommendations still to be completed. Submission of evidence for the next NISR audit is planned for January 2024 with a final report expected in March 2024.

Risk Management

In addition to the October 2023 deep dive of SRR003 - IG, a deep dive of SRR015 - Cyber Resilience took place in December 2023 and the deep dive of SRR011 - Digital & eHealth Infrastructure & Strategy is scheduled for February 2024.

The IG Assurance Report to the August 2023 P&RC noted that compliance with the statutory response timescale for Freedom of Information (FOI) (Scotland) Act 2002 and Environmental Information (Scotland) Regulations 2004 requests was at critically low levels at 29% compliance against the 20-day response time. Reflecting this, the IG Assurance Report provided Limited Assurance in relation to Disclosure and this risk has been incorporated into the IG risk register.

This poor performance was caused by a continued increase in requests and resource challenges. FOI Review Project Initiation Document (PID) submitted to the IGG in June 2023 sets out a draft project plan to map out key tasks in relation to governance and on-going management of information requests. The PID is made up of five workstreams: a review of requests for information processes, review of resources, processes, system review, proactive publication, and communications and training. It is expected that the project would bring a more efficient yet robust approach to FOI management by June 2024.

The FOI Highlight Report to the IGG in September 2023 noted that the communications, review of processes, resources, and system review workstreams had commenced. The FOI Highlight Report to the IGG December 2023 highlighted the current issues and risks relating to compliance with legislation and a red RAG status and that the Board had now received a level 1 intervention from the Office of the Scottish Information Commissioner. A response had been provided and it was expected that the response would be assessed with likely outcome of targets and timeframes being applied with an expectation of continued and sustained improvement. An update on resources currently allocated to improving FOI performance, the status of review of case management systems and communications with services was also provided to the IGG.

IG Responsibilities

An NHS Forth Valley Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO) are in place and the SIRO is an Executive member of the NHS Board.

IG Policies and Procedures


The IG work plan includes an IG policies section. At the IGG meeting on 7 December 2023, 11 of 12 policies were reported as under review. Of the five policies which were past their review date, one was due to be reviewed January 2020, one was due to be reviewed March 2022, and the other three were due to be reviewed between March 2023 and October 2023. Of the 18 IG policies on the NHS Forth Valley Staffnet, 11 are currently past their review date, including Data Protection & Confidentiality (October 2023), Information Security Policy (March 2023), Data Breach Policy (June 2022) and the Cyber Incident Response Plan (July 2023).

In relation to the Cyber Defences Policy, there is a reference to review Scottish Government 'Once for Scotland' policy development and either adopt or create local policy. Management have informed internal audit that national work is being undertaken to develop policies to support NISR requirements with the aim of creating a set of baseline documents.

Digital and eHealth Strategy

NHS Forth Valley's Digital Strategy ended in 2022/23 and is being refreshed with "Enabling the Future: A Supporting Digital Health and Care Strategy for NHS Forth Valley 2023-26". An update on the draft Strategy 2023-26, which was being developed in parallel with the Board Healthcare Strategy, was presented to the P&RC in February 2023. The Enabling the Future: A Supporting Digital Health and Care Strategy for NHS Forth Valley 2023-26 will be presented to the NHS Forth Valley Board meeting on 30 January 2024 for approval following review by ELT on 15 January.

The Digital & eHealth Delivery Plan 2023/24 was approved at the Digital and eHealth Programme Board in March 2023 and detailed the digital and eHealth priorities for 2023/24. Progress on delivery to September 2023 was reported to the Digital and eHealth Programme Board on 6 December 2023 and noted that 44 projects were progressing as planned, 4 were behind quarterly milestones but still projected to be delivered in overall project milestones, and 21 projects were complete or had no planned activity in the quarter.

Action Point Reference 12 - IG Annual Assurances	
Finding:	
The IG Annual Report will revert to calendar year to ensure assurance is provided in advance of the P&RC annual report. This decision means that the IG annual report will not provide assurance for the period January to end of March in each financial year.	
Audit Recommendation:	
In order to inform the P&RC yearend assurance report for 2023/24, the P&RC must ensure they are provided with assurance on IG for the full financial year i.e., in addition to the annual report for the 2023 year, assurances must be provided the period from January to March 2024.	
Assessment of Risk:	
Merits attention	 <p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
<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&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>	
Action by:	Date of expected completion:
Head of Information Governance	Complete

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.	Three
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.	Three
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	Six




TABLE 1		
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>The majority of Assurance Committee papers are circulated 5 to 7 days in advance of the meetings. Any papers that require 'to follow' are cleared with the relevant Committee Chair.</p> <p>Agenda setting /planning process in place for all the NHS Board and Assurance Committees.</p> <p>Papers not always received in a timely manner to enable QA to be undertaken although this has improved. The new Board Secretary, on calling for papers, will build in additional time to ensure this process. Papers are currently reviewed, when available, by the Head of Policy and Performance however dedicated support from the new Board Secretary will ensure that there is greater focus in this area.</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 to the NHS Board for its attention and consideration. Given the timing of the Board meetings, this will be in place for the 30 January 2024 Board</p> <p>Forward planners are in place for all Assurance Committees. Some are more established than others however work continues to improve these and ensure their relevance and alignment to Terms of Reference as we look to 2024/2025.</p>	 <p>On track</p>


	Annual Reports will be 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>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 new Healthcare Strategy will describe financial sustainability ambitions and supporting delivery mechanisms in the context of improving value.</p> <p>Director of Finance 31 March 2024</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>We have held quarterly financial review meetings with SG, with the next one planned for January 2024 and shared information about financial projections and risks.</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>This continues to be actioned on an ongoing basis with the next quarterly year end forecast scheduled to be presented to NHS Board in January 2023.</p> <p>The new Healthcare Strategy will describe financial sustainability ambitions and supporting delivery mechanisms in the context of improving value.</p> <p>The Healthcare Strategy is in progress and with a scheduled date of March 2024 - it will include key messages and plans for financial and workforce sustainability based on the financial settlement outlined in recent budget announcement.</p>	 <p>On track</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</p>	<p>Work to review and assess the model of Programme Boards commenced, led by Head of Planning, with information gathering underway.</p>	 <p>On track</p>

<p>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>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>Collaborative approach to HSCP performance review to be agreed. This will be picked up as part of the Integration work within the Assurance & Improvement Plan.</p> <p>Reporting arrangements for HSCPs will be considered within the Integration work captured in the Assurance & Improvement Plan. An Integrated Flow chart as part of the decision-making matrix is in place. This is under review and a meeting of all stakeholders is anticipated in January to further review and refine.</p> <p>Variation and Assurance icons are being used within the urgent and unscheduled care reporting to the NHS Forth Valley Assurance Board. This has not currently been reviewed or expanded.</p> <p>Use of the Assurance section within the Assurance Committee Template is improving with regard to making explicit the level of assurance in respect of processes in place. This links to the work being undertaken around processes and QA of papers highlighted at the recommendation 1 update.</p> <p>Acute Services Directorate performance review scheduled for 23 September.</p> <p>Performance Framework approved August 2023</p>	
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<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 31 January 2024</p>	<p>A number of key actions and sub-actions are included within the Assurance & Improvement Plan at Section 4. These are designed to strengthen Integration and include:</p> <ul style="list-style-type: none"> • Ensuring transfer of pan Forth Valley operational management of services, colleagues, and budget responsibilities for delegated functions • Reviewing the Integration Schemes for both Falkirk and Clackmannanshire & Stirling HSCPs • Building on existing business processes and decision-making matrix to deliver effective governance across and between Integration Joint Boards, HSCP Leadership Teams, Local Authority Leadership Teams and the NHS Board Executive Leadership Team. <p>End dates for actions are included within the plan up to June 2024.</p>	 <p>On track</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>Head of Policy & Performance/Chair of CGC 31 December 2023</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 to the NHS Board for its attention and consideration. Given the timing of the Board meetings, this will be in place for the 30 January 2024 Board.</p>	 <p>On track</p>
<p>6. Committee Assurances and Administration</p> <p>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>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</p>	 <p>On track</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</p> <p>31 December 2023</p>	<p>consider' will be any areas that the Committee Chair wishes to escalate to the NHS Board for its attention and consideration. Given the timing of the Board meetings, this will be in place for the 30 January 2024 Board.</p> <p>An updated Forward Planner is in use, however as highlighted above some minor improvements are still required.</p>	
<p>7. Performance information reported to SGC</p> <p>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</p> <p>31 July 2023</p>	<p>Report introduced in July 2023 and further refined. Staff Governance report presented to December 2023 SGC.</p>	 <p>Complete</p>
<p>8. Staff Governance Standards</p> <p>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)</p> <p>31 March 2024</p>	<p>An Annual Report will be presented to the SGC and will cover the year to 31 March 2023. This will be approved by the SGC for presentation to Board as part of year end assurances in May 2024.</p>	 <p>On track</p>
<p>9. Scenario Planning</p> <p>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 assumptions for the updated financial plan in March 2024.</p> <p>Director of Finance</p>	<p>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 assumptions for the updated financial plan in March 2024.</p> <p>Draft financial plan with scenarios</p>	 <p>On track</p>


<p>31 March 2024</p>	<p>will be presented to the Performance and Resources Committee in February and then NHS Board in March</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>A Financial Sustainability Action Plan will be presented to P&RC on the basis recommended above following completion of the new Healthcare Strategy which will have a Population Health focus</p> <p>The financial recovery plan will be completed by 31 January 2024 ahead of presentation to the P&RC in February thereafter to the Board in March.</p>	 <p>On track</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 IGG approved the IG Annual Report 2022/23 at its meeting on 22 June 2023 and it was noted at the P&RC in August 2023, having been delayed to incorporate the outcomes of the Information Commissioners Office (ICO) Audit Report which was published in March 2023. The IG Annual Report will revert to calendar year to ensure assurance is provided in advance of the P&RC Annual Report. In order to inform the P&RC yearend assurance report, the P&RC must ensure they are provided with assurance on IG for the full financial year i.e., in addition to the Annual Report for the 2023 calendar year, IG assurances must be provided for the period from January to March 2024.</p>	 <p>On track</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 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>The updated eHealth and Digital Strategy is planned to be presented to the NHS Board in January with a reviewed and updated finance and affordability section.</p>	 <p>On track</p>
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ICE Report 2022/23 (A08/23) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
<p>1. Strategy & Financial Sustainability</p> <p>The strategic direction of the Board is revisited annually within a context of 'planning for the future'; this is evidenced in through our approved corporate objectives. Work to refresh our Healthcare Strategy is underway and our August CMT time out session focused on long term transformation and commitments. Engaging with stakeholders is vital and the follow up to this event was paused due to significant operational including workforce pressures. This event is scheduled to take place in March to ensure good engagement. The refreshed Healthcare Strategy whilst setting strategic direction will align clinical, financial and workforce plans and commitments.</p> <p>Delivering the level of recurrent savings required to sustain financial balance in the current operational environment is extremely challenging and will require a whole system strategic approach to maximise efficiencies and manage costs within available resources.</p> <p>Financial sustainability will be given appropriate priority within the Healthcare Strategy, aligned to the requirements identified in the 3-year financial plan which will be presented for NHS Board approval in March 2023.</p> <p>The Healthcare Strategy risk will be revisited to keep pace with the changing financial environment and associated mitigations and system and service changes required.</p> <p>CEO supported by the Head of Planning and Head of Policy and Performance</p> <p>May 2023</p>	<p>The NHS Board at its meeting on 30 May received the Draft Healthcare Strategy Outline. The wide range of engagement that has been undertaken over the last 18 months is informing this work and the Board approving the approach set out and noting the engagement and co-production period from June to September 2023.</p> <p>Investing in the work around value and sustainability whilst effectively managing our financial resources is a key element of this work along with consideration of key risks.</p> <p>A Strategic Prioritisation Review and Implementation Group (SPRIG) has been to coordinate, review and prioritise service change proposals/investment bids and recommend approval/rejection to the ELT.</p>	 <p>Completed</p>
<p>2. Assurance Principles</p> <p>In accepting the recommendation, we will adopt the criteria set out above to formally assess the level of assurance received. A planned Board Seminar will progress this action to ensure Non-Executive Board</p>	<p>Updated Board Committee template is now being utilised across all Assurance Committees. Assurance section linking to Strategic and Organisational Risks where relevant. Work is ongoing to ensure overt linkage between</p>	 <p>Completed</p>

<p>Members are adequately informed.</p> <p>Head of Policy and Performance</p> <p>April 2023</p>	<p>Assurance and Risk sections of reports.</p>	
<p>3. Governance Enhancements</p> <p>The Audit recommendations are accepted and will be implemented in full.</p> <p>Head of Policy & Performance</p> <p>April 2023</p>	<p>Assurance Committees organisation, management and oversight is currently being centralised within the Chief Executive's Office/Corporate Services team.</p> <p>The layout and content of minutes is being rolled put across all Assurance Committees reviewed to ensure:</p> <ul style="list-style-type: none"> • recommendations including level of assurance agreed and decisions. • key points considered and actions are captured. • Action logs have been developed for NHS Board and Assurance Committees. • Standardisation of all Assurance Committee agendas. • Board Secretary taking a high-level note of Board Seminars. 	 <p>Completed</p>
<p>4. Effective Governance Culture</p> <p>The ethos will be built into the Board's ongoing response to the planned review of governance arrangements.</p> <p>Head of Policy & Performance</p> <p>April 2023</p>	<p>The following improvements have been introduced:</p> <ul style="list-style-type: none"> • The Assurance Committee template has been improved with clear linkage to level of assurance and risk. • Dedicated corporate admin support to committees including their organisation and circulation of papers. • Revised minute format detailing key points of discussion and actions. • Meeting planners and action logs to support focus on outputs and alignment with committee's Terms of Reference. • A small number of actions in respect of HSCP performance reviews and changes to data reporting will be reported back to P&RC in December. • A review of the Corporate 	 <p>Completed</p>

	<p>Office and committee support is underway to ensure the appropriate level of support, at the right level, is provided.</p> <ul style="list-style-type: none"> • Board just completed a self-assessment. 	
<p>5. Annual Reporting and Alignment of Assurances</p> <p>The recommendation regarding scheduling annual reports is accepted. Further, the comments and observations in this section will be tabled at the next CGWG and then to the CGC.</p> <p>Head of Clinical Governance, and Medical Director</p> <p>August 2023</p>	<p>Recommendation regarding scheduling annual reports accepted. Internal Audit Outstanding Actions reported to CGC (August 2023, September 2023).</p>	 <p>Completed</p>
<p>6. Committee Assurances</p> <p>The Corporate Risk Manager is on the Clinical Governance Working Group and is fully sighted on the risks included in the Safety & Assurance Report and advises the CGWG regarding escalation to corporate or strategic risk registers. This will be confirmed with the replacement Risk Manager and Head of Clinical Governance.</p> <p>Head of Clinical Governance & Risk Manager</p> <p>April 2022</p>	<p>CGC and CGWG now use Board format for all papers and ensure:</p> <ul style="list-style-type: none"> • No verbal updates (unless in exceptional circumstances). • No power point presentations. 	 <p>Completed</p>
<p>7. Patient Safety Risks</p> <p>The Urgent & Unscheduled Care risk will be updated to reference the HIS action plan oversight process which is where the patient safety and harm aspects of unscheduled care that were identified in the inspection are being progressed.</p> <p>Corporate Risk Manager, and Medical Director</p> <p>March 2023</p>	<p>Patient safety risks across the business areas and their associated risks are being mapped to the strategic risk. These risks have the detailed action being undertaken to mitigate risks to patient safety and will be included in the reporting to the CGC to provide assurance.</p> <p>In addition, the patient safety and harm aspects of unscheduled care that were identified in the HIS inspection are captured within the HIS risk register, either as risks to delivery of the plan or as associated Directorate risks.</p>	 <p>Completed</p>

<p>8. Workforce Planning</p> <p>The Workforce Planning Approval process will be clarified in line with national guidance by the Director of HR.</p> <p>Monitoring of achievement against the agreed Workforce Plan will be provided quarterly at the Staff Governance Committee starting from 17 March 2023.</p> <p>Director of HR</p> <p>March 2023</p>	<p>Workforce Planning approval process in line with National Guidance.</p> <p>ELT, APF, ACF agreed final draft for approval at SGC before final agreement / approval at the NHS Board.</p> <p>Quarterly reporting against the Workforce Plan at the March and May 2023 meetings of Staff Governance Committee.</p>	 <p>Completed</p>
<p>9. Staff Governance Standard</p> <p>Feedback will be provided to all Directors to ensure that their Directorate / HSCP Staff Governance Standard reporting quarterly actions are SMART and outcome focused.</p> <p>Director of HR</p> <p>March 2023</p>	<p>Staff Governance Committee Assurance Plan and Workplan amalgamated and now directly reflect the requirements of the recently agreed refreshed Terms of Reference</p> <p>SMART SGC Workforce action plan approved at the May 2023 SGC.</p>	 <p>Completed</p>
<p>10. Operation of the Committee</p> <p>Director of HR and Committee Chair to Review the operation of the SGC to ensure demonstration of rigor associated with a Board Standing Committee. This will include meeting scheduling; alignment of annual reports that underpin the SGC annual report; update report for presentation to the NHS Board; implementation of the standard format Forward Planner in line with all other Assurance Committees and the content of cover papers to ensure that conclusions are drawn, and key information highlighted.</p> <p>Director of HR and Committee Chair to meet with audit colleagues to understand what recommendations they believe are outstanding from the previous ICE report.</p> <p>Director of HR</p> <p>March 2023</p>	<p>Original Implementation date March 2023 revised to October 2023.</p> <p>Update to the A&R October 2023:</p> <p>Reported as 80 complete. Last SGC, held on 15 September, papers were issued on 8 September (7 days before the meeting) except for one paper where the Author was on leave, this paper was issued on the 12 September. It was noted at the Committee that there was a significant reduction in the number of papers, and that key information was highlighted within cover papers. There will be a focus to further streamline the papers for the next Staff Governance Committee to be held on 15 December.</p> <p>New completion date March 2023.</p>	 <p>Slippage.</p>
<p>11. Strategic Financial Risk</p> <p>The target risk score will be re-evaluated in light of the current risk environment and an updated deep dive on financial sustainability will be presented to the Performance and Risk Committee at an appropriate time during 2023, building on the 2021 update.</p>	<p>The target risk score will be re-evaluated in light of the current risk environment and an updated deep dive on financial sustainability will be presented to the Performance and Risk Committee at an appropriate time during 2023, building on the 2021 update.</p>	 <p>Completed</p>

<p>Director of Finance</p> <p>Target risk score will be updated by April 2024 aligned to new 3-year financial plan.</p> <p>An updated deep dive on the strategic financial sustainability risk will be presented to P&RC by November 2023.</p>	<p>A financial risk deep dive was presented to the Performance and Resources Committee in April 2023 and then again in October 2023.</p>	
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